# Table of Contents

Overview of Clinical Experiences in the New Curriculum ................................................ 1  
How You Can Prepare for Clinical Experiences ............................................................ 1  
School of Nursing & Midwifery Guidelines for Clinical Experiences .......................... 1  
Risk Management ......................................................................................................... 5  
Getting the Most Out of Clinical Experiences ............................................................. 6  
Assessment of Students Undertaking their Clinical Practicum in the Bachelor of Nursing Program .......................................................... 7  
Appendix 1: Make-Up Protocol for Missed Clinical Placement ........................................ 10  
Appendix 2: Work Experience Policy ........................................................................... 13  
Appendix 3: Statutory Declaration ................................................................................ 14  
Appendix 4: Queensland Health Orientation Checklist ................................................. 16  
Appendix 5: 2008 Clinical Placements Calendar .......................................................... 18  
Appendix 6: Australian Nursing and Midwifery Council’s Code of Ethics for Registered Nurses .................................................................................... 20  
Appendix 7: Australian Nursing and Midwifery Council’s Code of Professional Conduct for Registered Nurses .............................................................................. 23  
Appendix 8: Australian Nursing and Midwifery Council’s National Competency Standards for Registered Nurses ........................................................... 25  
Appendix 9: Deed Poll .................................................................................................. 29  
Appendix 10: Administration of Medications by Students on Clinical Placement .......... 311  
Note: The Clinical Facilitator must be aware of each Health Service’s policy on administration of medication by students and to comply with that facility’s policy if the University policy is different  
Appendix 11: Clinical Assessment Tool (CAT) ............................................................. 322  
Appendix 12: Formative Review .................................................................................... 366  
Appendix 13: Section 14 – School Assessment Policy .................................................. 388  
Appendix 14: Incident/Injury Report ................................................................................ 400  
Appendix 15: Guidelines on Hepatitis B Immunisation .................................................. 455
This handbook has been designed to enhance your efforts to achieve safe, effective clinical experiences. Contained within this book are policies relevant to the Bachelor of Nursing curriculum.

This book is structured to include: an overview of clinical experiences in the curriculum; some suggestions and rules for the best possible preparation prior to clinical; ways to get the most out of your clinical experiences; how you should demonstrate clinical competence to your facilitator and nursing colleagues; how you can have your voice on issues of concern; and finally, ways to do better next time.

We hope you find the information useful, and welcome your suggestions on ways to improve this document for future students.

Assoc Prof. Elizabeth Patterson
Dean – School of Nursing & Midwifery
Overview of Clinical Experiences in the New Curriculum

As you may be aware, the School of Nursing and Midwifery has three campuses: at Nathan, Logan and Gold Coast. Prior to 2001, the School had three separate nursing degree programs. In the interest of building unity and efficiency, we have combined our expertise and moved to a single curriculum. We appreciate and value that creativity.

We believe that the new curriculum retains a commitment to nursing practice and so we are determined to provide excellent clinical experiences for you. We want you to experience an education that is motivating and challenging, one that inspires you to embrace nursing as a life long commitment. We suggest that you seek out role models within the School and on clinical experiences who share that commitment. You are the future of nursing. Be proud of your education and make the most of your time at university and in clinical learning. Be good ambassadors for us within the clinical areas where you practice and you will find people will welcome you as a colleague.

The curriculum has been designed to offer you a broad range of experiences to develop your appreciation that nursing practice takes place in many spaces. In the first year, students will be assisted to take a broad perspective of nursing and learn the language and experience of nursing and health care. The clinical focus will be on the healthy body, and explore the range of spaces where nurses and clients meet. In this way, students are introduced to the complexity that is nursing and focus on the whole partnership of the nurse-client relationship rather than aspects, or techniques.

In the second year, students will focus on developing technical and practical knowledge, skills and attributes of nursing. The clinical focus will be on acute and high acuity nursing in a variety of settings. In this way, students are given opportunities to develop and learn critical aspects of nursing responses so that they meet industry demands and achieve competence.

In the third year, students will focus on interpreting and reconstructing the language, experience and practices of nursing. The clinical focus will accommodate special interests and offer an extended off campus experience in order to facilitate socialisation into the workforce. At the same time, students will be offered rigorous academic input to promote the necessary levels of support and safety for the development of confident, effective, life long learners and committed nurses.

How You Can Prepare for Clinical Experiences

Now that you have chosen nursing as your career and are engaging in learning nursing practices, the most important issue to note is that nursing is a highly responsible profession. You will be dealing with individuals and families experiencing dramatic changes to their health and well-being. So, you need to be prepared for these experiences. Take good care of your own health and be ready to take good care of others.

School of Nursing & Midwifery Guidelines for Clinical Experiences

There are some School of Nursing & Midwifery guidelines that are non-negotiable and are established for your safety and the safety of our community.

1. All clinical experience is mandatory. It is expected that students will, unless there are extenuating circumstances, attend 100% of their clinical experience. Specifically, this translates into eight hours a day (excluding meal breaks), five days per week for the requisite number of weeks to meet the clinical requirements of the course. There is a further expectation that students be punctual.

2. Where a student’s clinical performance is deemed incomplete because the student has not completed the experiential time requirements of the clinical placement, the Make-Up Protocol for Missed Clinical Placement (Appendix 1) will be applied.
3. All students must conform to the policy in relation to work experience (refer to Appendix 2).

4. Students need to have an accredited First Aid and CPR Certificate. This is to be undertaken and successfully completed by the end of Semester 1, in preparation for off-campus experiences in Semester 2. Students must successfully complete an accredited first aid course with CPR to be able to sign your legally binding Statutory Declaration (refer to Appendix 3)

First aid certificate courses delivered by an approved provider and duly authorised under the Ambulance Service Act 1991 are offered by the following:

- Australian Red Cross Society
- St John’s First Aid
- Queensland Ambulance Service
- Surf Life Saving Australia Limited
- Royal Flying Doctors Service
- Regional Health Authorities
- Medical Practitioners
- T.A.F.E.-run First Aid Courses
- Campus Life
- Other accredited agencies

5. Hepatitis B is a blood borne virus that can be very debilitating. Since students will be working with clients who may carry this virus, or be exposed to secretions, Queensland Health policy states that Hepatitis B vaccination is mandatory for all nursing students who wish to attend Queensland Health agencies. If students intend to request placements at Queensland Health agencies, they must complete a series of Hepatitis B injections and sign a Statutory Declaration to this effect. As they will be working closely with Queensland Health, and may one day be Queensland Health employees, we strongly support the Queensland Health policy. Students may seek vaccination from the University Medical Centre at a reduced price or from your local general practitioner.

If following immunisation for Hepatitis B students fail to sero-convert, or already know of their positive status to the Hepatitis B Virus, or wish to consciously object to the immunisation process, they are advised to refer to Appendix 15: Guidelines on Hepatitis B Immunisation).

6. It is a requirement for all undergraduate nursing students to have a Blue Card as they may be placed in clinical settings where they will work with children and/or young people. The Blue Card is also accepted as meeting the requirements of aged-care legislation. This means that holders of Blue Cards are not required to undertake separate police checks to undertake clinical placements in aged care settings. Students can access information about the Blue Card (including the student application form) and the Commission for Children and Young People and Child Guardian organisation at: http://www.childcomm.qld.gov.au/index.html

Students will be required to submit a certified copy of their Blue Card to their respective Clinical Office early in their first semester of enrolment in the Bachelor of Nursing Program.

7. Queensland Health policy also states that students are required to complete the Queensland Health Student Orientation Package and submit the Orientation Checklist to the Clinical Office (refer to Appendix 4) prior to commencing clinical placements at Queensland Health agencies. Students must complete an Orientation Checklist and sign the Statutory Declaration to this effect. Students can access information about the Queensland Health Orientation Package at: http://www.health.qld.gov.au/sop/

NB: Contrary to the advice on the Queensland Health Checklist, you are NOT required to attach evidence of your immunisation to the Checklist when submitting the completed form to your campus Clinical Office. You must, however, be able to produce evidence of your immunisation status if asked by Queensland Health.

Similarly students have responsibilities under the NSW Policy Directive - Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases and must “...comply with this occupational assessment, screening and vaccination policy and cannot undertake employment or clinical placement within health facilities unless they can demonstrate
complete protection against all the specified infectious diseases covered by this Policy and have
documentation of their TB status as outlined in Appendix 1 Occupational TB Screening Policy”
(2007, p. 11).

8. The NSW Government and the NSW Department of Health have regulated access to public
health facilities by students. The NSW Department of Health has a duty of care to all patients and
clients receiving services from NSW Health. To meet this duty, it has determined that criminal
record checks will be carried out on all persons, including university staff and students, who
require access to facilities operated by the Department of Health. Staff within the NSW
Department of Health conduct the checks and all information is held confidentially.

All Griffith University students who are placed in NSW (and all Gold Coast students) must take the
following cards on placement:
1. NSW Clinical Placement Authority Card (Grey Card)
2. Completed Adult Vaccination Record Card (Red/White Card)

The cards can be obtained as follows:

- The student is to complete the "Criminal Record Check Consent Form (available from
  CPO) and take the form and 100 points of ID (see form attached to application form) to
  the CPO. These documents are then sent to the Department of NSW by the CPO.

- The student will be notified when the Grey Card has arrived at the CPO’s office and a
time made for them to sign and collect the card.

- The Red/White Adult Vaccination Card is available from the CPO. It must be completed
  by your GP according to the “Guidelines for NSW Immunisation” available from the CPO
  with relevant evidence attached. The CPO does not require a copy of this card or its
  attachments.

9. During your off-campus clinical experience, students are required to wear a uniform and maintain
a high standard of personal appearance to convey respect for yourself and the clients with whom
you will be working closely. The following standard of dress is required:

- Wear the university photo identification badge at all times.
- No nail polish or acrylic nails as they can be a source for infection and cross-infection.
- No unnecessary jewellery. Jewellery is a source for infection and interferes with
  procedures.
- Acquire the following equipment: black and red pens, a watch with a second hand,
surgical scissors and a pocket notebook. Some campuses may recommend the purchase
of a stethoscope. There are other tools to collect along the way, but this should suffice for
the first placement.
- Female students can choose to wear either a formal skirt, slacks or culottes in navy blue.
- Male students can choose to wear navy formal trousers or shorts.
- Students need to buy the correct clinical uniform shirt – this is available from the
  University Bookshop.
- Students can wear a blue jacket or cardigan to and from agencies.
- A navy blue vest may be worn over shirts in colder months.
- Socks, stockings and stockingettes that bear no obvious logo are acceptable.
- Safe shoes which have a closed–in toe, non-slip sole in blue, black or brown. It is
  important that they are not cloth, multi-coloured, or open-toe.

