Handbook for Clinical Facilitators

For students undertaking:

Certificate IV in Nursing
or
Diploma of Nursing

A Project of the Community Services & Health Industry Training Board.

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Foreword

This companion will assist the clinical facilitators of Certificate IV or Diploma of Nursing students to facilitate a positive clinical learning experience. It reflects current processes and regulations in Australia at the time of publication. It contains a summary of the qualification requirements, the assessment principles used to evaluate student performance, and the professional codes and guidelines that govern nursing practice.

The handbook clarifies the educational structures of learning within the Vocational Education and Training (VET) system. It is a resource for clinical facilitators and ward staff members who mentor students, whether they are based with the health care organisation or Registered Training Organisation (RTO).

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Host organisation information

According to the *Best Practice Clinical Learning Environment Framework (2010),* it is important that '…students/learners are valued – All staff expect the health service to take learners and their arrival is anticipated and planned for. When learners arrive, they are treated as part of the team, respected for what they bring (new ideas, critical appraisal, and future workforce) and given opportunities to learn. Learners are presented to patients in an appropriate way and patients are encouraged by the health service to value education and to be accessible for learners.'

It is important to develop staff mentoring skills and to put systems in place that support staff in their role as educator, especially if there are issues with students' learning abilities, attitude or performance.

Mentor/preceptor responsibilities

The mentors or preceptors spend the majority of a shift working side by side with students. They are the best role model for professional nursing behaviours and attitudes. They also have a broader understanding of the environmental context in which the student is performing.

Mentors or preceptors have a unique view of circumstances. They know the ward dynamics, routines, patient care procedures of the facility, and current patients, including their conditions and health status. They work with and observe the student closely as they understand, manage and navigate their way through a shift. This allows them to gain an informed, well-evidenced opinion to contribute to the student skill and performance assessment requirements.

The role of the mentor or preceptor includes:

- welcoming students to the ward
- explaining procedures such as ward/unit routines and policies
- orientating students to the physical environment, such as emergency and standard work equipment, exits and documentation
- acting as a clinical and professional role model
- identifying learning needs and allowing time for learning and assessment
- assisting the students in linking theory to practice
- fostering independence, critical thinking and confidence
- evaluating students' clinical abilities
- providing frequent feedback to the students (and clinical facilitator)
- encouraging open communication and student questions
- promoting skills development.

Clarifying training within the Vocational Education Sector

The majority of Registered Nurses who are involved in the assessment of Certificate IV or Diploma of Nursing students may have had little experience with the Vocational Education and Training (VET) system, perhaps with the exception of those who hold a Certificate IV in Training and Assessment (TAA/TAE) qualification. Therefore, the mentors who work with Certificate IV or Diploma of Nursing students may not possess an in-depth understanding of the nuances of the VET approach to education and training.

There are two main standards of nursing practice that have to be considered when training and assessing Certificate IV and Diploma of Nursing students. Both require assessment in the clinical field. They are the:

- Australian Nursing and Midwifery Council (ANMC) Competency Standards
- Units of Competency set out in the Health Training Package (HLT07) for the Certificate IV/Diploma of Nursing.

To assist those working with students in the clinical environment, and to clarify some of the 'VET speak' when communicating with RTOs, **Appendix 1** sets out the unit titles with a summary of what the units cover.

In Victoria, the entry-to-practice requirement for an Enrolled Nurse is the Certificate IV in Nursing. In line with the new national registration and accreditation system, Victoria is currently transitioning to the Diploma of Nursing as the minimum entry to practice requirement for registration. The Diploma of Nursing will become the minimum requirement from 1 July 2014.

The course decoded

The HLT07 includes qualifications and Units of Competency for many occupations across health care, including ambulance services, dental technicians, allied health workers and, of course, Enrolled Nurses. It is nationally endorsed by industry.

The makeup of the qualification for registration as an Enrolled Nurse requires the successful completion of 21 core and 5 elective Units of Competency in the Diploma of Nursing qualification and 15 core and 4 electives Units of Competency for the Certificate IV in Nursing. The elective Units of Competency may vary, so this handbook focuses on the 21 core units of the Diploma as the Certificate IV subjects are embedded within it.

Part of each unit requires assessment in a real or close simulation of the clinical environment for authentic application of the unit's elements. Therefore, successful completion of the clinical placement also meets the assessment requirements of the Units of Competency.

Preparing for clinical facilitation

The following tips have been collected from facilitators of clinical placements involving Certificate IV and Diploma of Nursing students throughout Victoria, in response to a statewide survey of RTOs and selected industry representatives. The information is helpful for novice and experienced facilitators, whether they are based with an RTO or with the host of the clinical placement.

How to prepare for a clinical placement

- Read all the information sent to you and become familiar with the RTOs requirements for the clinical placement.
- Visit the facility prior to placement and introduce yourself to the contact person.
- Familiarise yourself with the wards and improve your knowledge of the clinical area if needed.
- Find out about the facility's orientation process. Some provide a comprehensive orientation, while others give a brief welcome, then leave it up to you. Be prepared for that.
- Be familiar with Unit of Competency guidelines and aims.
- Prepare an orientation pack for the students. The pack may contain an overview of the service, confidentiality agreements, rosters, relevant phone numbers and mental state examination cheat sheets.
- Know what to bring – clinical tools, lunch (meal facilities, cup etc). Know where to park.
- Be familiar with the ANMC Competency Standards and the elements of each Unit of Competency.
- Know how to contact the RTO liaison.

