

By email: standardsreview@anmac.org.au

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Dear Australian Nursing & Midwifery Accreditation Council

The Australian College of Midwives (ACM) thanks you for the opportunity to provide comment and feedback as part of the stakeholder consultation for the standards review for Registered Nurse Accreditation Standards to ensure the standards meet future nursing workforce challenges.

Our feedback is as follows:

Section	Question	ACM response
<p>Entry criteria in undergraduate nursing courses</p>	<p>1. What support mechanisms should be offered to students from diverse backgrounds entering registered nurse programs to ensure they receive the appropriate levels of support?</p>	<p>Students from diverse backgrounds entering registered nurse programs should be provided support with academic writing and study skills.</p> <p>Certain education providers have commenced a first year undergraduate support program that ensures connection and orientation to support services and library support within the university.</p> <p>Creating open community spaces for students to engage, communicate and connect with each other is an important component to deter high levels of student attrition rates within the first year.</p> <p>As students' demographics are currently now so diverse and multicultural, university providers should ensure courses and units offered are adaptive to meet all students' learning needs, including making exceptions for students' own cultural and family commitments.</p> <p>First year student mentoring programs could be a suggested method of supporting novice students that are provided by final year students in nursing programs.</p>

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	<p>2. How can the accreditation standards support inclusion of strategies to increase student retention?</p>	<p>Some suggestions include:</p> <p>By providing better and more frequent access to open learning spaces that include clinical teaching labs and simulation based areas.</p> <p>Identification of students' learning needs are crucial in ensuring comprehensive delivery and teaching of curricula.</p> <p>By encouraging programs of study to facilitate student interaction and the development of community. Examples are: ensuring there is adequate face-to-face learning, especially in first year; keeping class sizes to a minimum; using 'home groups' or similar when there are large numbers in a course; supporting infrastructure such as student accommodation; adequately funding Student Services and other support bodies; supporting social clubs and events; and providing flexibility in course structure (part-time options).</p> <p>By requiring the implementation of policies to support healthy culture within the educational institutions: for example, policies on Equity and Diversity, Bullying and Harassment, and so on.</p>
<p>English language requirement for entry to Bachelor of Nursing programs</p>	<p>3. Should students who are required by the Nursing and Midwifery Board of Australia (NMBA) to provide a formal English language skills test result for registration, also be required to demonstrate achievement of the NMBA specified level of English language skills before starting a registered nurse program?</p>	<p>ACM suggest that all students should demonstrate achievement of the NMBA specified level of English language skills prior to commencing any undergraduate nursing program.</p>
<p>Quality of clinical placements</p>	<p>4. What changes and/or additions to the standards are necessary to support quality improvement in the clinical learning environment?</p>	<p>The responsibility to support the undergraduate nursing student in the clinical learning environment should be a combined responsibility of both the education provider and the health service.</p> <p>ACM believe that the dedicated education unit model (DEU), that originated in Australia, is an ideal supportive model that incorporates clinical facilitation, preceptors, collaboration between the health service, educators and students. The positive learning environment of this model produces critically thinking competent graduates.</p>

	<p>5. Are elements of the Best Practice Clinical Learning Environment framework useful in developing outcome-based standards for accreditation? If so, which ones?</p>	<p>Yes, ACM believe that there are three most useful key elements of this framework.</p> <ul style="list-style-type: none"> • Element three's features of a positive learning environment incorporate all quality features to produce safe, critically thinking competent graduates. • Element four is also crucial to ensure good communication and collaboration between the health service and the education provider. • Element six is also very important to enable students to have access to facilities and materials that include clinical teaching labs so that clinical skills can be practised by students at all times.
<p>Simulation and student learning outcomes</p>	<p>6. How can the accreditation standards better support the use of simulated learning?</p>	<p>Simulated learning should be supported by accreditation standards as an essential component for undergraduate nursing students to enhance clinical decision-making skills and development of competent health practitioners and vital team work skills. Simulated learning incorporates not only working with simulation models but enabling students to act out role plays in a safe environment and developing the capacity for time management skills, communication within a multidisciplinary team and troubleshooting clinical scenarios.</p> <p>Debriefing is also another informative component that enables students to question and learn from their own perspectives in a safe environment that is conducive for learning.</p> <p>However ACM would suggest that online or distance learning should not be considered simulated learning, regardless of the development of new VR technologies that may make this possible. There should be the requirement for a facilitator to be present, and for a reasonable ratio of facilitator to students.</p> <p>Further as noted on page 19 there would need to be a clear standard of requirements for simulation to ensure a quality experience that was well supported by the university such as:</p> <ul style="list-style-type: none"> • sufficient numbers of adequately prepared and committed faculty • dedicated simulation lab with appropriate resources • realistic, appropriately designed vignettes • debriefing based on a theoretical model.
	<p>7. Should minimum practice hours be inclusive of simulated learning hours? If so, should a maximum</p>	<p>ACM suggest that there should not be a maximum percentage of simulated learning hours, as these hours require the student to be totally focussed and participating in</p>