10. Students are advised to become familiar with the allocation system the Clinical Office provides to
organise their clinical experiences. Each Clinical Office has its own system of placing students
depending on the number of clinical places it has secured. Students may be able to nominate
preferences. In cases where preferences are taken into consideration it is important that students
recognise that respective Clinical Offices are restrained by the placements available. Students
are advised to read the notice boards regularly, and take note of when clinical experiences take
place each semester. Clinical placements may be offered in the inter-semester and end-of-year
vacation periods. Appendix 5 shows the Combined Clinical Calendar, although students are
advised to refer to their respective year notice boards for campus placement periods which may
include holiday placements.
NB: Due to the difficulties associated with securing clinical placements students may be required to undertake clinical placement outside the published university semester timetables (School of Nursing and Midwifery Committee, 2005).

11. Students are advised that clinical experiences may involve working morning or afternoon shifts in various agencies. Students need to carefully plan their personal and family requirements to enable them to undertake these experiences. Students are advised to check the student noticeboards in November of each year for the clinical dates for the following year. Please be aware that some preceptored placements may involve night shifts and/or weekend work as the student(s) will follow the shift pattern of the RN they are buddied with.

12. Students are advised to become familiar with the particular requirements of each agency well before they plan to start their placement. Students are advised to refer to noticeboards for information about when and where to meet their Clinical Facilitator or Preceptor and the relevant shifts for the placement.

13. All aspects of the placement, apart from organising it, are the students’ own responsibility. This includes: arranging child-minding; organising transport to and from the placement; and also making plans to rearrange work shifts if necessary. Clinical placement should be a priority.

14. Students are advised to use the resources and support that the teachers, Nursing Practice Areas, and supervisors provide for them on campus. Students should learn the skills and practices relevant to the agency that they will be visiting, and practice them in the Nursing Practice Area with the teacher, friends and colleagues so that they will feel confident to perform them safely with clients.

15. Should teachers or Clinical Facilitators consider that students are not sufficiently prepared to provide safe care for themselves and others prior to clinical experiences they have the right and responsibility to prevent students from going out on clinical practice. Students are asked to respect this decision.

16. Students are unable to undertake their clinical experience within the ward at the health care agency in which they are employed, as there is the potential for conflict of interest.

17. Students need to ensure there is a minimum of eight hours between their work shift and their off-campus clinical learning hours.

18. Enrolled Nurses may claim credit for certain courses. See Student Administration for the relevant form.

19. Nurses have a Code of Ethics (Appendix 6), Code of Professional Conduct (Appendix 7) and National Competency Standards (Appendix 8) that help us to achieve our duty of care for clients. Students need to be familiar with them, respect them and maintain them.

20. Confidentiality, intellectual property and disclosure rights may be new concepts for students. Students are advised to read and understand the Deed Poll carefully as they will be required to sign and submit this document to the Clinical Office before commencement of their first clinical practicum (refer to Appendix 9).

21. Administration of medications is an important nursing practice. There will be many opportunities for students to develop competence in this area. Students are advised to make it a priority to understand the national laws mandating how medications should be administered by nurses and doctors, and ensure competence in the Nursing Practice Area prior to administration of such practices in a Clinical Agency. Health services have strict policies on medication administration and so does the School. Please read, understand and conform to this policy (refer to Appendix 10).

22. Students are advised to become familiar with the Clinical Assessment Tool (CAT) which the Clinical Facilitator will use to assess your clinical proficiency (refer to Appendix 11).
23. In some instances, a Formative Review (Appendix 12) may be completed if the facilitator considers a student to be performing at an unsatisfactory level in any criteria listed in the CAT.

24. If there are circumstances that lead to a failing grade in clinical, or

25. If students have missed days so that the Clinical Facilitator feels unable to assess their performance, a supplementary clinical experience may be granted at the discretion of the Assessment Board (refer to Appendix 13, Section 14 of the School of Nursing Assessment Policy).

26. Any student who has not undertaken clinical practice in the past 12 months, or who has transferred from another campus or university is advised to notify the course convenor and/or the clinical coordinator within the first week of semester and to undertake clinical skill competency preparation prior to attending their first clinical placement for the current semester.

27. Should a student be involved in a workplace incident or hazard during their clinical placement, a Griffith University Incident/Injury Report must be completed with the facilitator, preceptor or mentor (refer to Appendix 14) within three days of the workplace incident occurring and submitted to the Clinical Office. With permission, a copy of the agency incident/hazard report should be obtained Notifiable incidents (such as serious bodily injury, work caused illness, a dangerous event, serious electrical incident or a dangerous electrical event) must be reported to Workplace Health and Safety Queensland through the Health and Safety Office at Griffith University within 24 hours of becoming aware that the event has happened. Contact Ms Glen Kerridge the Senior Policy Adviser at the Health and Safety Office on 3735 7802. The Griffith University’s policy on Incidents, Injuries and Dangerous Events – Reporting and Recording is available at: http://www.griffith.edu.au/hrm/health_and_safety/contacts.html.

28. Griffith students are not required to attend clinical placement at healthcare facilities for periods formally designated by government as a Public Holiday. In some instances alternative public holidays are designated for different geographical jurisdictions. For periods designated as public holidays:
   - Students will attend clinical placement if they reside in a non-gazetted area but are scheduled to attend clinical placement at a facility within a gazetted area.
   - Students will not attend their clinical placement if the healthcare facility is within the jurisdiction designated as a Public Holiday.

   Griffith University appointed facilitators will not be provided in healthcare facilities during periods designated as public holidays.

29. It is students’ responsibility to collect their completed Clinical Assessment Tool(s) or CATs from the clinical placements officer or course convenor.

**Risk Management**

**Body Fluid Exposure**

- Should students be exposed during clinical practice, the facilitator/preceptor must be contacted immediately, agency and Griffith University Incident/Injury Report forms completed, and directions regarding pathology screening and follow up testing followed. (Note: the medical centres at Nathan and Gold Coast campuses currently provide bulk-billing services for pathology screening for a body fluid exposure).
- In line with both Queensland Health and Tertiary Education Provider policies, health care worker students must be immunized against Hepatitis B prior to their first clinical placement in Queensland Health facilities (refer to Appendix P4 of Queensland Health’s Infection Control Guidelines available at: http://www.health.qld.gov.au/chrisp/ic_guidelines/appendix_P4.pdf as well as the School of Nursing and Midwifery’s Guidelines for Hepatitis B Immunisation (Appendix 15).
• Refer to the Work Experience Policy (Appendix 2) for information regarding medical insurance while on clinical placement.

Personal Health Issues

• Students are advised to maintain their own health and well-being. If students have a physical or psychological health problem or disability that may pose a risk to them or others, they need to act responsibly. The Clinical Office recommends that students discuss their personal situation with their Undergraduate Course Convenor or the Office of Disability Services so that the Clinical Office can support their needs appropriately. If the Clinical Facilitator is concerned with students’ well-being, they will contact the Course Convenor and the student may be sent home.
• For the safety of students and others, students are not to use alcohol during clinical experiences. The Clinical Office requires students to have a zero blood alcohol level during this time. If not, students will fail the clinical experience.
• If students need to use prescribed medication/s they are advised to ensure that it does not interfere with their ability to provide safe care for others. If they believe they are at risk of this, the Clinical Office recommends that they consult your Undergraduate Program Convenor.
• Students who will be 34 weeks pregnant or more, or within 6 weeks post partum whilst on practicum, need to present a medical clearance covering all clinical activities prior to the commencement of placement.
• Students may be required to provide a medical clearance certificate if you have a pre-existing health condition (prior to attending your clinical practicum).

Getting the Most Out of Clinical Experiences

Now that you are prepared for clinical placement, it remains for you to make the most out of the learning opportunities to be found there. Make yourself known to the Clinical Facilitator. Take the time to sit with her/him so that you can each fully understand personal strengths, expectations, rights and responsibilities. You have the right to respect, guidance, support and, a fair and accurate assessment of your clinical performance. Similarly, facilitators have the right to respect. It is respectful to acknowledge that they have clinical expertise that you do not have. It is also wise to acknowledge that the facilitator will be making a judgment about your clinical competence. So, it is your responsibility to actively demonstrate that you are safe, and can make decisions and take action within the limits of your educational preparation. Know your limits. If you don’t know something, ask questions and seek further information.

Make yourself known to the RNs with whom you will be working. Convey respect and collegiality with them. You will have perspectives and skills to offer and vice versa. It’s always a good policy to be friendly and helpful with your colleagues. But be clear about the limits of your student role. You are undertaking clinical learning experiences. Your role is to learn and to provide client care under guidance of a qualified RN. Please do not do anything beyond your capacity. This is not safe, nor is it ethical.

Basic expectations of you are to be punctual, not to miss any clinical days, phone the Clinical Facilitator if you are away or late, adhere to meal break times, be respectful, ask questions, be caring, ethical and helpful. Failure to meet these basic expectations may result in a failing grade in Section 1 of the Clinical Assessment Tool (Professionalism).

How You Should Demonstrate Clinical Competence to Your Facilitator and Nursing Colleagues

When it comes time to meet with your Clinical Facilitator about assessing your competence, be respectful and appropriately assertive.

Remember that your Clinical Facilitator and RN cannot be with you all the time, and they may not always understand your personal needs or strengths. Every time you get an opportunity, show them what it is you believe you can do well. Ask them for advice, guidance and support when you don’t feel you understand a practice well. You’re a student. It’s your role to ask questions. At the same time it’s your responsibility to become competent.
Assessment of Students Undertaking their Clinical Practicum in the Bachelor of Nursing Program

The Clinical Assessment Tool (CAT)

What is it?

It is a document which designated clinical facilitators, preceptors or mentors use to assess every student’s competency in practice during clinical placements in four domains.

1. Professional Practice
2. Critical Thinking and Analysis
3. Provision and Coordination of Care
4. Collaborative and Therapeutic Practice

These four sections/domains are directly informed by the Australian Nursing and Midwifery Council’s National Competency Standards for the registered Nurse (2005). They are adapted for each clinical practicum within the Bachelor of Nursing program to reflect the evolving scope of practice of undergraduate nursing students (Appendix J).

Scope of Practice

What is it?

The scope of nurses and midwives [and undergraduate nursing students] cannot be defined as a simple list of tasks or procedures.

The scope of nursing and midwifery [and undergraduate nursing students] practice is that which nurses and midwives [and undergraduate nursing students] are educated, competent and authorised to perform. The actual scope of an individual nurse’s or midwife’s [or undergraduate nursing student’s] practice is influenced by the:

- context in which they practice
- client’s health needs
- level of competence, education and qualifications of the individual nurse or midwife
- service providers’ policies. (Queensland Nursing Council, 2005, p. 4).

The Assessment Process

How is it done?

To determine student’s competency in each of the four domains of the CAT (that is, ‘Professional Practice’, ‘Critical Thinking and Analysis’, ‘Provision and Coordination of Care’, and ‘Collaborative and Therapeutic Practice’), designated clinical facilitator, preceptor or mentor frame their assessment by ascertaining student’s (School of Nursing and Midwifery [SoNM], 2008, p. 19):

1. Knowledge
2. Skill
3. Attitude

→ If the student is deemed competent in all three areas for each domain, they are awarded an "Achieved" (or ‘A’) in the domain. All four domains must be ‘Achieved’ for the student to receive a Non-Graded Pass on the CAT thereby passing the clinical practicum.

