



Student Handbook Supplement

Diploma of Nursing

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Welcome to the Skills Training Australia (STA) Nursing Program

This Information Booklet is a supplement to the Student Handbook and provides detail and information specific to the Nursing program.

Students are especially advised to read and understand the sections on assessments and student behaviour and be aware of the consequences of poor performance or repeated unacceptable behaviour.

Student registration with AHPRA

Under the National Law, all students enrolled in the Diploma of Nursing must be registered as a student with the Nurses and Midwives Board of Australia (NMBA).

Students must be registered and will remain registered for the duration of study, or until they withdraw.

Students do not need to apply for registration. Under the National Law, Skills Training Australia is responsible for ensuring that all Diploma of Nursing students are registered with AHPRA.

There are no fees for student registration.

AHPRA manages student registration matters on behalf of the NMBA and works directly with STA to obtain details of all students in the Diploma of Nursing who need to be registered. AHPRA will request an update of all new and existing students enrolled in the Diploma of Nursing from education providers twice a year (in March and August).

Skills Training Australia reports to AHPRA at the start of each school term.

Registration to Practice as an Enrolled Nurse

Registration standards define the requirements that applicants, registrants or students need to meet to be registered. The Nursing and Midwifery Board of Australia has developed the following registration standards:

On successful completion of this course students need to apply to the Australian Health Professionals Regulation Agency (AHPRA) in order to be registered to work as an Enrolled Nurse within Australia. These registration standards include

- Criminal history check
- Professional indemnity insurance
- Recency of practice
- Continuing professional development
- English language skills – **All** students need to provide evidence that they have completed their secondary education taught and assessed in English in the approved countries (including Australia). If this is not the case the student needs to provide evidence that they have the requisite English skills as evidenced by proficiency at IELTS (academic) - score of 7 in every band or a B in all components of the OET achieved in a single sitting. Further information is available at www.ahpra.gov.au or you can discuss these requirements with your trainer.

These standards can be viewed on the AHPRA website:

<http://www.nursingmidwiferyboard.gov.au/Registration-Standards.aspx>

Nursing and Midwifery Continuing Professional Development Registration Standard
Nursing and Midwifery Criminal History Registration Standard
Nursing and Midwifery English Language Skills Registration Standard effective 19 Sept 2011
Nursing and Midwifery Professional Indemnity Insurance Arrangements Registration Standard
Nursing and Midwifery Recency of Practice Registration Standard Nursing and Midwifery

All programs leading to Registration as an Enrolled Nurse in Australia are based on the ANMAC competencies for the Enrolled Nurse which can be viewed on the AHPRA web site

<http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines.aspx>

Attendance at Class & Laboratory Sessions

Nursing students are required to attend at least 80% of all scheduled classroom/lab sessions unless RPL or Credit Transfer has been granted for those units. The Attendance Register needs to be completed and your attendance recorded for each session. It is the student's responsibility to ensure the register is completed each session.

Where a student does not attend at least 80% of scheduled class and lab sessions they will have the option to request consideration for a repeat or re-sit of the missed unit/placement as per STA Policy & Procedure PP023.

It needs to be strongly emphasised that re-sits and repeat sessions will incur extra costs to cover the expenses of training and supervision. STA will attempt to arrange repeat as soon as possible but cannot guarantee that progress will not be affected.

Students may appeal these decisions and can do so in writing to the General Manager. Each case will be reviewed on an individual basis and all aspects of the students' situation will be taken into consideration. A written response will be provided.

Where there is a lapse in the students' progress a meeting will be arranged with the Lead Educator - Nursing. A plan of action will be developed with the student in order to assist the student to continue with their studies. When students are not able to attend a session they must make every reasonable attempt to notify Skills Training Australia of their non-attendance prior to the session start time. If non-attendance is due to ill health, a Doctors Certificate is required.

It is the responsibility of the student to collect any information or handouts from the session they have missed.

Classroom Expectations

It is expected that all students and staff will be **respectful** of each other.

Campus is a simulated work environment. It is expected that students will dress and behave in a professional manner at all times

This means:

1. Punctuality
2. No food (including sweets) or drink to be consumed in the classroom (water is allowed)
3. Mobile phones turned off or on silent and NOT answered or accessed during class time
4. Allowing opportunity for others to speak
5. Only leaving the classroom when the session is complete or on the teachers instruction
6. Remain attentive and alert at all times
7. Appropriate and clean clothing
8. Personal hygiene attended to daily

As **adult learners** it is expected that you will take **responsibility** for your own learning. Trainers are here to facilitate your learning. It is up to you to make the most of all learning opportunities, including making time to undertake additional reading to supplement your learning

1. Complete assigned work on time
2. Participate in all classroom and laboratory activities
3. Seek clarification if you do not understand something.
4. Make the most of all learning opportunities

Reflective Journal

Students are encouraged to maintain a reflective journal throughout their Diploma of Nursing program. Your journal will assist you to identify areas of your learning that need further development and assist with setting and tracking progress towards achievement of your personal learning objectives.

During clinical placement it is a requirement that you maintain a reflective journal and using your reflections, in collaboration with your clinical supervisor, work towards achievement of your stated personal learning objectives and the specific placement learning objectives.

During EVERY placement, your journal must be sighted and signed off by your clinical supervisor. Following placement one, your reflective journal must be uploaded into Moodle.

Assessments

There are a number of assessment tasks and hurdles which must be completed throughout the program to ensure the participant is able to progress through the course. If the participant is unsuccessful at any stage, they will have one further opportunity to show competency. Failure to show competence at any hurdle/assessment task will result in the participant being required to repeat that component of the program and may mean that the participant is unable to progress to the next stage of the program. Please see the course flow chart for further detail

Assessment consists of:

- Attendance (minimum of 80% attendance per unit is required)
- A pass of 100% for the drug calculations tests
- Deemed competent in all practical competency and theoretical assessments (see assessment plan)
- A pass in classroom presentations
- Successful completion of each clinical placement

All assessments are based on the following principles:

- Working within Scope of Practice
- Provision of safe and effective nursing care
- Demonstrate appropriate Medical Terminology/Documentation/Privacy and Confidentiality
- Demonstrated understanding of underpinning knowledge
- Demonstrated understanding of knowledge/skill being assessed
- Demonstrates critical thinking and reflective practice.

Each of these principles must be demonstrated before a grade will be applied

If any one of the above is NOT demonstrated, the participant will be deemed not yet competent (NYC) for that assessment and will need to resubmit or be reassessed. There will be only **one** further opportunity for reassessment. If still NYC, the participant will need to re-enrol in that unit and may not be able to continue with their current student group. The student will only be able to re-enrol in a unit once. If the result is still NYC, the student will not be able to continue with the course.

In the event a participant is deemed not yet competent (NYC) at any stage, they will be given learning support and one further opportunity to demonstrate competence.

Any participant who is assessed as not yet competent (NYC) in the theoretical component of the program will not be able to progress to their clinical placement linked to that unit. Students will be counselled about their options and may be advised to re-enrol in that unit. The student will only be able to re-enrol in a unit once. If the result is still NYC, the student will not be able to continue with the course.

