

# NURSING

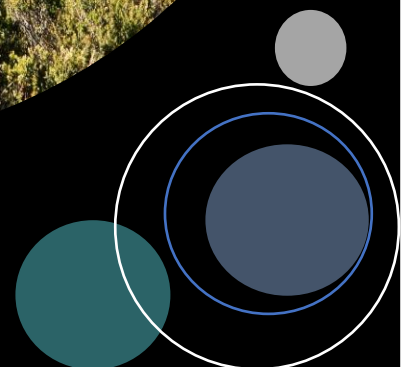
## Supervisor and Facilitator Guide to Professional Experience Placement (PEP)



### Professional Experience Placement (PEP) – Rural Expansion Project

Identifying, implementing and evaluating ways to better support professional experience placements for dental, nursing and allied health undergraduate students in rural Tasmania.

[utas.edu.au/health/pep](https://utas.edu.au/health/pep)



© 2020  
School of Nursing  
College of Health and Medicine  
University of Tasmania  
Locked Bag 1322  
Launceston TAS 7250  
Australia



UNIVERSITY *of*  
TASMANIA

*The University of Tasmania would like to thank you for your ongoing commitment to supporting quality Professional Experience Placement (PEP) for our School of Nursing (SON) students.*

*Your willingness to supervise and facilitate student learning in the practice environment enables the development of a safe and skilled future healthcare workforce.*



## About this Guide

---



This resource is designed to support you in your learning and teaching role of students undertaking the practical or (PEP) components of their Bachelor of Nursing degree. This guide is organised in two sections. The first explains how PEP is structured and undertaken at the University of Tasmania. The second section provides guidance on the process of effective PEP supervision and facilitation to enable positive learning experiences for students as they develop the necessary capability as a beginning-level practitioner. Across topic areas there are suggested links for further resources and more in-depth information.

This guide is also available on the PEP Website  
[www.utas.edu.au/health/professional-experience-placement/supervisors](http://www.utas.edu.au/health/professional-experience-placement/supervisors).

If you have any suggestions or additional content for the improvement of this guide you are welcome to provide these via email to  
[J.F.Cooper@utas.edu.au](mailto:J.F.Cooper@utas.edu.au).

This resource was written and compiled by Dr Linda Jaffray (Professional Experience Placement Rural Expansion Project) and John Cooper (Academic PEP Coordinator, School of Nursing) at the University of Tasmania.

Photographic images by Darren Grattidge.

# Contents

<b>Section 1: Professional Experience Placement (PEP) at the University of Tasmania</b> .....	5
About Professional Experience Placement (PEP).....	6
PEP in Context of the Curriculum .....	7
BN Course Pathways and PEP Overview.....	8
Key University Contacts for PEP .....	10
Resources and Training.....	11
PEP Processes .....	12
Scope of Practice & Supervision During PEP.....	16
Assessment in PEP: The PEP Workbook .....	18
<b>Section 2: Effective PEP Supervision and Facilitation</b> .....	22
Overview of Resources .....	23
Supervisor and Facilitator Approach & Key Attributes .....	24
Factors Underpinning High Quality PEP.....	25
Preparation for PEP .....	26
Adult Learning and Professional Socialisation .....	28
Student Learning Styles & Student-centred Teaching .....	29
Clinical Reasoning Cycle.....	30
Welcome and Orientation of Students.....	33
Supporting Student Reflection .....	35
Providing Constructive Feedback .....	36
Interprofessional Learning (IPL).....	40
Navigating Challenges to Support Student Learning .....	42
The over-confident or shy, introverted student .....	42
Students who present as disinterested or disengaged.....	43
Uncertainty about workplace requirements .....	43
Student Progression .....	43
Tension within the supervisor / facilitator and student relationship .....	44
Distressed Students .....	45
Conflict Resolution.....	46
Self-care, Professional Development and Support.....	49
References .....	50

# NURSING

## Section 1: Professional Experience Placement (PEP) at the University of Tasmania

About PEP

PEP in Context of the Curriculum

BN Course Pathways and PEP Overview

Key University Contacts

Links to Resources and Training

PEP Processes

Scope of Practice, Supervision  
and Assessment



### Professional Experience Placement (PEP) – Rural Expansion Project

Identifying, implementing and evaluating ways to better support professional experience placements for dental, nursing and allied health undergraduate students in rural Tasmania.

[utas.edu.au/health/pep](https://utas.edu.au/health/pep)



# About Professional Experience Placement (PEP)

Professional Experience Placement or 'PEP' is a structured and formal learning experience that enables students to put theory into practice within a workplace setting. PEP, often referred to in nursing as 'prac' or 'clinical placement', has two primary objectives. Firstly, it seeks to immerse students in healthcare environments to apply and consolidate newly acquired knowledge and skills. Secondly PEP aims to increase student understanding of the diverse roles undertaken by registered nurses and other health professionals, within the Australian healthcare system.

Within PEP, students will work along-side registered nurses and other healthcare professionals, contributing directly to quality patient care.

Professional Experience Placement (PEP) is a compulsory component of the Bachelor of Nursing program, with all students undertaking 840 hours of PEP within a variety of healthcare environments and locations across their degree.

PEP is integral to the broad experiential curriculum of the Bachelor of Nursing (BN), which aims to graduate students as safe beginning-level registered nurses.

PEP is a time for students to place into context and transfer theoretical knowledge into real-world practice settings.

Through supported experiential learning, it is the role of supervisors and facilitators to help 'bring theory to life'; assisting students to make meaning of the knowledge transfer and provide opportunities for students to develop and demonstrate the requisite knowledge, skills and attributes which underscore the profession of nursing.

## Nursing students undertaking PEP within the undergraduate program are supernumerary.

This enables students the opportunity to learn and develop in PEP through:

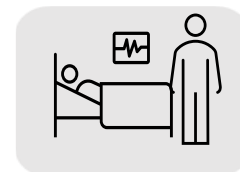


## PEP Healthcare Environments and Locations

To satisfy the requirements of Australian Nursing and Midwifery Accreditation Council (ANMAC) and University course requirements, students are required to complete a range of PEPs. Typically, students undertake placements in both rural/remote and metropolitan settings across the degree in key nursing areas such as:

Acute Care	Aged Care	Community Nursing	Mental Health	Primary Health
------------	-----------	-------------------	---------------	----------------

# PEP in Context of the Curriculum



The Bachelor of Nursing program at the University of Tasmania, contains five units of study that include PEP as a core component.