Another suggestion is to set up a folder of information to keep as a resource to share with students. It might include learning activities, information sheets, an orientation kit, an example of workplace documents to practice recording health information, professional codes, guidelines and competencies.

Self preparation

It can be intimidating assessing students. It is helpful to value your own professional competence and knowledge of the clinical area and adopt a positive attitude towards, and enthusiasm for, student learning. Be prepared to:

- work collaboratively with the student towards progressing their development of skills and knowledge
- be open to the differences and diversity of the students and staff
- recognise that students have different learning styles
- review your role as a clinical facilitator, including planner, negotiator, manager, provider of feedback, assessor or counsellor
- remember that students will look to you as a professional role model.

Self-Preparation Orientation Checklist	✓When done
◆ Do you have written orientation material or an orientation folder?	
◆ Do you have a welcome orientation process for students?	
◆ Does the orientation include information about:	
⇢ the layout of the workplace?	
⇢ procedures, policies and values of the workplace?	
⇢ the people in the workplace, their titles and roles?	
◆ Have you outlined performance expectations and ground rules?	
◆ Have you explained how to access clinical support and the level of supervision to expect?	
◆ Does your student have the assessment requirements and a plan of how and when assessments will occur?	

Day 1 orientation

Orientation day is one of the most important days of the clinical placement. First impressions have a strong impact on students and the facilitator. How the student behaves on that first day will say a lot about them. Are they prepared, on time, asking lots of questions and showing a genuine keenness to experience and learn? This is a crucial time to set the tone of the placement and clarify your expectations of them.

Setting the ground rules

Setting ground rules is a basic step in facilitating a group and it is vital to ensure the smooth progress of the placement. Orientation is an opportune time to set out these ground rules with students, which might include your expectations for punctuality, taking responsibility for their learning and actively seeking opportunities to learn, or when to ask for supervision. You also need to outline how you will support and assess them.

Discuss the role of preceptors and what the students can expect from them. They should be made aware that they will be questioned about their practice and expected to explain their rationale. It is useful to explain that questioning helps learning and gives the facilitator a fair impression of their performance.

Questioning of students needs to be conducted sensitively and respectfully. This often means considering privacy. The following is a list of suggestions made by clinical facilitators to be considered during orientation.

Suggestions for orientation

- Explore the student's previous clinical experience.
- Go over and set objectives for this placement.
- Explain your plans for assessment, such as when, how and where they can expect it to occur, for example, midway through a 1:1 formative assessment interview.
- Go through the orientation checklist, including a 'walk through' of the facility, locating key areas and equipment, documentation used in the facility and the routine of the unit.
- Clarify student expectations. Ensure they are realistic for the clinical environment and their level of training. Address professional behaviour, including punctuality, sickness, hygiene and attire.
- Ensure students are clear about their current scope of practice. Go over when to ask for assistance.
- Make sure the student can demonstrate how to contact the clinical facilitator.
- Explain the type of patient and nursing experience they can expect to encounter.
- Demonstrate equipment used in the facility and go through the paperwork they use.
- Have students practice skills and take each other's observations,

especially blood pressures.

- Cover OH&S issues for the organisation, such as local policies and procedures for fire, evacuation, manual handling and infection control.
- Discuss the student's role in a medical emergency.
- Go over the basic care principles for patients as there may be a lag between lectures and clinical placements.
- Allow students to introduce themselves and break the ice. Students need to support each other.
- At staff introductions, include students' level of training.
- Make organisation values and expectations of the students' behaviours clear.
- Have students attend handover at a pm shift, go through abbreviations, then assess a scenario and time plan for a patient.
- Have them practice using equipment such as a BGL machine, including calibration.

Tailoring the learning process for individual students

A group of students may share a similar learning need and you will be able to create an activity to teach them. However, each student will have their own learning needs. Following are some ideas on how to identify individual learning needs with strategies to manage assessment in the clinical environment.

Observation of students and assessment tips

- Ascertain the student's knowledge base early, identify areas of concern and work with the student to develop a learning contract.
- Keep a diary of your observations to support your assessments.
- Spend time with each student in the clinical area to observe their practice. Plan to assess a particular task with each student every day.
- Get the student to regularly hand over their patients to you to explore their understanding and knowledge.
- Develop a learning contract in line with the individual learner, workplace and RTO requirements. This will require setting learning objectives with the student and discussing how to meet them over the placement.
- Consider the experience level of the student, prior learning experiences, goals, purpose of the placement and personal attributes.
- Ensure assessment is fair, reliable and following RTO expectations.
- Strategic questioning of mentors can help clarify overall impression of student performance.
- Go through the clinical assessment tool and verify the student understands.
- Feedback should be succinct and prompt, including praise and constructive criticism.
- Feedback needs to be given with examples of practice from the learner to help them understand.
- Organise small group assessments so students can learn and support each other.
- Conduct formative assessment halfway through to focus on skills or behaviours that need to be developed.
- Students can assess themselves. This will give the facilitator a good idea of the students' insight into their learning needs.
- Make sure the students plan to involve you in their learning, such as planning a time to assess observations or planning a dressing around physio or meal times. This helps to develop organisational skills.
- Choose two to four students each day to work with closely.