Assessments will need to be submitted to the relevant trainer on the due date – extensions may be granted but this will need to be discussed with the relevant trainer and an Assessment Extension Request form FM015 needs to be handed in. A number of these forms are available in your student folder and extra copies are available in the documents folders in each lecture room or from reception.

Students are required to submit their assessments as per the instructions in the 'Assessment Material' document for each unit – handwritten assessments will not be accepted. To discuss this further, please contact the Lead Educator – Nursing, Training Coordinator - Nursing or trainer/assessor.

Students must keep a copy of their assignment work.

All work submitted must be referenced using the Harvard's reference.

ALL hard copy work submitted must have an Assessment cover sheet. Each participant is required to sign the assessment cover sheet that includes a declaration of the authenticity of the work being submitted.

General assessment instructions

All assessments are based on training package requirements and the ANMAC competencies for the enrolled nurse

Achieving Competency

To achieve competency students must obtain a satisfactory result for each of the assessment tasks below.

Grading

A grade will be given to each assessment task only after a student has been deemed competent in all aspects of that assessment. This approach to marking is designed to assist those students with a desire to continue their study into higher education.

All assessment tasks except tests/exams

To achieve competency a satisfactory result for **all** questions is required. Answers must contain the core mandatory information to achieve a satisfactory result. A satisfactory result will achieve the minimum grade required. All additional correct information will increase the grade up to the maximum for that question.

For example:

What are the steps in the nursing process? (5 marks)

Listing all 5 steps will achieve a satisfactory result. (2½ marks)

Listing less than the 5 will achieve a not satisfactory result, even if explanation for those provided is included in the answer

Adding a brief explanation of each step will achieve an additional 2½ marks for a total of 5 marks.(ie ½ mark per step)

Tests/Exams

To obtain a satisfactory outcome for a test you must achieve a satisfactory outcome for **core questions**. Whilst core questions will not be identified in the test paper, they will be assessing essential knowledge related to the unit that is required for safe and effective nursing practice

Reassessment

In the event of a not satisfactory outcome for an assessment task in this unit, the STA reassessment policy will be applied. The student will be awarded further opportunity to submit work to the Trainer/Assessor. Where the student has not been able to attain a competent mark following resubmission, a meeting will be held with the student to re-assess the individual's learning style and the assessment method. This will be conducted between the Trainer/Assessor, the student and where appropriate, the Lead Educator - Nursing.

Should the student wish to appeal any decision relating to this policy and procedure, the student should refer to the Academic-Non Academic Grievance policy and procedure.

Adjustment to assessment

Flexibility in assessment will be considered where the integrity of the assessment and learning outcome is maintained. For example, a written assessment may be administered as a verbal assessment and recorded by a STA staff member where a student has sustained an injury preventing them from writing. Any agreement for an adjustment to assessment **must** be documented below (or in writing to the Lead Educator - Nursing in the event of an electronically submitted assessment task and placed in your student file.)

Tests/Exams

The assessment tasks for some units may include a test or group of tests. These assessment tasks may be either "open book" where you can use resources and texts to answer the questions or "closed book" where no resources are allowed to be used at all.

All tests are timed and must be completed within the allowed timeframe. The allowed timeframe will be identified in the assessment task document so you will know how long you have to complete the test.

Some tests are completed in Moodle and it is essential that you have your log in details on test days. If you are unsure of your log in details please ensure you have spoken with student services to obtain these prior to your test commencing.

Tests/Exams will be conducted under strict test conditions. This means:

1. Do not pick up your pen, start writing or entering answers onto your tablet until instructed to do so
2. All bags, books, mobile phones etc. Will be left in the designated area. Mobile phones must be turned off or to silent mode
3. Only pens, pencils, clear drink container and student ID will be allowed into the test room
4. Once the test/exam has commenced you will not be permitted to leave the room until you have completed the test
5. If you do leave the room you will NOT be permitted to re-enter
6. There must be no communication of any kind between students. Any communication will result in all involved being asked to leave the room. The paper will be recorded as a fail attempt. At the examiners discretion the student may be permitted to sit a supplementary test at another time
7. When finished, raise your hand. The examiner will collect your paper. You may then leave quietly. Remember that others are still working. Respect others and remain quiet outside the room until all students have completed the test/exam.

8. You must stop writing and put your pen down as soon as the examiner tells you time is complete. Failure to do so will mean the paper will be recorded as a fail attempt. At the examiners discretion the student may be permitted to sit a supplementary test/examination at another time
9. If required to sit a supplementary test/exam, this will only be graded as S/NS and the minimum passing grade applied

Remember to read each question carefully in the allocated reading time and leave time at the end to review your answers

If you have any questions or need further clarification of any questions during the test raise your hand and wait for the examiner to come to your desk.

To obtain a satisfactory outcome for a test you must achieve a satisfactory outcome for core questions. Whilst core questions will not be identified in the test paper, they will be assessing essential knowledge related to the unit that is required for safe and effective nursing practice.

If a resit is required, this may be allocated in classroom time or during the scheduled weekly resit time (your teacher will let you know which applies to you). If not in classroom time you will need to book your resit with the Nursing Department and make yourself available for the allocated time. If you do not attend the scheduled resit time this will be recorded again as NYC and you will need to discuss your options with the Lead Educator - Nursing.

Workbook/Case Study

When an assessment task is a workbook or case study (except case study on clinical placement), it will be available for the student in Moodle. The workbook/case study is in Microsoft Word format and **must not** be changed to any other format. The student is required to download the document from Moodle, save it to their computer and type their responses to each question in the space provided in the document. On completion, it must be uploaded as a Microsoft Word document for marking against the appropriate task in Moodle.

In general workbooks and case studies are completed in your own time outside of the face to face class room environment. You can use any relevant resources such as the internet, course text books and other credible sources. It is important that you reference all sources that you obtain your information from.

Referencing must be included and failure to adhere to this requirement will result in a not satisfactory outcome for the assessment.

All questions in a workbook are to be completed and you must achieve a satisfactory result for each question to achieve an overall satisfactory result for that workbook.

Nursing Laboratory

Practical Laboratory Assessments are NOT tasks that need to be learned by rote and performed robotically. These competencies are a framework on which it is expected the student will develop the individual requirements for the scenario they have been presented with. In other words, it is expected that the student will apply the theoretical knowledge base they have acquired and use the information they have been provided with in the scenario, to perform holistic nursing interventions that are appropriate to their stage of learning and prioritised to those particular individual patient circumstances.

In order for a student to pass practical nursing competencies, it is essential that they demonstrate that their practice meets the following principles:

1. Working within their scope of practice
2. Provision of safe and effective nursing care
3. Demonstrates the use of appropriate:
 - Medical Terminology
 - English language
 - Communication skills
 - Documentation
 - Workplace health and safety principles
 - Privacy and confidentiality
4. Demonstrates understanding of underpinning knowledge of theory and the use of equipment required for each scenario presented.
5. Demonstrates critical thinking and reflective practice

If any **one** of the above is NOT demonstrated, the student will be deemed not yet competent (NYC) for that assessment and will need to be reassessed.

