

SUMMARY

This briefing paper discusses the issues and concerns regarding clinical placements for nursing and midwifery students and suggested solutions to ensure its effectiveness.

BENEFITS OF CLINICAL PLACEMENTS

“Clinical education is a significant component of undergraduate nursing programs, consisting of approximately 50% of overall courses. It is complex and multifaceted. It allows students to apply classroom learning in a way that allows knowledge and clinical practice to be synthesised into “real” clinical situations and “operationalize the theories that have been at the forefront of their classroom experiences” (McKenna, French, Jameson, Habner, Wilson, 2006)¹

Current Issues with Clinical Placements #1 – Quality and Pricing

Hospitals have many different pricing models. This hinders universities to budget forecast with regard to cost of clinical education. Furthermore, there is no standardised governance process to monitor the standard of quality for clinical education supervision on placements.

Additionally, differential pricing models effectively set universities up to compete with each other within a closed market and potentially disadvantages students on smaller nursing courses without access to larger budgets for placements. The situation is made more difficult by a lack of transparency regarding the strategic governance from local health districts and the like, when it comes to managing the process of clinical placements.

¹ McKenna et al. What value do clinical placements have for nursing practice readiness? Monash University School of Nursing and Midwifery - *Prepare Nurses for the Future Report December 2006.*

Current Issues with Clinical Placements #2 – Differing Supervision Models

Clinical education supervision models differ between health services as well as between states. As a result there is no minimum education standard required for supervisors who are responsible for assessing the outcomes of a student's placement. The Australian Nursing and Midwifery Accreditation Council (ANMAC) Standard 8² requires the students of nursing and midwifery must be supervised by appropriately qualified and prepared clinical supervisors. In most cases this should be a Registered Nurse, but in settings where this is not possible, then other health professionals qualified at Baccalaureate level could assist in the supervision. For example, Physiotherapists or Occupational Therapists.

Current Issues with Clinical Placements #3 – Specialisms

There is a lack of access to specialist placements, in particular mental health as well as rural and remote placements, despite the fact that health care specialists with this expertise and these skills are increasingly in demand.

Current Issues with Clinical Placements #4 – The Impact of the Private Sector

Fewer placements are offered by the private sector, and those that are tend to be costly. As a result the private sector benefits from the fact that its potential future workforce is well educated but they don't assist financially in its education.

² ANMAC Accreditation Standards for the Registered Nurse

Proposals for the Government to consider:**The CDNM Proposal – Cost and Transparency**

The CDNM proposes national standardisation and transparency of costs across all public health services.

The CDNM Proposal – Standardisation of Supervisor Education Levels

The CDNM proposes a Federal minimum level of education for all supervisors of students in the health care field to be based on work undertaken by Health Workforce Australia (HWA)³.

The CDNM Proposal – Specialisms

The CDNM proposes investigation into funding for opening up a wider range of placements with reference to the proposal regarding standardisation of supervisor education levels. For example, many mental health placements offer excellent experience within the community, however, supervision by other health workers would need to be validated and standardised.

The CDNM Proposal – The Impact of the Private Sector

The CDNM proposes investigation into ‘incentivising’ and engagement of the private health care providers to include this sector of health care within the national standards proposed above.

The CDNM Proposal – Strategic Planning

In light of the recent communique from the COAG Health Council, 8/4/16, government led round table discussions need to be called to discuss the whole concept of interprofessional and uniprofessional clinical learning. National guidelines, drawn from the accreditation councils and the Australian Government Department of Education and Training Higher Education Standards Framework, need to be established.

³ HWA Clinical Support Program Clinical Supervision Support Program (CSSP)