

STUDENT COURSE HANDBOOK

Return to Practice (RTP) & Initial Registration for Overseas Nurses (IRON)



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WELCOME

Welcome to the Australian Centre of Further Education (ACFE) Return to Practice (RTP) and Initial Registration for Overseas Nurses (IRON) program for AHPRA approved applicants seeking registration as a Registered Nurse in Australia.

We acknowledge the experience that you bring and are committed to anticipating and responding to your educational and development needs to enable you to deliver best practice patient care

Note that payment or participation in the program, does not guarantee recommendation for registration with the Nursing and Midwifery Board of Australia (NMBA) within the Registered Nurse section of the AHPRA register, this requires successful completion of the program.

INTRODUCTION

This handbook has been designed to help you in your time at ACFE, and provides information regarding various aspects of the course and what is expected from you as a participant in this pre-registration nursing program. The handbook should be read in conjunction with ACFE's Policies and Guidelines.

Please ensure you are aware of the provisions for both the theoretical and clinical placement components of the course.

COURSE PHILOSOPHY

ACFE embraces the value of providing opportunities to individuals from a diverse range of cultural backgrounds to be able to practice their chosen nursing profession and to achieve a relatively smooth integration into the Australian nursing workforce. ACFE is committed to ensuring that all graduates from our programs understand the core values of professional nurses in Australia and practice to the highest level of safety within the framework of the NMBA competencies for the Registered Nurse.

The organisation recognises that education is a continuous and lifelong process. Through education, individuals are able to build on and modify, previously acquired knowledge, skills and attitudes. The aim of the organisation is to equip participants with the knowledge and skills to maximise their full potential, and provide them with an education that:

- (a) strengthens existing knowledge and skills within the framework of critical thinking and reflective practice,
- (b) assist to develop clinical practice through the application and use of research and best practice principles, and
- (c) develop an aware of professional, ethical and legal responsibilities and conduct in the practise of Nursing in Australia.

The ACFE course philosophy is based on Australian Nursing and Midwifery Council (ANMC) statements for the RN Expectations for the registered nurse on entry to practice are:

- The registered nurse demonstrates competence in the provision of nursing care as specified by the registering authority's license to practice, educational preparation, relevant legislation, standards and codes, and context of care. The registered nurse practices independently and interdependently assuming accountability and responsibility for their own actions and delegation of care to enrolled nurses and health care workers. Delegation takes into consideration the education and training of enrolled nurses and health care workers and the context of care.
- The registered nurse provides evidence-based nursing care to people of all ages and cultural groups, including individuals, families and communities. The role of the registered nurse includes promotion and maintenance of health and prevention of illness for individual/s with physical or mental illness, disabilities and/or rehabilitation needs, as well as alleviation of pain and suffering at the end stage of life.

- The registered nurse assesses, plans, implements and evaluates nursing care in collaboration with individual/s and the multidisciplinary health care team so as to achieve goals and health outcomes. The registered nurse recognises that ethnicity; culture, gender, spiritual values, sexuality, age, disability and economic and social factors have an impact on an individual's responses to, and beliefs about, health and illness, and plans and modifies nursing care appropriately. The registered nurse provides care in a range of settings that may include acute, community, residential and extended care settings, homes, educational institutions or other work settings and modifies practice according to the model/s of care delivery.
- The registered nurse takes a leadership role in the coordination of nursing and health care within and across different care contexts to facilitate optimal health outcomes. This includes appropriate referral to, and consultation with, other relevant health professionals, service providers, and community and support services.
- The registered nurse contributes to quality health care through lifelong learning and professional development of herself/himself and others, research data generation, clinical supervision and development of policy and clinical practice guidelines. The registered nurse develops their professional practice in accordance with the health needs of the population/society and changing patterns of disease and illness.

(NMBA National Competency Standards for the registered nurse, 2016)

REGISTRATION STANDARDS FOR NURSES IN AUSTRALIA

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

These standards can be viewed on the AHPRA website:

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

Criminal history registration standard

English language skills registration standard

Registration standard: Continuing professional development

Registration standard: Recency of practice

Registration standard: Professional indemnity insurance arrangements

Registration standard: Endorsement as a nurse practitioner

Registration standard for endorsement for scheduled medicines for midwives

Registration standard: Professional indemnity insurance arrangements

All programs leading to Registration as a Registered Nurse in Australia are based on the NMBA competencies for the Registered Nurse which can be viewed on the AHPRA web site

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

ACFE STAFF

Kudrat Makkar	Director
Raul Hernandez	General Manager
Ellice Kumari	Program Coordinator
Rebecca Moore	Clinical Nurse Educator
Phoebe Javier	Clinical Nurse Educator
Colleen Damons	Clinical Nurse Educator
Bernadette Jones	Clinical Nurse Educator (Sessional)
Chris Richardson	Nurse Educator – Mental Health (Sessional)
Emidia Falzon	Clinical Nurse Educator (Sessional)
Sharon Hehir	Clinical Nurse Educator (Sessional)
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Dora Mansbridge	Clinical Nurse Educator (Sessional)
Dina Alfonso	Clinical Nurse Educator (Sessional)
Margaret Campbell	Clinical Nurse Educator (Sessional)
Ann Razon	Student Administrator
Suresh Tadikonda	Accountant
Tina Xie	Marketing officer

EMERGENCY CONTACTS

During the theoretical component of this program, you can contact a member of staff at ACFE during offices hours: **Ph 03 8600 8600**

During the clinical placement component of this program, you can contact your Clinical Supervisor regarding clinical issues. For student welfare issues contact the office number during office hours and the out of hours number provided, outside office hours. Outside office hours numbers call Ellice Kumari on **0499 478 600**

PURPOSE

This program prepares previously Australian qualified Registered Nurses with a lapse in practice and overseas qualified nurses who are required by the Nursing and Midwifery Board of Australia (NMBA), under the umbrella of the Australian Health Professionals Regulation Authority (AHPRA) to undertake an approved course of study to apply for registration as a registered nurse in Australia.