Unit Code	Unit Title	Duration	Hours
NUR135	Nursing Practice 1	2 weeks	80
NUR239	Nursing Practice 2	3 weeks	120
NUR242	Nursing Practice 3	3 weeks	120
NUR351	Nursing Practice 4	6 weeks	240
NUR354	Nursing Practice 5	7 weeks	280
		<b>Total</b>	<b>840 *</b>

*\*Please note: The minimum number of PEP hours required to be eligible to apply for registration as a Registered Nurse with the Australian Health Practitioners Regulation Agency (AHPRA) is 800 hours. Within the Bachelor of Nursing, 840 hours has been allocated to each student to take into consideration typical national and regional public holidays that occur each year over the course of the degree.*

Over the nursing program, the specific expectations of students and assessment tasks undertaken during PEP are incremental. This means that each successive PEP supports the increased development and application of a discrete, but related set of skills, knowledge and professional behaviors.

Students transition from an introductory/observational PEP in Nursing Practice 1 (NUR 135), through to demonstrating the required level of capability as a beginning-level practitioner upon completion of Nursing Practice 5 (NUR354) in accordance with regulatory, legislative and professional requirements.

For a more comprehensive understanding of expected capabilities for each PEP please see the document 'BN Student Developmental Indicators for PEP' in the 'resources for supervisors section on the PEP website [www.utas.edu.au/health/professional-experience-placement/student-information/nursing/clinical-facilitators](http://www.utas.edu.au/health/professional-experience-placement/student-information/nursing/clinical-facilitators)

# BN Course Pathways and PEP Overview

---



The Bachelor of Nursing at the University of Tasmania can be undertaken through three different course offerings or pathways, available from either our Hobart, Launceston, Burnie or Sydney campuses.

Students apply for enrolment into one of the course offerings below:

- 2-year (accelerated) program
- 3-year (full-time) program\*
- 4-year (part-time) program

\*Not available in Sydney

Regardless of course pathway, all students engage in 24 units of study, inclusive of five PEP experiences across the program.

Each academic year contains three Nursing Study Periods (NSP) of twelve weeks duration. The number of units per study period vary depending on the course pathway chosen.

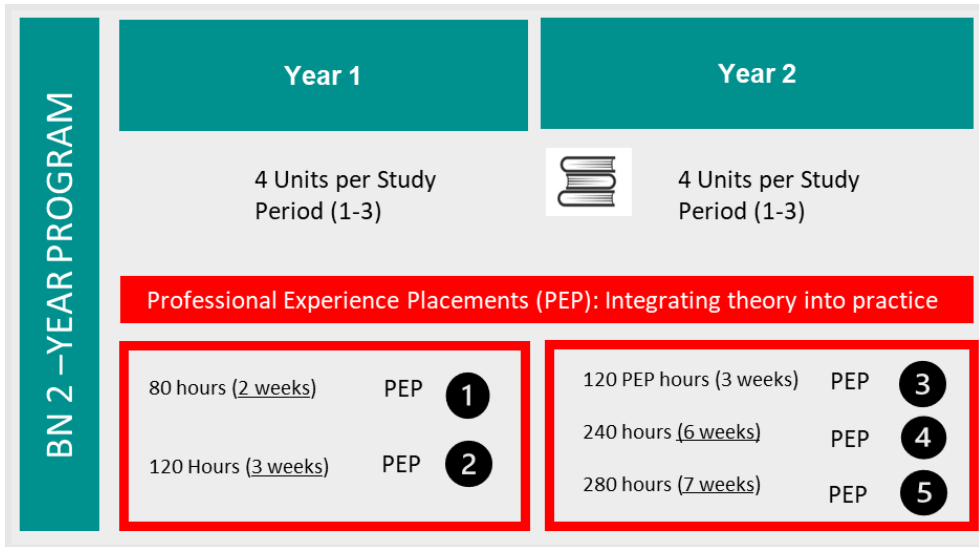
The diagram on the following page provides a visual map of the units of study of each course offering within the Bachelor of Nursing and where Professional Experience Placement (PEP) is situated within the program.

For a more comprehensive document outlining each course pathway, specific unit details, and where traditional PEP offerings will now occur, please access the nursing resources under the 'support for supervisors' tab on the PEP website:

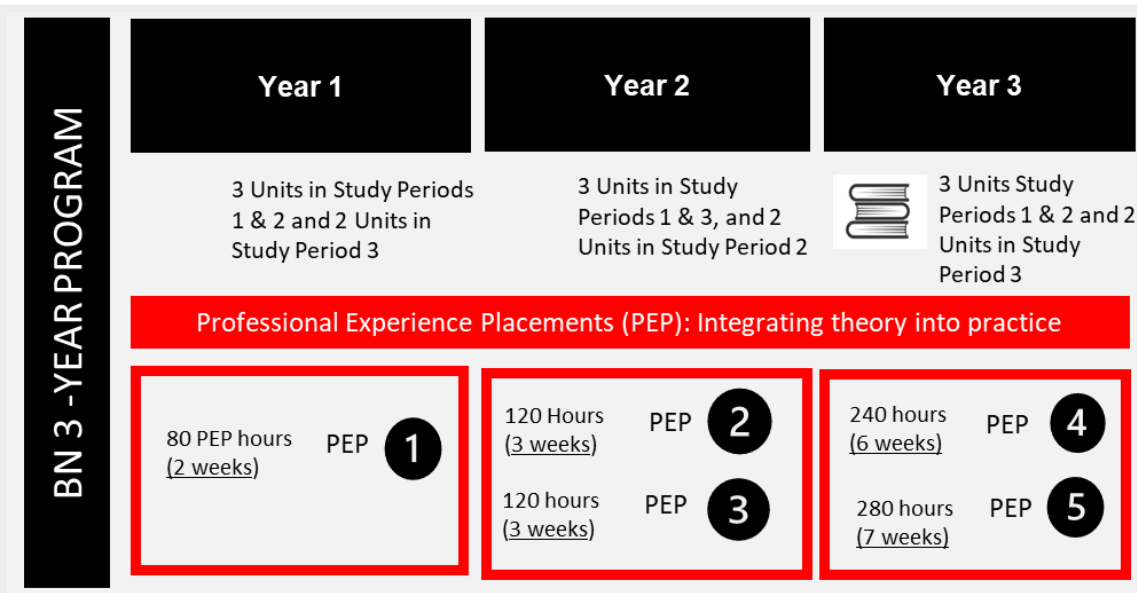
[www.utas.edu.au/health/professional-experience-placement/supervisors](http://www.utas.edu.au/health/professional-experience-placement/supervisors)