Appendix 2 is an example of a tool that can help you plan and conduct an assessment of basic nursing skills. It is helpful in making your expectations of the

assessment clear to the student, and having a sense of formality can assist with student motivation and focus.

Appendix 3 is a communication hurdle task that one RTO uses with all students for each placement. This checklist can be used to assist clinical facilitators to set out guidelines for a hurdle if they have identified poor communication as an issue. It clearly identifies the key minimum communication skills required.

Different environments provide different opportunities and challenges. Generally speaking, the abovementioned observations and tips can be adapted to all clinical areas, although there are several tips to be considered for particular settings.

Tips for specific health care settings

Aged care

- Give positive feedback to the manager early in the placement and ask if they would like feedback at the end of the placement.
- Conduct a tutorial on dementia and behaviour management.
- Reinforce understanding of ethical issues in aged care and the legal requirements for mandatory reporting of elder abuse.

Rehabilitation

- Students should attend a multidisciplinary team meeting.
- Students should aim to follow a patient through a therapy session and attend a case conference.

Acute care

- If you are on a surgical ward, check theatre days and see if there is the opportunity for students to follow a patient through theatre.
- Look out for discharge groups and pre-admission groups, as the students learn a lot from these sessions.
- Expect students to be providing care for two to three patients in acute care. This allows them the opportunity to work on time management and prioritisation of care.

Mental health

- Attend a psychiatric review session. Have students report observations in the debriefing session.
- Have students participate in alternative therapy sessions and observe variations in the patient's demeanour and behaviours.

Being the diplomat

As a clinical facilitator, you have to negotiate your way between the need to plan, coordinate and facilitate meaningful student learning, and respecting staff workload. This is further complicated by competing demands on nursing and other direct-care staff. However, quality of care for the patient is always a priority, regardless of the circumstances in a clinical placement setting. Care should always be provided in accordance with the directive of the supervising nurse and the plan of nursing care.

The advice gathered from facilitators is varied and does not account for every situation that you may encounter. The following is a selection of ideas that you may find helpful at different times.

Managing staff/student relationships

- Give students plenty of positive feedback to help build confidence.
- If a mentor has identified a performance issue, acknowledge their concerns and work with the student to resolve the problem.
- Communicate the learning plan to staff, including debrief time and how many patients the student should be allocated.
- Be clear about what you expect of both the students and staff.
- Inform staff of the processes to follow if they are to be a mentor for students. Staff need to feel they are fully supported and not carrying the load of managing students.
- Respond to staff concerns and provide timely support. For example, 'I will be there at 10 am to help with that dressing'.
- Get to know the ward staff individually, asking about their speciality area and their opinion.
- Always talk to students about team dynamics at orientation. They are the new person and should always remember to introduce themself (more than once if necessary) and ask the staff what they would like them to do during the shift.
- Debriefing is a good time for students to voice any issues they may have, as it might be a problem shared by others. They can then determine what the actual problem is, brainstorm how they will approach the problem, and address it accordingly.
- Follow the chain of command and be familiar with reporting structures at the facility.
- Observe staff members interacting with the students.
- Don't become overly familiar with students or staff. Keep professional boundaries and objectivity.
- Encourage students to have breaks with their mentor to enable them to get to know and trust each other.
- Introduce students to staff, explaining the students' scope, expectations, length of stay and with whom they are 'buddied'.
- Encourage students to ask for feedback from staff and to thank them for the support. The fostering of communication really helps.
- Ask students to structure sentences as 'a problem with a solution' and ask what they think, rather than just state the problem.
- Try to place students with someone who wants to teach them.

Conflict management strategies

Conflict can occur between the student and mentor, the student and facilitator, or any combination of the staff involved with the student's clinical placement.

Not all situations can be explored, but clinical facilitators have shared some common issues and how they managed them.

Tips for dealing with personal conflicts

- Get to know your students and show an interest in them.
- Ask their opinions and value their feedback.
- Explain conflict resolution and assist the students to develop coping strategies.
- Encourage them to be professional. They have to learn to work effectively with people they don't like.
- Talk about team work and professional expectations, such as codes of ethics and standards.
- Develop a plan with the student to manage difficult situations.
- Facilitate a meeting between the two parties involved.
- It is important to be a role model in the workplace. How you manage a situation is also a lesson for the student.

Student performance issues

It is great when a student is keen, attentive, communicates clearly on all levels and performs well. However, there is a wide range of professionalism and interest in learning within any group of students. The following tips offer strategies to overcome common performance problems.

Lack of motivation

Tips for engaging students

- Talk with them in a relaxed manner and try to find out why. Are they tired, unwell, shy or nervous?
- If staff members comment on the student's behaviour, it may be appropriate to sensitively feed these observations back to the student, to give them a chance to realise how they are being perceived.
- Challenge them with a difficult or complex patient (within their scope).