The course is delivered over 10 weeks on a full time basis and comprises 4 weeks theory and up to 4 weeks of supervised clinical practice for RTP participants and 6 weeks of supervised clinical practice for IRON participants. On completion of the course, students will have attained the necessary competencies, to meet the Australian Nursing and Midwifery Council (NMBA) National Competency Standards for registration as a Registered Nurse. Students make application to AHPRA for registration in the Registered Nurse register.

EXPECTATIONS

It is expected that all students and staff will be respectful of each other's culture and beliefs.

It is expected that all students and staff will be respectful of each other's professional background and nursing experience

Whilst on campus, **English** is the only language that will be spoken. Please do not disrespect others by using language that is not understood by all (This will also apply to the workplace).

Please note that failure to comply with this expectation is a failure to meet NMBA competency and therefore failure to successfully complete the program

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

- Appropriate clothing
- Personal hygiene maintained to an appropriate standard
- Arriving on time
- No food (including sweets) or drink to be consumed in the classroom (water is allowed)
- Allowing opportunity for others to speak
- Only leaving the classroom when the session is complete or on the teachers instruction
- Remain attentive and alert at all times

As adult learners it is expected that you will take responsibility for your own learning.

- Apply reflective practice and critical thinking throughout all aspects of the course
- Maintain a reflective journal
- Complete assigned work on time
- Participate in all classroom and laboratory activities
- Seek clarification if you do not understand something.

PROGRAM AIMS

The RTP and IRON programs aim to prepare students to be eligible for registration as a nurse, enrolled nurse or midwife. The program aims to:

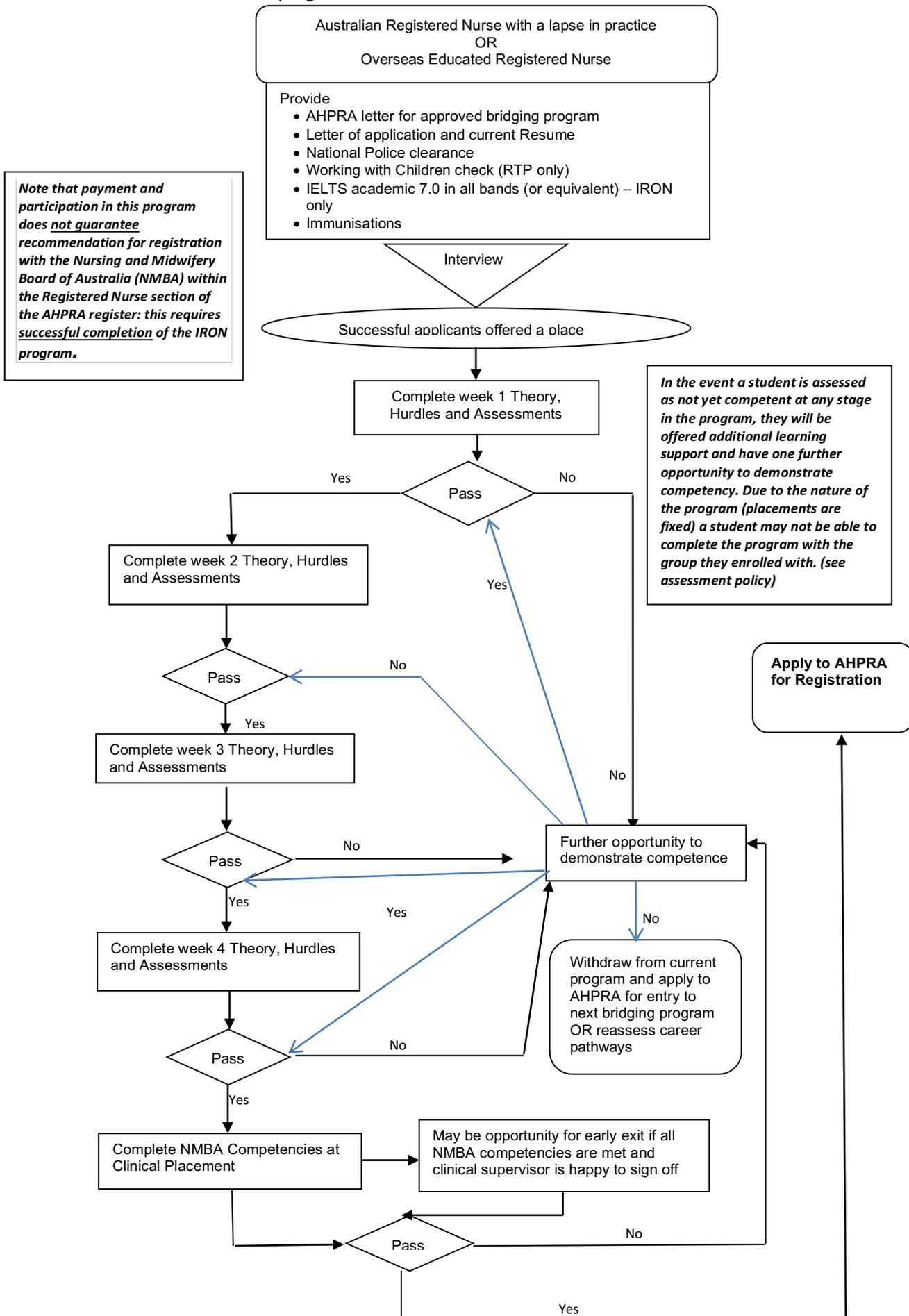
- provide the participants with a broad overview and experience of contemporary nursing in Australia including ethnicity, cultural practices and language
- discuss NMBA guidelines to assist participants make decisions about scope of practice and ensure all participants have on commencement of the program documents from AHPRA relating to Scope of practice
- raise the awareness of indigenous health and rural practice issues
- provide the participants with a broad overview of aged care, mental health, community and rehabilitative nursing.
- develop an understanding of the Australian Health Care System both private and public
- encourage discussion of psychosocial, ethical and legal aspects of health care issues facing nursing in Australia
- provide an awareness of legislation and common law affecting nursing practice
- provide an overview of professional conduct using guidelines from NMBA Competencies, Health Practitioner National Law 2009, Code of Ethics for Nurses in Australia, Code of Professional Conduct for Nurses in Australia, NMBA Decision making Framework, Professional Boundaries and Professional Conduct Information
- encourage discussion regarding the many relationships between nurses, enrolled nurses, midwives and other health professionals
- reinforce the value of feedback and reflective practice
- provide the opportunity to review participant knowledge base
- assist the participant in the application of theory to practice
- the development of health assessment skills and clinical decision making in the planning, implementation and evaluation of care
- provide a clear understanding of infection control issues affecting nursing in Australia
- ensure a basic level of competence and understanding in manual handling, Basic Life Support, Fire and Safety
- opportunities will be made available to ensure integration of learning experiences and to accept responsibility and be accountable for their own professional practice
- concepts of best practice and the role of research in the improvement of health care and professional nursing
- include patient assessment as central to safe nursing practice
- guide participants to ensure they are effective and safe practitioners
- provide relevant current information based on best practice for all areas of nursing, enrolled nursing and midwifery
- provide a smooth transition to working as a Registered Nurse, Enrolled Nurse or Registered Midwife in Australia