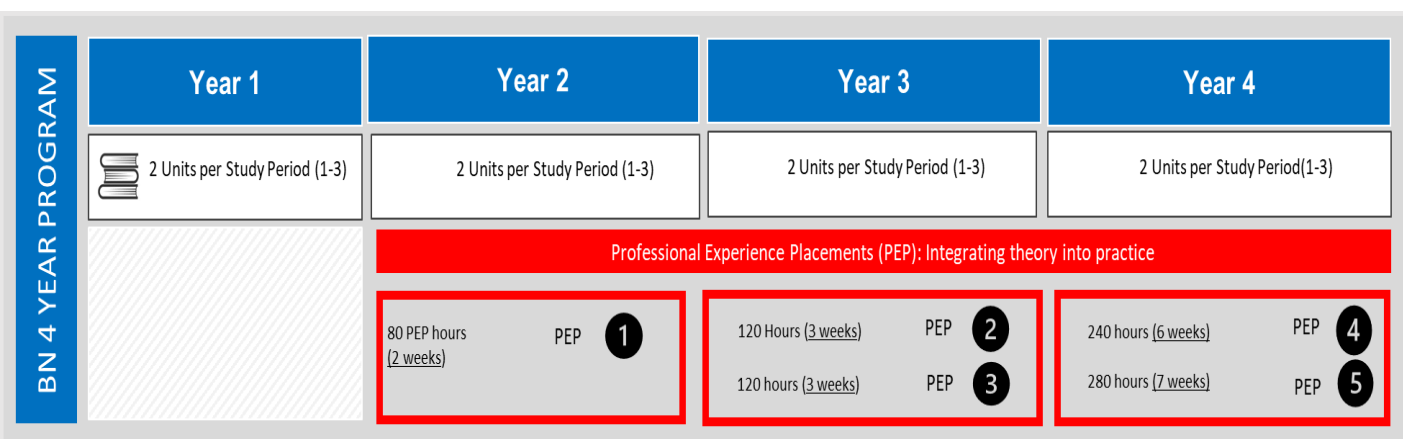
# BN COURSE PATHWAYS AND PEP OVERVIEW



In the BN degree, students can elect to undertake the accelerated pathway of two years.



Undertaking the BN degree, across three years is another option for students.



The option of a four-year (part-time) course pathway also exists.

# Key University Contacts for PEP



Within the School of Nursing, PEP is managed by the School of Nursing PEP Team in accordance with College of Health and Medicine requirements. Professional and academic staff, located in Tasmania and New South Wales (NSW), work to ensure each student is supported and has access to the relevant information in the lead up to, and during each PEP experience. The following information identifies key personnel and sources of information / support for facilitators and supervisors.

## Fieldwork Coordinators (FWC)

Fieldwork Coordinators (FWC) are the primary university contact for students, facilitators, and supervisors during PEP. Please see the PEP website for the names and contact emails for the Fieldwork Coordinator in your area [www.utas.edu.au/health/professional-experience-placement/student-information/nursing/clinical-facilitators](http://www.utas.edu.au/health/professional-experience-placement/student-information/nursing/clinical-facilitators)

For the duration of each PEP, Fieldwork Coordinators also carry a mobile phone to enable direct contact in the case of a critical incident or emergency. The emergency number and any additional contact details will be provided to you in the lead up to each placement.

## Academic PEP Coordinator

All elements of PEP within the School of Nursing have academic oversight provided by the Academic Professional Experience Placement Coordinator. This role works closely with all members of the PEP team to ensure each student receives a quality placement experience in accordance with program and unit requirements. The Academic PEP Coordinator for the School of Nursing is John Cooper [J.F.Cooper@utas.edu.au](mailto:J.F.Cooper@utas.edu.au)

PEP compliance, allocations, and general information enquiries

Tasmanian PEP Team (for TAS BN Students):  
[Tasmania.Placements@utas.edu.au](mailto:Tasmania.Placements@utas.edu.au)

NSW PEP Team (for NSW BN Students):  
[Sydney.Placements@utas.edu.au](mailto:Sydney.Placements@utas.edu.au)

## PEP Website

The College of Health and Medicine's PEP-Website is another source of information, providing up to date PEP resources to support you in your role.

[www.utas.edu.au/health/professional-experience-placement](http://www.utas.edu.au/health/professional-experience-placement)

## Professional Experience Placement (PEP)

Putting theory into practice in a health care setting.  
Explore the PEP Website now.  
[www.utas.edu.au/health/professional-experience-placement](http://www.utas.edu.au/health/professional-experience-placement)



## Whole of Community Facilitators (WOCFs)

For supervisors of students undertaking PEP in rural and remote areas of Tasmania, as well as non-Tasmanian Health Service (THS) placements on the North West Coast, Whole of Community Facilitators are another important University contact. The role of the Whole of Community Facilitator (WOCF) is to support rural supervisors in their learning and teaching of nursing and allied health students.

To identify and contact the WOCF in your region please visit the PEP website: [www.utas.edu.au/health/professional-experience-placement/rural-and-regional-placement/community-facilitators](http://www.utas.edu.au/health/professional-experience-placement/rural-and-regional-placement/community-facilitators)

## Additional Avenues for Student Information and Support

**Student Accommodation and Financial Support Assistance.** For information students should be advised to contact [CRH.Accommodation@utas.edu.au](mailto:CRH.Accommodation@utas.edu.au) or phone +61 3 6324 4012.

**Student Counselling Services.** Information about student counselling services can be found on the University website [www.utas.edu.au/students/shw/counselling](http://www.utas.edu.au/students/shw/counselling).