There will be only **one** further opportunity for re-assessment.

The student must be deemed competent in EVERY practical assessment for each unit before being permitted to undertake the linked clinical placement.

Clinical Placement

100% attendance is required at Clinical Placement as directed by ANMAC. All students are required to complete 400 hours of placement to be eligible for completion of their qualification.

In the event a student does not meet the 100% attendance requirement, 'make-up' time can be arranged for a fee that will be determined by Skills Training Australia. There are some circumstances where non-completion of placement will prevent a student progressing into the next term of his/her study.

Students must complete ALL requirements as per their clinical placement tool. This includes:

- Maintaining a reflective journal
- Attendance record
- Clinical placement orientation checklist
- Clinical placement objectives
- Personal learning objectives
- Communication hurdle
- Assessment tool
- Clinical skills

Where a student is deemed 'Not Satisfactory' on placement, a repeat placement will be arranged as soon as practical. The cost for the repeat placement will be determined by Skills Training Australia. Where a full placement is required the student **will not** progress to the next phase of their study.

Clinical Placement Progress

Any participant who is not showing evidence of satisfactory progression in meeting the ANMAC competencies whilst on clinical placement will be given further learning support, and placed on a learning contract. If the participant is still unable to demonstrate satisfactory progression and is not likely to meet the requirements in the allocated time, they may be withdrawn from placement and required to re-enrol in all/some of the linked units and/or repeat the placement.

If students feel they are having difficulties with their placement they need to discuss these issues with their clinical teacher. The clinical teacher may identify areas where a student is struggling to meet the required outcomes. In this instance the clinical teacher will discuss this with the student and put an action plan in place which is agreed to by both clinical teacher and student. Where a student does not progress after opportunity to improve, the outcome may be a 'not satisfactory' and a requirement to repeat the placement is required. In some cases and with consultation between the clinical teacher, the student and the Lead Educator - Nursing, the student may be required to re-enrol in one or more of the units linked to the placement

The student will be required to pay an additional fee for any additional placement.

Immediate withdrawal from placement

In certain circumstances students may be withdrawn immediately from a placement. The reasons for this may include:

- Consistently unable to perform in a professional situation despite constant instruction and guidance.
- Unable to care for clients with any degree of autonomy.
- Inability to safely perform procedures which have already been taught, demonstrated and practiced in a simulated environment.
- Performing in a manner which takes away from the learning opportunities of the other students.
- Breaching legal, ethical or professional codes of practice.
- Demonstrates gross negligence in performing an assigned duty.

Essays and other written work

An essay or other written work, is a piece of work that requires research of a topic, analysis of the findings of that research, and an evaluation of your research that supports your academic opinion on the matter. It is important that this work includes **your academic** opinion of the findings, and be careful to not confuse this with your **personal opinion**. Sometimes these may be the same thing but ensure your personal opinion is supported by your research and analysis.

Referencing must be included in your essay or other written work. Failure to adhere to this requirement will result in a not satisfactory outcome for the assessment.

Word limits must be adhered to and this will be identified in the task. You are allowed a 10% variance with your word limit; this means that if a word limit is 1000 words then your submission must be no less than 900 words and no more than 1100 words.

Short / Long Answers

In general long and short answer questions are completed in your own time outside of the face to face class room environment. You can access any relevant resources such as the internet, course text books and other credible sources. It is important that you reference all sources that you obtain your information from.

Referencing must be included and failure to adhere to this requirement will result in a not satisfactory outcome for the assessment.

All questions must be answered and a satisfactory result achieved for each question to achieve an overall satisfactory result for this assessment.

Academic Writing

Referencing - Harvard System

Harvard (in-text) Referencing

In-text referencing is referencing that is in the body of your essay. Referencing helps you to write about other people's opinions, thoughts, arguments or research. It

- shows the reader what you have read
- makes your writing sound formal
- shows the reader what you have noticed about other people's work
- shows what you think about that work
- provides you with authority as a writer
- shows you have acknowledged other people's work - you're not pretending their work is yours!

Most students have learned to reference at the end of a sentence or paragraph like this: It is important to take into account the mother's and father's perspectives about child rearing (**Jones, 2000**). However, this is not the only way to reference. In fact in one essay or assignment you can alternate where you put your references in order to make your point as clear as possible. For example you can put the reference at the front of the sentence and add a verb like this: **Smith (1997)** argues that it is important to take into account the mother's and father's perspectives about child rearing. If you have read more than one thing which says something similar then you can put them together like this: **Smith (1997) and Jones (2000)** argue that it is important to take into account the mother's and father's perspectives about child rearing.

Notice that in the examples above, the authors are arguing. However, this is not always the case therefore you need to change the verb to suit what the author is doing. We call these verbs reporting verbs.

Harvard - Direct quotes

Direct quotes are sentences or parts of sentences that you have copied directly from a book or journal or other source. When you quote in an essay you must place your quote within quotation marks like this "a quote" and state what page you found the quote on. For example, **Holland (1998)** stated that "all animals are intelligent" (**p. 36**). Note that some lecturers will prefer you to use write

p.36 instead of page 36. Short quotes can usually be carried on in the sentence but longer ones are better placed on their own and indented.

For example, **Holland (1998: 36)** stated that: "All animals are intelligent and need to be loved in order to bring out their intelligence. Lack of intelligence usually means lack of love".

Can you see the differences here?

Late Submission of Homework

Any work that is submitted after the due date and time specified will only be assessed to the minimum passing grade. Any work that is submitted more than four weeks after the due date will **not be assessed**. This work will be graded as Not Yet Competent (NYC) for that particular assessment.

Extensions will only be granted in extenuating circumstances and within the time frame specified. Any request for extension **MUST** be submitted at least one week **PRIOR** to the due date. Consideration will not be given to any request made on the due date. A heavy workload does not constitute an extenuating circumstance. A medical certificate must be produced with a request for an extension.

Plagiarism and cheating

Plagiarism is considered a serious offence along with collusion, re-submission of previously marked work from another participant, copying and theft of other participant's work. You may not copy the work of another person, or have any other person write your work, assist you in your research and writing or do your research and writing for you. If you present, as your own work, quotes or ideas which come from someone else, without acknowledging the source, you have plagiarised. All the above is considered a serious breach of program protocol and will result in penalties which may include exclusion from progression in the course

You are permitted to discuss your ideas with other participants but when it comes to writing the answers it must be your own work, unless it has been designated a group project by the educator.

Cheating is obtaining or attempting to obtain, any improvement in evaluation of performance by any dishonest or deceptive means. Cheating includes, but is not limited to: copying from another's test or examination; using or displaying notes, "cheat sheets," or other information devices inappropriate to the prescribed test conditions

Students submitting work where plagiarism or cheating has been identified will be investigated resulting in disciplinary procedures being instigated.

LABORATORY GUIDELINES

Our nursing laboratory is a simulated work environment and as such contains similar risks to the real workplace. The learning in the Nursing Laboratory is designed to assist with linking theory to practice in a safe environment. It provides you with a simulated hospital experience where you can practice the skill, knowledge and attitude of an Enrolled Nurse.