ACFE maintains online membership to both both Joanna Briggs and Ausmed which students are able to access at any time.

COURSE DESCRIPTION

1. This program is based on the Australian Nursing and Midwifery Competencies (NMBA) and is intended to assist those eligible applicants to become safe and competent practitioners in the Australian health care environment.
2. The theoretical and clinical laboratory component of this program is delivered at Level 5, 341 Queen St Melbourne.
3. Supervised clinical practice is conducted in Australian Nursing and Midwifery Accreditation Council (ANMAC) approved and appropriately accredited acute medical/surgical facilities.
4. This course will only be offered on a full-time basis. Participants will be required to attend Monday to Friday.
5. The course delivery includes; lectures and tutorials, journal/ book reviews, online research, audio-visual resources, self-directed learning and case studies based on current evidence based best practice
6. The RTP program is to be undertaken within a **maximum of 320** hours on a full time basis 8 weeks).
7. The IRON program is to be undertaken within a **maximum of 400** hours on a full time basis (**10 weeks**).
8. Students must successfully complete the **theoretical** component of the program and be assessed as having the required clinical skills before progressing to their supervised clinical placement. Should participants require further theoretical support prior to undertaking their clinical placement, additional help is available if requested.
9. The course length will be no more than 320 hours for RTP and 400 hours for IRON, including the 160 hours theoretical component.
10. The 160 hours theoretical component will be conducted as a block in the first 4 weeks of the program.
11. The clinical component will be comprised of a maximum 160 hours for RTP and 240 hours for IRON of clinical placement at an acute/subacute care facility. This may be in **Melbourne, regional Victoria or interstate**. Students will be placed at the discretion of ACFE and the facility requirement.
12. Course participants unable to demonstrate the required level of competency prior to their clinical placement, will not be able to progress further in the course. The participant may contact the NMBA to request an extension of time to complete the program or may be asked to withdraw from the program
13. Should a participant demonstrate NMBA competency in all domains prior to completing the maximum hours allowable, but after completing the minimum 160 hours of theory and the minimum 160 hours (RTP) and 240 hours (IRON) of clinical practice, the Course Coordinator may recommend the participant for registration. (Refer to ACFE Clinical Placement Policy)
14. Should a participant not reach competency within the maximum allowable hours, the NMBA will be notified.
15. On successful completion of this program, participants may apply to the Nursing and Midwifery Board of Australia (NMBA) under the umbrella of the Australian Health Practitioner Regulatory Authority (AHPRA) for registration on the Registered Nurse register of the NMBA

Flowchart for RTP and IRON programs



COURSE CONTENT SUMMARY

1. Health Care in Australia

- a. Structure of Government
 - i. Constitution
 - ii. Parliamentary System
 - iii. Legislation
 - iv. Court Structure
- b. Australian Health Care System
 - i. Medicare
 - ii. Government support services
 - iii. Health Services available in Australia
 - iv. Industrial Issues
 - v. Funding Models
 - vi. Public and Private Health Care systems
- c. Legal/Ethical Issues
 - i. Ethics and Professional Practice
 - ii. Nursing Law and related Acts eg Health Practitioner National Law (2009) and the Drugs, Poisons and Controlled Substances Act (1981)
 - iii. Role of AHPRA and ANMAC
 - iv. Legal Issues in Relation to nursing specialty
 - v. Psychosocial, ethical and legal aspects of health care
- d. Aboriginal and Torres Strait Islander health care issues
- e. Cultural Diversity in health care
- f. Health Care Context
 - i. Recent changes to delivery of health care
 - ii. Introduction to health promotion and health education

All participants will be reintroduced to the Australian Health Care system, including the Public and Private systems, Medicare and Health Funds and Primary, secondary and tertiary models of care.