  If the student is not meeting requirements, inform the RTO coordinator immediately.
- Take the student aside and remind them that although they might not be interested in this area of nursing, they owe it to their patients to provide excellent care. Remind them of their duty of care.

- Challenge the student by increasing complexity of care and setting achievable goals so they learn something each day.
- Record any performance issue identifying the professional and teamwork domains of the ANMC. Making the student aware of your concerns in this way gives them the opportunity to gain a deeper understanding of what is expected in the role of a professional nurse.
- Find out how their relationship with their mentor is going.
- Discuss your expectations of what professional practice would look like for the motivated learner.

Overconfidence

Tips for managing the overconfident student

- Talk about expectations and scope of practice as an Enrolled Nursing student – learning is constant.
- Give the student guidelines to work within and monitor them closely.
- Assess the student's attitude towards collaboration, asking for and receiving guidance.
- Set them a task to accomplish and review their performance.
- Remind them of their legal obligations to work within their scope and also discuss the consequences of what might occur when they step outside their scope of practice.
- Assess their knowledge base and set boundaries early in the placement.
- Ensure they work with a mentor and inform senior staff of performance concerns and objectives set.

When students have difficulty grasping concepts or performing clinical skills

Tips for when they don't understand

- To help the students develop insight into their abilities, ask them lots of questions to test their knowledge at debriefing. It may highlight one student's lack of knowledge compared to others.
- Keep a diary of examples to discuss and complete a competency tool that reflects your concerns for the RTO to follow up.
- Give students evidence of a lack of knowledge and have them write learning objectives. Follow this up every day.
- Make a habit of asking about their nursing care activities and review their decisions and rationale with them.
- Prompt student engagement by asking clinically relevant questions that demonstrate your expectation of their knowledge so they are prepared for questions that facilitate their learning.
- Work alongside the student, explaining the relationship between nursing theory and practice. Set learning objectives and review in a specific timeframe.

- Remove the student from the clinical environment if you believe they are putting patients at risk, and seek senior review from the health institution and RTO.
- Give theoretical work to complete within set timeframes, followed by discussion and Q&A.
- Explain the concept another way. Break it down and work out what it is about the theory or technique that they don't understand.

It is also helpful to refer to the profession's codes, guidelines and Competency Standards when trying to manage student behaviour or attitude issues. Highlight the expectations of an Enrolled Nurse and ask the students to plan how they will meet the requirements in their performance.

Utilise a wide range of learning materials, such as a text book that provides clear and simple explanations of concepts and theories. The 'Incredibly Easy' series of books on pathophysiology is very helpful when facilitating in the acute setting. Often, online information like the hospital database can be complex and difficult to understand.

When getting it wrong is a learning opportunity

Part of attaining confidence when performing skills and consolidating knowledge is to be tentative, unsure, and nervous for the first few times, which can be the perfect recipe for mistakes.

Every RTO has processes surrounding student assessment. It is your responsibility to make sure you are familiar with the assessment policies and procedures, especially for managing a student with poor performance.

If it is a skill that needs developing, providing the opportunity to practice using simulation and repetition may be sufficient. If it is an error in professional judgement or behaviour, give them the opportunity to learn and improve by highlighting the issue, having the student reflect, advising them of what is expected of a nursing professional and giving them the opportunity to demonstrate growth in their understanding.

Generally speaking, fair assessment processes should include:

- identifying the student's knowledge and skill gaps early. Encourage the student to recognise their own strengths and weaknesses and to propose a plan to gain the skill or better understanding.
- working with them to set out a plan or learning contract that clearly identifies what has to occur to demonstrate improvement of the student's knowledge, once you have established that the student is aware of their knowledge deficit. For example, research a condition, look up a patient case history or practice a skill as a simulation.
- setting a clear measurable goal (hurdle task or clinical challenge) and a timeframe to evaluate progress.
- deeming them not yet competent, if the student is made aware, given instruction and time to practice the skill or improve knowledge, in a reasonable

timeframe, and the student is still not able to perform the procedure or demonstrate the required understanding, confident that you have followed a fair process.

When getting it wrong is immediate failure of placement

There are a number of occasions that require immediate disciplinary action, including:

- criminal activities, such as stealing, assault or breaching confidentiality
- attitudes displayed in an unprofessional behaviour, such as breaching professional boundaries or patient confidentiality. These are often key issues when a student fails a placement
- if the provider reasonably believes a student has an impairment that, in the course of the student undertaking clinical training, may place the public at substantial risk of harm. Education providers are required to make mandatory notifications in relation to students.

Impairment is defined, under Section 5 of the National Law, to mean the student has a 'physical or mental impairment, disability, condition or disorder (including substance abuse or dependence) that detrimentally affects or is likely to detrimentally affect the person's capacity', in this case, to undertake clinical training.

Below are the Guidelines for Mandatory Notifications

Behaviour that must be reported to the Australian Health Practitioners' Regulation Agency (AHPRA) includes:

- intoxication by alcohol or drugs while practising or training in the profession
- engagement in sexual misconduct in connection with the practice or training of the profession
- an impairment that places the public at risk of substantial harm
- a significant departure from accepted professional standards that places the public at risk of harm
- a deviation from the health profession's codes and guidelines.

