



# **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.

## Pre-Enrolment Nursing and Midwifery Board of Australia (NMBA) English Language Assessment

### Pre-Enrolment Nursing and Midwifery Board of Australia (NMBA) English Language Assessment

You must be able to demonstrate that you meet the requirements of the Nursing and Midwifery Board of Australia's (NMBA) English language skills registration standard **as a mandatory requirement for enrolment in this course**. This is specified in the Enrolled Nurse Accreditation Standards 2017. These standards have been updated in July 2020. Prospective students to be admitted to ANMAC accredited Diploma of Nursing program whose primary language is English must sign a declaration confirming this. All other students must provide valid English language test results as specified in the NMBA English Language Standards 2017

Proof of this English language competency can be achieved in two ways:

#### 1. Primary Language Pathway

The applicant's primary language is English, and they have undertaken and satisfactorily completed at least six (6) years of primary and secondary education, including at least two (2) years between Years 7 and 12. Countries include Australia, New Zealand, United Kingdom, Republic of Ireland, Canada, South Africa and the United States of America.

Applicants will be required to complete a declaration.

#### 2. English Language Test Pathway

Applicants must be able to demonstrate that they have achieved the required minimum scores in one of the approved English language tests as specified in the NMBA's English language skills registration standard prior to acceptance of offer.

IELTS the IELTS (academic module) with a minimum overall score of 7 and a minimum score of 7 in each of the four components (listening, reading, writing and speaking).

OET with a minimum score of B in each of the four components (listening, reading, writing and speaking).

PTE Academic with a minimum overall score of 65 and a minimum score of 65 in each of the four communicative skills (listening, reading, writing and speaking).

TOEFL iBT with a minimum total score of 94 and the following minimum score in each section of the test 24 for listening, 24 for reading, 27 for writing, and 23 for speaking.

## 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:

### Core registration standards

With the exception of registered students and non-practising registrants, these standards apply to applicants for registration and currently registered nurses and midwives.

- [Criminal history registration standard](#)
- [English language skills registration standard](#)
- [Registration standard: Continuing professional development](#)
- [Registration standard: Recency of practice](#)
- [Registration standard: Professional indemnity insurance arrangements](#)

### Endorsement

- [Registration standard: Endorsement as a nurse practitioner](#)
- [Registration standard for endorsement for scheduled medicines for midwives](#)
- [Registration standard for endorsement for scheduled medicines registered nurses \(rural and isolated practice\)](#)

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](http://www.ahpra.gov.au) or you can discuss these requirements with your trainer.

These standards can be viewed on the AHPRA website:

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

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>

## Inherent Requirements:

1. Introduction to inherent requirements
  - a. What are inherent requirements?
    - i. Inherent requirements are the essential components of a course or unit that demonstrate the abilities, knowledge, and skills to achieve the core learning outcomes of the course or unit.
  - b. The Disability Discrimination Act (1992) protects students who wish to gain the benefits of education and ensures cannot be excluded from such courses ([www.legislation.gov.au](http://www.legislation.gov.au)).
  - c. Discrimination because of a person's age, sex, religion or disability is unlawful ([www.humanrights.gov](http://www.humanrights.gov)).
  - d. However, there are inherent requirements of certain professions, that may include –
    - i. The ability to perform tasks which are essential to perform a job productively and to the required quality.
    - ii. The ability to work effectively in a team or other organization.
    - iii. The ability to work safely.

**Students with a disability or chronic health condition *may* be able to have *reasonable adjustments* made to enable them to meet these requirements.**

2. **Reasonable adjustments** are changes to the work environment that allow people with disability to work safely and productively. Under the Equal Opportunity Act 2010, 'disability' includes: physical, psychological or neurological disease or disorder, illness, whether temporary or permanent ([www.humanrightscommission.vic.gov.au](http://www.humanrightscommission.vic.gov.au)).
3. At STA, student welfare is of paramount importance. We are committed to making reasonable adjustments to learning, assessment, and other activities to enable student participation in the course. But it is also incumbent upon the student to have knowledge of the inherent requirements of a student nurse, to enable them to satisfactorily complete the

course, and safely work as a nurse in industry. Reasonable adjustment must not change the nature of inherent requirements.

4. Inherent requirements are the essential components of a course or unit that demonstrate the capabilities, knowledge, and skills to achieve the core learning outcomes of the course or unit. There are eight (8) domains. Some of them are broken into sub-sections. These cover the following areas -
  - a. Ethical behaviour.
  - b. Behavioural stability and Mental Health
  - c. Legal.
  - d. Communication.
  - e. Cognition.
  - f. Sensory ability.
  - g. Strength and mobility.
  - h. Sustainable performance

Comprehensive information on the Inherent Requirements is in Appendix 2 at the end of this document.

## Attendance at Class & Laboratory Sessions

Nursing students are required to attend at least 80% of all scheduled classroom and 100% of 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 classes and 100% 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 student's situation will be taken into consideration. A written response will be provided.

Where there is a lapse in the student's progress, a meeting will be arranged with Training Department personnel. 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 teacher's instruction.
6. Remain attentive and alert at all times.
7. Appropriate and clean clothing
8. Personal hygiene attended to daily.

Students are NOT permitted to work night shift prior to class, laboratory or during placement. It is not safe for the student or STA and is a breach of WHS requirements. If STA teachers become aware of this situation, the student will be sent home. Students should not work night shift after class – it is not safe for the student or their employer.

As **adult learners** it is expected that you will take **responsibility** for your own learning. Teachers 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 and by the due date
2. Participate in all classroom and laboratory activities as instructed by the teacher.
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 the online student platform.

Any areas of your Clinical Placement book that have missing signatures, you will be required to contact your Clinical Placement Facilitator and make an appointment to see them to get missed signatures signed off.