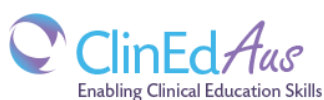
The School of Nursing at UTAS provides varied learning events and workshops to support supervisors and facilitators in the PEP space. Keep your eye on the PEP Website for upcoming events: [www.utas.edu.au/health/professional-experience-placement/student-information/nursing/clinical-facilitators](http://www.utas.edu.au/health/professional-experience-placement/student-information/nursing/clinical-facilitators)

This document provides an overview of PEP, as delivered through the Bachelor of Nursing Program, at the University of Tasmania. It also contains fact sheets and brief guidance on a range of topics related to supporting student learning in the practice environment, including common challenges identified by our industry partners.

In addition, there is a wealth of online resources and training relevant to supervision and facilitation of student PEP and work integrated learning. Please see the following for a place to start:

**GLOBAL WIL**

<https://globalwil.org/>



[www.clinedaus.org.au/](http://www.clinedaus.org.au/)



**SUPPORTING HEALTH STUDENTS  
IN THE WORKPLACE**

[www.supportingstudents.org.au/](http://www.supportingstudents.org.au/)

'Peer Coaching and Work Integrated Learning: Practice Guide For Fieldwork Supervisors', Curtin University:

<http://healthsciences.curtin.edu.au/wp-content/uploads/files/practice-guide-peer-coaching-and-work-integrated-learning.pdf>

The University of Queensland, Occupational Therapy Practice Education Collaborative Queensland:

<https://otpecq.group.uq.edu.au/resources-publications/clinical-educators-resource-kit>



<http://acen.edu.au/>



[www.heti.nsw.gov.au/Placements-Scholarships-Grants/clinical-placements/clinical-placement-resources/clinical-supervision-resources](http://www.heti.nsw.gov.au/Placements-Scholarships-Grants/clinical-placements/clinical-placement-resources/clinical-supervision-resources)



WPL: Get Engaged!

<https://acen.edu.au/workplace-learning-get-engaged/>

University of Queensland Practice Education Videos (Occupational Therapy-based resources)

<https://otpecq.group.uq.edu.au/placement-stories-awards/practice-education-videos>



The National Association of Field Experience Administrators Inc. <https://nafea.org.au/>

# PEP Processes

---



The School of Nursing's Professional Experience Placement (PEP), at the University of Tasmania, must ensure the safety of students, staff, and the broader community through completion of all mandatory legislative, regulatory, placement partner and university requirements.

School of Nursing PEP is governed by the University's Professional Experience Placement Policy and a suite of process documents written and maintained by the College of Health and Medicine to guide students and stakeholders pre, during and post PEP.

Links to these documents are located under the 'compliance' and 'PEP Processes' tabs on the PEP Website [www.utas.edu.au/health/professional-experience-placement](http://www.utas.edu.au/health/professional-experience-placement).

The following section provides an overview of student requirements related to compliance, professional standards, mandatory functional requirements, medication management and general PEP guidelines.

## Student Compliance

Participation in PEP is conditional on nursing students completing and maintaining all mandatory compliance requirements set out in the School of Nursing Student Compliance section on the PEP website: [www.utas.edu.au/health/professional-experience-placement/safety-in-practice-requirements](http://www.utas.edu.au/health/professional-experience-placement/safety-in-practice-requirements). As a snapshot, these include the following items:

- ✓ Safety in Practice Agreement
- ✓ Health Assessment (if required)
- ✓ National Police Record Check Certificate
- ✓ Working with vulnerable people (children) registration
- ✓ Immunisation Record (infectious disease and immunisation status)
- ✓ Hazardous Materials Task Handling (Manual Handling) & Basic Life Support (BLS)
- ✓ Hand Hygiene
- ✓ Any specific placement partner requirements (as advised).

## Professional Standards

Upon enrolment into the Bachelor of Nursing degree, each student is automatically enrolled on the student nurse register with AHPRA. As such, students are expected to conduct themselves and practice in accordance with the registration standards, codes of professional and ethical conduct and guidelines that govern safe and effective nursing practice in Australia [\*NMBAs RN Standards for Practice \(2016\)\*](#).

## Mandatory Functional Requirements

All students are required to establish and maintain their medical, physical and psychological capacity to practise safely, inclusive of:

### 1. Reading, Writing and Numeracy

- accurately read and comprehend patient charts and medication labels
- accurately calculate medication dosages, and
- accurately record in patient notes.

### 2. Critical Thinking and Analysis

- critically self-evaluate and reflect upon own practice, feelings and beliefs and the consequences of these for individuals and groups.

### 3. Communication

- accept instruction and professional criticism
- question instructions and decisions which are unclear, and
- resolve conflict and negotiate with staff and patients
- accurately and appropriately communicate with patients, relatives, and all member of the multidisciplinary healthcare team.

### 4. Psychological

- interact with patients and their families, others in a caring, respectful manner to provide social, emotional, and culturally sensitive support and health education, and
- maintain self-control in professional situations.

### 5. Physical

- Understand, maintain, and program technical equipment, which including having the dexterity to handle and manipulate items related directly related to patient care
- physically support clients, including wound management and administering BLS, and
- physically manage essential equipment and materials.

## Student Practice Guidelines: Medication Management



- Students are not to dispense or administer medication unless under direct supervision of an RN, regardless of their stage in the degree or prior qualifications. ‘Medication’ refers to delivery of all therapeutic substances including, supplemental oxygen, topical creams, ointments and eye/nasal drops or inhaled medications as prescribed.
- When administering any medication, students must check the 6 rights of medication administration and demonstrate an understanding of the action of the medication, side effects or adverse reactions, and contraindications, as well as being able to explain why the patient would require this drug (as appropriate for their stage in the degree).
- Some placement providers do not allow students to administer S8 medications (even under direct supervision). Please check organizational policy.
- Refer to your Healthcare Agency guidelines for supervision of students, as often there are additional requirements.
- Students must not administer any medications from a webster pack or a pill dispenser.
- Students cannot be considered the “2nd checker” when administering S4R/S4D/S8

## General Guidelines for Students in Practice

The following general guidelines are communicated to students as part of their preparation for PEP, and are provided here for your information:

<b>Students as Supernumerary</b>	A student must not be substituted for an employee at any time and they cannot be counted as a usual member of staff.
<b>Name Badges</b>	Students must always wear their name badge. Name must be bold and displayed in a prominent place unless this contravenes Healthcare Agency policy.
<b>Uniform Requirements</b>	<p>All students attending PEP are required to adhere to all uniform and personal presentation requirements as detailed below: <i>*please note these may be subject to change</i></p> <ul style="list-style-type: none"> <li>• Short-sleeved navy-blue University of Tasmania Polo shirt <i>Students are required to be ‘bare below the elbows’ during PEP for infection control purposes.</i></li> <li>• Plain navy-blue or black trousers, tailored shorts, culottes or skirt</li> <li>• Black or navy-blue flat soled shoes/joggers <i>Feet must be fully enclosed for safety, no ballet flats or similar</i></li> <li>• Student ID (The UTAS student photo ID card)</li> <li>• University of Tasmania branded fleece vest (if required)</li> <li>• Navy-blue cardigan, jacket or jumper (if required).</li> </ul>
<b>Presenting relevant documentation</b>	A placement provider may request to view a student’s compliance documentation at any stage during PEP. Therefore, students are instructed to ensure they have accessible copies at all times.
<b>Student scope of practice</b>	To determine scope of practice of undergraduate student nurses refer to: the specific unit outlines for the appropriate PEP allocation (Nursing Practice 1-5), the ‘BN Student Developmental Indicators for PEP’ (see PEP Website) and the <a href="#">NMBA Nursing Practice Decisions Summary Guide</a> . Students’ scope of practice may also be influenced by placement provider policies and procedures.

<b>PEP Attendance</b>	<p>Bachelor of Nursing students are required to achieve a minimum of 800 hours of PEP across the degree to be eligible for registration with AHPRA. Therefore, ANY student absences from PEP must be recorded to facilitate the monitoring and management of outstanding PEP hours. Outstanding PEP hours are required to be completed at a later point and are organised on an individual basis and at the discretion of the relevant placement facility and the School of Nursing. In some cases, students may have to undertake additional PEP hours in a subsequent PEP experience.</p> <p>Recurrent or extended absence from PEP for any reason, including illness or extenuating circumstances, may mean the student will be required to repeat the PEP unit of study.</p>
<b>Recording Absences from PEP</b>	<p>The attendance requirement for PEP is set at 100% to ensure that students have optimum exposure to the learning environment to meet the necessary expectations against the NMBA's RN Standards for Practice. In the event a student is absent they must undertake the following:</p> <ul style="list-style-type: none"> <li>• Notify the placement facility prior to the commencement of the shift to be missed</li> <li>• Notify the PEP Facilitator/Field Work Coordinator</li> <li>• Notify the School of Nursing via the Absence from PEP form (accessible on the PEP website) including the uploading of supporting documentation, and</li> <li>• Log absence in PEP Workbook and have this signed by their supervising Registered Nurse.</li> </ul>
<b>Private Work Commitments and PEP</b>	<p>Students who undertake paid employment are advised that attendance and performance in PEP must take precedence over their work commitments. Wherever possible, work commitments should be cleared for the duration of the PEP.</p> <ul style="list-style-type: none"> <li>• A typical week of PEP consists of 40 hours across a range of shifts (mornings, afternoons and in some cases nights). Start/finish times and shift patterns vary between placement facilities</li> <li>• The provision of rosters in advance of PEP is at the discretion of each placement provider and is not managed by the PEP team. Students are expected to attend PEP as per the roster provided.</li> </ul>
<b>Work, Health and Safety information during PEP</b>	<p>All students are required to be familiar with the Work, Health and Safety information as referenced in the Safety in Practice Agreement form accessible on the following link: <a href="https://www.utas.edu.au/_data/assets/pdf_file/0004/543361/Safety-in-Practice-Agreement-Form.pdf">https://www.utas.edu.au/_data/assets/pdf_file/0004/543361/Safety-in-Practice-Agreement-Form.pdf</a>. In the event that a student has an incident, accident or injury while on PEP, they must follow the incident/injury/accident reporting procedures within the particular workplace and ensure the incident/injury/accident has been reported as soon as practicable to the relevant PEP Facilitator/Fieldwork Coordinator and Unit Coordinator.</p> <p>The student must also complete a University of Tasmania Online 'My Safety' Incident Notification, <a href="https://www.utas.edu.au/safety-and-wellbeing/mysafety">https://www.utas.edu.au/safety-and-wellbeing/mysafety</a>. When accessing the notification for the first time, students will need to login on the University 'Sign In' page, which will come up first. If students have any questions, they can email <a href="mailto:health.safety@utas.edu.au">health.safety@utas.edu.au</a> and seek support from the Fieldwork Coordinator to complete this form. Once submitted, the form will be forwarded to the relevant School of Nursing safety representative for review and follow-up.</p>
<b>Student Feedback</b>	<p>Any concerns or issues raised by School of Nursing Students during placement are aimed to be resolved in collaboration with the placement agency as soon as possible. Following PEP, students receive a Professional Experience Placement Survey from the College of Health and Medicine. This anonymous, non-compulsory survey seeks to capture student feedback centered around learning and teaching. This information is used as a continuous quality improvement activity to improve PEP resources and information, supervisor / facilitator education and further inform the curriculum design of the Bachelor of Nursing. A de-identified summary of student feedback is provided on an annual basis to placement agencies.</p>

# Scope of Practice & Supervision During PEP

---

'Scope of Practice' refers to the nursing activities a health practitioner can undertake in line with their educational preparation, clinical skill capability and in accordance with organisational and regulatory requirements. Every health professional (inclusive of student nurses) has a professional responsibility to work within the limits of their scope of practice.

As students' progress through the BN program and acquire new knowledge and skills, PEP provides the avenue to consolidate and safely increase their scope of practice. It is important that students have opportunities to develop into beginning-level practitioners in a well-supported and safe environment, maintaining their duty of care to other health professionals and the public. Over the course of the degree, a student's scope of practice will broaden under the guidance, supervision, and delegation of the registered nurses, with whom students work during PEP.