(AHPRA, 2010)

This last point leaves the judgment of what constitutes an immediate failure and disciplinary action broad and unspecific. You can access more information from: Nursing and Midwifery - Guidelines for Mandatory Notifications

Student safety

It is a requirement of the Victorian Registration & Qualification Authority (VRQA) that the RTO should ensure there are measures in place to secure the safety and security of the students travelling to and from the facility, if they are working shifts in facilities located in industrial or non-built up areas, not close to public transport or if the facility has a poorly lit large garden or car park.

Assessing the host facility prior to commencement of a placement enables you to identify any potential risks and discuss the plan for student safety with the RTO. Holding debriefing at the end of the shift allows you to gather the group, who can leave together and, if possible, then travel together.

Competency Standards for Enrolled Nurses

These core Competency Standards provide the framework for assessing students' overall performance during their clinical placement. It is important the students understand that these standards are also used by the Nursing and Midwifery Board of Australia to assess nurses involved in professional conduct matters and to communicate the performance standard that can be expected from nurses to the public.

Keep a copy of the Enrolled Nursing ANMC Competency Standards to assist you in clarifying your expectations of a student's performance. You can download copies of the codes, guidelines, decision-making framework and ANMC Competency Standards from: http://www.nursingmidwiferyboard.gov.au/Codes-and-Guidelines.aspx.

Codes and guidelines

The Nursing and Midwifery Board of Australia approves codes and guidelines to provide guidance to the profession. They are used to clarify views and expectations on a range of professional nursing issues.

As of March 2011, student nurses will be required to register as students. All students are required to abide by the codes and guidelines of the profession when carrying out their clinical placement and as students in the classroom.

The following is a brief synopsis of key codes and guidelines that you need to keep in mind when facilitating students in the clinical setting.

Code of Ethics

This code outlines the nursing profession's commitment to respect, promote, protect and uphold the fundamental rights of people who are both the recipients and providers of nursing and health care.

New Code of Ethics for Nurses August 2008

Code of Professional Conduct for Nurses

Professional conduct refers to the manner in which a person behaves while acting in a professional capacity. It is generally accepted that when performing their duties and conducting their affairs, professionals will uphold exemplary standards of conduct,

commonly taken to mean standards not generally expected of lay people or the 'ordinary person in the street'.

New Code of Professional Conduct for Nurses August 2008

Decision-making framework

The *Nursing Practice Decisions Summary Guide 2007* contains a flow chart describing the steps to making safe clinical decisions. It assists students to work within their scope and develops their professional decision-making processes. You can download a copy of the framework for your reference from the Nursing and Midwifery Board of Australia codes and guidelines.

DMF A4 Nursing Summary Guide Final 2010

Professional boundaries

'Professional boundaries in nursing are defined as limits that protect the space between the professional's power and the client's vulnerability; that is, they are the borders defining a professional, therapeutic relationship and a non-professional or personal relationship between a nurse and a person in their care. When a nurse crosses a boundary, they are generally behaving in an unprofessional manner and misusing the power in the relationship' (ANMC & NCNZ, 2010).

Nurses must always obtain informed consent from persons in their care, prior to undertaking any therapeutic, professional interaction.

The flow chart in **Appendix 4** helps students identify boundaries and ensure they work safely within them. Breaching the boundaries can be very serious and sometimes even a serious failure, resulting in disciplinary action.

Principles for the Assessment of National Competency Standards

The following is a summary of key aspects from the Australian Nursing Council's *Principles for the Assessment of National Competency Standards (2002)*. They identify six principles for assessment, including:

1. accountability
2. performance-based assessment
3. contextual relevance
4. evidence-based assessment
5. validity and reliability in assessment
6. participation and collaboration.

Accountability

The assessor is accountable to the profession, to the Nursing and Midwifery Board of Australia and to the Registered Training Organisation for a valid assessment of the

student nurse's performance. Validity and reliability in the assessment process is essential in relation to public interest and safe practice.

The assessor has a responsibility to keep assessment information confidential, or when appropriate, to use proper mechanisms to share information about the assessment. Any conflict of interest must be declared and, where impartiality cannot be assured, assessors will withdraw from the assessment process.

Assessment of performance

With the introduction of the ANMC Competency Standards, there has been a shift to an emphasis on assessment of total performance, which includes knowledge, skills and attributes. Regulatory authorities have a responsibility to ensure the assessment model focuses on knowledge and clinical performance that are closely related to the demands of the practice situation.

Contextual-based assessment

Given the complex nature of nursing practice, the ANMC Competency Standards have been developed as broad holistic statements, which interrelate in a manner determined by the nursing context.

The practice setting involves many contextual factors that cause the student nurse to respond in a particular way. Performance of the student nurse can be influenced by the relationship with the person receiving nursing care and by the behaviour of others in the practice setting. It is important that assessors take the contexts into account during the assessment processes.

Evidence-based assessment

The purpose of assessment is to arrive at a conclusion about satisfactory levels of performance, and must therefore be evidence based. Assessors use their professional judgement in deciding professional competence. This involves the recognition and use of significant cues, which infer that a nurse is competent in a particular competency or a number of competencies.