Information regarding the health services provided by government support services, health care facilities and other providers in Australia will be outlined. Information regarding services provided by the facility at which clinical placement will be undertaken will be provided prior to clinical placement along with a thorough orientation on day one of clinical placement.

The role of both AHPRA and ANMAC will be discussed along with scope of practice and competency standards.

Cultural diversity in health care will be an ongoing topic throughout this program and will be discussed in context with each session where relevant. Cultural diversity will include discussions of Indigenous health, the context of contemporary health care re: diversity of the Australian community in terms of ethnicity, cultural practices and language

Participants in this program will have the opportunity to further develop an understanding of health care and other issues for Aboriginal and Torres Strait Islander people. This will be supported by a visit to the Bunjilaka Cultural Centre in Melbourne

Participants will visit the Immigration museum in Melbourne to gain further understanding of cultural diversity in Australia.

Delivery of health care will be discussed including public and private health systems, Medicare and health funds

Health promotion and education will be introduced, incorporating indigenous health and cultural diversity in health care.

As per NMBA national competency standard guidelines for the RN – 2.1, 2.3, 2.4, 2.6, 2.7, 3.2, 3.3, 3.5, 6.1, 6.2, 7.1.7.2.7.3

2. Working in the Nursing Profession

- a. Concepts of self-directed learning, critical thinking/reasoning and decision making skill
- b. concepts of reflective practice
- c. NMBA competencies
- d. Introduction to computers and informatics in nursing practice
- e. Use of equipment and technical aids to facilitate care
- f. Ethical decision making
- g. Introduction to the research process and techniques for literature searching
- h. Concepts of evidence based practice and the role of research in the improvement of health care and professional nursing
- i. Communication skills and medical terminology
- j. Documentation
- k. Privacy and Confidentiality
- l. Professional Issues in Nursing and Midwifery
- m. Relationship between and roles and responsibilities of various health care professionals
- n. Ongoing professional development

Ethics relating to Australian health care and nursing will be discussed, including ethical decision making, incorporating the use of case studies aimed at promoting discussion amongst the participants.

Nursing law and the related acts will be discussed throughout this program ensuring participants have a thorough knowledge and understanding in both the theoretical and practical setting.

All participants will have online access to the Joanna Briggs Institute and Cochrane Library. Other university libraries are also available for student access. Computers in nursing will be covered and participants will be encouraged to use computers as a tool to learning both at home and in the hospital environment.

Participants will be expected to utilise research and evidence based practice for the purpose of classroom presentations, group work and in order to complete self-directed learning packages throughout the program. Research in health care will also be discussed as a separate topic. Self-directed learning; critical thinking/reasoning and decision making will be expected throughout the program with particular focus initially on the theoretical component of the program. It will be expected to be evidenced during the clinical component, during case studies/presentations, to ensure understanding of disease processes and ensure safe care and management of patients.

Concepts in reflective practice will be observed in the classroom, through the use of reflective journaling both during theoretical and practical components of the program, and through Sharing of experiences and thoughts during the program.

Documentation and associated legal implications will be covered in the theoretical component and also whilst on clinical placement.

Communication aspects of nursing practice will be covered including communicating with peers and other members of the health care team, including medical staff and medication phone orders. Communication with regard to customer service and dealing with difficult people will also be covered as well as the information technology that can be used to communicate, manage knowledge, reduce errors and support decision making.

Participants will be instructed in the use of relevant technologies currently used in the delivery of health care.

Participants will be introduced to the roles and responsibilities of other health care team members and will be required whilst on clinical placement to seek these team members out in order to gain a better understanding of these roles and responsibilities.

Medical terminology and medical abbreviations will be covered throughout the theoretical component of the program. Participants will be expected to show a sound understanding of medical terminology whilst completing the clinical component of the program.

As per NMBA competency standard guidelines for the RN – 1.1, 1.2, 1.3, 2.1, 2.2, 2.3, 2.4, 2.5, 2.6, 2.7, 3.1, 3.2, 3.3, 3.4, 3.5, 4.1, 4.2, 4.4, 5.1, 5.2, 5.3, 6.1, 6.2, 6.3, 7.1, 7.2, 7.3.

3. Nursing Practice

- a. Nursing process and Nursing Care Planning
- b. Concept of Best Practice
- c. Admission and Discharge
- d. Patient Education
- e. Management of the Activities of Daily Living
 - i. Nutrition
 - ii. Hydration
 - iii. Elimination
 - iv. Personal Hygiene

Students will revise the nursing process and apply this to nursing care planning. Nursing care plans will be developed from the time a patient is admitted to the time they are discharged including informed consent and health promotion and education

The concepts of best practice will be integrated throughout all discussions of planning and delivery of health care

Students will be introduced to the generic requirements and documentation for patient admission and discharge at health care facilities in Australia

Students will be directed to resources to support information given to patients on admission and discharge from a health care facility

All participants will be required to complete case studies including research about medical/surgical conditions and development of nursing care plans, with attention to both ADL requirements and more complex care needs

As per NMBA competency standard guidelines for the RN – 1.1, 1.2, 1.3, 2.2, 2.3, 2.5, 2.6, 2.7, 3.1, 3.2, 3.3, 3.5, 5.1, 6.1, 6.2, 6.3, 6.4, 7.1, 7.2.