## Assessments

There are several 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 before clinical placement)
- A pass in classroom presentations
- Successful completion of each clinical placement including make up hours

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

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 be allowed to attempt a Unit of Competence TWICE. If the result is still NYC, the student will not be able to continue with the course. The student can choose to go through the 'show-just-cause' process, if determined by the Training Department, to

demonstrate how they will improve their chances of succeeding in the program moving forward. The ability to move through this process will be determined on a case-by-case basis, after consultation with the educator, Program Manager and student support officer. More information regarding this process can be obtained by contacting the Program Manager.

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. These forms are available on the STA website. All requests for an extension must be submitted PRIOR to the due date, not on the due date or after the due date. Any requests for extensions on or after the due date will be denied, and this assessment will be considered an NYS.

Students are required to submit their assessments as per the instructions in the “Unit Outline” document for each unit – handwritten assessments will not be accepted. To discuss this further, please contact the Training Department or trainer/assessor.

Students must keep a copy of all their assignment work.

**All work submitted must be referenced using Harvard referencing.**

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. Please ensure your name, group, student ID and date of submission is filled out correctly on the cover sheet.

## 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. It is clearly indicated in the Unit Outline if an assessment is graded or Satisfactory.

### All assessment tasks except tests.

To achieve competency in a Workbook 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:

*Describe 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)

### **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 one further opportunity to submit work to the Teacher. 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 Teacher, the student and where appropriate, the Training Department.

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.

Every task must be completed satisfactorily for competence to be achieved.

### **Reasonable adjustment**

Reasonable adjustment for assessment tasks for a unit may be requested by the student for consideration by the teacher for the methods by which evidence is collected. However, the evidence criteria for making competent/not yet competent decisions (and/or awarding grades) must be the same irrespective of the group and/or individual being assessed.

#### **Reasonable adjustment usually involves varying:**

- The processes for conducting the assessment (eg: allowing additional time, varying the venue)
- The evidence gathering techniques (eg: oral rather than written questioning, use of a scribe, modifications to equipment)
- The principles of Inherent Requirements MUST be considered in all reasonable adjustments.

### **Special Consideration**

- Students can apply for special consideration if personal circumstances or illness have adversely affected their result in an assessment, or their ability to undertake an assessment. If they wish to seek special consideration, a special consideration form must be completed no later than 3 days after the due date of the assessment and submitted to the relevant Senior Educator.

## Tests

The assessment tasks for some units may include a test or group of tests. These assessment tasks are “closed book” where no resources can be used at all.

All students sitting an assessment for tests must arrive 15 mins before the test commences. Any time after the test commences you will not be allowed entry. This will be considered attempt one. The student will be allowed to re-sit the test in the scheduled re-sit dates as per timetable. Students are allowed two attempts at an assessment.

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.

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

1. Students that arrive during the reading time MAY enter the test (on the teacher’s discretion), but if they arrive after the commencement of the test they will forfeit unless exceptional circumstances are met. The student will not be given extra time for reading if they are late. The re-sit dates are as per timetable. Students must allow enough time to arrive at the campus for tests, allowing for traffic / public transport issues.
2. All bags, books, mobile phones etc. will be left in the designated area. **Mobile phones must be turned off. Smart Watches and any Bluetooth devices MUST be removed.**
3. Only pens, pencils, clear drink container will be allowed into the test room.
4. Students must sign the attendance form.
5. Student ID cards are to be placed in the top right-hand corner of the desk prior to the commencement of the test.
6. Papers are to remain face down until the commencement of the test.
7. **Do not pick up your pen, start writing or entering answers onto paper until instructed to do so.**
8. Once the test has commenced you will not be permitted to leave the room until you have completed the test.
9. This paper **MUST BE** completed in **PEN**. Should the student complete the paper in pencil it will result in the paper not being accepted and Student forfeiting their test.
10. If the student leaves the room **FOR ANY REASON**, they will **NOT** be permitted to re-enter.
11. 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 **failed** attempt. At the examiners discretion the student may be permitted to sit a supplementary test/examination at another time. An appointment will be made with the Program Manager, and a disciplinary process will be commenced.
12. 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.

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. For further information about core questions, please refer to the general assessment instructions. The pass mark for all tests is 60% - excepting medication calculations, which is 100%.

**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.

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 Senior Educator 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 Training Department.

**Verbal supplement to assessment:**

If a student achieves 57% - 59% for their test score, they **may** be offered an opportunity to perform a verbal supplement to achieve competence in that assessment. This opportunity will be awarded at the educator's, Program Manager's and Student Progress Officer's discretion, and is based upon extenuating circumstances, student's previous results, attendance, attitude and many other factors.

**Medication Calculations tests:**

The student will perform three (3) calculations tests throughout the HLTENN007 unit, each consisting of 10 questions. The student must obtain 100% for each test. Students will be supplied with a calculator from STA – they cannot bring their own into class. If a student achieves 7/10 answers correct, they will be given the opportunity to view the paper with the educator, and with NO PROMPTING must locate their mistakes and correct them in the presence of the educator. If the student achieves less than seven (7) correct answers, they will need to perform a re-sit. This date will be determined by the educator and the timetable. The student will be offered medications calculations support if required.

**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 the online student platform. 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 the online student platform, 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 the online student platform.

In general workbooks and case studies are completed in your own time outside of the face-to-face classroom environment. You can use any relevant resources such as the internet, course textbooks 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.

### **Essays and other written work – a minimum 60% pass mark required for competence.**

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 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 classroom environment. You can access any relevant resources such as the internet, course textbooks 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.

### **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 a minimum of 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 of \$85 per day. 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 paid for by the student. 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 Training Department, 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. This includes make up days (without or without a medical certificate).**

Immediate withdrawal from placement:

- Student has missed 4 or more days of Aged Care or Acute placement
- Student has missed 3 or more days of Sub Acute or Mental Health placement
- Student misses the FIRST day of placement, as essential orientation information and WHS processes are met on this day – staff cannot be expected to orientate students on an individual basis.