Expectations

1. Food and drink are not to be brought into or consumed in the nursing laboratory unless as part of your learning
2. Bags will need to be placed in a location that ensures the area remains hazard free and you will be directed by your trainer as to the best location for them
3. Mobile phones are not to be brought into the nursing laboratory
4. Students must be in uniform when attending any session (or part thereof) in the nursing laboratory
5. All students are expected to wash their hands at the start and end of each nursing laboratory session
6. Report any equipment that is not functioning correctly to your trainer
7. Be prepared for the session by ensuring pre reading and associated class room activities have been completed and you are wearing uniform
8. Do not sit on the beds
9. Ensure the area is kept neat and tidy and you work in a manner that evidences an understanding of Workplace Health and Safety and Infection Control principles
10. When leaving the nursing laboratory all equipment is disposed of appropriately or returned to the correct location as directed by the trainer. All “patients” must be left in a manner that would reflect how they would be left in the workplace. This includes patients positioned comfortably, beds made, side tables placed within reach and neat and tidy, bed at an appropriate height, patient call bell is within reach etc.

STA Uniform Requirements

Students are required to wear:

Skills Training Australia uniform polo

Navy or black pants

Black, leather, covered in shoes with a low heel



Hair, Nail, Make Up and Jewellery

The above need to be maintained in a way that ensures you are able to practice safely in the work environment.

Hair – hair must be off the collar if necessary tied back

Nails - kept short and clean

Jewellery - single plain band only on one finger, sleepers or studs only, no necklaces, bracelets etc.

At the commencement of the course, students will have a brief orientation to the laboratory and review the following guidelines.

Students are responsible to use lab equipment for its intended purpose:

The Laboratory is to be considered as a simulated work environment. Therefore dress and behaviour will be as expected in the work place.

- Students will respect lab property and equipment and ensure proper, respectful care of the equipment. This includes removing shoes while using the hospital beds.
- Students will respect the lab personnel, instructors and fellow classmates at all times.
- In any situation where equipment is damaged or broken, the student must report this to the nurse educator in charge of the teaching session.
- Students will use the lab only for its intended purpose. Failure to do so will require the students to leave the lab.
- No food or drinks are permitted in the labs.
- Students will use the labs as a hands-on learning experience and be prepared to actively participate in the competency skill as assigned.
- Students may be required to rotate through different stations in the lab and classroom. These will be signed off by the nurse educator/s in charge of the class. Students must not leave STA campus until dismissed by the nurse educator.
- It is the students responsibility to ensure the lab is clean and tidy for the next student prior to leaving the lab.
- All equipment must be returned to its proper location EVERY TIME it is used

Non-scheduled Lab Use

- Students must notify reception/teacher if they wish to use the laboratory (does not apply to scheduled lab time)
- Students may use the lab for extra practice time. Appointments may be necessary depending on space availability. All supplies must be returned to the appropriate storage place neatly and in order
- The lab must be checked daily and left neat and tidy prior to students going home at the end of the day.
- Students may reserve educational equipment to assist with learning and practice in the lab.



Clinical Placement

100% attendance is required at Clinical Placement as directed by ANMAC. All students are required to complete 400 hours of placement to be eligible for completion of their qualification.

In the event a student does not meet the 100% attendance requirement, 'make-up' time can be arranged for a fee that will be determined by the Lead Educator - Nursing. There are some circumstances where non-completion of placement will prevent a student progressing into the next term of his/her study.

Where a student is deemed 'Not Satisfactory' on placement, a repeat placement will be arranged as soon as practical. The cost for the repeat placement will be determined by the Lead Educator - Nursing. Where a full placement is required the student **will not** progress to the next phase of their study.

Clinical Placement Requirements

Clinical placement is an essential component of the Enrolled Nurse training course. Throughout the course a number of Clinical Placements will be arranged in a variety of clinical settings allowing students the opportunity to practice their skills.

A number of issues need to be managed in regards to your Clinical Placements:

Immunisation

Immunisation is the responsibility of the student. It is recommended that an informed, individual choice is made about this matter. Students should refer to a doctor of their choice for discussion and advice.

Students will come into contact with a large variety of individuals while attending clinical placement. Some of these people may have a communicable disease. Enrolled Nurses are categorised as a Category A Health Care Worker. These workers are defined as being at risk of exposure to contaminated blood and body fluids (DoH, 2010).

Immunisation is one of the most effective public health measures for the control of communicable diseases, protecting both the individual and the community as a whole.

For the protection of students and of potential clients, evidence of vaccination status is required by certain clinical placement agencies prior to attendance. This will be in the form of either a signed Statutory Declaration or documentation from a doctor.

N.B. You can copy the Immunisation Record in **Appendix 2** and ask your GP to complete it.

For further information on recommended immunisation for Category A Health Care Workers, please refer to the Department of Health website at: <http://www.health.vic.gov.au/immunisation>

Source: Handbook for Students on Clinical Placement (State Gov. Victoria)

STA has printed the immunisation record from the end of this booklet and it is in your pack. Please take this to your doctor and have it completed. STA strongly recommends that students have all their Immunisations up to date and have documented evidence of their Immunisation status.

Many Health Care Clinical Placement facilities will require students to prove their immunisation status and may deny a student entry to that placement if it is not adequate or not provided.

All immunisations, Working with Children's Checks and Police Checks must be handed to the Nursing Department 6 weeks before Placement, to be uploaded to hospitals and facilities.

It is the students' responsibility to ensure that they are appropriately immunised

Police Checks

Police Record Check

All students must provide a Police Record Check, also known as a National Police Certificate, prior to clinical placement. The health care agency will **not** allow you to attend clinical placement without a current (12-month) Police Record Check. Application forms can be downloaded from:

<http://www.police.vic.gov.au/>

These forms must be sealed in an envelope and kept available for presentation to the nominated health service representative where clinical placements are to be undertaken. Failure to do so may result in the student being sent home. Students must advise the health service in a timely manner of any change made to their criminal record during their training.

When you have a disclosable result

Any criminal records should be discussed with your clinical coordinator. Depending on the nature of the offence, you may be advised to discuss the impact that your record will have on your ability to become registered.

You may be asked to meet with a facility representative to discuss the Police Record Check findings. Be aware that the facility has the right to refuse your request to attend clinical placement.

Source: Handbook for Students on Clinical Placement (State Gov. Victoria)

All organisations which take on nursing students will require all students attending placement to have an up to date Police Check ie less than 12 months old and from the current year of study.

In order to be able to attend placement students are advised to apply for a current Police Check. The National Police Records Check Consent Form can be accessed at the Police website www.police.vic.gov.au. It needs to be filled in, signed and witnessed before being sent to the Victoria police with a photocopy of relevant identification and payment. A copy of the Police Check needs to be lodged with Skills Training Australia.

Most organisations will require that a Police check is renewed on an annual basis.

Students will need to notify STA and/or the Clinical Placement facility if there has been a change to their Police record status.

Working with Children Check (WCC)

Working with Children Check

You may have the opportunity to work with patients under the age of 18. However, before you can be allowed contact with these minors you need to obtain a Working with Children (WWC) Check. If you don't want to miss out on these opportunities, be sure to obtain this check early in your course.