	percentage of simulated learning hours be stipulated?	either an emergency situation or acting and communicating as role players in a clinical scenario. The students also are required to interact closely as team members and these skills foster time management and real world scenarios.
Inter-professional learning for collaborative practice	8. How can the accreditation standards better support inter-professional learning?	<p>ACM agrees that Inter-professional learning is vital as it promotes respect between professions and cultivates more breadth of understanding for each unique profession. The importance of collaboration is achieved amongst multidisciplinary team members.</p> <p>The curriculum should include scope for mixed blended learning activities that promote other undergraduate students such as social workers and medical doctors.</p> <p>Suggestions include:</p> <ul style="list-style-type: none"> • By creating opportunities for nurses to engage in activities that facilitate engagement with other health professions (eg through simulation exercises). Or • Universities should, where appropriate, offer subjects that have mixed student attendance. For instance, a health ethics subject could have students from paramedicine, exercise physiology, midwifery, nursing, medicine, and behavioural science courses. Or, • Availability of financial supports and scholarships for students to attend multi-disciplinary conferences and workshops would also support inter-professional learning.
Accreditation standards framework	9. What are the strengths of the style and structure of the current registered nurse accreditation standards?	The current nine accreditation standards framework could be condensed down to five domains that align with other health professions. The current nine accreditation domains are excellent and should all be inclusive and achievable within five domains.
	10. What are the limitations of the style and structure of the current registered nurse accreditation standards?	The current nine accreditation domains produce replication and duplication for education providers.
	11. Should the registered nurse standards move to a five - standards structure in line with accreditation standards of other registered health professions?	Yes, the current nine accreditation domains could be condensed down to five domains as suggested by the following:

		<ul style="list-style-type: none"> • Number 1- Public safety- Nursing standards- incorporate number 9. – risk management • Number 2. Academic governance & quality assurance- Nursing standards- incorporate number 1. Governance & number 9. Quality improvement • Number 3. Program of study- Nursing standards- incorporate number 2. Curriculum conceptual framework, number 3. Program development & structure, number 4. Program content, number 7. Resources & number 8. Management of workplace experience. • Number 4. The student experience- Nursing standards- incorporate number 6. Students • Number 5. Assessment- Nursing standards- incorporate number 5. Student assessment.
Guidance on the use of evidence	12. To what extent are accreditation standards clear in their expectations of the evidence required of education providers to demonstrate compliance?	There are currently no Evidence Guides to inform education providers on best ways to address curriculum accreditation requirements.
	13. What is the best way to provide guidance to the standards and criteria (for example, to ensure consistent interpretation of those concepts in the current environment and/or elaborate on important concepts)?	Review and development of the registered nurse accreditation standards by providing Evidence Guides would provide a plausible solution in guiding education providers how to best address curriculum accreditation requirements.
Best practice standards	14. Should there continue to be an input-based standard prescribing the minimum number of clinical practice hours to be completed?	<p>Yes, ACM support the continuance of an input-based standard that prescribes the minimum number of clinical practice hours to be completed so that students can incorporate experiential knowledge, application of theoretical knowledge and familiarity with the work environment and requirements including shift work.</p> <p>ACM note that incorporation of outcome-based standards into the curriculum facilitates comprehensive learning experiences to ensure a competent, safe practitioner that possesses all the knowledge, skills and attributes as they transition into their role as a new graduate.</p>

<p>Future directions</p>	<p>15. What changes are likely to occur in the role of the registered nurse in next five years?</p>	<p>The role of the registered nurse in the next five years will become increasingly diverse as health systems constantly change and technology standards and communication methods continue to change the way health practitioners work and communicate, especially in remote areas of Australia. ACM believe the registered nurse should be provided with opportunities that will enable flexible learning approaches that include simulation, inter-professional learning and exchange of students and clinicians for clinical practice experience between regional and remote areas of Australia.</p> <p>There will be additional changes and challenges due to the health effects of climate change, with a potentially increased interaction between the environment and health. Nurses are well placed to assist the population to respond and adapt to this, and education programs should support them to do this.</p> <p>There is an increasingly level of responsibility for nurses to act as health advocates, educators, and in public health and specifically out in the community. As such, there is scope for a further move towards primary, preventive and community health (particularly with the rising significance of chronic disease). Therefore, education programs should increase students education around non-clinical aspects of health.</p> <p>Further, there is an increased awareness of, and funding for, mental health. This will hopefully lead to the growth of community-based supports and services, as well as a more holistic approach to all health services. Nursing education should focus on a wellness model of health, and should consider all facets of health, rather than simply physical disease</p>
	<p>16. How can the accreditation standards support the development of the role of the registered nurse to meet the future health care requirements of individuals and communities?</p>	<p>The accreditation standards can support the development of the role of the registered nurse by offering extended opportunities and student exchange between education providers in regional and remote areas of Australia.</p> <p>Clinical practice hours should incorporate exposure to primary health care models including community health centres and domiciliary care.</p> <p>Registered nurses should also have the opportunity to spend clinical practice hours in General Practitioners' health clinics.</p>

		Accreditation standards should support the collaboration between the health services and the education provider so that student mentoring and support is a crucial aspect of the student's experience.
	17. Are there any other issues you would like considered that have not been discussed in this consultation paper?	<p>International clinical placement hours should also be included as a component of the required number of clinical hours. The depth of understanding and level of expertise that students gain from international clinical placements contributes to the student's holistic perspective of nursing on many levels. International clinical hours need not be mandatory, but if the student elects clinical placement in another country, the clinical hours should contribute to the student's overall requirements.</p> <p>Incorporation of global issues on health within the curriculum should also be considered.</p>

Kind regards,
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