### **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.
- Using your mobile phone while working in the hospital
- Working outside of the Scope of Practice.

**Comprehensive information on placement is available on pages 20-23.**



# 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
- show's 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?

**Comprehensive assistance with referencing can be found in the referencing video on your orientation page in Canvas, and the STA Referencing Guide Handout.**

## 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 30 days 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 to the educator at 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 at all times.

Students who fail an assessment may be allowed to re-sit that assessment at the discretion of the Lead Educator/Senior Educator for an additional fee:

Activity      \$100

Assignment   \$100

Exam/Test    \$100

Placement    \$85 per day (with or without a medical certificate)

## 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.

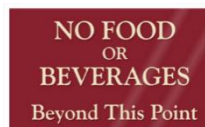
You are permitted to discuss your ideas with other participants but when it comes to writing the answers it must be your own work, unless it has been designated a group project by the educator.

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
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 they are to remain in your bag
4. Students must be in uniform when attending any session (or part thereof) in the nursing laboratory
  - a. Should students arrive for a laboratory session without the appropriate attire, they will be instructed to leave until such time as the correct uniform is worn.
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 classroom 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 are within reach etc.

## **STA Uniform Requirements**

Students are required to wear:

- Skills Training Australia uniform shirt/scrubs.
- Navy or black trousers.
- Black, leather, covered in shoes with a low heel.
- Religious garments may be worn under the STA scrubs, but must be able to be pushed above the elbows for Infection Control purposes.



## Hair, Nail, Make Up and Jewellery

The above needs 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, and if necessary tied back.
- Nails - kept short and clean. No nail polish, acrylics, or fake nails of any description.
- Jewellery - single plain band only on one finger, sleepers or studs only, no necklaces, bracelets etc.
- No Hats, beanies are to be worn in the labs.

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 workplace.

- 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 trainer 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 at all.
- 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 student's 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). They must be supervised at all times by an educator.
- 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

Students must pass all aspects of theory and practical assessments for units attached to each placement to be eligible for placement.

100% attendance is required at Clinical Placement as directed by ANMAC. All students are required to complete a minimum of 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 Training Department. 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 student must pay the costs of repeating placement. 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.

These are fully facilitated placements with either a clinical facilitator or via the preceptor model. STA will organise placements for the student – students **cannot** source their own placement.

Placements may be in either Regional Melbourne or Metropolitan Melbourne and students will need to be flexible in this. Regional placements are common, and students are responsible for accommodation and travel expenses.

Placements need to be prioritised and dates cannot be altered to suit work / family commitments. If students refuse to go to placement, they **MUST** pay for subsequent placements.

A number of issues need to be managed in regard 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 Training 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 on an annual basis, 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](http://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.*

<https://www.workingwithchildren.vic.gov.au/>

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](http://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 Training department, 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.
- Working outside the Scope of Practice.



## 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.

Expected behaviour of students:

To ensure all students receive equal opportunities and gain maximum benefits from their time with Skills Training Australia, this policy applies to all people who attend any training sessions. Any person(s) displaying dysfunctional or disruptive behaviour may be asked to leave the session and/or course.

Dysfunctional behaviour may include:

- Continuous interruptions to class
- Being drunk or under the influence of illegal drugs
- Smoking in non-smoking areas
- Being disrespectful to other participants
- Harassment by using offensive language or physical harassment
- Sexual harassment
- Bullying
- Acting in an unsafe manner placing themselves or others at risk
- Refusing to participate when required in group activities
- Continued absence at required times

Any student asked to leave a session has the right to appeal through the Academic/Non Academic Grievance process.

Where a student has breached the Code of Conduct, they will be seen by the Training Department delegate in the first instance and sanctions will be determined (possible expulsion from the course could be decided upon).

Every effort will be made to assist the student in ascertaining the cause of their behaviour and assist them to plan more appropriate strategies of coping. The matter will be recorded in the student's file.

## Student at-risk process:

Students will be monitored for attendance, behaviour and results. The student 'at-risk' is an effective way to identify problems early, for appropriate support to be implemented, and to give the student the best chance to complete the course.

At-risk indicators identified:

- Poor attendance < 80%
- Behavioural issues
- Failure to complete 2 or more activities / assessments in a given time frame
- Failure in 50% or more modules in any enrolment period
- Identified at interview
- Other – please detail.

If a student is identified as 'at-risk', the following process will apply:

- a. Teacher is to book a time with the student at the end of class time and fill ALL SECTIONS of the 'at-risk' form with the student. Both the student and the teacher MUST sign the form and agreed-upon actions moving forward.
- b. The form can be handed or emailed to Leeanne Mond - student progression officer – at [lmond@skillstraining.edu.au](mailto:lmond@skillstraining.edu.au) – Leeanne will determine the type of support required and refer to the appropriate person.
- c. The student will be followed up with a meeting with the appropriate person.
- d. The topics discussed and / or actioned can include, but are not limited to:
  - i. Numeracy assistance
  - ii. Study tips and techniques
  - iii. Referencing support
  - iv. Counselling
  - v. Reasons for behavioural issues and effects on others
  - vi. Reasons for lateness / absences
- e. The student will be monitored, and if the issue / behaviour continues, a learning contract may be implemented.
- f. The student may need to be deferred for a period of time to sort out personal / family issues. This is determined on a case-by-case basis.
- g. Ongoing issues may warrant cessation of training.

## 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, but this is determined on a case-by-case basis.

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 attire.

Should students arrive for a laboratory session without the appropriate attire, they will be instructed to leave until such time as the correct uniform is worn.