## **Delegation within Scope of Practice**

Decisions around scope of practice is a collaborative process and is ultimately at the discretion of the supervising registered nurse. Therefore, supervising RN's often ask questions to determine a student's level of preparation and experience to ensure they are able to delegate tasks safely within an individual's scope of practice at that time. As students proceed through their degree, they are encouraged to consider, review and refine what is within their individual scope of practice, and to share what knowledge and skills they have been exposed to in the lead up to placement with their supervisors. Prior to each PEP, students receive information regarding managing and maintaining their scope of practice.

## **Models of Supervision for PEP**

During PEP, all Bachelor of Nursing students are supervised and supported in their learning by a registered nurse who will mentor and guide them to expand their developing capability in practice. Whilst supervision of students in PEP always involves a registered nurse, models of supervision can differ slightly from one placement facility to another. Typically, this is facilitated via two models:

### ***Supervisor / Preceptor Model***

In this model, students work alongside a supervisor, sometimes also referred to as a supervising RN, buddy or preceptor, on a daily basis within the placement facility as they provide care for their clients/patients. While carrying out their nursing work, supervisors will provide supervision, feedback and support student learning and achievements during PEP.

### ***Facilitation Model (Clinical Facilitators and Whole of Community Facilitators)***

In addition to the supervisor / preceptorship model outlined above, most placement facilities also have a facilitator/s to support student learning on PEP. Clinical or PEP Facilitators, are the terms predominantly used in acute care environments and community health, to describe registered nurses who work in a supernumerary capacity (i.e. no patient/client allocation) to support both students and their supervisors/ preceptors in the facilitation of quality learning and assessment experiences during PEP. Whole of Community Facilitators provide facilitation in rural and remote settings and sectors who do not typically have access to in-house facilitators, including mental health, aged care and general practice. Typically, a facilitator will have responsibility for the completion of assessment requirements, as per the PEP Workbook, on behalf of the supervisors / preceptors and organisation in which students are placed, however, this may vary across organisations.



## Direct and Indirect Supervision

All students must be appropriately supervised in practice, which involves a mix of both direct and indirect supervision relative to the individual student's capability, scope of practice and the incremental expectations of each PEP they are undertaking.

The NMBA define Direct and Indirect supervision as follows:

<b>Direct supervision</b>	The supervisor is actually present and personally observes, works with, guides and directs the person who is being supervised.
<b>Indirect supervision</b>	The supervisor works in the same facility or organisation as the supervised person but does not constantly observe their activities. The supervisor must be available for reasonable access. What is reasonable will depend on the context, the needs of the person receiving care and the needs of the person who is being supervised

*(NMBA Supervision guidelines for nursing and midwifery, 2019)*

For every PEP, when a student first enters the healthcare environment, they will initially be under direct supervision for most activities. As the supervising RN's within the placement facility gain confidence in the student's capabilities and referring to the BN Student Developmental Indicators appropriate to each PEP (available at <https://www.utas.edu.au/health/professional-experience-placement/student-information/nursing/clinical-facilitators>), student scope of practice will increase, and level of supervision adjusted accordingly.

As students progress through the degree and their scope of practice increases, students generally require less direct supervision and perform most activities under indirect supervision.

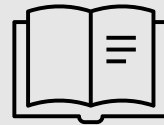
**Regardless of stage of the degree, direct supervision is mandatory for the administration of the following therapeutic substances:**

- All types of medication preparation and administration (i.e. oral, intramuscular, subcutaneous, topical, nebulised)
- Administration of blood products
- Administration and associated line management of intravenous/subcutaneous fluids/medication (including management of intravenous pumps/delivery devices)
- Management of oxygen delivery devices

That is, a student must never perform these activities unless they are under the direct supervision of a registered nurse.

In all other areas of practice, the level of student supervision required is determined by the supervising registered nurse. The **Decision Making Framework 2020** provides an informative overview of delegation and supervision. Please also refer to the BN Student Developmental Indicators for PEP (see Nursing Resources on the PEP Website under the tab 'Support for Supervisors' for guidance on scope of practice and identifying specific nursing actions and practices appropriate to each incremental PEP (1-5).

# Assessment in PEP: The PEP Workbook



Performance in PEP is assessed in accordance with the [Nursing and Midwifery Board of Australia's \(NMBA\) Registered Nurse Standards for Practice \(2016\)](#). The 'PEP Workbook' has been designed to collect evidence and demonstrate a student's progression and achievement against these standards. The workbook also aims to support feedback and feedforward strategies to maximise learning and development across the degree.

Students will receive a new PEP workbook for each PEP experience with nursing students completing a total of five separate workbooks. By the end of their degree these workbooks will provide students with a comprehensive body of evidence that demonstrates their growth and development from a novice-beginner to a beginning-level practitioner against the RN Standards.

Successful completion of the nursing degree is dependent on students achieving a satisfactory result (Pass) for all assessments that relate to performance and progression across all PEP (1-5) allocations.

Students are provided with a workbook, specific to each PEP (1-5). A copy of the PEP Workbook will be available for reference via the PEP Website: <https://www.utas.edu.au/health/professional-experience-placement/student-information/nursing/clinical-facilitators>

Our Fieldwork Coordinators and Facilitators are very good at introducing or providing a 'refresher' on the workbook and assessment requirements for each PEP. They would be happy to answer your questions and can help you to break down the different assessment tasks, by observable actions and behaviours that would serve as 'evidence' of students meeting the required assessment.

The following information provides an overview of the components contained within the PEP workbook. Please note, some PEP workbooks may have additional requirements relative to the placement objectives.



**Student Information:** Provides an overview of key information and objectives of the PEP workbook, including important resources and University contacts to support learning.



**Preparation Checklist:** Students must complete this checklist prior to each PEP to allow access to the components of the PEP workbook. The checklist contains reference to PEP expectations, PEP compliance and the Unit Outline.



**Student Orientation Activity:** This outlines a 'Seek and find' student-led activity to facilitate orientation to the practice environment.