→ If the student is deemed incompetent in one of more of the above areas in any of the four domains and is awarded a “Not Achieved” (or ‘NA’) in a domain, they will be awarded a Fail on the CAT thereby failing the clinical practicum.

Management of Student Performance Issues

If a student seems likely not to reach achieve competency, their designated clinical facilitator, preceptor or mentor is advised to raise and outline concerns with the student as soon as possible. Designated clinical professionals are encouraged to follow the flow chart for ‘Reporting and Managing Student Performance Issues’ (Appendix K), and seek support and/or assistance from the appropriate Course Convenor and/or the Clinical Coordinator during this process. If concerns are not resolved it will be necessary to place the student on a Formative Review (SoNM, 2008, p.22).
The Formative Review

What is it?

The Formative Review is a document that allows the designated clinical facilitator, preceptor or mentor to provide the student with written feedback addressing any concerns they have about the student’s knowledge, skill or attitude in any of the four domains (Appendix L). The Formative Review should link unsatisfactory standards of practice to the domains on the CAT and the Australian Nursing and Midwifery Council’s National Competency Standards (2005). The Formative Review must outline a written plan that clearly describes to the student the course of action they need to take to improve on their knowledge, skill and/or attitude. The Formative Review is completed and updated in line with student progress and the student should continue to receive feedback, and direction as necessary.

Thus educationally, the Formative review takes the place of a supplementary assessment.

Ideally, the Formative Review is administered early in the placement when problems arise, not on the last day of placement when a student only has one shift to redeem themselves. However, it is acknowledged that at times a student’s inability to meet competency is not evident till the last day/s of the clinical practicum. For example, where a student verbally abuses a staff member or a student wrongly administers a medication.

A student who is unable to successfully complete a Formative Review and thus, demonstrate appropriate levels of knowledge, skill and attitude in their ‘Professional Practice’, ‘Critical Thinking and Analysis’, ‘Provision and Coordination of Care’, and ‘Collaborative and Therapeutic Practice’, will fail the clinical placement. This student will be notified of their failing grade and will be asked to attend a meeting with the Course Convenor and/or Clinical Coordinator to discuss future options (SoNM, 2008, p.22).

Facilitators, preceptors and mentors are advised to keep a journal during the clinical practicum. This journal can be referred to for chronological information about student(s) performance, incidents, meetings etc.

References


Having Your Say on Issues of Concern

Most students enjoy a wonderful learning experience during clinical placements, but occasionally events arise that can be upsetting. Please feel free to talk about your concerns with whomever you feel most comfortable. We do recommend official lines of communication and they are:

1. Speak with your allocated RN or Clinical Facilitator, Preceptor or Mentor
2. If the issue is not successfully resolved you may contact the Course Convenor who should respond to your issues promptly and appropriately.
3. If there are still unresolved issues, then you may approach the Undergraduate Program Coordinator.

There are processes for appeal should all of the steps outlined above not resolve your concerns. Grievance information is available on the Griffith University home page on the web.

Should an issue arise, about which the health service or the University should be aware, an Incident/Injury report will need to be completed (see Appendix 14).

Absences due to illness or other crises are sometimes unavoidable but in these cases you need to act responsibly. Notify your Clinical Facilitator/Preceptor and the Clinical Office as soon as possible. Forward a copy of your medical certificate to the Clinical Office. Understand, however, that absences from clinical experiences are likely to result in failure to show competence. The University will do whatever it can to support your learning so that you are successful.
You will be given Evaluation Forms at the finish of each clinical experience, for you to fill in and comment on your Clinical Facilitator/Preceptor and the agency at which you were placed. We feel this is an important way for you to express your views on the experience, whether they are good or bad. The University will endeavour to address any areas of concern you may have. We thank you in advance for taking the time to fill out these forms.

**Ways to do Better Next Time**

In the unlikely event that you will have to repeat a clinical experience, you should ask your clinical and academic teachers for advice and direction.

Here are some tips to help you improve:
- Request a convenient time to meet with your Clinical Facilitator/Preceptor to outline the practices and attributes that you need to develop.
- Request a convenient time to meet with an academic teacher so that he/she may give their advice to help you more effectively learn relevant practices.
- Find a role model who inspires you and ask them to be your mentor. Mentors can share their insights and experiences so that you don’t have to repeat common mistakes. You might find a mentor among your academic teachers, the RNs you meet, or fellow students in your year or ahead of you.

Good luck with your nursing career and welcome to what we believe will be a fulfilling and wonderful profession.
MAKE-UP PROTOCOL FOR MISSED CLINICAL PLACEMENT

Where a students’ performance is deemed incomplete because the student has not completed the experiential time required of the clinical placement, the protocol as outlined will be applied. To ensure students are able to demonstrate engagement they will be required to make-up the missed time by either completing on campus activities or attending an off campus clinical placement.

The decision about what type of make-up required will be based on the:
1. reasons for missed clinical time
2. amount of time missed
3. availability of resources (lab time, staff availability etc).

The protocol is outlined below and organised according to the total amount of off campus practicum available in a specific course.

1. For Clinical Practicums Consisting Of One Week (1976nrs Nursing Practices):

<table>
<thead>
<tr>
<th>Days Missed</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 day</td>
<td>Course convenor will finalise an on campus activity or short written item that reflects the CAT domains</td>
</tr>
<tr>
<td>2-5 days</td>
<td>Students will be required to attend a five-day (one week) clinical placement during the make-up period at the end of each semester and be assessed using the Clinical Assessment Tool (CAT).</td>
</tr>
</tbody>
</table>

2. For Clinical Practicums Consisting Of Two Weeks (2971nrs Acute Nursing, 2975nrs Complex Clinical Practice, 2976nrs Human Responses In Crisis, 3974nrs Adapting To Health Changes, 3979nrs Community Health And Diversity):

<table>
<thead>
<tr>
<th>Days Missed</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-2 days</td>
<td>Course convenor will finalise an on campus activity or short written item that reflects the CAT domains</td>
</tr>
<tr>
<td>3-6 days</td>
<td>Students will be required to attend a five-day (one week) clinical placement during the make-up period at the end of each semester and be assessed using the Clinical Assessment Tool (CAT).</td>
</tr>
<tr>
<td>7-10 days</td>
<td>The student is required to attend a ten-day (two week)</td>
</tr>
</tbody>
</table>
clinical placement during the make-up period at the end of each semester and be assessed using the Clinical Assessment Tool (CAT).

3. For Clinical Practicums Consisting Of Four Weeks (3975nrs Transitions To Practice):

Note: Allowances are made for final semester students (ie. those enrolled in 3975NRS Transitions to Practice) to attend interviews for Graduate Programs. Students are advised to consult with their Course Convenor.

<table>
<thead>
<tr>
<th>Days Missed</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-3 days</td>
<td>No makeup required. Substantiation for absences is needed from the student. Alternatively, the course convenor may finalize an on campus activity or short written item that reflects the CAT domains.</td>
</tr>
<tr>
<td>4-6 days</td>
<td>Students will be required to attend a five-day (one week) clinical placement during the make-up period at the end of each semester and be assessed using the Clinical Assessment Tool (CAT).</td>
</tr>
<tr>
<td>7-11 days</td>
<td>The student is required to attend a ten-day (two week) clinical placement during the make-up period at the end of each semester and be assessed using the Clinical Assessment Tool (CAT).</td>
</tr>
<tr>
<td>12-15 days</td>
<td>The student is required to attend a 15-day (three weeks) clinical placement during the make-up period at the end of each semester and be assessed using the Clinical Assessment Tool (CAT).</td>
</tr>
</tbody>
</table>

Procedures for implementation

1. Course convenor will consult with Clinical Placements Officer to determine student attendance.
2. Course convenor will determine the type of makeup a student will undertake and the timeframe if the activity is to be conducted on campus.
3. The Clinical Placements Officer will notify the student by email of the makeup requirements.
4. The course convenor will determine makeup completion in consultation with clinical placements officer.
5. Course convenors will notify the SAO of grade finalisation where grades have been withheld pending makeup requirements.

Examples of on campus makeup activities

1. Students are asked to submit a short piece, (approximately 300-500 words) to their course convenor a reflective and referenced account of how they met one or more of the domains in the Australian Nursing and Midwifery Council’s [ANMC] National Competency Standards for the Registered Nurse (2005), on which the Clinical Assessment Tool (CAT) based during their clinical practicum experience. These standards are available at: http://www.anmc.org.au/docs/Competency_standards_RN.pdf
   Resources required: Specific assessment task and criteria to be created by course convenor.
2. Students are asked to submit to their course convenor a video recording of one or more completed clinical scenarios based on their clinical practicum. Resources required: Lab space and time, lab staff to set up scenarios, creation of suitable scenarios by course convenor.

3. Students are asked to attend a structured and supported lab session to practice their clinical decision-making and skills, by completing one or more clinical scenarios. Resources required: Lab space and time, lab staff to set up scenario, course convenor or proxy to supervise and assist students, creation of suitable scenarios by course convenor.
Appendix 2: Work Experience Policy

WORK EXPERIENCE POLICY

NOTICE TO STUDENTS UNDERTAKING WORK EXPERIENCE

1.0 PERSONAL BEHAVIOUR

As a student of Griffith University undertaking a period of work experience, you are required to be aware of your personal responsibility to:

1.1 obey the lawful and reasonable instructions of the organisation with which you are undertaking the work experience programme.

1.2 respect the security and confidentiality of any information that you may receive from that organisation in the course of the work experience programme.

1.3 maintain a standard of conduct befitting a student of Griffith University.

2.0 PUBLIC LIABILITY

You are indemnified for your legal liability in respect of third party claims for damages to property or injury to persons while undertaking approved work experience.

3.0 PERSONAL PROPERTY

Your personal property is not covered by the University’s Insurance at any time. If you wish to arrange cover for personal items you must do so at your own expense.

4.0 PERSONAL HEALTH AND ACCIDENTS

4.1 The University does not provide any medical insurance cover. If you wish to arrange private health cover, you must do so at your own expense.

4.2 The University policy does cover you for accidental death and capital benefits programs (refer to Services, Insurance, Forms & Policies available at: http://www.gu.edu.au/fbs/) while undertaking approved work experience.

4.3 If you are not being paid for the work you are doing for work experience purposes, you are not covered by workers’ compensation provisions.

5.0 WORK EXPERIENCE

Work Experience is the term used to describe work that has to be carried out by students in order to complete the requirements of the course in which they are enrolled. Work experience could include activities such as practical teaching experience, field studies, clinical placements, practical experience in Hotel, Engineering firms, etc.