### STA Uniform Requirements

Students are required to wear:

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

- STA Identification

## 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, acrylics, gels or any other type of false nail.
- Jewellery - 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, no false nails or extensions. Jewellery - flat wedding band only, and sleepers or studs in the ears. No bracelets, bangles, necklaces or drop earrings.

## 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 Training Department 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:

<https://skillstraining.edu.au/students/#policies>

Select **JR Medical Booklist** for details.

STA will source them for the student, and once the invoice has been paid, the books will be distributed.

# Enrolled nurse standards for practice

1 January 2016

## Introduction

<https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards/enrolled-nurse-standards-for-practice.aspx>

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 conduct for nurses (NMBA 2017)

They should also be read in conjunction with the glossary (below), 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)<sup>1</sup>, skills<sup>2</sup>, and attitudes<sup>3</sup> inherent within these clinically focused domains. All are variable according to the context of practice.

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

<sup>1</sup> *Skills* refers to technical procedures and competencies

<sup>1</sup> *Attitudes* refers to ways for thinking and behaving

<sup>1</sup> Where an enrolled nurse is working in maternity services setting it is expected that they will be supervised by a midwife.

<sup>1</sup> 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.

<sup>1</sup> Scope of practice forms a part of the ICM definition of a midwife.

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## 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: Practices 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 RN<sup>4</sup> 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.
- 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 others<sup>5</sup>.
- 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.
- 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 – Appendix 1

**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 practice<sup>6</sup>

*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 childcare.*

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

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<sup>6</sup> Scope of practice forms a part of the ICM definition of a midwife.

**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.

## Inherent Requirements: Appendix 2

### 1. ETHICAL BEHAVIOUR

Introduction	<p>Enrolled Nursing is a profession governed by the following –</p> <p>NMBA EN Standards for Practice -  <a href="http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards/enrolled-nurse-standards-for-practice.aspx">http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards/enrolled-nurse-standards-for-practice.aspx</a></p> <p>Code of conduct for Nurses -  <a href="http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards.aspx">http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards.aspx</a></p> <p>&amp; Code of Ethics for Nurse in Australia -</p> <p>Nursing students are governed by these standards and codes of conduct. Additionally, nursing students are required to adhere to the student conduct policies of STA outlined in the Student Handbook, 2021 (copy distributed at Orientation).</p> <p>Students are accountable and responsible for their ethical and professional behaviour in the school and clinical settings.</p>
What do I need to be able to do?	<p>Students must behave in an ethical and professional manner in educational, simulation laboratory and clinical settings in accordance with the policies, standards and codes outlined above.</p> <p>Nursing students require the capacity work within their scope of practice as an Enrolled Nursing student (HLT54115 -  <a href="https://training.gov.au/Training/Details/HLT54115">https://training.gov.au/Training/Details/HLT54115</a> )</p> <p>and to understand and identify ethical issues in their educational and clinical environments.</p>
What are some examples of this?	<ul style="list-style-type: none"> <li>• Ensuring compliance with Working with Children (WWC) &amp; Police Check requirements.</li> <li>• Complying with NMBA Social Media Guide (Nov 2019) -  <a href="https://www.nursingmidwiferyboard.gov.au/News/2019-11-11-Social-media-guide.aspx">https://www.nursingmidwiferyboard.gov.au/News/2019-11-11-Social-media-guide.aspx</a></li> <li>• Ensuring compliance with privacy &amp; confidentiality policies of STA, placement facilities and clients / patients' private information.</li> <li>• Identifying and complying with issues around consent.</li> <li>• Ensuring adherence to the principles laid out in the Declaration of Human Rights, and how it applies to the Nursing Profession.</li> </ul>
Why do I need to be able to do this?	<p>Compliance with AHPRA and NMBA is a requirement of student registration with the National Board.</p> <p>Student registration is mandatory for all students enrolled in an approved program of study for entry-level nursing training.</p>

	The goal is to promote positive, trusting interaction with clients, colleagues, and peers in all aspects of their career.
What reasonable adjustments could be considered?	Trust in the nursing profession is of paramount importance, given the fragile and vulnerable population being cared for. Compliance with the Code of Conduct for Nurse and Code of Ethics for Nurses in Australia must be adhered to.  Reasonable adjustment in this area is not applicable.

## 2. BEHAVIOURAL STABILITY & MENTAL HEALTH

Introduction	<p>Nursing is a demanding role. Behavioural stability is required to function and adapt effectively and sensitively in both the academic and clinical environments. Nursing students need to be able to demonstrate these qualities across a range of settings and contexts. Behaving with dignity and demonstrating responsibility for their own actions and professional conduct and being able to work within their scope of practice are essential capacities as a nurse.</p> <p>Stable and consistent mental health promotes optimal engagement in academic and clinical settings and allows for the adaptive qualities the profession requires.</p> <p>Code of conduct for Nurses -  <a href="http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards.aspx">http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards.aspx</a>  Specifically - <i>Principle 4: Professional Behaviour.</i></p>
What do I need to be able to do?	Students need to be able to demonstrate behavioural stability to work constructively in a challenging, diverse, and changing academic and clinical environment. Academic timelines are a critical feature of study, and mental stability aids in the management of this and other stressors.
What are some examples of this?	<ul style="list-style-type: none"> <li>Reflecting on practice and responding appropriately to constructive feedback in Academic and clinical practice settings.</li> <li>Managing personal emotions and behaviour effectively when dealing with peers, staff, and patients in the academic and clinical environments.</li> </ul>
Why do I need to be able to do this?	<p>In the clinical environment students need to be able to take on board immediate intervention and feedback from instructors, to maintain safe clinical practice, and ensure educational outcomes are consistent.</p> <p>Students must be able to reflect on their practice and demonstrate the ability to change and improve as required, utilising best practice, evidence based and research evidence. This ability is mandated in standards 8 &amp; 9 of the EN Standards for Practice –</p> <p><b>Standard 8: Provides nursing care that is informed by research evidence.</b></p>