**Feed-forward Goal-setting Activity** (assessed item)

This is a student-led activity designed to facilitate learning expectations during PEP. The activity allows students to detail areas of strength and areas in which they want to improve. The student leads this conversation with their supervising RN/ Facilitator. Students for whom this is not their first PEP rotation, must refer to their feedback and reflections from their previous PEP rotations to guide the development of their goals. The Goal-setting Activity is to be completed and signed by the supervising RN/ Facilitator by the end of the first week for each PEP.

## Interim and Final Reviews (assessed items)



At two points during a student's PEP, a formal review is completed. The first review occurs at the halfway point (Interim Review) and the second review (Final Review) occurs at the end of each placement. These reviews are designed to provide feedback and formally acknowledge and document a student's performance and progression against the NMBA Registered Nurse Standards for Practice 2016.

Each review consists of three components:

1.	Student Self-assessment
2.	Australian Nursing Standards Assessment Tool (ANSAT)
3.	Assessor Feedback

### 1. Student Self-assessment

Prior to each review, students are required to complete a self-assessment activity within their PEP workbook that draws upon the goal-setting activity completed in week one (or in the case of the final review, goals that were established at the conclusion of the interim review). Students are required to grade their overall performance and consider where they need to focus their learning. This is in preparation for the next stage of the review where students are required to be assessed against the assessment tool through a formal discussion with their supervising RN. It is important for students to be reflective at this stage and consider what additional guidance or assistance is required to achieve the goals of PEP and to discuss this with their supervising RN.

### 2. Australian Nursing Standards Assessment Tool (ANSAT)

Students are assessed during PEP against the RN Standards for Practice using the [Australian Nursing Standards Assessment Tool \(ANSAT\)](#). The ANSAT tool is a scoring sheet that provides 23 criteria aligned to the 7 domains of the RN Standards for Practice, which are scored using a numerical scale from 1 – 5.

Students are expected to familiarise themselves with the ANSAT tool prior to commencing PEP, including reviewing the [ANSAT Behavioural Cues](#). The behavioural cues provide information on what could be considered evidence of achievement against each of the Standards. ANSAT is also a useful guide to support goal-setting activities.

The ANSAT tool is completed either during or post a formal discussion between the supervising RN and the student. The supervising RN and the student reflect on feedback provided to date, direct observations of student practice and evidence provided by the student as part of their self-assessment activities prior to the review being undertaken. As the discussion progresses, the student will be measured using the following numerical scale:

Score	Standard of Performance
1	Expected behaviours and practices not performed
2	Expected behaviours and practices performed below the acceptable/satisfactory standard
3	Expected behaviours and practices performed at a satisfactory/pass standard
4	Expected behaviours and practices performed at a proficient standard
5	Expected behaviours and practices performed at an excellent standard

To achieve a satisfactory result in PEP, a student must achieve a score of '3' or higher for each listed item. A score of 3 demonstrates that the student has achieved a passing level of performance that would be expected for their stage of practice evidenced through:



- ✓ Demonstrating behaviors consistently to a satisfactory and safe standard
- ✓ Occasional support cues required
- ✓ The student meeting this standard regardless of their experience, place in the course, or length of placement.

A score of '1' or '2' indicates an unsatisfactory result and feedback will be provided to the student to guide learning. Failure to achieve 3 or higher by the final review will result in a fail result for PEP for that unit of study.

After completion of the scoring against each of the Standards, students are also assessed using a Global Rating Scale which provides an overall indication of their performance. It is important that at the conclusion of each review, students are encouraged to ask any questions they may have regarding their feedback to ensure they understand how to progress their practice.

The supervising RN will sign-off on the tool.

Please note: Student assessment in PEP is graded as Pass/Fail as indicated by completion of the ANSAT tool at the Final review.

### 3. Assessor Feedback

This is completed by both the supervising RN and the student. This section provides a summary of the discussion during the review and any learning plans moving forward, with students having the opportunity to add any additional comments. This form is required to be signed by the student.

#### Log of hours (assessed item)



Students are required to provide evidence of meeting the required 800 hours of PEP prior to being eligible to register with AHPRA. A log of hours has been created within the PEP Workbook for this purpose. Students are required at the end of each shift to have their attendance signed by their supervising RN in the relevant PEP Workbook log of hours. This information is used to track PEP hours across the degree. Students are expected to attend 100% of PEP hours allocated. If absent from PEP, students must:

- Notify the facilitator/preceptor and the health care agency administration office prior to the commencement of the shift to be missed
- Notify the School of Nursing via the 'Absence from PEP form' and attach supporting documentation
- Log the absence in PEP workbook and have this signed by a Registered Nurse on their next shift.

Please note: Outstanding PEP hours are required to be completed at a later point and are organised on an individual basis and at the discretion of the placement facility and the School of Nursing.

#### What happens if there is a problem with student progression?

The following flowchart provides an overview of the required Progression Management Pathway for Bachelor of Nursing Students who are identified as not meeting assessment or safety requirements during PEP. This process is designed to prompt early recognition of issues and risks, encourages the provision of clear, timely and constructive student feedback, communication with relevant University personnel, and a collaborative effort to resolve issues of student progression.

# Nursing Student Progression Management Pathway - During PEP



**IDENTIFICATION OF ISSUES**

- Concern for student progression against *MMBAs RN Standards for Practice (2016)*
- Potential risk to the safety and/or wellbeing of the student or others
- Actual risk to the safety and/or wellbeing of the student or others

**Preceptors / Supervisors**

- Provide constructive feedback to student
- Document situation/feedback and provide to student
- Consult with / refer to Facilitator (In the absence of an in-house facilitator or Whole of Community Facilitator, consult with the Fieldwork Coordinator)

- Continue to monitor and report on student progression
- Reinforce feedback and new learning where appropriate
- Supervisors to provide regular written updates to the Facilitator, or to the Fieldwork Coordinator (in the absence of an in-house Facilitator or Whole of Community Facilitator)

Have the concerns been resolved?