Assoc Prof. Elizabeth Patterson
Dean of Nursing, Head of School
Appendix 3: Statutory Declaration

OATHS ACT (QLD) 1867

STATUTORY DECLARATION

I, ………………………………………… of ………………………………………………………………, in the State of ……………………………., Australia, do solemnly and sincerely declare that I:

1) Have read and understood the clinical information including obligations as a student when I am on clinical practice as specified in the School of Nursing and Midwifery’s Clinical Practicum Policy 2008 (available at: http://www.gu.edu.au/school/nrs/home.html);

2) Have commenced Hepatitis B immunisation and am aware of the date/s of my first clinical placement. I will have completed my Hepatitis B immunisation prior to my first clinical placement. I can and will produce evidence of my current and complete immunisation status if asked. This is required prior to clinical placement and necessary in order to meet the requirements below.

3) Have informed the Griffith University School of Nursing and Midwifery where I have:
   • not sero-converted after receiving the Hepatitis B immunisation or
   • elected not to disclose my immunisation status or
   • disclosed a positive result to Hepatitis B;

4) Have completed a CPR & First Aid course through a recognized* provider, or am a currently practicing enrolled nurse (please provide an official statement confirming current employment as an enrolled nurse);


6) Will renew my Blue Card on its two year expiry through the Commission for Children and Young People and Child Guardian;

7) Have signed the Deed Poll;

8) Have read the information contained on the Queensland Health Student Orientation Package website and completed the Checklist (available at: http://www.health.qld.gov.au/sop);

The following 2 items apply to Gold Coast Campus Students only. [Form available from Clinical Placements Officer, Gold Coast.]

9) Hold a NSW Clinical Placement Authority Card.

10) Hold a completed Adult Vaccination Record Card.

…and I make this solemn declaration believing the same to be true and by virtue of the provisions of the Oaths Act (Qld) 1867

Please Note: This Statutory Declaration must be signed off and submitted to the Clinical Office to ensure you are eligible to attend clinical education.

Student’s Signature:_______________________________________________________________

Declared at:_________________________________________________________the________________day of________________________2008

Before me,

Witness’s Signature…………………………………………………………………………

[Signature of person before whom the declaration is made being either a Justice of the Peace, Commissioner for Declarations, Notary Public or Lawyer]

Witness’ Name………………………………………………………………………………

Witness’ Occupation………………………………………………………………………

* Providers include Queensland Health and other approved health care agencies.
For all undergraduate nursing students, the following completed forms are required for submission to the Clinical Office on the campus of enrolment:

Please tick when completed:

- [ ] **Statutory Declaration**  
  *Note: Items 9 and 10 must be completed by Gold Coast Campus students only*

- [ ] **Deed Poll**

- [ ] **Queensland Health Orientation Checklist**

- [ ] **A certified copy of your Blue Card**

---

Please attach and submit all required forms to the Clinical Placements Officer on your campus.

**Logan Campus**
- Clinical Placements Officer: Barbara Wisniewski
- Location: 3.43_L05
- Telephone: 3382 1226
- Email: b.wisniewski@griffith.edu.au

**Gold Coast Campus**
- Clinical Placements Officer: Karen Allen
- Location: 2.13_G16
- Telephone: 5552 8903
- Email: k.allen@griffith.edu.au

**Nathan Campus**
- Clinical Placements Officer: Sheryl Williams
- Location: 1.16_N48
- Telephone: 3735 5222
- Email: s.williams@griffith.edu.au
Appendix 4: Queensland Health Orientation Checklist

Student Orientation Checklist

It is a requirement of Queensland Health that you review these topics on www.health.qld.gov.au/sop prior to your placement. Please ensure that you have read and understood them and completed the checklist below.

(please tick to indicate the areas that you have read and understood and agree with)

- Student Expectations
  - Professional behaviour & responsibilities
  - Code of conduct
  - Professional appearance
  - Use of cars
  - Home visits
  - Blue card

- Confidentiality, Privacy & Documentation
  - Confidentiality
  - Privacy
  - Documentation

- Workplace Health and Safety
  - Fire safety
  - First aid
  - Manual handling
  - Incident reporting
  - Infection control (also complete declaration in the table below)

- Cultural Diversity
  - Multicultural Awareness & Language Services
  - Aboriginal and Torres Strait Islander Health

I ________________ certify that I have read and understood the essential information on the Queensland Health orientation website in preparation of my placement.

Immunisation and Infection Control Declarations

Hepatitis B Immunisation

You must ensure that prior to first attendance at a Queensland Health ("QH") facility you have provided evidence of Hepatitis B immunisation. It is recognised that some people are required to start their placement either immediately or within the first 6 weeks of commencing of their study/placement/supervision program. In these cases they may not be able to meet the Hepatitis B immunisation requirement prior to first attendance at a QH facility. If this is the case then they must be referred to a General Practitioner for administration of the accelerated schedule of Hepatitis B vaccine. These people may then commence their study/placement/supervision program after the third vaccination at twenty-one days. If a person is deemed a non-responder after the initial course of Hepatitis B vaccination they must be referred to an Infectious Diseases Physician prior to the undertaking of their study/placement/supervision program in a QH facility.

☐ I agree I will have complied with the above stated Hepatitis B Immunisation requirements and declare that I have undertaken immunisation against Hepatitis B prior to commencement of my student placement with the QH facility.

The date of completion of immunisation was _____________.

- 1 -
(Please tick to indicate the areas that you have read and understood and agree with)

**Infected Health Care Worker/Student Responsibilities**

- I declare and agree that I **have read** and understand the QH Infection Control Guidelines Appendix P4 ‘Management of infected health care workers’ (“the Guidelines”) and acknowledge that these Guidelines also apply to students on placement with QH facilities (see http://www.health.qld.gov.au/chrisp/ic_guidelines/contents.asp)
- I declare that I **understand** my disclosure responsibilities under the Guidelines in particular, section 4 of Appendix P4 and section 4.4 of Appendix P4 - ‘Responsibilities of HIV/HBV/HCV infected care workers’.
- I **acknowledge** and understand that health care workers (including students) who are Hepatitis C antibody and PCR positive, Hepatitis B e antigen of HBV DNA positive, or HIV antibody positive must not perform exposure prone procedures as defined in the Guidelines.
- I agree to comply with the Guidelines and all procedures in place at the QH facility at which I am placed, in respect of QH immunisation and infection control of health care workers.

I understand that this orientation is one of the requirements of eligibility for a placement at a Queensland Health facility.

Signature: _______________________________ Date: ____ / ____ / ____

Name (as enrolled): _______________________________

Course: _________

---

1 Disclosing a HIV/HBV/HCV positive status will not preclude a student from being considered for placement. However the student will not be permitted to participate in any exposure prone procedure whilst on placement. The student should consult their learning institution as to whether completing their placement/program notwithstanding these restrictions will still enable them to achieve required learning outcomes and qualifications in their course of study. QH will keep confidential the student’s declaration save if required by law to disclose.
# Appendix 5: 2008 Clinical Placements Calendar

## School of Nursing & Midwifery

**Combined Campus - Clinical Placements Calendar**

### 2008 - Semester 1

<table>
<thead>
<tr>
<th>Year One</th>
<th>WK 1</th>
<th>WK 2</th>
<th>WK 3</th>
<th>VAC</th>
<th>WK 4</th>
<th>WK 5</th>
<th>WK 6</th>
<th>WK 7</th>
<th>WK 8</th>
<th>WK 9</th>
<th>WK 10</th>
<th>WK 11</th>
<th>WK 12</th>
<th>WK 13</th>
<th>WK 14</th>
<th>Make Up</th>
</tr>
</thead>
</table>

No clinical placements first semester for year one students

### Year Two

<table>
<thead>
<tr>
<th>Campus</th>
<th>WK 1</th>
<th>WK 2</th>
<th>WK 3</th>
<th>VAC</th>
<th>WK 4</th>
<th>WK 5</th>
<th>WK 6</th>
<th>WK 7</th>
<th>WK 8</th>
<th>WK 9</th>
<th>WK 10</th>
<th>WK 11</th>
<th>WK 12</th>
<th>WK 13</th>
<th>WK 14</th>
<th>Make Up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gold Coast</td>
<td>VAC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Logan</td>
<td>VAC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2971NRS Group 1
2971NRS Group 2

### Year Three

<table>
<thead>
<tr>
<th>Campus</th>
<th>WK 1</th>
<th>WK 2</th>
<th>WK 3</th>
<th>VAC</th>
<th>WK 4</th>
<th>WK 5</th>
<th>WK 6</th>
<th>WK 7</th>
<th>WK 8</th>
<th>WK 9</th>
<th>WK 10</th>
<th>WK 11</th>
<th>WK 12</th>
<th>WK 13</th>
<th>WK 14</th>
<th>Make Up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gold Coast</td>
<td>VAC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3978NRS</td>
<td>3979NRS</td>
<td>3978NRS</td>
<td>3979NRS</td>
<td>3978NRS</td>
<td>3979NRS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Logan</td>
<td>VAC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3978NRS</td>
<td>3979NRS</td>
<td>3978NRS</td>
<td>3979NRS</td>
<td>3978NRS</td>
<td>3979NRS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3978NRS
3979NRS

### Public Holidays:

- Friday 21 of March – Good Friday
- Monday 24 March – Easter Monday
- Friday 25 of April – ANZAC Day
- Monday 5 of May - Labor Day
- 09 June - Queens Birthday

---

18
<table>
<thead>
<tr>
<th>Campus</th>
<th>WK 1</th>
<th>WK 2</th>
<th>WK 3</th>
<th>WK 4</th>
<th>WK 5</th>
<th>WK 6</th>
<th>WK 7</th>
<th>WK 8</th>
<th>WK 9</th>
<th>WK 10</th>
<th>WK 11</th>
<th>WK 12</th>
<th>WK 13</th>
<th>WK 14</th>
<th>MAKE UP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nathan</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1976NRS Group 1</td>
<td>1976NRS Group 2</td>
<td>VAC</td>
<td></td>
<td></td>
<td></td>
<td>Study week</td>
</tr>
<tr>
<td>Gold Coast</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>VAC</td>
<td>1976NRS Group 1</td>
<td>1976NRS Group 2</td>
<td></td>
<td></td>
<td>Study week</td>
<td></td>
</tr>
<tr>
<td>Logan</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>VAC</td>
<td>1976NRS Group 1</td>
<td>1976NRS Group 2</td>
<td></td>
<td></td>
<td>Study week</td>
<td></td>
</tr>
</tbody>
</table>