	<p><b>Standard 9: Practises within safety and quality improvement guidelines and standards.</b></p> <p>Patients / clients are unwell and vulnerable and depend upon the emotional stability of the nurses to ensure they feel safe.</p> <p>In the education environment, emotional stability ensures the wellbeing and safety of peers, staff, and colleagues. Students must be able to be receptive and respond to constructive feedback.</p>
What reasonable adjustments could be considered?	<p><b>Adjustments</b> must support stable, effective, and professional behaviour in both academic and clinical settings. Adjustments specific to the individual can be discussed with the appropriate support person at STA.</p> <p>If the student becomes unwell, and is unable to adhere to the above criteria, individual counselling will occur to ensure the best outcome – whether that is deferment of the course or re-direction to another course.</p>

### 3. LEGAL REQUIREMENTS

Introduction	Nursing practice is mandated by legislation to enable safe delivery of care. A number of Acts underpin the regulation of nursing practice.
What do I need to be able to do?	<p>Student demonstrates knowledge and compliance with Australian Law, professional regulations, and scope of practice</p> <p>NMBA EN Standards for Practice - <a href="http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards/enrolled-nurse-standards-for-practice.aspx">http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards/enrolled-nurse-standards-for-practice.aspx</a></p> <p>Specifically - <i>Standard 1: Functions in accordance with the law, policies and procedures affecting EN practice.</i></p> <p>Code of conduct for Nurses - <a href="http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards.aspx">http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards.aspx</a></p> <p>Specifically – <i>Principle 1 – Legal Compliance.</i></p>
What are some examples of this?	<ul style="list-style-type: none"> <li>• Understanding and implementing the following common concepts – Negligence, Confidentiality, Privacy, Assault and battery, Legal capacity, Consent, Vicarious liability, and how these are applied within the scope of practice.</li> <li>• Maintenance and management of personal compliance – police checks, WWC, immunization status, as per student registration requirements.</li> <li>• Ensuring familiarity with individual policies in each of the clinical placements.</li> </ul>



Why do I need to be able to do this?	<p>Knowledge, understanding, and compliance with legislative and regulatory requirements are necessary pre-requisites to clinical placements in order to reduce the risk of harm to self and others.</p> <p>Compliance with these professional regulations and the Australian Law ensures that students are both responsible and accountable for their practice. This is as per the NMBA EN Standards for Practice -domain – <i>Professional and collaborative practice</i> –</p> <ul style="list-style-type: none"> <li>• <i>accepts accountability and responsibility for own actions (p. 3).</i></li> </ul>
What reasonable adjustments could be considered?	Students are required to adhere to the regulatory and compliance requirements of the profession. No adjustments can be made for this.

#### 4. COMMUNICATION

##### i. Verbal Expression and Comprehension.

Introduction	<p>Effective and efficient verbal communication, in English, is an essential requirement to provide safe delivery of care. The ability to understand complex verbal instructions, and communicate effectively with clients, family members, peers, medical staff, and other people in the professional context.</p> <p>Specifically, <i>Standard 5: Collaborates with the RN, the person receiving care and the healthcare team when developing plans of care, and</i></p> <p><i>Standard 7: Communicates and uses documentation to inform and report care</i></p> <p><a href="http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards/enrolled-nurse-standards-for-practice.aspx">http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards/enrolled-nurse-standards-for-practice.aspx</a></p> <p>Code of Conduct for nurses – <i>Principle 3: Cultural Practice and respectful relationships</i></p> <ul style="list-style-type: none"> <li>• <i>3.3 – Effective Communication.</i></li> <li>• <a href="http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards.aspx">http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards.aspx</a></li> </ul>
What do I need to be able to do?	<p>Student needs to be able to demonstrate:</p> <ul style="list-style-type: none"> <li>○ Sensitivity to individual and/or cultural differences</li> </ul>

	<ul style="list-style-type: none"> <li>○ The ability to understand and respond to verbal communication accurately, appropriately and in a timely manner</li> <li>○ The ability to follow instructions</li> <li>○ The ability to provide clear instructions in the context of the situation</li> <li>○ Timely clear feedback and reporting</li> <li>○ The ability to ensure the patient understands any information communicated to them via feedback and questioning.</li> </ul>
What are some examples of this?	<ul style="list-style-type: none"> <li>● Participating in class &amp; tutorial discussions and demonstrating therapeutic communication in simulation and clinical activities.</li> <li>● Demonstrating the ability to follow instructions from education staff, clinical facilitators, and staff in the clinical environment.</li> <li>● Responding appropriately to a care request from clients in the clinical environment.</li> <li>● Being able to quickly adapt and facilitate communication to suit the sensory requirements of clients (hearing impaired, visually impaired, speech impaired).</li> </ul>
Why do I need to be able to do this?	<p>Learning occurs in many ways. To fulfil the English language registration requirements AHPRA dictates to be able to safely practice nursing, HLT54115 is taught and facilitated in English at Diploma level. Learning material is delivered by various means, including verbally.</p> <p>Communicating in a way that displays respect and empathy to others and develops trusting relationships.</p> <p>Rapid and timely communication and delivery of communication may be critical for individual and patient safety, treatment, or management.</p>
What reasonable adjustments could be considered?	<p><b>Adjustments</b> must address effectiveness, timeliness, clarity, and accuracy issues to ensure safety and appropriate care. Adjustments specific to the individual can be discussed with the Course Coordinator.</p> <p>Extra time may be allowed for the student to manage communication effectively within the simulated environment, but students need to be mindful that timeliness and effective communication is required in the clinical environment. The inability to communicate in a timely and effective manner could have adverse consequences.</p>