The WWC Check is valid for five years. You can pick up an application form from a participating Australia Post Office. It is advisable to undertake a non-volunteer status WWC Check so that it can be used in the future in an employment context. However, you are able to apply for a Volunteer Check, identifying yourself as a student. The Volunteer WWC Check is free.

Source: Handbook for Students on Clinical Placement (State Gov. Victoria)

All students entering a clinical placement must have a current WCC in place.

When completing the application you will need to enter the relevant campus details below in Section E - Details of Organisation.

Skills Training Australia

School of Nursing

PO Box 4316

WANTIRNA SOUTH VIC 3152

OR

Skills Training Australia

School of Nursing

Level 14

459 Little Collins Street

MELBOURNE VIC 3000

Once lodged you will receive an application number – this must be presented to STA to indicate that you have commenced this process. An official card will be sent directly to you through the mail and STA will require a copy of this.

Clinical Placement Documentation

In order to complete your training in a clinical setting there are a number of documents which need to be filled in and signed off to be deemed competent during your placement.

Clinical Placement Record (CPR) is designed to assist the student to record their on-job practical training and assessment throughout their various clinical placements. It outlines the learning objectives for each placement, details the practical assessment tasks to be completed and includes a list of medication endorsement learning objectives.

Students need to have this record with them at all times and ensure that they gain sign off on any objectives they have achieved. The completed record needs to be handed in to the Nursing Department at the completion of the training.

Clinical Placement Competency Evaluation (CPCE) is developed to allow the student an opportunity to provide their own learning objectives. The document is set out according to the Employability Skills appropriate to the Diploma of Nursing and these have in turn been mapped against the ANMAC Enrolled Nurse Competencies (Australian Nursing & Midwifery Council - Competencies for the Enrolled Nurse). To help you look at learning objectives refer to the ANMAC National Competency Standards for the Enrolled Nurse available at www.anmac.org.au.

A separate CPCE is required for each placement and needs to be returned to the Nursing Department at the end of the students training.

Clinical Placement Progress

Any participant who is not showing evidence of satisfactory progression in meeting the ANMAC competencies whilst on clinical placement will be given further learning support, and placed on a learning contract. If the participant is still unable to demonstrate satisfactory progression and is not likely to meet the requirements in the allocated time, they may be withdrawn from placement and required to re-enrol in all/some of the linked units and/or repeat the placement.

If students feel they are having difficulties with their placement they need to discuss these issues with their clinical teacher. The clinical teacher may identify areas where a student is struggling to meet the required outcomes. In this instance the clinical teacher will discuss this with the student and put an action plan in place which is agreed to by both clinical teacher and student. Where a student does not progress after opportunity to improve, the outcome may be a 'not satisfactory' and a requirement to repeat the placement is required. In some cases and with consultation between the clinical teacher, the student and the Lead Educator - Nursing, the student may be required to re-enrol in one or more of the units linked to the placement

The student will be required to pay an additional fee for any additional placement.

Immediate withdrawal from placement

In certain circumstances students may be withdrawn immediately from a placement. The reasons for this may include:

- Consistently unable to perform in a professional situation despite constant instruction and guidance.
- Unable to care for clients with any degree of autonomy.
- Inability to safely perform procedures which have already been taught, demonstrated and practiced in a simulated environment.
- Performing in a manner which takes away from the learning opportunities of the other students.
- Breaching legal, ethical or professional codes of practice.
- Demonstrates gross negligence in performing an assigned duty.

Code of Conduct

See STA Policy & procedure P020 (included in student folder).

Students will be expected to behave in a respectful, honest, and diligent manner on all occasions especially when they are representing STA - that is in the classroom, the labs and on clinical placement. In order for all students to have equal opportunity and maximise their learning opportunities, a basic code of conduct has been put in place which all students and staff are expected to adhere to.

Where a student has breached the Code of Conduct they will be seen by the Lead Educator - Nursing in the first instance and sanctions will be determined (possible expulsion from the course could be decided upon).

The Lead Educator - Nursing will make every effort to assist the student to ascertain the cause of their behaviour and assist them to plan more appropriate strategies of coping. The matter will be recorded in the students file.

Confidentiality

Students will be expected to maintain confidentiality of information given by or about patients/clients. Students must comply with these regulations at all times.

Course Times

In general, the course hours will be from 0900hrs - 1600hrs at Skills Training Australia – however the occasional unit may have different time requirements – students will be advised in advance.

Placement hours will be in accordance with the Clinical requirements of the host facility – this may include early and late shifts and may involve weekend attendance. At this time, students will not be expected to work night shift.

In general, students will have public holidays off however these hours will need to be made up during the placement (e.g. 9 hour days for 8 days). All effort will be made to allow for school holidays however this may not always be manageable as it will depend on the availability of clinical placements.

Dress code

Classroom

Neat, clean casual wear is required and student grooming needs to be neat and tidy. When in the nursing laboratory students must wear uniform

STA Uniform Requirements

Students are required to wear:

- Skills Training Australia uniform polo
- Navy or black pants
- Black, leather, covered in shoes with a low heel. (Please Note: Runners, joggers, sandals and sandshoes are not acceptable)

Hair, Nails, Make-Up and Jewellery

- Hair – hair must be off the collar if necessary tied back
- Nails - kept short, clean and without nail polish

- Jewelry - single plain band only on one finger, sleepers or studs only, no necklaces, bracelets etc.

Clinical Placement

- STA uniform as above must be worn
- Navy cardigan or windcheater (not to be worn on the wards)
- STA identification.
- Black, leather shoes with covered toes.
- Hair neat and tied back (both male and female). No long or painted nails, nails to be clean and well cut back, minimal jewellery to be worn.

Student Equipment

Students are expected to have available the following equipment:

- Stethoscope
- Nurses watch (with second hand)
- Pen light

Student Services

STA will provide a flexible learning approach for all students.

Guidance and initial counselling are available through the Lead Educator - Nursing to any students who are having difficulties with the return to study or with fitting study into their busy schedules. Access to a specialised counsellor can be arranged if needed.

STA also strongly recognises that some groups in society may at times need special assistance. Groups such as those from an Aboriginal and Torres Strait background, older students with limited experience of further education, students with disabilities and students from non-English speaking backgrounds may require specialised assistance to help them complete their studies. STA is able to provide initial assistance and then assist students to access this specialised help as needed.

Book List

At this point in time the books considered to be required reading for adequate completion of this course may be found on the STA website under:

<http://skillstraining.edu.au/policies-procedures-compliance>

Select **JR Medical Booklist** for details.

Enrolled nurse standards for practice

1 January 2016

Introduction

The *Enrolled nurse standards for practice* are the core practice standards that provide the framework for assessing enrolled nurse (EN) practice. They communicate to the general public the standards that can be expected from ENs and can be used in a number of ways including:

- development of nursing curricula by education providers
- assessment of students and new graduates
- to assess nurses educated overseas seeking to work in Australia, and
- to assess ENs returning to work after breaks in service.