The process requires accumulating evidence about the student's performance over a period of time and in a range of nursing situations. This evidence can be gathered by working with and observing the nurse in the practice context. The assessor puts these pieces of evidence together and draws conclusions about competence.

For tacit knowledge to be used confidently as a basis for assessment, it is essential that assessors have a full understanding of the expected standard of performance. It is the assessor's tacit knowledge that enables the judgement of quality. This assessment model relies on assessment judgements involving the use of:

- tacit knowledge
- competency elements
- cues, which are selected examples of activities illustrative of the Competency Standards.

Key elements in assessment model

There are a number of key elements of assessment that you need to consider, including:

- self-assessment by the student nurse, which is a vital piece of data for the assessor and considered central to the student's continued professional development
- observation by the assessor, with sufficient duration and variety of context to be a valid and reliable source of evidence
- interviews by the assessor with others in the setting (such as peers, persons receiving nursing care and supervisors), to collect data regarding outcomes of care
- analysis of all relevant documentation, such as clinical records
- testing (for example, drug calculations and written assignments)
- examining records of previous achievements.

Inference is a judgement about the presence of a competency embedded in practice, but not actually directly observed in any single behaviour.

Participation and collaboration

Establishing a participative and collaborative relationship between the student and the assessor, which is based on confidentiality, accountability and impartiality, builds confidence in the assessment methods.

It is essential that assessors conduct interviews with students, as it is through this procedure that reflection and interpretation of performance and assessment judgements occurs, enabling validation of inferences made by the assessor.

Debriefing sessions

Plan how you will facilitate debriefing sessions. This time is used for a number of activities. Primarily, it is to debrief the students about their clinical experience.

It is important that you provide time and a quiet private place to conduct these sessions. Ideally, the area should have enough seating either set around a table or in a circle to encourage communication between members of the group.

Facilitation requires:

- setting or negotiating clear ground rules
- an environment of mutual trust
- an ability to generate sharing
- willingness to listen
- a desire to seek understanding
- an ability to be diverse and flexible
- an ability to challenge, yet stay supportive
- an ability to work with people from a wide range of backgrounds
- a variety of approaches and techniques

Conclusion

Supervising Certificate IV and Diploma of Nursing students presents unique challenges in developing processes for monitoring and assessing their progress. The clinical environment is a dynamic and unpredictable arena with many elements that can affect the context of a given assessment situation.

This handbook provides information to inform and prepare you for some common issues that you may experience while facilitating student learning in the clinical environment, whether you are a staff member assigned to mentor a student, or the clinical facilitator employed by the facility or an RTO.

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Appendix 1. Understanding the unit code

To explain and interpret the unit code, we will look at one example: HLT-EN-5-19-A.

HLT refers to the health training package that a unit belongs to. In this case, the course code is:

- **HLT51607 Diploma of Nursing** (Enrolled/Division 2 nursing)

EN refers to the type of study, in this case Enrolled Nursing, but other examples are AP, which stands for anatomy and physiology, and FA referring to first aid.

5 indicates the academic level. Level 5 is a diploma and 4 is a certificate IV, as described by the Australian Qualifications Framework (AQF).

19 distinguishes this unit from other EN Units of Competency.

A is the version of this particular Unit of Competency.

Summary of the 21 core Units of Competency

Please note that this is a general guide and each education provider interprets and structures their programs differently so you will still need to defer to the information and instructions of the RTO.

Compulsory units for the diploma	Description
HLTEN401A Work in the **Nursing profession**	Describes the skills and knowledge required to practice as a nursing professional with clients in a range of health care environments. Includes professional codes, guidelines and ANMC competencies.
HLTEN502A Apply effective **communication** skills in nursing practice	Describes the skills and knowledge required for effective communication in complex situations and its application to nursing practice; the function and purpose of small groups.
HLTEN509A Apply **legal and ethical** parameters to nursing practice	Describes the skills and knowledge required to perform within the legal and ethical parameters of clinical placement, supporting client rights and meeting duty of care.
HLTEN503A Contribute to **client assessment** and developing nursing care plans (incorporates HLTEN403A Undertake basic client assessment)	Describes the skills and knowledge required to contribute to the development of care plans by collection of data captured during a client's admission and ongoing health assessments – includes routine clinical measurements, such as vital signs, BGL, wt. Often, but not always included, are neurological and neurovascular observations.