4. Mandatory Competencies

- a. Basic Life Support
- b. Medication calculations
- c. Medication administration
- d. Manual Handling/O'Shea no lift system
- e. Clinical risk assessment and Management
 - i. Principles of risk management
 - ii. Safe and quality use of medicines
 - iii. Pressure ulcer prevention
 - iv. Falls prevention
- f. Infection Control –
 - i. Hand washing
 - ii. aseptic technique
- g. Emergency Procedures

All competencies, which may be considered as “core” or “mandatory competencies” in the clinical environment, will be covered in the theoretical component of the program. Each participant will be required to have been assessed as competent in all of these prior to the participant commencing their clinical placement.

All participants will complete a Basic Life Support self-directed learning package during the theoretical component of this program. Laboratory practice sessions will occur for all participants after which they will complete BLS assessments. Participants will not be able to commence clinical placement until they have gained competence in BLS.

Participants will be required to demonstrate **100%** pass in a calculations competency assessment. A medication administration competency will also be completed. Participants will not be able to commence clinical placement until they have gained competence in both medication calculations and administration.

Opportunity for practice of medication administration will occur in the clinical setting under the supervision of the preceptor or clinical teacher, who must be a registered nurse with current competencies in medication administration.

Medication calculation competencies must be completed by participants prior to commencement in the clinical setting with a pass of 100%.

Principles of medication administration will be covered, including law, legislation and safety, and an overview of pharmacology. Participants will not be able to commence clinical placement until they have gained competence in both medication calculations and administration. All participants will also be assessed during medication rounds whilst on clinical placement and fully supervised during all rounds by a registered nurse including use of dose administration aids where appropriate.

Infection control will be covered in the classroom incorporating practical sessions for example on the importance of hand washing, personal protective equipment and sterile fields. Infection control assessment will continue while on placement in the clinical setting. Participants will be assessed by their preceptors and clinical teachers. All participants will be required to complete the HHA hand washing competency and a simple dressing competency. Participants will not be able to commence clinical placement until they have achieved both these competencies

The principles of risk management as they relate to nurses in Health care will be discussed. Introduction to technologies that can be used in this process such as “Riskman”.

Pressure ulcer and falls risk prevention will be discussed in the classroom and opportunities will be given whilst on clinical placement to incorporate this into patient care. It will be expected that participant’s clinical case studies refer to clinical risk assessment and management.

Use of equipment and clinical aids to facilitate patient care will be covered initially during the theoretical component of the program with particular focus on safe use of aids and equipment in the Manual handling sessions. Safe manual handling is a mandatory competency will be assessed prior to clinical placement. This will be followed up with assessments in patient handling during the clinical component of the program.

Core OH & S competencies will be discussed and assessed in the four weeks theoretical component of the program. Opportunity for practical training in a lab environment will be provided regarding use of equipment such as those required for movement of a patient, i.e. lifting machines. The O'Shea no-lift system will be taught to all participants.

Course participants will be assessed in fire and evacuation procedures during the theoretical component of the program.

As per NMBA national competency standard guidelines for the RN – 1.1, 1.2, 1.3, 2.2, 2.3, 2.5, 2.6, 3.1, 3.2,3.3, 3.5, 5.1, 5.2, 5.3, 6.1, 6.2, 6.3, 6.4, 7.1, 7.2, 7.3.

5. Acute Medical and Surgical Nursing

- a. The development of health assessment skills and clinical decision making in the planning, implementation and evaluation of care
- b. Revision of Anatomy and Physiology
 - i. Disease processes
 - ii. Common Investigations and Procedures
 - iii. Medical and Nursing management
- c. Management of Medical Patients in an acute setting
 - i. Nutrition and Elimination
 - ii. Managing the Diabetic client
 - iii. Managing chest pain
 - iv. Pharmacology
- d. Management of surgical patients in an acute setting
 - i. Care of the pre and post-operative patient
 - ii. Care of surgical wounds
 - iii. Care of surgical drains
 - iv. Pain Management
 - v. Pharmacology
- e. Overview of Mental Health Disorders
- f. Gerontic Nursing
- g. Medication Administration and review of pharmacology

A comprehensive systems review will be undertaken during the theoretical component of the program. This will include the anatomy and physiology of all body systems and common disease processes, investigations, procedures and management for each system

Management of the medical and surgical patient in an acute hospital setting will be covered initially during the theoretical program. This will be followed up in the clinical setting with the use of case studies and setting of objectives for each participant relating to the medical or surgical patient. All participants whilst in the clinical setting will spend time caring for both medical and surgical patients.

- Care of the medical patient in an acute setting will include common medical conditions including but not limited to, cardiac, respiratory, neurological, endocrine, GI and nutritional and elimination needs.
- Care of the surgical patient in the acute setting will include care of the patient both before and after invasive procedures or surgical intervention.. Participants will be expected to prepare a patient for surgery or invasive procedure and care for a patient following surgery. This will include management of post-operative pain.

Care of surgical wounds and drains will be covered initially in the theoretical setting with an opportunity for practice to be provided and assessed whilst on clinical placement.

Mental health disorders and associated patient management, and aged care nursing and rehabilitation will be discussed in the theoretical program and followed up in the clinical setting with the use of case studies and the setting of objectives related to the care of these patients.

Pharmacology will be addressed within each topic and will cover aspects of pharmaceuticals, pharmacodynamics, pharmacokinetics and the quality use of medications.

As per NMBA national competency standard guidelines for the RN– 1.2, 1.3, 2.2, 2.3, 2.5, 2.6, 3.1, 3.2, 3.3, 3.5, 5.1, 5.2, 5.3, 6.1, 6.2, 6.3, 6.4, 7.1, 7.2, 7.3.