In addition, they may also be used by the Nursing and Midwifery Board of Australia (NMBA) and relevant tribunals or courts to assess professional conduct or matters relating to notifications.

The *Enrolled nurse standards for practice* replace the *National competency standards for the enrolled nurse* (2002).

These contemporary standards reflect the role of the EN within the health environment. The standards for practice remain broad and principle-based so that they are sufficiently dynamic for practising nurses to use as a benchmark to assess competence to practise in a range of settings.

The EN works with the Registered Nurse (RN) as part of the health care team and demonstrates competence in the provision of person-centred care. Core practice generally requires the EN to work under the direct or indirect supervision of the RN. At all times, the EN retains responsibility for his/her actions and remains accountable in providing delegated nursing care. The need for the EN to have a named and accessible RN at all times and in all contexts of care for support and guidance is critical to patient safety.

Although the scope of practice for each EN will vary according to context and education, the EN has a responsibility for ongoing self and professional development to maintain their knowledge base through life-long learning, and continue to demonstrate the types of core nursing activities that an EN would be expected to undertake on entry to practice. Therefore the core standards in this document are the *minimum* standards that are applicable across diverse practice settings and health care populations for both beginning and experienced ENs. They are based on the Diploma of Nursing being the education standard.

ENs engage in analytical thinking; use information and/or evidence; and skilfully and empathetically communicate with all involved in the provision of care, including the person receiving care and their family and community, and health professional colleagues.

The EN standards are clinically focused and they reflect the EN's capability to:

- provide direct and indirect care
- engage in reflective and analytical practice, and
- demonstrate professional and collaborative practice. ENs, where appropriate, educate and support other (unregulated) health care workers (however titled) related to the provision of care.

ENs collaborate and consult with health care recipients, their families and community as well as RNs and other health professionals, to plan, implement and evaluate integrated care that optimises outcomes for recipients and the systems of care. They are responsible for the delegated care they provide and self-monitor their work.

How to use these standards

The EN standards for practice are intended to be easily accessible to a variety of groups, including ENs, governments, regulatory agencies, educators, health care professionals and the community. It should be noted that the 'indicators' (refer to glossary) written below the statements are indicative of EN behaviours, they are not intended to be exhaustive. Rather, they are examples of activities that demonstrate the specific standard.

The standards should be read in conjunction with the following relevant documentation, including, but not limited to:

- [Decision-Making Framework \(NMBA 2013\)](#),
- [Nursing practice decisions summary guide \(NMBA 2010\)](#),
- [Nursing practice decision flowchart \(NMBA 2013\)](#),
- [Code of professional conduct for nurses in Australia \(NMBA 2008\)](#),
- [Code of ethics for nurses in Australia \(NMBA 2008\)](#), and
- [Professional boundaries for nurses in Australia \(NMBA 2010\)](#).

They should also be read in conjunction with the attached glossary, which describes the way in which key terms are used in the standards.

There are three domains, namely:

- professional and collaborative practice
- provision of care, and
- reflective and analytical practice.

The indicators are expressed through knowledge (capabilities)¹, skills², and attitudes³ inherent within these clinically focused domains. All are variable according to the context of practice.

¹ *Knowledge (capabilities)* refers to information and the understanding of that information to guide practice.

² *Skills* refers to technical procedures and competencies

³ *Attitudes* refers to ways for thinking and behaving

Domains

Professional and collaborative practice

The professional and collaborative practice domain relates to the legal, ethical and professional foundations from which all competent ENs respond to their environment. The domain reflects the responsibilities of the EN to maintain currency and to demonstrate best practice. The standards are:

- functions in accordance with the law, policies and procedures affecting EN practice
- practises nursing in a way that ensures the rights, confidentiality, dignity and respect of people are upheld, and
- accepts accountability and responsibility for own actions.

Provision of care

The provision of care domain relates to the intrinsic care of individuals or groups entrusted to the EN. It encompasses all aspects of care from assessment to engaging in care, and includes health education and evaluation of outcomes. The standards are:

- interprets information from a range of sources in order to contribute to planning appropriate care
- collaborates with the RN, the person receiving care and the healthcare team when developing plans of care
- provides skilled and timely care to people receiving care and others whilst promoting their independence and involvement in care decision-making, and
- communicates and uses documentation to inform and report care.

Reflective and analytical practice

The reflective and analytical practice domain relates to the ability of the EN to reflect on evidence-based practice and ensure currency of essential knowledge and skills, to care for the personal, physical and psychological needs of themselves and others. The standards are:

- provides nursing care that is informed by research evidence
- practises within safety and quality improvement guidelines and standards, and
- engages in ongoing development of self as a professional.

Professional and collaborative practice

Standard 1: Functions in accordance with the law, policies and procedures affecting EN practice

Indicators:

- 1.1. Demonstrates knowledge and understanding of commonwealth, state and /or territory legislation and common law pertinent to nursing practice.
- 1.2. Fulfils the duty of care in the undertaking of EN practice.
- 1.3. Demonstrates knowledge of and implications for the NMBA standards, codes and guidelines, workplace policies and procedural guidelines applicable to enrolled nursing practice.
- 1.4. Provides nursing care according to the agreed plan of care, professional standards, workplace policies and procedural guidelines.
- 1.5. Identifies and clarifies EN responsibilities for aspects of delegated care working in collaboration with the RN and multidisciplinary health care team.
- 1.6. Recognises own limitations in practice and competence and seeks guidance from the RN and help as necessary.
- 1.7. Refrains from undertaking activities where competence has not been demonstrated and appropriate education, training and experience has not been undertaken.

- 1.8. Acts to ensure safe outcomes for others by recognising the need to protect people and reporting the risk of potential for harm.
- 1.9. When incidents of unsafe practice occur, reports immediately to the RN and other persons in authority and, where appropriate, explores ways to prevent recurrence.
- 1.10. Liaises and negotiates with the RN and other appropriate personnel to ensure that needs and rights of people in receipt of care are addressed and upheld.

Standard 2: Practises nursing in a way that ensures the rights, confidentiality, dignity and respect of people are upheld.

Indicators:

- 2.1. Places the people receiving care at the centre of care and supports them to make informed choices.
- 2.2. Practises in accordance with the NMBA standards codes and guidelines.
- 2.3. Demonstrates respect for others to whom care is provided regardless of ethnicity, culture, religion, age, gender, sexual preference, physical or mental state, differing values and beliefs.
- 2.4. Practises culturally safe care for (i) Aboriginal and Torres Strait Islander peoples; and (ii) people from all other cultures.
- 2.5. Forms therapeutic relationships with people receiving care and others recognising professional boundaries.
- 2.6. Maintains equitable care when addressing people's differing values and beliefs.
- 2.7. Ensures privacy, dignity and confidentiality when providing care.
- 2.8. Clarifies with the RN and relevant members of the multi-disciplinary healthcare team when interventions or treatments appear unclear or inappropriate.
- 2.9. Reports incidents of unethical behaviour immediately to the person in authority and, where appropriate, explores ways to prevent recurrence.
- 2.10. Acknowledges and accommodates, wherever possible, preferences of people receiving nursing care.

Standard 3: Accepts accountability and responsibility for own actions.