Compulsory units for the diploma	Description
HLTEN504A Implement and evaluate a plan of **nursing care** (incorporates HLTEN405A Implement basic nursing care)	Describes the knowledge and skills required to implement and evaluate care provided – includes basic nursing skills such as hygiene, mobility, comfort, PAC and pressure ulcer risk assessment.
HLTEN505A Contribute to the **complex** nursing care of clients	Describes the knowledge, skills and attitudes required to care for clients with complex needs – can include skills like inserting catheters, nasogastric tubes or venepuncture. Looks at the pathophysiology and nursing care of selected conditions (differs with each education provider).
HLTEN506A Apply principles of **wound management** in the clinical environment (incorporates HLTEN406A Undertake basic wound care)	Apply contemporary wound management principles to the care of clients with varying types of wounds – skills include aseptic technique, wound management strategies, types of dressings, removal of clips/sutures/drains, tubes and chronic wounds.
HLTEN507A Administer and monitor **medications** in the work environment	Describes the skills and knowledge required to administer and monitor medications, and evaluate their effectiveness - includes parental, enteral and topical applications.
HLTEN510A Implement and monitor nursing care for consumers with **mental health** conditions (incorporates HLTEN410A Deliver nursing care to consumers with mental health conditions)	Describes the skills and knowledge required to contribute to the nursing care and management of consumers with mental illness. Covers common illness, legislation surrounding mental health, common medication and treatment strategies.
HLTEN512A Contribute to nursing care for clients with **acute** health problems	Describes the skills and knowledge required to contribute to the care of the person with an acute health problem by performing nursing interventions, for example, pre- and post-procedure care, discharge planning and assisting to restore optimal health and functioning.
HLTEN513A Contribute to nursing care for clients with **chronic** health problems	Describes the skills and knowledge required to care for the client with a chronic illness that support the client's needs and assist in maintaining an optimal lifestyle, principles of pain management, education and support services. Covers selected common chronic conditions, such as arthritis, Parkinson, GI conditions.
HLTEN515A Implement and monitor nursing care for **older clients** (incorporates HLTEN414A Deliver basic nursing care to older clients)	Describes the skills and knowledge required to support the older person in both acute care settings and residential aged care environments. Looks at issues surrounding aging, such as stereotyping, physical changes and dementia(s).
HLTFA301B Apply **first aid**	Describes the skills and knowledge required to provide first aid response, life support, and management of casualties, the incident and other first aiders.
HLTAP401A Confirm physical health status	Describes a detailed level of knowledge of anatomy and physiology required to confirm physical health status.
HLTAP501A **Analyse health information**	Describes the application of in-depth level of knowledge required to analyse health information in relation to specific services to be provided. Critical thinking is explored, with researching relevant patient information and development of problem-solving strategies.

Compulsory units for the diploma	Description
HLTIN301A Comply with **infection control** policies and procedures in health work	Describes the skills and knowledge required for workers to comply with infection control policies and procedures, such as hand washing, chain of infection, standard and additional precautions.
HLTOHS300A Contribute to **OH&S** processes in the health industry	Specifies the workplace performance required by an employee to contribute to OHS processes, including manual handling principles, risk identification and management strategies.
HLTHIR404B Work effectively with **Aboriginal and Torres Strait Islander people**	Describes the communication and work practice skills and knowledge required to work with Aboriginal and Torres Strait Islander people in the health industry context.
HLTHIR403B Work effectively with **culturally diverse** clients and co-workers	This unit deals with the cultural awareness required for effective communication and cooperation with persons of diverse cultures.

EN diploma only units:

Unit	Description
HLTEN508A Apply **reflective practice, critical thinking** and analysis in health	Describes the skills and knowledge required to demonstrate nursing practice in a contemporary health environment using critical thinking, analysis and reflective practice.
HLTEN516A Apply understanding of the Australian health care system	Describes the skills and knowledge required to function independently in developing strategies to practice within the current and future health care environment, taking into account the Australian health care system.

Appendix 2. Holistic ADL assessment

Candidate name	
Assessor name	
Date assessed	
Conditions (On the job)	Professional practice environment Aged care ❑ Mental health ❑ Rehabilitation ❑ Acute ❑
Unit of Competency	Most elements of all core units in the Diploma of Nursing are represented in this task, with the exception of HLTEN514A Apply research skills within a contemporary health environment and HLTEN516A Apply understanding of the Australian health care system. See mapping section for exact element represented.
Brief description of task	ASSIST WITH PERSONAL HYGINE - including moving or transferring a patient (body mechanics/lifting machine) to a commode or assisting with ambulation, toileting, dressing/undressing. Ear care, eye care, hair care, mouth/denture care, skin care, physical assessment, documentation: NCP review, progress note, charts or health assessment forms, carrying out procedures that reflect an understanding of infection control, OH&S, manual handling practice and professional nursing practices.

Did the candidate perform the following skills?	Yes	No	Comments
Prepared self – researched nursing care plan and individual health conditions, identified impact of expected activities of the procedure on health status and suggested strategies to manage real and potential risks, such as cognitive function (patient's ability to understand instructions), physical limitations (ability to mobilise safely and perform aspects of ADL's) and IVT (risk of trauma/dislodgement, etc.).	❑	❑	
Prepared the patient – negotiated a plan of action, gained consent and consulted about preferences and readiness to proceed. For instance, assessed pain and queried the need for analgesia prior to procedure.	❑	❑	
Prepared equipment and environment for the procedure; established a warm, private environment with a clear path of access.	❑	❑	
Transferred/transported the patient in a confident, organised manner, using principles of manual handling and necessary equipment.	❑	❑	
Assisted with personal hygiene, explaining and communicating with patient throughout, including showering/drying, checking ears and eyes, mouth care, shaving using a safe, organised approach, maintaining dignity and privacy, and promoting independence whenever possible.	❑	❑	