## ii. Social Communication – Non-verbal Expression and Comprehension.

Introduction	Effective non-verbal communication is fundamental to nursing and needs to be respectful, clear, attentive, empathetic, and non-judgmental.
What do I need to be able to do?	<p>Students need to be able to demonstrate:</p> <p>The capacity to recognise, interpret and respond appropriately to behavioural cues, for example, facial expressions, eye contact, being mindful of space, time boundaries, body movements and gestures.</p>

	Sensitivity to individual and cultural differences
What are some examples of this?	<ul style="list-style-type: none"> <li>• Recognising and responding appropriately to non-verbal cues in classroom situations with peers and the academic staff.</li> <li>• Recognising and responding appropriately to non-verbal cues in the clinical environment – areas of particular importance are around behaviours indicating pain, discomfort, deteriorating physical and mental conditions, and fear and distress.</li> <li>• Cues are listed above.</li> <li>• Responding appropriately to patients by using social communication skills, like open body language, eye contact, facial expressions to enable the development of empathy and understanding in the therapeutic relationship.</li> </ul>
Why do I need to be able to do this?	<p>The ability to observe and understand non-verbal cues assists with building rapport with people and gaining their trust and respect in academic and professional relationships.</p> <p>Displaying consistent and appropriate facial expressions, eye contact, being mindful of space, time boundaries and body movements and gestures promotes trust in academic and professional relationships.</p> <p>Being sensitive to individual differences displays respect and empathy to others and develops trusting relationships.</p> <p>The ability to observe and understand non-verbal cues is essential for the safe and effective observation of patient symptoms and reactions to facilitate the assessment and treatment of patients.</p>
What reasonable adjustments could be considered?	<b>Adjustments</b> must enable the recognition, initiation of or appropriate response to effective non-verbal communication in a timely and appropriate manner. Adjustments specific to the individual can be discussed with the Course Coordinator.

### iii. Writing (Written language).

Introduction	<p>Effective written communication is a fundamental nursing responsibility with professional and legal ramifications.</p> <p>Specifically, <i>Standard 5: Collaborates with the RN, the person receiving care and the healthcare team when developing plans of care</i>, and</p> <p><i>Standard 7: Communicates and uses documentation to inform and report care.</i></p> <p><a href="http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards/enrolled-nurse-standards-for-practice.aspx">http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards/enrolled-nurse-standards-for-practice.aspx</a></p>
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	<p>Code of Conduct for nurses – <i>Principle 3: Cultural Practice and respectful relationships</i></p> <ul style="list-style-type: none"> <li>• 3.3 – <i>Effective Communication.</i></li> <li>• <a href="http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards.aspx">http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards.aspx</a></li> </ul>
What do I need to be able to do?	Student demonstrates the capacity to construct coherent written communication appropriate to the AQF level 5 requirements of the Diploma of Nursing.
What are some examples of this?	<ul style="list-style-type: none"> <li>• Constructing written assessments such as exams, reports, essays, and case studies to academic standards (AQF level 5).</li> <li>• Contributing to patient health care records and reports in a clear, concise, and accurate and timely manner that meets professional and legal standards.</li> <li>• Structuring, paraphrasing, summarising, and referencing to Harvard standards, as required by the academic requirements set out in the student handbook.</li> </ul>
Why do I need to be able to do this?	<p><b>AQF level 5 (Diploma level) criteria determine that:</b></p> <p>Graduates at this level will have a broad range of cognitive, technical and communication skills to select and apply methods and technologies to:</p> <ul style="list-style-type: none"> <li>• analyse information to complete a range of activities</li> <li>• provide and transmit solutions to sometimes complex problems</li> <li>• transmit information and skills to others</li> </ul> <p><a href="https://www.aqf.edu.au/aqf-levels">https://www.aqf.edu.au/aqf-levels</a></p> <p>Construction of written text-based assessment tasks to reflect the required academic standards are necessary to convey knowledge and understanding of relevant subject matter for professional practice.</p> <p>Accurate written communication, including record-keeping and patient notes, is vital to provide consistent and safe patient care.</p> <p>This is dictated by NMBA EN standards - specifically 7.4 - <i>Prepares and delivers written and verbal care reports such as clinical handover, as a part of the multidisciplinary healthcare team.</i></p>
What reasonable adjustments could be considered?	<p><b>Students may use specialised software to support their literacy. The practicality of using such software during clinical placements may not be appropriate.</b></p> <p><b>Adjustments</b> must meet necessary standards of clarity, accuracy, and accessibility to ensure effective recording and transmission of information in both academic and clinical settings. Adjustments specific to the individual can be discussed with the Course Coordinator.</p>

#### iv. Reading

Introduction	The nursing program requires students to be able to demonstrate effective reading and reading comprehension.
What do I need to be able to do?	<p>Students need to be able to read and comprehend a variety of information related to patient care records, doctors' instructions, patient notes, and medication charts.</p> <p>Students need to be able to read and comprehend range of academic material from various sources. This is to ensure adherence with best practice guidelines, and also to participate in Professional Development.</p> <p>This is dictated by NMBA EN standards, specifically <i>Standard 7: Communicates and uses documentation to inform and report care</i>, and <i>Standard 10: Engages in ongoing development of self as a professional</i>.</p>
What are some examples of this?	<ul style="list-style-type: none"><li>• Students need to be able to read and comprehend patient notes, records, medication charts, doctors' notes, regulations, laws, and policy documents.</li><li>• Students need to be able to read, comprehend and apply to practice and studies research documents and articles, best practice guidelines, evidence based material and suitable websites. Students need to be able to review websites and determine appropriate sources for research and studies.</li></ul>
Why do I need to be able to do this?	<p>The ability to understand written information is a critical component of study at Diploma level - <i>Graduates at this level will have a broad range of cognitive, technical and communication skills to select and apply methods and technologies to:</i></p> <ul style="list-style-type: none"><li>• <i>analyse information to complete a range of activities</i></li><li>• <i>provide and transmit solutions to sometimes complex problems</i></li><li>• <i>transmit information and skills to others</i></li></ul> <p><a href="https://www.aqf.edu.au/aqf-levels">https://www.aqf.edu.au/aqf-levels</a></p> <p>Students need to be able to read, interpret, decode, and comprehend multiple sources of written information to effectively facilitate collaborative and patient-centred care.</p>
What reasonable adjustments could be considered?	Delivery of written matter can be adjusted to accommodate specific requirements, such as larger font on the power points and handouts. Access to assistive technology can be discussed, remembering that use in the clinical environment may not be appropriate.