Indicators:

- 3.1. Practises within the EN scope of practice relevant to the context of practice, legislation, own educational preparation and experience.
- 3.2. Demonstrates responsibility and accountability for nursing care provided.
- 3.3. Recognises the RN⁴ as the person responsible to assist EN decision-making and provision of nursing care.
- 3.4. Collaborates with the RN to ensure delegated responsibilities are commensurate with own scope of practice.
- 3.5. Clarifies own role and responsibilities with supervising RN in the context of the healthcare setting within which they practice.
- 3.6. Consults with the RN and other members of the multidisciplinary healthcare team to facilitate the provision of accurate information, and enable informed decisions by others.

⁴ Where an enrolled nurse is working in maternity services setting it is expected that they will be supervised by a midwife.

- 3.7. Provides care within scope of practice as part of multidisciplinary healthcare team, and with supervision of a RN.
- 3.8. Provides support and supervision to assistants in nursing (however titled) and to others providing care, such as EN students, to ensure care is provided as outlined within the plan of care and according to institutional policies, protocols and guidelines.
- 3.9. Promotes the safety of self and others in all aspects of nursing practice.

Provision of care

Standard 4: Interprets information from a range of sources in order to contribute to planning appropriate care

Indicators:

- 4.1. Uses a range of skills and data gathering techniques including observation, interview, physical examination and measurement.
- 4.2. Accurately collects, interprets, utilises, monitors and reports information regarding the health and functional status of people receiving care to achieve identified health and care outcomes.
- 4.3. Develops, monitors and maintains a plan of care in collaboration with the RN, multidisciplinary team and others.
- 4.4. Uses health care technology appropriately according to workplace guidelines.

Standard 5: Collaborates with the RN, the person receiving care and the healthcare team when developing plans of care

Indicators:

- 5.1. Develops and promotes positive professional working relationships with members of the multi-disciplinary team.
- 5.2. Collaborates with members of the multi-disciplinary healthcare team in the provision of nursing care.
- 5.3. Contributes to the development of care plans in conjunction with the multidisciplinary healthcare team, the person receiving care and appropriate others⁵.
- 5.4. Manages and prioritises workload in accordance with people's care plans.
- 5.5. Clarifies orders for nursing care with the RN when unclear.
- 5.6. Contributes to and collaborates in decision-making through participation in multidisciplinary healthcare team meetings and case conferences.

Standard 6: Provides skilled and timely care to people whilst promoting their independence and involvement in care decision-making

Indicators:

- 6.1. Provides care to people who are unable to meet their own physical and/or mental health needs.
- 6.2. Participates with the RN in evaluation of the person's progress toward expected outcomes and the reformulation of plans of care.
- 6.3. Promotes active engagement and the independence of people receiving care within the health care setting by involving them as active participants in care, where appropriate.

⁵ Appropriate others include those in direct association with the person receiving care (with his/her consent) such as family, unpaid and paid carers, volunteers and clergy.

- 6.4. Demonstrates currency and competency in the safe use of healthcare technology.
- 6.5. Exercises time management and workload prioritisation.
- 6.6. Recognises when the physical or mental health of a person receiving care is deteriorating, reports, documents and seeks appropriate assistance.

Standard 7: Communicates and uses documentation to inform and report care

Indicators:

- 7.1. Collects data, reviews and documents the health and functional status of the person receiving care accurately and clearly.
- 7.2. Interprets and reports the health and functional status of people receiving care to the RN and appropriate members of the multidisciplinary healthcare team as soon as practicable.
- 7.3. Uses a variety of communication methods to engage appropriately with others and documents accordingly.
- 7.4. Prepares and delivers written and verbal care reports such as clinical handover, as a part of the multidisciplinary healthcare team.
- 7.5. Provides accurate and appropriate information to enable informed decision making by others.

Reflective and analytical practice

Standard 8: Provides nursing care that is informed by research evidence

Indicators:

- 8.1. Refers to the RN to guide decision-making.
- 8.2. Seeks additional knowledge/information when presented with unfamiliar situations.
- 8.3. Incorporates evidence for best practice as guided by the RN or other appropriate health professionals.
- 8.4. Uses problem-solving incorporating logic, analysis and a sound argument when planning and providing care.
- 8.5. Demonstrates analytical skills through accessing and evaluating healthcare information and quality improvement activities.
- 8.6. Consults with the RN and other relevant health professionals and resources to improve current practice.

Standard 9: Practises within safety and quality improvement guidelines and standards

Indicators:

- 9.1. Participates in quality improvement programs and accreditation standards activities as relevant to the context of practice.
- 9.2. Within the multi-disciplinary team, contributes and consults in analysing risk and implementing strategies to minimise risk.
- 9.3. Reports and documents safety breaches and hazards according to legislative requirements and institutional policies and procedures.
- 9.4. Practises safely within legislative requirements, safety policies, protocols and guidelines.

Standard 10: Engages in ongoing development of self as a professional

Indicators:

- 10.1. Uses EN standards for practice to assess own performance.

- 10.2. Recognises the need for, and participates in, continuing professional and skills development in accordance with the NMBA's [*Continuous professional development*](#) registration standard.
- 10.3. Identifies learning needs through critical reflection and consideration of evidence-based practice in consultation with the RNs and the multidisciplinary healthcare team.
- 10.4. Contributes to and supports the professional development of others.
- 10.5. Uses professional supports and resources such as clinical supervision that facilitate professional development and personal wellbeing.
- 10.6. Promotes a positive professional image.

Glossary

Accountability/accountable: Nurses and midwives must be prepared to answer to others, such as people in receipt of healthcare, their nursing and midwifery regulatory authority, employers and the public for their decisions, actions, behaviours and the responsibilities that are inherent in their roles. Accountability cannot be delegated. The RN or midwife who delegates an activity to another person is accountable, not only for their delegation decision, but also for monitoring the standard of performance of the activity by the other person, and for evaluating the outcomes of the delegation. However, they are not accountable for the performance of the delegated activity.

Best practice: A technique, method, process, activity or incentive which has been proven by evidence to be most effective in providing a certain outcome.

Core practice: The day-to-day or regular activities or policies of a health service provider that fundamentally guide the service as a whole.

Decision-making framework: The NMBA expects all nurses and midwives to practise within the relevant standards for practice and decision-making frameworks.

Delegation/delegate: A delegation relationship exists when one member of the health care team delegates aspects of care, which they are competent to perform and which they would normally perform themselves, to another member of the health care team from a different discipline, or to a less experienced member of the same discipline. Delegations are made to meet people's needs and to ensure access to health care services — that is, the right person is available at the right time to provide the right service to a person. The delegator retains accountability for the decision to delegate and for monitoring outcomes.

Duty of care/standard of care: A responsibility or relationship recognised in law. For example, it may exist between health professionals and their clients. Associated with this duty is an expectation that the health professional will behave or act in a particular way. This is called the standard of care, which requires that a person act toward others and the public with watchfulness, attention, caution and the prudence that would be made by a reasonable person in those circumstances. If a person's actions do not meet this standard of care, whereby they fall below the acceptable standards, any damages resulting may be pursued in a lawsuit for negligence.