**YEAR TWO**

<table>
<thead>
<tr>
<th>Campus</th>
<th>WK 1</th>
<th>WK 2</th>
<th>WK 3</th>
<th>WK 4</th>
<th>WK 5</th>
<th>WK 6</th>
<th>WK 7</th>
<th>WK 8</th>
<th>WK 9</th>
<th>WK 10</th>
<th>WK 11</th>
<th>WK 12</th>
<th>WK 13</th>
<th>WK 14</th>
<th>MAKE UP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nathan</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2975NRS 2976NRS</td>
<td>VAC</td>
<td>2975NRS 2976NRS</td>
<td></td>
<td></td>
<td>Study week</td>
<td></td>
</tr>
<tr>
<td>Gold Coast</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2975NRS 2976NRS</td>
<td>VAC</td>
<td>2975NRS 2976NRS</td>
<td></td>
<td></td>
<td>Study week</td>
<td></td>
</tr>
<tr>
<td>Logan</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>VAC</td>
<td>2975NRS 2976NRS</td>
<td>2975NRS 2976NRS</td>
<td></td>
<td></td>
<td>Study week</td>
<td></td>
</tr>
</tbody>
</table>

**YEAR THREE**

<table>
<thead>
<tr>
<th>Campus</th>
<th>WK 1</th>
<th>WK 2</th>
<th>WK 3</th>
<th>WK 4</th>
<th>WK 5</th>
<th>WK 6</th>
<th>WK 7</th>
<th>WK 8</th>
<th>WK 9</th>
<th>WK 10</th>
<th>WK 11</th>
<th>WK 12</th>
<th>WK 13</th>
<th>WK 14</th>
<th>MAKE UP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nathan</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>VAC</td>
<td>3975NRS</td>
<td></td>
<td></td>
<td>Study week</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gold Coast</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>VAC</td>
<td>3975NRS</td>
<td></td>
<td></td>
<td>Study week</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Logan</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>VAC</td>
<td>3975NRS</td>
<td></td>
<td></td>
<td>Study week</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PUBLIC HOLIDAYS:**

- Mon 11 Aug - Show Holiday Logan
- Wed 13 August - Show Holiday GC and Brisbane
Appendix 6: Australian Nursing and Midwifery Council’s Code of Ethics for Registered Nurses

Value Statement 1

Nurses respect individual’s needs, values, culture and vulnerability in the provision of nursing care.

Explanatory Statements

1. Nurses acknowledge the diversity in contemporary Australian society. Nursing care for any individual or group should not be compromised because of ethnicity, culture, aboriginality, gender, spiritual values, sexuality, disability, age, economic social or health status, or any other ground.

2. Respect for an individual’s needs includes recognition of the person’s place in a family and community. Nurses should, therefore, facilitate the participation of significant others in the care of the individual if, and as, the person and the significant others wish.

3. Respect for individual needs, beliefs and values includes culturally informed and appropriate care, and the provision of as much comfort, dignity, privacy and alleviation of pain and anxiety as possible.

4. Respect includes the development of confidence and trust in the relationship between nurses and the people for whom they care.

5. Nurses acknowledge that there is a power imbalance in the relationship between a person or group receiving nursing care and a health care provider. To promote a trusting and professional relationship, and to prevent any exploitation of individuals, nurses have an ethical responsibility always to maintain appropriate professional boundaries between themselves and persons to whom they provide care.

Value Statement 2

Nurses accept the rights of individuals to make informed choices in relation to their care.

Explanatory Statements

1. Individuals have the right to make decisions related to their own health care, based on accurate and complete information given by health care providers. Nurses must be satisfied that they have the person’s consent for any care or treatment they are providing. If individuals are not able to provide consent for themselves, nurses have a role in ensuring that valid consent is obtained from the appropriate substitute decision-maker.

2. Nurses have a responsibility to inform people about the nursing care that is available to them, and people are entitled morally to accept or reject such care. Nurses have a responsibility to respect the decisions made by each individual.

3. Illness and/or other factors may compromise a person’s capacity for self-determination. Where able, nurses should ensure such persons continue to have adequate and relevant information to enable them to make informed choices about their care and treatment and to maintain an optimum degree of self-direction and self-determination.
Value Statement 3

Nurses promote and uphold the provision of quality nursing care for all people.

Explanatory Statements

1. Quality nursing care includes competent care provided by appropriately prepared nurses.

2. Promotion of quality nursing care includes valuing life-long learning and engaging in continuing education as a means of maintaining and increasing knowledge and skills. Continuing education refers to all formal and informal opportunities for education.

3. Nurses research and evaluate nursing practice in order to raise standards of care, and to ensure that such standards are ethical.

4. Research should be conducted in a manner that is ethically responsible and justifies. Nurses should not participate in any research or experimental treatment on human subjects, which has not been approved by an institutional ethics committee, and which is not conducted in a manner consistent with the requirements of the National Health and Medical Research Council’s national statements relating to ethical conduct in research involving humans.

5. Nurses contribute to the development and implementation of policy to make the best use of available resources and to promote quality care for individuals.

Value Statement 4

Nurses hold in confidence any information obtained in a professional capacity, use professional judgement where there is a need to share information for the therapeutic benefit and safety of a person and ensure that privacy is safeguarded.

Explanatory Statements

1. The nurse respects persons’ rights to determine who will be provided with their personal information and in what detail. Exceptions may be necessary in circumstances where the life of the individual may be placed in danger or where disclosure is required by law.

2. When personal information is required for teaching, research or quality assurance purposes, care must be taken to protect the person’s autonomy, anonymity and privacy. Consent must always be obtained from the person or their lawful advocate.

3. Nurses protect persons in their care against breaches of privacy by confining their verbal communications to appropriate personnel and settings, and for professional purposes.

4. Nurses have an obligation to adhere to legislative guidelines limiting access to personal records (whether paper or electronic).

Value Statement 5

Nurses fulfil the accountability and responsibility inherent in their roles.

Explanatory Statements

1. As morally autonomous professionals, nurses are accountable for their clinical decision making and have moral and legal obligations for the provision of safe and competent nursing care.

2. Nurses contribute with other health care providers in the provision of comprehensive health care, recognising and respecting the perspective and expertise of each team member.

3. Nurses have a right to refuse to participate in procedures, which would violate their reasoned moral conscience (ie. conscientious objection). In doing so, they must take all reasonable steps to ensure that quality of care and patient safety is not compromised.
4. Nurses have an ethical responsibility to report instances of unsafe and unethical practice. Nurses should support colleagues who appropriately and professionally notify instances of unsafe and unethical practice.

Value Statement 6

Nurses value environmental ethics and a social, economic and ecologically sustainable environment that promotes health and well being.

Explanatory Statements

1. Nursing includes involvement in the detection of ill effects of the environment on the health of persons, the ill effects of human activities on the natural environment, and assisting communities in their actions on environmental health problems aimed at minimising these effects.

2. Nurses value participation in the development, implementation and monitoring of policies and procedures which promote safe and efficient use of resources.

3. Nurses acknowledge that the social environment in which a person resides has an impact on their health, and in collaboration with other health professionals and consumers, initiate and support action to meet the health and social needs of the public.

Reference
Appendix 7: Australian Nursing and Midwifery Council’s Code of Professional Conduct for Registered Nurses

1. A nurse must practice in a safe and competent manner.
   - A nurse is personally responsible for the provision of safe and competent nursing care. Therefore it is the responsibility of each nurse to maintain the competence necessary for current practice.
   - Maintenance of competence included participation in ongoing professional education to maintain and upgrade knowledge and skills relevant to practice in a clinical, management, education or research setting.
   - A nurse must be aware that undertaking activities that are not within their scope of practice may compromise the safety of an individual. The scope of practice is based on each nurse’s education, knowledge, competency, extent of experience and lawful authority.
   - Nurses will advise the appropriate authorities or employers of their scope of practice including any limitations.
   - When an aspect of care is delegated, a nurse must ensure that delegation is appropriate and does not compromise the safety of an individual.
   - A nurse has an obligation to practice in a safe and competent manner that is not compromised by personal health limitations.

2. A nurse must practice in accordance with the agreed standards of the profession.
   - A nurse is responsible to ensure that the standard of that nurse’s practice conforms with professional standards with the object of enhancing the safety of the individual, any significant other person and colleagues.
   - A nurse’s primary responsibility is to provide safe and appropriate nursing services. Any circumstance which may compromise professional standards, or any observation of questionable or unethical practice, will be made known to an appropriate person or authority. If the concern is not resolved and continues to compromise safe and appropriate care, a nurse must intervene to safeguard the individual and notify the appropriate authority.

3. A nurse must not bring discredit upon the reputation of the nursing profession.
   - The actions of a nurse in their personal life may have an adverse impact on their reputation and on the profession, and may have adverse therapeutic outcomes.
   - The conduct of a nurse must at all times maintain and build public trust and confidence in the profession.

4. A nurse must practice in accordance with laws relevant to the nurse’s area of practice.
   - Nurses must be familiar with relevant laws to ensure that they do not engage in practices prohibited by such laws or delegate to others activities prohibited by those laws.

5. A nurse must respect the dignity, culture, values and beliefs of an individual and any significant other person.
   - In planning and providing effective nursing care, a nurse must consider and respect cultural values and beliefs, personal wishes and decisions of individuals and any significant other person.
   - A nurse must promote and protect the interests of an individual, irrespective of gender, age, race, sexuality, lifestyle, or religious or cultural beliefs.
   - In making professional judgements in relation to individual’s interests and rights, a nurse must not contravene any law or breach the human rights of any individual.

6. A nurse must support the health well being and informed decision-making of an individual.
   - A nurse must inform an individual and any significant other person regarding the nature and purpose of that individual’s care, and assist that individual to make an informed decision.
• In situations where individuals are unable to decide or speak independently, a nurse must endeavour to ensure that the perspective of that individual is represented by an appropriate advocate.

7. **A nurse must promote and preserve the trust that is inherent in the privileged relationship between a nurse and an individual and respect both the person and property of that individual.**

• Within a professional relationship between an individual and a nurse, there exists a power imbalance which makes the individual vulnerable and open to exploitation.
• An individual trusts that a nurse will cause no physical or psychological harm and will care for the possessions and property of that individual.
• A nurse has a responsibility to maintain a professional boundary between that nurse and an individual, and between that nurse and any significant other person.
• A nurse fulfils roles outside of the professional role, including family member, friend and community member. A nurse must be aware that dual relationships may compromise care outcomes and always conduct professional relationships with the primary intent of benefit to the individual.
• A sexual relationship between a nurse and an individual from whom they provide care is unacceptable. Consent is not an acceptable defence in the case of sexual or intimate behaviour within a relationship between a nurse and an individual for whom they provide care.

8. **A nurse must treat personal information obtained in a professional capacity as confidential.**

   *This should be considered in conjunction with the National privacy Principles Guidelines which support the Privacy Act 1994. ([www.privacy.gov.au](http://www.privacy.gov.au))*

• A nurse has a moral duty and a legal obligation to protect the privacy of an individual by restricting information obtained in a professional capacity to appropriate personnel and settings, and to professional purposes.
• A nurse must, where relevant, inform an individual that in order to provide competent care, it is necessary for a nurse to disclose information that may be important to the clinical decision making by other members of a health care team.
• A nurse must, where practicable, seek consent from the individual or a person entitled to act on behalf of the individual before disclosing information. In the absence of consent, the nurse uses professional judgment regarding the necessity to disclose particular details, giving due consideration to the interests, well-being, health and safety of the individual and recognizing that the nurse is required by law to disclose certain information.