6. Advanced Clinical Skills (RN)

- a. Management of Intravenous therapy
- b. Management of deteriorating patient
- c. Pain Management
- d. ECG
- e. Safe handling and administration of blood products

All RN participants will undertake learning in the establishment and management of Intravenous therapy.

All RN participants will complete theoretical content and competency assessments in nursing skills, prior to undertaking their clinical placement, including IV Therapy, and ECG. Where practicable, these will be assessed again in the clinical environment.

Safe and quality use of medications and administration of blood products will be covered in the theoretical component of the program including relevant legislation.

All aspects of pain management will be discussed throughout the theoretical component of the program. Pharmaceuticals, pharmacodynamics and pharmacokinetics specifically related to pain management will be addressed

As per NMBA national competency standard guidelines for the RN – 1.2, 1.3, 2.2, 2.3, 2.5, 2.6, 3.1, 3.2, 3.3, 3.5, 5.1, 5.2, 5.3, 6.1, 6.2, 6.3, 6.4, 7.1, 7.2, 7.3.

PROGRAM STRUCTURE, HURDLES & ASSESSMENT CRITERIA

The theoretical component of the program consists of 4 weeks of study. This includes lectures, discussion, workshops and self-directed material. Simulated workshops form part of the theory component, which allows the nurse to practice a variety of common nursing interventions in a safe and non-threatening environment.

Both the 4 weeks theory and 6 weeks clinical practice (160 hours = 20 x 8hour shifts (RTP) and 240 hours = 30 x 8hr shifts (IRON) component of the program need to be completed within the 12 weeks from the date of commencement.

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

Assessment consists of:

- Successful completion of all Self Directed Learning Packages
- A pass of 100% for the drug calculations test
- Deemed Competent in all competency assessments (see assessment plan)
- A pass in classroom presentations
- A pass in all Laboratory Assessments (refer to Clinical Laboratory Assessment Tool)

All assessments are based on the following principles:

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

If any one of the above is NOT demonstrated, the participant will be NOT be deemed competent for that assessment and will need to resubmit or be reassessed. There will be only **one** further opportunity for reassessment. If the participant continues to be deemed” not competent” they will be removed from the program.

If all the above assessments are successfully completed, then the participant progresses to demonstrate competence against the NMBA competencies for the Registered Nurse in an acute health care environment.

Any participant who is not assessed as being competent in the theoretical component of the program will not be able to progress to their clinical placement. Students will be counselled about their options and may be advised to re-enrol. If the participant wishes to continue with the program they will need to seek an extension from AHPRA for extra time in which to complete all requirements before being eligible to be recommended for registration. This will incur further cost to the student as ACFE pays for clinical placement in advance, if a student is unable to attend there is no refund of this payment. In order to secure further clinical placement the student will be required to make further payment.

The Clinical Placement of the program consist of up to **4 weeks** (RTP) and **6 weeks** (IRON) of clinical placement in an approved acute/subacute care environment. Assessment includes completion of all aspects of the Clinical Assessment Tool (see Clinical Assessment Tool information below) including:

- Demonstration of evidence supporting all the NMBA competencies
- Deemed competent in all competency assessments
- Completion of all Case studies
- Maintenance of Reflective journal
- Demonstration of provision of effective safe nursing practice at all times
- Evidence of change of practice as required

Any participant who is not showing evidence of satisfactory progression in meeting the NMBA competencies whilst on clinical placement will be given further learning support, and placed on a learning contract. If the participant is still unable to demonstrate satisfactory progression and is not likely to meet the requirements in the allocated time, they may be offered the opportunity to extend their placement (subject to availability and permission from AHPRA) The student will be required to pay an additional fee for this extension to placement. Alternatively, the participant may be required to reapply to the NMBA/AHPRA for entry into another group to complete the program or an approved pre-registration tertiary delivered program or other program as recommended by AHPRA. Assessment decisions of the education provider are final.

LATE SUBMISSION OF HOMEWORK

Any work that is submitted after the due date and time specified will **not be assessed**. This work will be graded as a **FAIL** or **NOT COMPETENT** for that particular assessment.

Extensions will only be granted in extenuating circumstances and within the time frame specified. Any request for extension **MUST** be submitted **PRIOR** to the due date. Consideration will not be given to any request made on the due date. A heavy workload does not constitute an extenuating circumstance.

PLAGIARISM

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

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

All work submitted must be referenced using the Harvard referencing style.

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

PROGRAM COORDINATORS RESPONSIBILITIES

The program coordinator has the following responsibilities:

- To manage, organize and administer the course
- To facilitate development, validation and moderation of all course materials and assessments
- To liaise with the NMBA/AHPRA and oversee relationship with professional organizations in which the participants will undertake their clinical placement
- To maintain appropriate academic and clinical educational activity records for each participant.
- To liaise with clinical staff concerning the assessment and identified needs of each participant to ensure the participant is able to progress and meet all assessment requirements
- Orientation for participants to the program
- Ensure appropriate orientation to the health care facility at which the participant will undertake the clinical component of the program

PARTICIPANTS RESPONSIBILITIES

The participant is responsible for:

- Maintaining reflective practice journal
- Completing course work as required
- Completing case studies while on clinical placement
- Developing learning objectives in consultation with the Course Coordinator or the Clinical Educator
- Meeting all NMBA competencies
- Being actively involved and participatory in tutorials
- Being actively involved and participatory in debriefing sessions
- Providing best practice nursing care, maintaining patient confidentiality, privacy and safety
- Maintaining effective professional communication within the multidisciplinary team and patients, relatives and visitors
- ASKING FOR CLARIFICATION IF INSTRUCTION IS NOT UNDERSTOOD