Enrolled nurse (EN; Division 2): A person with appropriate educational preparation and competence for practice, who is registered under the Health Practitioner Regulation National Law.

Evidence-based practice: Assessing and making judgements to translate the best available evidence, which includes the most current, valid, and available research findings and the individuality of situations and personal preferences as the basis for practice decisions.

Indicators: Key generic examples of competent performance. They are neither comprehensive nor exhaustive. They assist the assessor when using their professional judgement in assessing nursing practice. They further assist curriculum development.

Midwife/midwifery practice: A midwife is a person with appropriate educational preparation and competence for practice who is registered by the NMBA. This term includes endorsed midwives for the purposes of this document. The NMBA has endorsed the ICM definition of a midwife (that includes the statement below on scope of practice) and applied it to the Australian context.

The [International Confederation of Midwives \(ICM\)](#) defines a midwife as follows:

A midwife is a person who has successfully completed a midwifery education programme that is duly recognised in the country where it is located and that is based on the ICM essential competencies for basic midwifery practice and the framework of the ICM global standards for midwifery education;

who has acquired the requisite qualifications to be registered and/or legally licensed to practise midwifery and use the title 'midwife'; and who demonstrates competency in the practice of midwifery.

Scope of practice⁶

The midwife is recognised as a responsible and accountable professional who works in partnership with women to give the necessary support, care and advice during pregnancy, labour and the postpartum period, to conduct births on the midwife's own responsibility and to provide care for the newborn and the infant. This care includes preventative measures, the promotion of normal birth, the detection of complications in mother and child, the accessing of medical care or other appropriate assistance and the carrying out of emergency measures. The midwife has an important task in health counselling and education, not only for the woman, but also within the family and the community. This work should involve antenatal education and preparation for parenthood and may extend to women's health, sexual or reproductive health and child care.

A midwife may practise in any setting including the home, community, hospitals, clinics or health units (ICM international definition of the midwife 2012). www.internationalmidwives.org

Nursing and Midwifery Board of Australia (NMBA): The national body responsible for the regulation of nurses and midwives in Australia.

Person/people: Refers to those individuals who have entered into a relationship with an enrolled nurse. Person/people encompass patients, clients, consumers and families that fall within the enrolled nurse scope and context of practice.

Person-centred practice: A collaborative and respectful partnership built on mutual trust and understanding. Each person is treated as an individual with the aim of respecting people's ownership of their health information, rights and preferences while protecting their dignity and empowering choice. Person-centred practice recognises the role of family and community with respect to cultural and religious diversity.

Plan of care: Outlines the care to be provided to an individual/ family/ community and includes the nursing component. It is a set of actions the nurse will implement to resolve/ support nursing diagnoses identified by nursing assessment. The creation of the plan is an intermediate stage of the nursing process. It guides in the ongoing provision of nursing care and assists in the evaluation of that care.

Professional boundaries: Professional boundaries in nursing are defined as "limits which protect the space between the professional's power and the client's vulnerability; that is they are the borders that mark the edges between a professional, therapeutic relationship and a non-professional or personal relationship between a nurse and a person in their care" (NMBA, 2010, page 1).

Quality: Refers to characteristics and grades with respect to excellence.

Refer/referral: Referral is the transfer of primary health care responsibility to another qualified health service provider/health professional. However, the nurse or midwife referring the person for care by another professional or service may need to continue to provide their professional services collaboratively in this period.

Registered nurse (RN; Division 1): A person who has completed the prescribed educational preparation, demonstrated competence to practise, and is registered under the Health Practitioner

⁶ Scope of practice forms a part of the ICM definition of a midwife.

Regulation National Law as a registered nurse in Australia. For the purposes of this document the term also includes nurse practitioners.

Risk assessment/risk management: An effective risk management system is one incorporating strategies to:

- identify risks/hazards
- assess the likelihood of the risks occurring and the severity of the consequences if the risks do occur, and
- prevent the occurrence of the risks, or minimise their impact.

Scope of practice: Is that in which nurses are educated, competent to perform and permitted by law. The actual scope of practice of individual practitioners is influenced by the settings in which they practise, the health needs of people, the level of competence and confidence of the nurse and the policy requirements of the service provider.

Standards for practice: Set the expectations of enrolled nurse practice. They inform the education standards for enrolled nurses; the regulation of nurses and determination of nurses' fitness for practice; and guide consumers, employers and other stakeholders on what to reasonably expect from an enrolled nurse regardless of the area of nursing practice or years of nursing experience. They replace the previous *National competency standards for the enrolled nurse*.

Supervision/supervise: For the purpose of this document, supervision is defined as access, in all contexts of care, at all times, either directly or indirectly to professional supervision to a named and accessible RN for support and guidance of the practice of an EN. Supervision can be either direct or indirect:

- **Direct supervision** is when the supervisor is actually present and personally observes, works with, guides and directs the person who is being supervised.
- **Indirect supervision** is when the supervisor works in the same facility or organisation as the supervised person, but does not constantly observe their activities. The supervisor must be available for reasonable access. What is reasonable will depend on the context, the needs of the person receiving care and the needs of the person who is being supervised.

Immunisation Record

Name:

Immunisation*	Previous Disease History	Date of Vaccination	Date of Serology & Result	Doctor's Details/Stamp	Doctor's Signature
Please cross out whichever doesn't apply Measles} Mumps} Rubella}					
Chicken Pox					
Hepatitis A					
Hepatitis B					
Quantiferon Gold					
Influenza					
Polio					
Adult diphtheria & tetanus					

Measles/Mumps/Rubella – documented two doses of measles containing vaccine (for those born during or after 1966) or history of disease.

Chicken Pox – course of two injections or history of disease or positive serology.

Hepatitis B – history of three injections and evidence of blood levels >10 ml U/ml after vaccinations.

Mantoux test – within 12 months prior to commencement of student placement.

Influenza – annual vaccination.

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Student Declaration

Part 1: HLT54115 - Diploma of Nursing Clinical Placement

Clinical placement in a Health Care setting is an essential component of the Enrolled Nursing Course and in order for me to attend my placements I accept that a number of requirements need to be in place, namely:

1. Current compulsory Immunisations
2. A current Police Check certificate – within the last 12 months and I am to notify the Lead Educator - Nursing if there is any change to the status of my Police Check
3. A current Working with Children Check (WCC).

I am aware that my clinical placement can be denied if I fail to comply with the above requirements and that this could have a significant effect on my progress through the course.

I am also aware that clinical placement cannot be guaranteed in my preferred health care agency and that travel will be associated with my placements.

Part 2: HLT54115 - Diploma of Nursing

Furthermore, I understand, agree and will abide by the following:

1. The responsibility to respect confidentiality and abide by all laws governing the use of information.
2. I have read, understood and agree to abide by the terms described in this handbook
3. The Skills Training Australia P020 Code of Conduct
4. Nursing Laboratory requirements
5. Assessment requirements
6. Exam Rules
7. Immunisation Requirements
8. Conditions for course progression

Name (Print in full) _____

Student Number _____

Signed _____ Date _____

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