9. **A nurse must refrain from engaging in exploitation, misinformation or misrepresentation in regard to health care products and nursing services.**

• When a nurse provides advice about any product or service, the nurse must fully explain the advantages and disadvantages of alternative products or services so that an individual can make an informed choice. Where a specific product or service is advised, a nurse must ensure that advice is based on adequate knowledge and not on commercial or other forms of gain.
• A nurse must accurately represent the nature of their services or care intended to be provided.

Reference
Appendix 8: Australian Nursing and Midwifery Council’s National Competency Standards for Registered Nurses

**DOMAIN: PROFESSIONAL PRACTICE**

**Competency Unit 1**
Practices in accordance with legislation affecting nursing practice and health care.

*Element 1.1*
Complies with relevant legislation and common law.

*Element 1.2*
Fulfills the duty of care.

*Element 1.3*
Recognises and responds appropriately to unsafe or unprofessional practice.

**Competency Unit 2**
Practices within a professional and ethical nursing framework.

*Element 2.1*
Practices in accordance with the professions’ codes of ethics and conduct.

*Element 2.2*
Integrates organisational policies and guidelines with professional standards.

*Element 2.3*
Practices in a way that acknowledges the dignity, culture, values, beliefs and rights of individuals/groups.

*Element 2.4*
Advocates for individuals/groups and their rights for nursing and health care within organisational and management structures.

*Element 2.5*
Understands and practises within own scope of practice.

*Element 2.6*
Integrates nursing and health care knowledge, skills and attitudes to provide safe and effective nursing care.

*Element 2.7*
Recognises the differences in accountability and responsibility between Registered Nurses, Enrolled Nurses and unlicensed care workers.

**DOMAIN: CRITICAL THINKING AND ANALYSIS**

**Competency Unit 3**
Practices within an evidence-based framework.

*Element 3.1*
Identifies the relevance of research to improving individual/group health outcomes.

*Element 3.2*
Uses best available evidence, nursing expertise and respect for values and belief of individuals/groups in the provision of nursing care.

*Element 3.3*
Demonstrates analytical skills in accessing and evaluating health information and research evidence.
Element 3.4
Supports and contributes to nursing and health care research.

Element 3.5
Participates in quality improvement activities.

**Competency Unit 4**
Participates in ongoing professional development of self and others.

**Element 4.1**
Uses best available evidence, standards and guidelines to evaluate nursing performance.

**Element 4.2**
Participates in professional development to enhance nursing practice.

**Element 4.3**
Contributes to the professional development of others.

**Element 4.4**
Uses appropriate strategies to manage own responses to the professional work environment.

**DOMAIN: PROVISION AND COORDINATION OF CARE**

**Competency Unit 5**
Conducts a comprehensive and systematic nursing assessment.

**Element 5.1**
Uses relevant evidence-based assessment framework to collect data about the physical socio-cultural and mental health of the individual/group.

**Element 5.2**
Uses a range of assessment techniques to collect relevant and accurate data.

**Element 5.3**
Analyses and interprets assessment data accurately.

**Competency Unit 6**
Plans nursing care in consultation with individuals/groups, significant other and the interdisciplinary health care team.

**Element 6.1**
Determines agreed priorities for resolving health needs of individuals/groups.

**Element 6.2**
Identifies expected and agreed individual/group health outcomes including a time frame for achievement.

**Element 6.3**
Documents a plan of care to achieve expected outcomes.

**Element 6.4**
Plans for continuity of care to achieve expected outcomes.

**Competency Unit 7**
Provides comprehensive, safe and effective evidence-based nursing care to achieve identified individual/group health outcomes.

**Element 7.1**
Effectively manages the nursing care of individuals/groups.
Element 7.2
Provides nursing care according to the documented care or treatment plan.

Element 7.3
Prioritises workload based on the individual’s/group’s needs, acuity and optimal time for intervention.

Element 7.4
Responds effectively to unexpected or rapidly changing situations.

Element 7.5
Delegates aspects of care to others according to their competence and scope of practice.

Element 7.6
Provides effective and timely direction and supervision to ensure that delegated care is provided safely and accurately.

Element 7.7
Educates individuals/groups to promote independence and control over their health.

Element 7.8
Uses health care resources effectively and efficiently to promote optimal nursing and health care.

Competency Unit 8
Evaluates progress toward expected individual/group health outcomes in consultation with individuals/groups, significant others and interdisciplinary health care team.

Element 8.1
Determines the progress of individuals/groups towards planned outcomes.

Element 8.2
Revises the plan of care and determines further outcomes in accordance with evaluation data.

**DOMAIN: COLLABORATIVE AND THERAPEUTIC PRACTICE**

Competency Unit 9
Establishes, maintains and appropriately concludes therapeutic relationships.

Element 9.1
Establishes therapeutic relationships that are goal directed and recognises professional boundaries.

Element 9.2
Communicates effectively with individuals/groups to facilitate provision of care.

Element 9.3
Uses appropriate strategies to promote individual’s/group’s self-esteem, dignity, integrity and comfort.

Element 9.4
Assists and supports individuals/groups to make informed health care decisions.

Element 9.5
Facilitates a physical, psychosocial, cultural and spiritual environment that promotes individual/group safety and security.

Competency Unit 10
Collaborates with the interdisciplinary health care team to provide comprehensive nursing care.

Element 10.1
Recognises that the membership and roles of health care teams and service providers will vary depending on an individual’s/group’s needs and health care setting.

Element 10.2
Communicates nursing assessments and decisions to the interdisciplinary health care team and other relevant service providers.

Element 10.3
Facilitates coordination of care to achieve agreed health outcomes.

Element 10.4
Collaborates with the health care team to inform policy and guideline development.

Reference
DEED POLL

I ………………………………………………(full name) as a student/staff member of the Division of insert uni school/dept, Griffith University (“University”), agree in favour of the University and each health agency/facility that has agreed to provide a placement to the University in which I will participate (“Facility”), including, where applicable, to the States and Territories of Australia through any State or Territory Government Facility, to each of the following matters whilst I am a student/staff member participating in a placement at a Facility. It is a condition of my participation in the placement activities that I agree to the following matters.

1. I consent to the Facility at which I am a student/staff member participating in a placement and the University disclosing information and opinions about me to each other for the purposes of my participation in the placement activities including, without limitation, disclosures associated with my placement activities and any assessments, action being taken against me where the Facility is of the opinion that action is required, my suitability to undertake or continue with my placement activities and my removal from any Facility.

2. I acknowledge and agree that the Facility at which I am a student/staff member participating in a placement owns all right, title to and intellectual property rights in all patient and/or associated administrative records which identifies a patient, or group of patients, and which is created by me at the direction or control of the Facility in the course of my placement activities (“Patient Treatment Records”). I hereby assign to each such Facility at which I am a student/staff member participating in a placement my right, title to and intellectual property rights in the Patient Treatment Records and this assignment is absolute.

3. I undertake not to distribute, copy or take photocopies of the policies, rules, procedures or manuals of any Facility at which I am a student/staff member participating in a placement, or of the Facility’s Health Service District, for a purpose which is not connected with my placement activities, unless I receive the prior written approval of the Facility, or the Facility’s Health Service District.

4. I undertake not to communicate to any person any information, obtained during my attendance at any Facility at which I am a student/staff member participating in a placement, which could identify an individual who is receiving or has received a health service unless:

   (a) I am compelled to do so by law;

   (b) the individual consents to the disclosure and only subject to the express terms of that consent; or

   (c) the disclosure is required for further treatment of the individual.

5. In circumstances where:

   (a) the material that I may create as a part of my participation in the placement (eg. patient handouts, educational materials) could provide benefits to the organisational systems or activities and/or patient care at the Facility at which I am a student/staff member participating in a placement; or
(b) my placement or supervision of a placement is undertaken primarily for the purpose of conducting a research project or carrying out an activity or task where the results are specifically agreed to be used for the benefit of the Facility at which I am a student/staff member participating in a placement and/or the Facility’s patients,

I agree to negotiate in good faith with the Facility at which I am a student/staff member participating in a placement to enter into a separate agreement dealing with the ownership and licensing of the intellectual property rights in that material.

6. If I am a University staff member involved in supervising a placement, I warrant that I:

   (a) am registered with the Nursing Council in the State or Territory of Australia in which the placement is to take place; or

   (b) am registered with the relevant professional registration board in the State or Territory of Australia in which the placement is to take place; or

   (c) hold current alternative qualifications or eligibility criteria required by the relevant professional association; or

   (d) have been recognised by the Facility at which I am a staff member participating in a placement as being suitably qualified for employment in the role of supervisor of a placement.

SIGNED, SEALED AND DELIVERED
as a Deed Poll by

(insert full name of Student/Staff Member) .................................................................
(Signature of Student/Staff Member)

(insert discipline/profession of Student/Staff Member)

BN 1161
(insert Program in which Student is enrolled)

(Date)

in the presence of:

(Witness’s signature)

(Name of witness)

(Date)
ADMINISTRATION OF MEDICATIONS BY STUDENTS ON CLINICAL PLACEMENT

The School of Nursing has adopted the following policies in relation to the administration of medications by students on clinical placement:

1. **Preparation**
   Students should not be involved in the administration of medication until after completion of the relevant theoretical and practical component of the program and as indicated by course convenors.

2. **Schedule 8 Drugs**
   Students should only be involved in administering these drugs when supervised and when the medication is checked by two registered nurses employed by the agency or by one registered nurse employed by the agency and the Clinical Facilitator.

3. **IV Medications**
   Students should not be involved in the administration of IV medications until after completion of the relevant theoretical and practical component of the program. Students may then administer IV medications under the supervision of either a registered nurse employed by the facility, or the Clinical Facilitator. The supervising registered nurse, or Clinical Facilitator remains legally responsible for the administration of the medication.

4. **Other Medications**
   Students may administer other medications under the supervision of either a registered nurse employed by the facility, or the Clinical Facilitator.