## 5. COGNITION

Introduction	<p>“Cognition is involved with thinking: perception, language, learning, memory and problem solving.” Koutoukidis, Stainton and Hughson, 2017. P. 259.</p> <p>This course requires knowledge of theory and the skills of cognition, literacy, and numeracy. It also involves the requirement to apply these skills to clinical practice.</p>
What do I need to be able to do?	<p>Student must be able to demonstrate:</p> <p>The capacity to locate appropriate and relevant information and consolidate this knowledge to complete assessments required at diploma level.</p> <p>The ability to process theory, research and practice gained from academic sessions and simulation and implement into clinical practice.</p> <p>The ability to engage, focus and concentrate with patients / clients for a designated period of time.</p>
What are some examples of this?	<ul style="list-style-type: none"> <li>• Ability to conceptualise and use appropriate knowledge in response to academic assessments.</li> <li>• Applying knowledge of theory, research, best practice, policy and procedures in the clinical setting.</li> <li>• Being able to effectively time manage the shift and determine care priorities according to shifting parameters of patient care.</li> </ul>
Why do I need to be able to do this?	<p>Safe and effective delivery of nursing care is based on comprehensive knowledge that must be sourced, understood, and applied appropriately. This must be done on a consistent basis throughout the care process.</p> <p>This requires cognitive and emotional endurance, sufficient to perform multiple tasks in a shifting landscape, during an assigned period of care.</p>
What reasonable adjustments could be considered?	<p><b>Adjustments</b> must ensure that a clear demonstration of knowledge and cognitive skills is not compromised or impeded. Clinical environments are challenging and dynamic and require a consistent level of cognitive ability to manage effectively. Any adjustments made in the academic environment may not transfer to clinical practice. Adjustments specific to the individual can be discussed with the Course Coordinator.</p>

## 6. SENSORY ABILITIES

### ▪ Vision

Introduction	Adequate visual acuity is required to provide safe and effective nursing care. Nursing is an inherently visual practice.
What do I need to be able to do?	Student demonstrates sufficient visual acuity to perform the required range of skills, tasks, written and physical assessments. These skills will ensure a safe, accurate, and consistent environment. The ability to visualise a patient and make rapid adjustments to the priority of care is essential for safety.
What are some examples of this?	<ul style="list-style-type: none"> <li>• Accurately drawing up medication to administer to patients</li> <li>• Observing, charting, and detecting subtle changes in wound management</li> <li>• Rapidly reviewing patient charts and medical records to determine care</li> <li>• Observing patient health care status and adjusting care to suit individual requirements.</li> </ul>
Why do I need to be able to do this?	<p>Sufficient visual acuity is necessary to demonstrate the required range of skills, tasks and assessments to maintain consistent, accurate and safe care to self and others.</p> <p>Visual observations, examination and assessment are fundamental to safe and effective nursing practice.</p>
What reasonable adjustments could be considered?	<p><b>Adjustments</b> must address the need to perform the full range of tasks involved in clinical practice. Any strategies to address the effects of the vision impairment must be effective, consistent, and not compromise treatment or safety. Application of visual adjustments into the clinical environment need to be assessed individually.</p> <p>Adjustments specific to the individual can be discussed with the Course Coordinator.</p>

### ▪ Hearing

Introduction	The nursing program requires students to have sufficient Auditory ability to provide safe and effective nursing care
What do I need to be able to do?	Student demonstrates sufficient aural function to undertake the required range of skills. These skills will ensure a safe, accurate, and consistent environment.
What are some examples of this?	<ul style="list-style-type: none"> <li>• Accurately undertaking a blood pressure measurement by auscultation</li> <li>• Detecting care request by activation of call bell or calls for help</li> <li>• Being able to respond appropriately to machine alarms – e.g. IV pumps, telemetry, SC delivery devices.</li> <li>• Following instructions in a timely and effective manner</li> </ul>

	<ul style="list-style-type: none"> <li>Being able to detect changes in respiration quality and rate.</li> </ul>
Why do I need to be able to do this?	Sufficient auditory ability is necessary to monitor, assess and manage individual's health needs consistently and accurately. Auditory assessments and observations are fundamental to safe and effective nursing practice.
What reasonable adjustments could be considered?	<b>Adjustments</b> must address the need to perform the full range of tasks involved in clinical practice. Any strategies to address the effects of the Hearing impairment must be effective, consistent, and not compromise treatment or safety. Adjustments specific to the individual can be discussed with the Course Coordinator.

▪ Tactile abilities

Introduction	<p>Tactile perception, also called touch perception, is the brain's ability to perceive information coming from the skin, particularly the skin on the hands.</p> <p>Sufficient tactile ability is required to perform competent and safe nursing care.</p>
What do I need to be able to do?	Student demonstrates adequate tactile function sufficient to undertake the required range of skills and assessments.
What are some examples of this?	<ul style="list-style-type: none"> <li>Detecting any changes in observations e.g. pulse palpation</li> <li>Conducting a physical assessment and detecting any anatomical abnormalities – lumps, changes to abdominal tension.</li> <li>Being able to detect discreet changes in patient surface temperature and detect changes in circulation status – e.g. Cool and clammy skin.</li> <li>Being able to provide therapeutic touch to comfort a patient.</li> </ul>
Why do I need to be able to do this?	Sufficient tactile ability is necessary to monitor, assess and detect patients' physical characteristics and act on any abnormalities detected to provide thorough nursing care. Tactile assessments and observations are fundamental to safe and effective nursing practice.
What reasonable adjustments could be considered?	<b>Adjustments</b> must have the capacity to make effective assessments of physical characteristics and abnormalities within safe time frames. Adjustments specific to the individual can be discussed with the Course Coordinator.

