

## **Review of Registered Nurse Accreditation Standards**

### **Consultation paper 1**

### **Feedback Template**

Name	Question Category	Question	Comment/Feedback
	Entry criteria in undergraduate nursing courses	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>Students from diverse background require early high level support specifically in the 1st semester and ongoing support throughout the first year of learning to improve the chance of success for the student.</p> <p>Supports should comprise:</p> <ul style="list-style-type: none"><li>• Access to cultural translation courses</li><li>• Mentor / support from higher level students and student services</li><li>• Access to study allowance to decrease the need for employment by this cohort</li><li>• Access to academic assistance</li></ul>
		2. How can the accreditation standards support inclusion of strategies to increase student retention?	<p>Require Entry Programs to have:</p> <ul style="list-style-type: none"><li>• clearly defined strategies to support the above individuals / groups throughout the duration of the qualification</li><li>• one on one tutoring / mentoring throughout the first year of the program.</li><li>• early exposure to clinical practice – simulation and clinical placements (specifically the use of simulated learning with supervision to assist in assessing communication skills</li></ul>

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			<p>and any clinical learning support needs.)</p> <ul style="list-style-type: none"><li>• the inclusion of an evaluation framework for clinical placements</li></ul>
English language requirement for entry to Bachelor of Nursing programs	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>The translation of knowledge into the practice setting is dependent on the ability of the student to comprehend and execute appropriate English language skills. Attainment of an AQF qualification and completion of an NMBA approved program should be evidence that the person has the requisite English proficiency; however reported recent experience in the clinical setting indicates that this assumption is not proving true.</p> <p>The expectation is that students will improve their English during the period of the course however as indicated in the consultation paper there is evidence that this is not the case.</p> <p>While the principle of requiring students to meet the requisite English language skills as required for registration at the completion of the program is supported, consideration of the following issue is recommended.</p> <p>The issue when determining the English language requirements for approved programs is that not all</p>

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			undergraduate students plan to register and practice in Australia. Therefore would requiring this cohort of students to demonstrate language skills requisite to the NMBA English Language Registration Standard be appropriate?
Quality of clinical placements	4. What changes and/or additions to the standards are necessary to support quality improvement in the clinical learning environment?		The education provider should be required to have an evaluation framework for clinical placements (that could be based on the BPCLE) and show evidence of evaluation results and how the results have been acted upon. Key element 3 of the BPCLEF refers to those engaged in the supervision and support of students during workplace experiences being adequately prepared for this role. 'adequately prepared' is poorly defined. What does this mean for a workplace RN who is assigned as a preceptor to a student? There is no clarifying explanation as to what this entails / requires. The standards could ask for evidence of how Clinical Placement Providers (CCP) up-skill / support clinical staff to effectively support students during workplace experiences.

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		<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, each of the 6 elements are useful, however how does an Education Provider (EP) evidence each of the 6 elements for or on behalf of a clinical placement provider (CPP)? For example Element 5 ‘Effective communication processes’ has the following as a sub element – Communication is not taken for granted. How would an EP evidence this on behalf of a CPP?</p>
	Simulation and student learning outcomes	<p>6. How can the accreditation standards better support the use of simulated learning?</p>	<p>There have been considerable advancements in the Simulated Learning Environments (SLE) which are a more sophisticated and are recognised as a credible realistic learning experience. SLEs provide excellent opportunities to learn prior to placement and to augment clinical learning opportunities that may not have experienced during placement. As previously indicated, SLE could also be utilised to support and assess the English language skills of students from diverse backgrounds. The use of SLE could be used to assist students who undertake a 2 year program, rather than a three year program, to support the development of their foundational knowledge and to build / enhance these basic skills i.e.</p>

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			patient interaction, physical assessment and clinical handover. Experience of CPPs is that students who undertake only 2 years of a Bachelor of Nursing are not exposed to the same foundational aspects of nursing and consequently have difficulty when undertaking clinical placement in their 2 <sup>nd</sup> year.
	7. Should minimum practice hours be inclusive of simulated learning hours? If so, should a maximum percentage of simulated learning hours be stipulated?		Until there is evidence about the level of direct clinical experience hours required to prepare nursing graduates, simulation hours should be in addition and not used to replace direct clinical experience. Thus, support the inclusion of a minimum percentage of simulation hours, for use as stipulated in previous response, in addition to the required 800hrs of direct clinical placement.
Inter-professional learning (IPL) for collaborative practice	8. How can the accreditation standards better support inter-professional learning?		Clearly stipulate a minimum number of hours nursing students engage in IPL. This can occur during formal academic studies or during clinical placement. The SLE provides an excellent opportunity to incorporate IPL with a group of Multi-D students. Link IPL to formative assessment during clinical placement. Suggest requiring the EP to provide clear examples and outcomes of IPL.

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			The draft 8 competencies outlining graduate outcomes for inter – professional education (IPE), as described in the consultation paper, could be incorporated in an IPE evaluation framework.
Accreditation standards framework	9. What are the strengths of the style and structure of the current registered nurse accreditation standards?	The inclusion of a minimum requirement for clinical practice hours. Standards are clearly set out with clearly defined criteria.	
	10.What are the limitations of the style and structure of the current registered nurse accreditation standards?	The standards in some areas are written in a way that is not specific enough and therefore open to interpretation. For example what is meant by the phrase 'appropriate resources' in 8.8  There has been evidence that the criteria are poorly understood by EPs which has led to inadequate submissions for accreditation / reaccreditation. Examples that support each criterion may be of benefit without necessarily directing EPs as to what to submit as evidence.	
	11.Should the registered nurse standards move to a five - standards structure in line with accreditation standards of other registered health professions?	A move to a five standard structure is supported as long as the existing standard requirements are not diminished. Has a mapping exercise	

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		<p>been undertaken between the existing standards and proposed five standard structure?</p> <p>For example, it is unclear where the current domain <i>Management of workplace experience</i> fits within the 5 proposed domains.</p> <p>Given that this is an area of long standing challenges the requirements for this domain need to be retained and possibly strengthened in any change to the domain structure.</p>
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?	Currently each EP interprets the criterion differently and subsequently presents their evidence differently – this in itself is not an issue, what is an issue is the quality of the evidence. If assessors ask for additional evidence then it may be that the EP has either not understood the criteria or lacks the necessary evidence.
	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)?	Support the introduction of the suggested Evidence Guides that include robust examples of what could be provided by EP as evidence of compliance with each domain criterion.
Best practice standards	14.Should there continue to be an input-based standard prescribing the minimum number of clinical practice hours to be completed?	Support the position of ANMAC, as outlined in the consultation paper, on the need for a combination of both input and outcome based standards.

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			<p>Practice hours are a critical component of nursing students learning and development and many of the elements of practice hours could not be achieved and measured through outcome based standards only.</p>
		<p>15.What changes are likely to occur in the role of the registered nurse in the next five years?</p>	<p>Work is currently being undertaken at the national level on Nursing and Midwifery prescribing. The outcome of this work may need to be considered in the RN and RM accreditation standards in the future to support any future prescribing models.</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>Four out of every five people living with mental illness have co-existing physical illness compared to the general population. With the continuing integration of mental health services it is important that undergraduate nursing students are educationally prepared to care for both the physical and mental health of consumers.</p>
		<p>17. Are there any other issues you would like to be considered that have not been discussed in this consultation paper?</p>	<p>As above.</p>