**Note:** The Clinical Facilitator must be aware of each Health Service’s policy on administration of medication by students and to comply with that facility’s policy if the University policy is different.
### Appendix 11: Clinical Assessment Tool (CAT)

**Griffith Health - School of Nursing and Midwifery**  
**Bachelor of Nursing**

**CLINICAL ASSESSMENT TOOL**

| STUDENT NAME: |  |
| STUDENT NO.: |  |
| AGENCY NAME: |  |
| CLINICAL SETTING & WARD |  |
| AREA/TYPE: |  |
| PLACEMENT DATES: |  |
| COURSE NAME / CODE: |  |

#### Attendance

<table>
<thead>
<tr>
<th></th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Days Attended</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week 1</td>
<td>hrs</td>
<td>hrs</td>
<td>hrs</td>
<td>hrs</td>
<td>hrs</td>
<td></td>
</tr>
<tr>
<td>Week 2</td>
<td>hrs</td>
<td>hrs</td>
<td>hrs</td>
<td>hrs</td>
<td>hrs</td>
<td></td>
</tr>
<tr>
<td>Week 3</td>
<td>hrs</td>
<td>hrs</td>
<td>hrs</td>
<td>hrs</td>
<td>hrs</td>
<td></td>
</tr>
<tr>
<td>Week 4</td>
<td>Hrs</td>
<td>Hrs</td>
<td>hrs</td>
<td>hrs</td>
<td>hrs</td>
<td></td>
</tr>
</tbody>
</table>

#### KEY to FINAL RESULT

<table>
<thead>
<tr>
<th>Final Mark</th>
<th>Description of Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>NGP Pass</td>
<td>The student with support that is commensurate to the student’s level, at this time has demonstrated an acceptable and safe standard of knowledge, skills and attributes, in relation to the four (4) domains of nursing practice outlined in the tool.</td>
</tr>
<tr>
<td>F Fail</td>
<td>The student even with close support at this time, has demonstrated an inability to achieve an acceptable standard in one or more of the following areas: 1) the application of knowledge, skills and/or attributes to a level of safety and accuracy in any of the four (4) domains of nursing practice. 2) interpersonal skills between staff and or clients (e.g. not person-centred, partnership focused, holistic or critically reasoned, or maintain adequate communication) as required in this facility.</td>
</tr>
<tr>
<td>U Unable to Assess</td>
<td>The student has not achieved a sustained practice (3 or more days have been missed).</td>
</tr>
<tr>
<td>RP Result Pending</td>
<td>The student needs to complete clinical requirements (1-2 days have been missed).</td>
</tr>
</tbody>
</table>

(Please Circle)

| Documentation attached: | Yes | No | Anecdotal Notes Attached: | Yes | No |
Please indicate a rating for each of the following domains by circling the appropriate letter/s:

\[ \text{A} = \text{Achieved} \quad \text{NA} = \text{Not Achieved} \]

### Domain 1: PROFESSIONAL PRACTICE

1.1 Practices in accordance with legislation affecting nursing practice and health care

1.2 Practices within a professional and ethical nursing framework

1.3 Behaves in a professional manner (punctual, accountable, courteous)

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>A</td>
<td>NA</td>
</tr>
</tbody>
</table>

### Domain 2: CRITICAL THINKING AND ANALYSIS

2.1 Practices within an evidence-based framework

2.2 Participates in ongoing professional development of self and others

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>A</td>
<td>NA</td>
</tr>
</tbody>
</table>

### Domain 3: PROVISION AND COORDINATION OF CARE

3.1 Conducts a comprehensive and systematic nursing assessment

3.2 Plans nursing care in consultation with individuals/groups, significant others and the interdisciplinary health care team

3.3 Provides comprehensive, safe and effective evidence-based nursing care to achieve identified individual/group outcomes

3.4 Evaluates progress towards expected individual/group health outcomes in consultation with individuals/groups, significant others and interdisciplinary health care team.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>A</td>
<td>NA</td>
</tr>
</tbody>
</table>
### Domain 4: COLLABORATIVE AND THERAPEUTIC PRACTICE

4.1 Establishes, maintains and appropriately concludes therapeutic relationships

4.2 Collaborates with the interdisciplinary health care team to provide comprehensive nursing care

<table>
<thead>
<tr>
<th>A</th>
<th>NA</th>
</tr>
</thead>
</table>

**Student comments:**

<table>
<thead>
<tr>
<th>Signature:</th>
<th>Print Name:</th>
<th>Date:</th>
</tr>
</thead>
</table>

**Assessor comments and overall feedback:**

<table>
<thead>
<tr>
<th>Signature:</th>
<th>Print Name:</th>
<th>Date:</th>
</tr>
</thead>
</table>
GUIDELINES FOR THE CLINICAL ASSESSMENT TOOL

The Clinical Assessment Tool is designed to do two things:
1. to assist students to develop desirable knowledge, skills and attributes important for nursing
2. to provide clinical facilitators with a systematic tool to assess each student’s clinical performance.

HOW TO USE THE TOOL

The clinical assessment tool contains
- a front page of demographic and administration details
- a key to explain description of performance.
- marking sheets containing the 4 domains of nursing competency. Within these domains are several discreet descriptions which provide more detail. We call these indicators.
- comments form for student and assessor.

The front page must be completed for the student to have their clinical performance recorded. Please take particular note of the number of days attended or missed because students must undertake a minimum number of practice hours in order for Griffith University to consider them eligible to pass courses and ultimately to apply for registration. It is expected that students will, unless there are extenuating circumstances, attend 100% of this clinical experience.

When you meet individual students, it is a good idea to read the CAT together so that you each share a common understanding. This also gives you both an opportunity to clarify your expectations of each other. Students have the responsibility to be aware of the particular learning outcomes for the relevant academic subject for this current clinical experience, to attend regularly and on time, and to be respectful, admirable role models for nursing and the university. You have the responsibility to facilitate quality clinical learning opportunities for students, to guide their skill development, to assist them to practice competently, and finally to assess their skills.

During the clinical experience
- Undertake an interim assessment of performance.
- Ask the student to complete the CAT and assess themselves.
- Identify and justify areas in which you feel the student needs further practice and development.
- This helps the student have some idea of your perspective of their strengths and areas for improvement and may give them a chance to improve their performance.
- Each indicator is to have comments and examples documented, to justify the mark given, these include incidents and activities that the student may have undertaken.

As near as possible to the completion of the clinical experience, it is essential that you provide a final assessment of the student. It is crucial at this stage, to stress to the student that the decisions you make are for the benefit of the student and ultimately to clients, because as nurses we have an overriding responsibility to provide high quality and safe care to consumers of nursing services. If we were to pass students when they were providing inadequate care to people, we would be failing the people we are here to serve.

Every domain must be assessed as an Achieved or Not Achieved to obtain a final grade of Non-Graded Pass/Fail/Unable to Assess/Result Pending. If a student receives a failing mark for any domain, they will fail the clinical experience. Should you wish for this not to be the case, or you believe the course convenor needs more information before they determine the student’s final mark, it is essential that you complete supporting notes and file them with the clinical office. The final mark will be recorded in the student’s file where it is added to other assessment items before an overall course grade is awarded.

SUPPORTING NOTES

If a student is failing, an incident has occurred or the student has performed exceptionally in specific areas this should be recorded in the form of supporting notes.

There is no standard way of recording notes about students, but you may find it helpful to include objective information, subjective information, your interpretations of this information, and your suggestions for subsequent actions, while relating these to the course (subject) objectives. Objective information includes things that you observed or heard first-hand. Subjective information may include what other people such as the students themselves, clinicians or patients perceived about the student’s actions or demeanour. A suggested outline for supporting notes, therefore is:

1. Objective information
2. Subjective reports
3. Interpretation of student’s performance
4. Suggestions for actions
Appendix 12: Formative Review

Prior to the middle of the clinical placement period, and at any other time deemed necessary, if the Clinical Facilitator considers a student to be performing at an unsatisfactory level in any criteria listed in the Clinical Assessment Tool, a student should undergo a formative review of professional practice. A plan (as detailed below) must be constructed to address the problem area(s) identified.

**Unsatisfactory standards of practice with supporting reasons** (relate to criteria on CAT):

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Anecdotal Notes Attached (please circle): Yes No
Plan to address problem(s):

(Plan should specify objectives, evaluation criteria and time frames for achievement of goals)

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Action:

Discussed with Course Convenor (circle one)  
YES  NO

Facilitator Signature: __________________________ Date: ______________

Student comments:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

This Formative Review has been discussed with me.

Student Signature: __________________________ Date: ______________

Outcome:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
Clinical Participation and Assessment

Clinical assessment is based upon overall progress in professional practice over the total period of the placement. The clinical learning and professional development components of the Clinical Assessment Tool (CAT) increase in complexity throughout the duration of the program and are assessed using a specified format (please refer to the CAT).

A student’s level of performance will be indicated by descriptive statements and an allocated mark of Pass or Fail for every domain within the CAT.

Student performance will be evaluated against criteria supplied on the CAT and assessed by the clinical facilitator or preceptor following interaction, observation and practice with the student.

The written feedback will be discussed with the student during clinical placement, and both the student and facilitator or preceptor will comment on and sign the CAT at the completion of the placement. The clinical facilitator or preceptor will take responsibility for returning the completed CAT to the University Clinical Office.

To obtain a passing grade, student performance must be at an overall expected standard level. If a student receives a failing mark for any criterion contained in the CAT, the student will fail the clinical experience.

If a student fails the clinical experience, opportunity for remediation will be offered in the form of close teacher support and feedback, but a supplementary assessment is not automatically given. The safety of the community is the School’s first priority. The recommendation to offer supplementary assessment will be made by the Course Convenor in consultation with the Undergraduate Program Convenor, the Clinical Convenor and the Deputy Head of School. This recommendation is made to the Faculty of Nursing and Health Assessment Board, which makes the final decision regarding the awarding of supplementary assessment.

The student will be informed, by email or by letter, of the opportunity to undertake a supplementary clinical assessment and the details of the placement.

Those students receiving a failing grade for the clinical component of any course will receive a Fail (F) for that course.

Students are responsible for establishing their own clinical learning goals and are expected to participate in all aspects of the clinical studies program. There is an expectation that students will attend one hundred percent (100%) of the clinical placement in order to meet identified learning goals and address assessment criteria.

It should be noted that if a student is absent for any period of time from a clinical placement, the clinical facilitator or preceptor may be unable to complete assessment documentation.

Under exceptional circumstances a student may not be able to attend all clinical days. In this event the student is to notify her/his clinical facilitator and the Clinical Placement Officer immediately.
Where a student's clinical performance is deemed incomplete because the student has not completed the experiential time requirements of the clinical placement, the Make-Up Protocol for Missed Clinical Placement will be applied.

Supplementary clinical assessment is not automatic or guaranteed. Unsafe nursing practice that places a patient, student and/or others at risk during extended clinical placement constitutes a Fail (F) grade.
Appendix 14: Incident/Injury Report

Incident / Injury Report Form

Stop! Before completing this form the incident must be reported to a university supervisor to ensure area safety. If maintenance/repair is required please call 8888.

What do you do with this form?

- For assistance in completing this form contact your HR Adviser or Element Workplace Health and Safety Officer (WHSO). For details go to the Griffith University Health and Safety website at http://www.griffith.edu.au/hrm/health_and_safety/content_contacts.html
- This form should be completed for every incident, accident, work caused illness, dangerous event, near miss, significant first aid treatment, property damage or hazardous activity. “Near miss” is an incident which could have caused serious injury or extensive damage to property, but did not.
- Send this form to your HR Adviser in the Office of HRM (or element WHSO) as soon as possible. Where required, this person will assist with completion of Section C and arrange for follow up and investigation of the incident in conjunction with a relevant supervisor.
- If there has been a security breach or vehicle damage, links to the required report forms are provided: Security Incident Report Form in case of theft/suspicious person/event. Telephone: 7777 Vehicle Damage Report Form available from the Transport (Logistics) Office. Telephone: 387 57325.