## 7. STRENGTH AND MOBILITY

▪ Gross Motor Skills

Introduction	Gross motor skills are the bigger movements that use both skeletal system and the large muscles in the arms, legs, torso, and feet. Nursing involves significant physical demands. The nurse must be able to provide safe and effective care in a timely manner during simulated and clinical environments.
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What do I need to be able to do?	Student demonstrates the ability to perform gross motor skills to function within scope of practice. These movements can include walking, lifting, carrying, bending, pushing, pulling, and standing.
What are some examples of this?	<p>Maintaining balance while safely mobilising and transferring individuals or resources. For example:</p> <ul style="list-style-type: none"> <li>• Manipulating standing and lifting machines to assist the movement and mobilisation of clients.</li> <li>• Assisting clients from lying to sitting, sitting to standing.</li> <li>• Positioning clients for assessment or treatment in the clinical environment.</li> </ul> <p>Able to safely retrieve and utilise stock and equipment.</p>
Why do I need to be able to do this?	Sufficient gross motor skills are necessary to perform, coordinate and prioritise care. Tasks that involve gross motor skills include lifting, carrying, pushing, pulling, standing, twisting, and bending. Students must be able to demonstrate and perform these tasks consistently and safely to reduce the risk of harm to self and others.
What reasonable adjustments could be considered?	<b>Adjustments</b> should facilitate functional effectiveness, safety of self and others and a capacity to provide appropriate care. Adjustments specific to the individual can be discussed with the Course Coordinator.

#### ▪ Fine Motor Skills

Introduction	Fine motor skills are small movements that use the small muscles of the fingers, toes, wrists, lips, and tongue. Nursing is a profession that requires manual dexterity and fine motor skills.
What do I need to be able to do?	Student demonstrates the ability to use fine motor skills to provide safe effective care.
What are some examples of this?	<ul style="list-style-type: none"> <li>• Performing an aseptic wound dressing</li> <li>• Able to prime, accurately insert and set prescribed rate on an infusion device</li> <li>• Manipulation of a sphygmomanometer</li> <li>• Being able to effectively communicate with a client</li> <li>• Writing assessments</li> <li>• Performing physical assessments &amp; other client assessment skills</li> </ul>
Why do I need to be able to do this?	Sufficient fine motor skills are necessary to perform, coordinate and prioritise care. Tasks that involve fine motor skills include being able to grasp, press, push, turn, squeeze and manipulate various objects and individuals. Students must be able to demonstrate and perform these tasks consistently and safely to reduce the risk of harm to self and others.
What reasonable adjustments could be considered?	<b>Adjustments</b> should facilitate functional effectiveness, safety to self and others and a capacity to provide appropriate care. Adjustments specific to the individual can be discussed with the Course Coordinator.

## 8. SUSTAINABLE PERFORMANCE.

Introduction	<p>The word 'sustainable' is an adjective describing the ability to maintain something at a certain rate or level over a period of time.</p> <p>Nursing practice requires emotional, physical, and mental performance at a consistent level over a period of time.</p>
What do I need to be able to do?	<p>Student needs to be able to demonstrate:</p> <p>Consistent and sustained level of physical energy to complete a specific task in a timely manner and over time</p> <p>The ability to perform repetitive activities with a level of concentration that ensures a capacity to focus on the activity until it is completed appropriately</p> <p>The capacity to maintain consistency and quality of performance throughout the designated period of time.</p> <p>The capacity to manage fatigue from roster and shift changes and perform at high levels of professionalism throughout the designated period of work.</p>
What are some examples of this?	<ul style="list-style-type: none"><li>• Maintaining extended periods of mobility (walking) for the designated work period</li><li>• Being able to focus consistently on patient care, assessment, reporting and facilitation of care requirements for the designated work period.</li><li>• Being able to manipulate large equipment for aiding client mobility.</li></ul>
Why do I need to be able to do this?	<p>Sufficient physical and mental endurance is an essential requirement needed to perform multiple tasks in an assigned period to provide safe and effective care.</p>
What reasonable adjustments could be considered?	<p><b>Adjustments</b> must ensure that performance is consistent and sustained over a given period. Adjustments specific to the individual can be discussed with the Course Coordinator.</p>

Name:				
Immunisation*	Date of Vaccination	Date of Serology & Result	Doctor's Details/Stamp	Doctor's Signature
<b>Measles Mumps Rubella</b> 2 Recorded Doses (For those born in 1966 or after) <b>or</b> serology for immunity	1.			
	2.			
<b>Chicken Pox (Varicella)</b>  2 Recorded Doses <b>or</b> serology for immunity	1.			
	2.			
<b>Hepatitis A</b>  2 Recorded Doses <b>or</b> serology for immunity	1.			
	2.			
<b>Hepatitis B</b>  3 Recorded Doses <b>AND</b> serology for immunity	1.			
	2.			
	3.			
<b>Quantiferon Gold (TB Blood Test)</b>				
<b>Influenza (Annual)</b>	1.			
<b>Polio</b>  3 Recorded Doses <b>or</b> serology for immunity	1.			
	2.			
	3.			
<b>Adult Diphtheria, Tetanus/Pertussis  (Boostrix)</b>  1 recorded dose within the last 10 years	1.			



# 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 Training Department personnel 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 \_\_\_\_\_