Maintained principles of OH&S, body mechanics and infection control throughout the period of assessment, including hand washing, use of gloves, proper disposal of waste/contaminated linen, bed making, and brakes applied to bed/commode/lifter, no bending, stooping or over reaching.	❑	❑	
Left the patient comfortable and set up appropriately for each day, including having relevant items left within reach, prepared for any procedure, in a supported, comfortable position, etc.	❑	❑	
Observed alterations in patient, such as skin integrity (rashes, breaks, identifies potential pressure ulcer risk), the patient's ability to assist, mental and cognitive status, etc. Reported and recorded assessments and proposed interventions.	❑	❑	

Post procedure interview/Q & A

Questions	Satisfactory response	
	Yes	No
Q1 Self-reflection – How do you think you did? What did you do well? What could you do better next time? What did you learn?		
Q2 What alterations in functional or health status did you observe? Did your observations and assessment of the patient reflect information in the NCP? What would you suggest you need to do about the identified changes?		
Q3 Documentation - Write progress notes detailing the care you delivered, how the patient responded to the procedure, any changes you noted and what you did about any identified issues. Chart information such as bladder and bowel continence, hygiene, behaviour, mobility assessment and skin assessment.		
Q4 Explain the rationale for at least three nursing actions you chose, such as limited mobility due to OA required transfer with a lifting machine, or placed plastic over IVT site/POP/wound to protect from moisture.		

The candidate's performance	Competent ❑	Not yet competent ❑

Student comments/feedback:

Assessor comments/feedback:

Candidate signature: Date:

Assessor signature: Date:

Appendix 3. Communication Assessment Checklist

Criteria	Comments	C/NYC
Introduces self, including designation. 'Hello, my name is Sally. I am a student nurse.'		
Maintains eye contact throughout communication exchange.		
Facial expression shows a willingness to help. Smiles, animated, nodding understanding.		
Posture is open, leaning forward, facing client with arms unfolded and legs not crossed (if sitting).		
Inquires after client's wellbeing, ensures client is comfortable.		
Conversation is audible, understandable, appropriate and clearly conveys the desired message.		
Offers the client an explanation of and reasons for treatments and care interventions.		
Thinks about and responds to client's concerns appropriately.		
Checks that the client understands the message by clarifying or obtaining feedback.		
Shows care and empathy towards client. For instance, through touching their arm or making a caring verbal statement such as 'that must be difficult for you'.		
Able to critique own performance. Ask the student 'how do you think that went?'		
What worked well with the communication?		
What didn't go well? What would you do to improve next time?		

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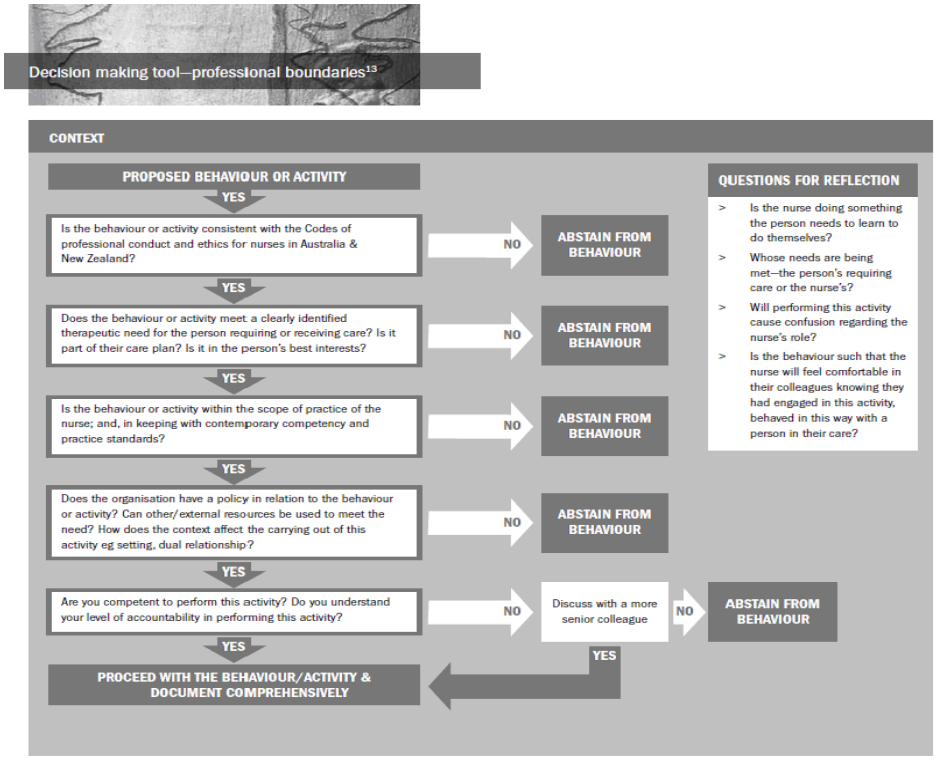
Appendix 4. Professional boundaries flow chart

The following chart is reproduced with acknowledgement that it is used for educational purposed and is available at www.anmc.org.au (ANMC, 2010). Copyright is held jointly by the Australian Nursing and Midwifery Council and the Nursing Council of New Zealand.



(See ANMC - A Nurses guide to professional boundaries, 2010, for further details)