ASSESSMENT PLAN FOR RN PROGRAM

Unit	Topic	Competency/ Assessment	Date Due
1. Health Care in Australia	Australian Health Care Systems	<ul style="list-style-type: none"> Research Task Class participation 	Day 4 Week 4
	Cultural Diversity	<ul style="list-style-type: none"> Assignment Class participation 	Day 4 Week 5
	Health Care Context	<ul style="list-style-type: none"> Class participation 	Day 5 Week 2
2. Work in the Nursing Profession	Legal Ethical Issues	<ul style="list-style-type: none"> Research Task Class participation Classroom Activity 	Day 2 Week 1 Day 5 Week 2
	Professional Issues	<ul style="list-style-type: none"> Research project Classroom Activity Learning Packages Class participation 	Day 4 Week 1 Day 2 Week 1 Day 2 Week 2 Day 4 Week 2 Day 1 Week 3
	Nursing in Australia	<ul style="list-style-type: none"> Quiz Group work Presentation Class participation 	Day 3 Week1 Day 5 Week 2 Day 4 Week 1
3. Nursing Practice	Clinical risk assessment and management	<ul style="list-style-type: none"> Learning Package 	Day 4 Week 2 Day 5 Week 2
	Clinical skills	<ul style="list-style-type: none"> Patient Assessment Nursing Care Planning Learning Packages 	Day 5 Week3 Day 3 Week4 Day 1 Week 2 Day 3 Week 3 Day 4 Week 3 Day 5 Week 3 Day 1 Week 4 Day 2 Week 4 Day 3 Week 4
4. Mandatory competencies	Basic Life Support	<ul style="list-style-type: none"> Learning Package Practical Assessment 	Day 3 Week 1 Day 4 Week 1
	Medication calculations	<ul style="list-style-type: none"> Learning Package Exam 	Day 4 Week 2 Day 1 Week 3
	Medication Administration	<ul style="list-style-type: none"> Learning Package Laboratory Assessment 	Day 4 Week 2 Day 5 Week 2
	Manual Handling	<ul style="list-style-type: none"> Practical Assessment Learning Package 	Day 4 Week 2
	Infection control	<ul style="list-style-type: none"> Practical Assessment Learning Package 	Day 3 Week 2 Day 1 Week 3
	Emergency Procedures	<ul style="list-style-type: none"> Learning Package Classroom Activity 	Day 4 Week 2 Day 4 Week 2
5. Acute Nursing Management	Anatomy and Physiology	<ul style="list-style-type: none"> Assignment 	Day 4 Week 4
	Medical Nursing	<ul style="list-style-type: none"> Learning Packages Practical Assessments 	Day 3 Week 3 Day 1 Week 4 Day 4 Week 3 Day 1 Week 4
	Surgical Nursing	<ul style="list-style-type: none"> Learning Packages Practical Assessments 	Day 3 Week 4 Day 2 Week 4
	Mental Health	<ul style="list-style-type: none"> Learning Packages 	Day 5 Week 2
6. Clinical Placement	Professional experience	<ul style="list-style-type: none"> Clinical Placement Tool 	Day 4 Week 12

CLINICAL ASSESSMENT TOOL

The Clinical Assessment Tool is based on the NMBA competency standards for the registered nurses. This assessment tool will be discussed in detail, prior to the final day of the theoretical component of the program and at the commencement of the supervised clinical practice on the student orientation day at the facility where they will be undertaking clinical practice

CLINICAL SUPERVISION

Clinical supervision may be provided by an ACFE clinical educator, or a clinical educator provided by the host facility. It is expected that students will meet regularly with their Clinical Educator to review and develop learning objectives and to discuss any issues around placement and progress. It is up to the student to ensure that the Clinical Educator signs off competencies in the Clinical Assessment Tool as they are completed.

PRECEPTORS

A preceptor is an experienced registered nurse who works with the participant on each shift. The preceptor helps to orientate the participant to the ward and how that ward works. The preceptor will offer both informal and formal performance appraisal; act as a resource and complete appropriate sections of the Clinical Assessment Tool, when required.

CLINICAL PLACEMENTS

ACFE will source placement for all RTP and IRON program students. Placement will only be at appropriately accredited and ANMAC approved facilities

- Students will generally work morning and afternoon shifts, Monday to Friday. Weekends shifts, or Public Holiday shifts may be required at some facilities
- An orientation program is provided for all students on the first day of clinical placement.
- An appropriately qualified registered nurse will directly supervise students in the clinical environment.
- NMBA competencies, as per the Clinical Assessment Tool, will be assessed by the clinical supervisor or the preceptor in collaboration with the clinical supervisor.
- If a student does not attend one day or more in clinical practice, that time may be reallocated to another date, depending on the circumstances of the leave, as determined by the Course Coordinator

REQUIREMENTS FOR CLINICAL PLACEMENT

1. Competency

- All students must be deemed competent in all assessments and competencies undertaken in the theoretical component of the program before they will be able to commence their clinical placement.
- Any participant who has been deemed not competent may be given one further opportunity to demonstrate competency before they can join the remainder of their group on placement.
- As placement is highly structured it may not always be possible for a student to complete the program with the group they started with. Any additional cost incurred by ACFE in this process will be passed on to the course participant.
- If a student on placement is not able to meet the NMBA competencies, they may be given further opportunity to demonstrate competency and may be placed on a learning contract. If still not able to achieve competency, they may be required to defer to another program and undertake some further learning in recommended areas (this may be completion of a different course) before continuation in the RTP or IRON program or may be withdrawn from the program.

