

Feedback is provided as follows:-

Entry criteria in undergraduate nursing courses.

QUESTION 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?

Assuming the required level of English language skills is met (addressed in Q3), students from diverse backgrounds may need additional assistance with healthcare terminology and Australian cultural differences. This may include familiarity with a variety of Australian colloquialisms and sayings, and strategies to deal with cultural behaviour that is unfamiliar whilst developing and maintaining a professional persona. This might be achieved by optional tutorials and simulated interactions.

Acknowledge the needs of students from diverse backgrounds with both language and cultural support. i.e. tailor teaching and learning to the individual student needs, provide a mentor, careful planning of placements, , information on the systems in healthcare as well as ensure diversity training for both teaching and clinical staff.

Support could also be offered through confidential mentorship or student groups to discuss and guide understanding and help decrease a sense of isolation.

Entry criteria in undergraduate nursing courses.

QUESTION 2: How can the accreditation standards support inclusion of strategies to increase student retention?

Stronger engagement strategies could be built into the standards to improve retention. This may include strategies specific to students identified as being at risk. Strategies could be used to seek feedback on positive and negative experiences and used to promote closer engagement. This focus may be on the learning experience or on the transition to the Australian tertiary environment.

Early intervention may allay anxieties in students and assist them to keep focused on working toward achieving outcomes. Examples of Culturally and Linguistically Diverse (CALD)strategies could be included in a guideline to support a standard promoting a positive learning environment.

English language requirement for entry to Bachelor of Nursing programs

QUESTION 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?

YES

This would seem to be the fairer option for the student as well as the teaching facility. It would provide clarity and avoid disappointment.

The required level of English comprehension would also greatly benefit the student in undertaking studies in English, and provide a strong base in comprehension that will assist in learning the

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language of health care, such as clinical terminology and abbreviations. Comprehension is fundamental to the critical thinking required for making decisions regarding patient care and safety.

The registered nurse (RN) standards should reflect the enrolled nurse (EN) standard 6.1 (2017) regarding English language skills.

Based on research outcomes detailed in the consultation paper, the desired IELTS by the nursing and midwifery board of Australia (NMBA) is 7.0, and this should also be the entry level into the bachelor of nursing (BN).

It would be reasonable to assume that an appropriate level of English comprehension would help to decrease failure rates in assessment, low levels of confidence and attrition, and promote interaction and conversation skills with patients, with improved opportunity for comprehensive assessments.

The RN role includes leadership, providing direction and delegation for ENs and assistants in nursing (AINs). This requires the ability for the RN to clearly articulate instructions and assess the understanding of the person accepting the delegation or instructions. An inability to communicate well could lead to adverse safety events.

Quality of clinical placements

QUESTION 4: What changes and/or additions to the standards are necessary to support quality improvement in the clinical learning environment?

Supportive of the use of the Best Practice Clinical Learning Environments framework as the basis of an outcome based standard. A dedicated education unit (DEU) promotes positive learning environments and competent graduates with critical thinking skills

Quality of clinical placements

QUESTION 5: What changes and/or additions to the standards are necessary to support quality improvement in the clinical learning environment?

Suggest that the clinical placement facilitator's role also includes coordinating/liasing with staff in the clinical setting to ensure that reasonable expectations regarding the abilities of a new graduate are agreed and understood. The belief that the graduate should be able to 'hit the ground running' must be challenged and the role of the RN as one of support and mentorship through the graduate RNs transition into practice be promoted. This will assist in promoting a positive environment for the new RN.

All of the best practice clinical learning environment (BPCLE) elements are required as a composite for the framework to support quality.

Simulation and student learning outcomes

QUESTION 6 How can the accreditation standards better support the use of simulated learning?

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Moving to outcome based standards would support greater use of simulated learning as the focus is on the quality of the learning achieved, rather than how it is achieved.

Simulation and student learning outcomes

QUESTION 7: Should minimum practice hours be inclusive of simulated learning hours? If so, should a maximum percentage of simulated learning hours be stipulated?

Responses to Q7 vary with mixed support for and against the inclusion of simulation hours into the minimum practice hours.

One view is that minimum practice hours could include simulated learning, but it's difficult to know appropriate ratio to real life experience. Would suggest a maximum cap on simulation hours used towards practice hours. Again difficult to know what this should be, and perhaps better decided by academic staff who have had experience with learning outcomes achieved through simulation as a component of overall practice experience.

Perhaps tertiary institutions should be requested to provide evidence as to why certain number of simulation hours should be included in practice hours to meet the learning outcome.

An alternate view seeks to keep standard 3.6 – that minimum practice hours should not include simulation hours, but be kept as an additional strategy. There is not enough evidence in the Australian context to replace traditional practice hours with simulation hours.

More research is required before consideration can be given to a maximum stipulation for simulation. Traditional placement experiences are core to training and education and will guide students with where they would like to work when qualified.

Inter-professional learning for collaborative practice

QUESTION 8 How can the accreditation standards better support inter-professional learning?

Current standards (2.4, 3.5 and 8.4) are broad and repetitive. Inter-professional learning could be included once and be outcome based.

Accreditation standards framework

QUESTION 9: What are the strengths of the style and structure of the current registered nurse accreditation standards?

The standard and criteria provide detail to assist with the accreditation process.

Accreditation standards framework

QUESTION 10: What are the limitations of the style and structure of the current registered nurse accreditation standards?

The current standards are lengthy and repetitive in places. Not standardised with other professional body's accreditation processes.

Accreditation standards framework

QUESTION 11: Should the registered nurse standards move to a five - standards structure in line with accreditation standards of other registered health professions?

Supportive of an outcome based focus and restructure to five standards.

Recommendation of the *Independent Review of National Registration and Accreditation Scheme for health professionals* for standardised processes.

Guidance on the use of evidence

QUESTION 12: To what extent are accreditation standards clear in their expectations of the evidence required of education providers to demonstrate compliance?

The statements are clear however there is not an evidence guide to support the standards.

Guidance on the use of evidence

QUESTION 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)?

A guide to assist an applicant with the evidence requirements would be of benefit. The guide could provide more detail, instructions and possible examples to assist with the development of an application. A guide could provide clear expectations of the evidence required.

A guide would also offer the benefit of flexibility, in that the guide could be updated without the needing to update the standards.

Best practice standards

QUESTION 14: Should there continue to be an input-based standard prescribing the minimum number of clinical practice hours to be completed?

Yes.

Noting that this is regarding minimum hours, there would be too many variables across the tertiary institutions regarding required hours to determine competence if the minimum requirement was removed. There is a potential risk that practice hours may be reduced under pressure of limited available placements.

Future directions

QUESTION 15: What changes are likely to occur in the role of the registered nurse in next five years?

It is foreseeable that the future role of the RN will have a stronger emphasis on team and clinical leadership along with greater responsibilities for the supervision of ENs and AINs across many clinical settings.

A drive to increase RNs working to the top of scope as well as an expansion of RN roles and expectations.

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There may be greater emphasis on delivering person centred care in community settings, which will increase the autonomy and collaboration of the RN role within the multidisciplinary team. Greater emphasis on telehealth technologies and health informatics will be required. RNs may also be required to have a greater role in data collection for workforce planning purposes. The RN will have greater input into clinical redesign of services.

Future directions

QUESTION 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?

Accreditation standards can support future changes by including leadership and change management principles and promoting flexibility in the application of the RN role to different clinical roles and to extended scope roles.

Future directions

QUESTION 17: Are there any other issues you would like considered that have not been discussed in this consultation paper?

No additional comments at this time.