If incident only: sections A and D are compulsory.
If an injury has occurred: the entire form must be completed.
Assistance may be obtained from a WHSO/WHSR to complete Section C if required.
Section A: Details of incident

☐ Injury  ☐ Work related illness  ☐ Non work-related illness  ☐ Property damage
☐ Dangerous event  ☐ Electrical incident  ☐ Environmental incident  ☐ Near miss

Name of person completing report:

Name: ____________________________  Contact telephone: ____________________________

Date incident occurred: ____________  Time incident occurred: ____________ am / pm.

Incident occurred while:

☐ At work  ☐ Travelling to/from work  ☐ On meal break  ☐ Other

Date reported: ____________  Reported to: ____________________________

Site of Incident:

☐ Nathan  ☐ Gold Coast  ☐ South Bank  ☐ Off campus
☐ Logan  ☐ Mt Gravatt  ☐ Student work placement

Exact location details: (external area / building & room etc)

...........................................................................................................................................................................
...........................................................................................................................................................................
...........................................................................................................................................................................
...........................................................................................................................................................................
...........................................................................................................................................................................
...........................................................................................................................................................................
...........................................................................................................................................................................
...........................................................................................................................................................................
...........................................................................................................................................................................
...........................................................................................................................................................................
...........................................................................................................................................................................
...........................................................................................................................................................................
...........................................................................................................................................................................
...........................................................................................................................................................................
...........................................................................................................................................................................
...........................................................................................................................................................................
...........................................................................................................................................................................

What happened? (What were you doing at the time of the incident? Briefly describe how it happened.)

...........................................................................................................................................................................
...........................................................................................................................................................................
...........................................................................................................................................................................
...........................................................................................................................................................................
...........................................................................................................................................................................
...........................................................................................................................................................................
...........................................................................................................................................................................
...........................................................................................................................................................................
...........................................................................................................................................................................
...........................................................................................................................................................................
...........................................................................................................................................................................
...........................................................................................................................................................................
...........................................................................................................................................................................
...........................................................................................................................................................................
...........................................................................................................................................................................
...........................................................................................................................................................................
...........................................................................................................................................................................

Were any government agencies called to the incident? eg Police, Fire Services etc
☐ No  ☐ Yes (if yes provide details)

List any witnesses: (names, telephone contact details, ID No if applicable)

Section B: Details of injured person and injury

Family Name:  Given name/s:  
Student/Staff ID:  ☐ M  ☐ F  
Date of birth:  Telephone:  
Position title:  School/Element:  

Employment status:
☐ Academic staff  ☐ General staff  ☐ College resident  ☐ Griffith student
☐ Contractor*  ☐ Child  ☐ Visitor/member of public  ☐ Volunteer
☐ Other:  
* Name of contracting company:  

Employment basis:
☐ Full-time  ☐ Part-time  ☐ Casual

Name of injured person’s supervisor:

Details of treatment required:
☐ None  ☐ Self  ☐ First aid **
☐ Campus Medical Centre  ☐ Seen by other Medical Doctor  ☐ Hospital

**Describe first aid treatment given:

Nature of injury:
☐ Allergy or sensitivity  ☐ Exposure effects heat/cold  ☐ Occupational overuse injury
☐ Amputation  ☐ Fainting  ☐ Poisoning/toxic effects
☐ Asphyxiation  ☐ Foreign body  ☐ Post - traumatic shock
Section C: Incident Investigation

This section is to be completed by the local manager or WHSO/ WHSR for any incident involving personal injury, and for a serious incident or near miss where required.

Some incidents may require a more detailed investigation (eg slips, trips and falls). See Incident Investigation Guidelines
Identify any factors contributing to the incident.
Number in order from most direct cause (1) to other underlying causes (2,3,etc)

- Design issues
- Inadequate supervision
- Environment (eg floor/ground surface)
- Inadequate/ lack of training
- Failure to follow work procedures
- Lack of appropriate Personal Protective Equipment
- Improper use/storage of materials
- Lack of experience
- Inadequate equipment functioning
- Personal factors-stress, fatigue
- Inadequate equipment maintenance
- Poor housekeeping
- Inadequate safety procedures
- Poor/lack of suitable equipment
- Inadequate space
- Unforeseeable event
- Other environmental conditions (eg weather, lighting, ventilation, temperature)

Preventative/Corrective Actions:
Describe the follow up actions planned or taken to prevent a similar incident.

<table>
<thead>
<tr>
<th>Action/s (Short Term and Longer Term)</th>
<th>Who / Section</th>
<th>Completion date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please attach extra pages, if required, for investigation and actions.

Section D: Acknowledgements
(This signature confirms that notification of the above incident has been received)

Local Supervisor/Manager:
Name:
Comments:
Date: __________________ Telephone: __________________ Signature: __________________

WHSO/Other relevant personnel:
Name:
Comments:
Date: __________________ Telephone: __________________ Signature: __________________

Element Director/ Head of School:
Name:
Date: __________________ Telephone: __________________ Signature: __________________
GUIDELINES ON HEPATITIS B IMMUNISATION

The Queensland Health policy titled *Management of Human Immunodeficiency Virus (HIV), Hepatitis B Virus, and Hepatitis C Virus Infected Health Care Workers* (Queensland Health, 2001, pp. 318-329), has been developed in accordance with the following principles:

- **Queensland Health and individual health care workers owe a duty of care to their patients.**
- **Under the general law and the Workplace Health and Safety Act 1995 (Qld):**
  1. Queensland Health, as an employer, has a legal obligation to ensure workplace health and safety of employees and visitors;
  2. and health care workers, as employees, have a legal obligation to comply with their employer’s reasonable instructions, including instructions for workplace health and safety, and not to wilfully place at risk the workplace health and safety of any other person in the workplace (Queensland Health, 2001, p. 318).

The purpose of this policy is:

*To protect patients from the risk of transmission of a blood borne virus from a health care worker and to provide health care workers with a safe working environment (Queensland Health, 2001, p. 318).*

Blood-Borne Viruses are identified as:

- **Human Immunodeficiency Virus (HIV)**
- **Hepatitis B Virus (HBV)**
- **Hepatitis C Virus (HCV)**


Health care workers are defined as:

*Persons (including students) involved in the delivery of health services in health facilities (particularly where those persons have regular contact with patients or any contact with the blood or body substances from patients)* (Queensland Health, 2001, p. 318).

The Queensland Health’s Policy on immunisation for Hepatitis B Virus (HBV) states:

*Queensland Health care workers whose occupation poses a potential risk of exposure to blood or body fluids must be immunised against Hepatitis B according to NHMRC and the Queensland Health Infection Control Guidelines* (Queensland Health, 2001, p. 319).

In line with both Queensland Health and Tertiary Education Provider policies, health care workers must be immunised against Hepatitis B prior to their first clinical placement in Queensland Health facilities (Queensland Health, 2003).
In order to comply with Queensland Health policy, general law and the Workplace Health and Safety Act 1995 (QLD), the School of Nursing and Midwifery, Griffith University has implemented the following guidelines:

1.0 Students undertaking a clinical course offered by the School of Nursing and Midwifery, Griffith University will be required to declare their immunisation status (including that they have completed Hepatitis B immunisation) prior to clinical placement in a Queensland Health facility (Queensland Health, 2003). This notification process will be completed via the Queensland Health Student Orientation Checklist (available at: http://www.health.qld.gov.au/sop/). Students do not need to submit their immunisation records to the School of Nursing and Midwifery’s Clinical Office, but should have their immunisation records to produce, if requested, by Griffith University or Queensland Health.

2.0 For students who fail to sero-convert after undertaking HBV immunisation or disclose a positive status to HBV or elect not to declare their immunisation status, the following action will be instigated:

2.1 Students will be referred, together with attached letter, to the student’s General Practitioner (GP) to establish immune status;
2.2 The attached letter will advise the attending GP to refer the student to an Infectious Diseases Physician;
2.3 Students must submit copies of all letters of referral to the University;
2.4 Students will be requested to sign a declaration (attached) indicating that they are aware of the policy and accept the possibility of restricted clinical placements;
2.5 The university will undertake to place students in settings appropriate to their status, acknowledging the risk of exposure in high-risk areas such as midwifery, theatres and specific interventions.

3.0 Documentation relating to this matter will be held in confidence in a locked filing cabinet located in the Clinical Placement Officer’s office.

4.0 If a student considers that this policy disadvantages their eligibility for clinical placement they may seek information from Student Equity Services in relation to options to consider. The appropriate contact is the Disabilities Services Officer located at their campus.


Attached to this letter is a copy of the School of Nursing and Midwifery, Griffith University’s Guidelines for Hepatitis B Immunisation developed in order to satisfy Queensland Health policy, general law and the Workplace Health and Safety Act 1995 (QLD).

The holder of this letter has been referred to you on the basis of one of the following reasons:

- The student is a conscientious objector (that is, the student has elected not to disclose their immunisation status for Hepatitis B).
- The student has failed to sero-convert after undertaking Hepatitis B immunisation.
- The student has declared that they are Hepatitis B positive.

In order for clear and accountable communication of referrals between the School of Nursing and Midwifery, GP’s, Infectious Diseases Physicians and counselling services, could you please complete the following and return to the student/school in confidence.

Name of patient: …………………………………………………………………………………….

Infectious ☐ Has not sero-converted ☐ conscientious objector ☐

Referred to: Infectious Diseases Physician ☑

NB: According to Queensland Health policy relating to student health professionals on clinical placement, the student must be referred to an Infectious Diseases Physician.

Signature: ……………………………………………

Date: ………………………

Full name………………………………………………………….

Name and address of surgery/practice: ……………………………………………………………..

…………………………………………………………..
HEPATITIS B IMMUNISATION

I ___________________________, of ________________________________________ in
the state of Queensland Australia, am aware of The Queensland Health’s Policy on Hepatitis B
Immunisation (Queensland Health, 2001), general law and the Workplace Health and Safety Act
1995 (QLD) and have either:

☐ Conscientiously objected to disclosing my immunisation status for Hepatitis B.
☐ Failed to sero-covert after undertaking Hepatitis B immunisation.
☐ Declared that I am Hepatitis B positive.

I am available to attend clinical practice; however I am aware that the university may arrange
clinical placements in settings appropriate to my immunisation status, acknowledging the risk of
exposure in high-risk areas such as midwifery, theatres and specific interventions. I have also
been referred to an Infectious Diseases Physician and have been made aware of my
professional responsibilities when confronted with a high-risk exposure (Queensland Health,
2001).

Student’s Signature:_________________________________________________________

Student’s full name (please print)_____________________________________________

Declared at ______________________the _______________day of_______________2008