2. Police check

All participants must have a current police check, sighted by the ACFE Course Coordinator before permitted to go on clinical placement

3. Working with Children Check

Some health service providers may require a current working with children check or equivalent. Participants will be notified if they are required to have this and will be assisted with the process of application. Forms are available at the reception desk at the ACFE office.

All Return to Practice participants must have a working with children check (Vic) or interstate equivalent prior to attending clinical placement. This must be sighted by the Clinical Educator at the Clinical Placement.

4. Immunisations

All participants must also provide evidence of the following vaccination and immunizations, prior to undertaking clinical placement:

- Mantoux test and clear X ray for tuberculosis
- Hepatitis B
- Pertussis
- Diphtheria
- Tetanus
- Measles
- chicken pox
- Mumps
- Rubella
- Varicella Zoster (chickenpox)
- Annual Influenza vaccination

NB. These requirements are all to be met prior to acceptance into the program

5. Dress code

Whilst on clinical placement all participants are required to adhere to professional code of conduct in their appearance. They must wear the following:

- ACFE shirt (two or more)
- Black/navy trousers
- Black/blue rubber soled closed toe shoes
- Clean fresh uniform for each shift (The uniform must be laundered daily)
- No heavy makeup
- Long hair must be tied back, up and off the face and shoulders
- A plain band wedding ring (no other rings)
- Plain stud earrings
- No studs or rings to be worn in facial piercings for safety reasons
- 'No bracelets, necklaces or other jewellery
- Nails to be short and clean, no nail varnish or false nails
- I.D. badge to be worn and visible at all times

FEEDBACK

The Course Coordinator/Clinical Coordinator is in regular contact with the Clinical Educators to discuss student progress. He/she also meets with the student, Clinical Supervisor and Preceptor on a monthly basis, or more frequently if necessary.

Feedback is provided by clinical supervisors and preceptors during practical and clinical class sessions. Participants also receive written feedback on submitted assessment tasks, and may seek more detailed feedback on these tasks through the assessor.

Students who are dissatisfied with their assessment outcome may apply for reassessment by contacting their nurse educator or assessor. Students should refer to the Assessment Policy in the Student Handbook for Guidelines on Assessment Appeals. The ACFE Policy manual is also available at reception.

Unsafe practice performance

A student's performance is deemed unsafe if it places patients, clients, their families, staff members or fellow students at risk, and/or if he or she is unable or unwilling to perceive that risk. This judgement may be made by the facility staff or the clinical supervisor. The judgment that a student's performance is unsafe is usually made on the basis of more than one incident. However, it can be made on the basis of one serious incident. Students whose performance is deemed unsafe are removed from the health care facility as soon as the judgment is made and are referred to the course coordinator, who will determine the appropriate course of action. This may be immediate suspension from the current program

SAFETY

While on practice placement, all students are responsible for promoting and maintaining environmental health and safety (EHS) by:

- looking out for hazards, reporting them to the supervisor of the work area and helping to fix hazards
- taking action to avoid, eliminate or minimise risks
- following safe work methods and using personal protective equipment as required
- seeking information or advice as necessary, particularly before carrying out new or unfamiliar work
- participating in orientation activities
- reporting accidents and incidents to the supervisor of the work area
- reporting emergencies in line with the facility protocols
- disposing of any hazardous wastes in a safe and approved manner
- not wilfully placing at risk the health, safety and welfare of others
- exercising a duty of care toward others in everything undertaken.

All students must be aware of risk management policies and processes and be capable of implementing these within the clinical environments. Students must also comply with the policies and procedures of the relevant health facility.

RESOURCES

Library and Computer Use

On-line resources are available through internet search engines and prepared documents accessed through Microsoft Office. A bank of computers is reserved for student use.

A library of printed and visual resources is available for student and staff use at the on-site resource centre. This will be built upon as the college grows. A borrowing procedure has been developed for students to access ACFE reference books

Outside Library Services

Students are encouraged to access the following university resource centres where they can find a comprehensive collection of Nursing references, comprising print resources and hard copy journals.

Australian Catholic University Library and Resource Centre

155 Victoria Parade, Fitzroy
Phone 9953 3000

*Go to library desk and ask to be registered as a community borrower. Cost- \$44.00 for six months
Photocopy facilities available- purchase debit/credit cards*

RMIT University Library and Resource Centre

Swanston Street,
Melbourne
*(Nursing resources kept at RMIT)
Bundoora Campus, Plenty Road)
Bundoora Ph 9925 2000*

Online Library resources
Joanna Briggs Institute
Cochrane Library
Mimms Online

POLICIES

Participants can access the following policies on the ACFE website by entering their student number and password:

BQ4: ACCESS, EQUITY AND ANTI-DISCRIMINATION POLICY

BQ17: COMPLAINTS AND APPEALS POLICY

SM15: STUDENT SUPPORT POLICY

SM26: STUDENT DISCIPLINE POLICY

TA16: LEARNING and ASSESSMENT POLICY

CLINICAL LABORATORY

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

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

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

Non-scheduled Lab Use

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

I, _____
(Student Name):

agree that I have read and understood all the information provided in this handbook.

Initial: _____

I agree to abide by all the terms described in this handbook

Initial: _____

I have read and understood the assessment policy

Initial: _____

I have read and understood the conditions for entering the clinical laboratories

Initial: _____

I have read and understood the conditions for progression through the course

Initial: _____

Signature: _____

Date _____