Yes

No

**Facilitators**

- Provide constructive feedback to student
- Provide support/feedback to supervisors
- Establish agreed learning goals with student and supervisor
- Document situation/feedback and provide to student, supervisor and the Fieldwork Coordinator

**Facilitators to Notify Fieldwork Coordinator\***

\* Supervisors without access to an in-house Facilitator or Whole of Community Facilitator can notify the Fieldwork Coordinator directly

- The Fieldwork Coordinator in conjunction with the Unit Coordinator will provide additional recommendations / resources to further support staff and the student in PEP
- A PEP Student Support Plan will be considered at this point. Please access following link: [Nursing Student PEP Support Plan](#)
- Supervisor and Facilitator (as applicable) will continue to monitor and provide regular written updates on student progression to the Fieldwork Coordinator

Fieldwork Coordinator and Unit Coordinator to refer situation to the Academic PEP Coordinator for review and further recommendations

PEP risk management process to be considered at this point to determine most appropriate outcome for all parties.

Have additional interventions led to improvement?

Yes

No

J Cooper November 2020

We understand that encountering issues of student progression can be daunting at times. However, you will not need to navigate this process on your own. In the first instance supervisors should liaise directly with the relevant PEP Facilitator for their agency (either in-house clinical facilitator, or the whole of community facilitator for rural and remote areas). Regardless of the supervision model used during PEP all supervisors, facilitators (both clinical in-house facilitators and whole of community Facilitators) and students across all placement agencies are further supported by a dedicated Fieldwork Coordinator (FWC). Fieldwork Coordinators provide high-level support to ensure quality placement experiences, liaising with the PEP Unit Coordinator and the Academic PEP Coordinator. Please see the PEP website for details of the Fieldwork Coordinator in your region.

# NURSING

## Section 2: Effective PEP Supervision and Facilitation

*A brief guide and collection of helpful hints*



**Professional Experience Placement (PEP) –  
Rural Expansion Project**

Identifying, implementing and evaluating  
ways to better support professional experience  
placements for dental, nursing and allied health  
undergraduate students in rural Tasmania.

[utas.edu.au/health/pep](https://utas.edu.au/health/pep)



# Overview of Resources

---



The following section offers information on different aspects of enhancing the PEP learning and teaching experience, as well as managing any challenges that may present. It addresses common questions we receive from the practice environment, provides helpful hints and suggestions, and offers links to more in-depth information and resources, should these be required.

For those who have been involved in supervising or facilitating student PEP we hope these resources will complement your existing approach, knowledge, and skills.

For those who haven't previously been involved in the supervision or facilitation of students, and who may be uncertain about stepping into this role, it is our hope that these resources will inspire confidence and a willingness to contribute to student learning in PEP.

Many health providers, particularly nurses, can initially feel some hesitation in doing so and commonly underestimate or second-guess their capacity to supervise or facilitate students effectively.

However, if you have good communication skills, have an interest in teaching, sharing your practice wisdom and playing an active part in developing our future health workforce, your contribution in the PEP space would be incredibly valuable.

## **This section contains information on the following topics:**

- Supervisor and Facilitator Approach and Key Attributes
- Factors Underpinning High Quality PEP
- Preparation for PEP
- Adult Learning and Professional Socialisation
- Student Learning Styles and Student-centered Teaching
- Clinical Reasoning Cycle
- Welcome and Orientation of Students
- Supporting Student Reflection
- Providing Constructive Feedback
- Interprofessional Learning (IPL)
- Navigating Challenges to Support Student Learning:
  - The over-confident or shy, introverted student
  - Students who present as disinterested or disengaged
  - Uncertainty about workplace requirements
  - Student Progression
  - Tension within the supervisor / facilitator and student relationship
  - Distressed Students
- Conflict Resolution
- Self-care, Professional Development and Support

# Supervisor and Facilitator Approach & Key Attributes

## KEY MESSAGES

The approach adopted by supervisors and facilitators to learning and teaching in healthcare environments is fundamental to shaping quality placement experiences.

In addition to teaching and clinical skills, effective supervisors and facilitators demonstrate a willingness to share accumulated practice experience, knowledge and skills and bring varied personal and professional attributes to their role.

Important attributes include emotional intelligence, an interest in supporting student learning and development, role modeling professional behaviour, being organised, clear on their role and responsibilities, open-minded, and insightful personally and professionally.

The Following Acronym Identifies Key Elements for Effective PEP Supervision and Facilitation:

**P**rofessional role model

**R**esponsible person

**O**bligations are understood

**F**ocused on developing new professionals

**E**ngaged in learning and teaching

**S**ensitive to people's differences

**S**ource of information for students

**I**nsightful of self as a person and professionally

**O**pen minded and tolerant

**N**ursing scope of practice is comprehensive

**A**cademic support and referral to research

**L**iaison with all stakeholders

**F**eedback on performance is professional

**A**ssessment skills applicable to student learning

**C**redible and current in professional experience

**I**ntelligent emotionally

**L**earning opportunities meet course requirements

**I**nterpersonal communication skills

**T**echnically competent and safe

**A**ccountable to the profession, student and self

**T**each the nursing professional experience

**O**rganised as professional and role model

**R**eflective as practitioner and teacher

*You may like to reflect on the people who have supported your professional and personal development throughout your career. What did you value most about their approach?*

---

---

---

---

---

*Write down the unique skills, experience, attributes, and approach that you bring to your supervisory or facilitator role in student PEP.*

---

---

---

---



# Factors Underpinning High Quality PEP

## KEY MESSAGES

Enabling high-quality PEP is a collective responsibility.

Students, university personnel, supervisors, facilitators, and other staff within healthcare agencies all play varied and important roles in cultivating valuable placement experiences.

Evidence-based frameworks, like [The Best Practice Clinical Learning Environment \(BPCLE\) Framework \(2016\)](#) can guide thinking about, assessing and improving factors that underpin high quality PEP.

Historically, definitions of what constitutes 'quality' have been vague. However recent research has enabled more nuanced understanding about the specific factors underpinning 'quality' in PEP. Having a shared understanding of these elements enables greater collaboration to identify, argue for and bolster the factors that support quality placements.

[The Best Practice Clinical Learning Environment \(BPCLE\) Framework \(2016\)](#) for example, identifies six evidence-based elements which underpin a high-quality clinical learning environment

Element 1	<b>An Organisational Culture that Values Learning</b>
Element 2	<b>Best practice Clinical Practice</b>
Element 3	<b>A positive Learning Environment</b> Includes: <ul style="list-style-type: none"><li>• the provision of a welcoming environment</li><li>• appropriate orientation</li><li>• the creation and maintenance of a safe learning environment</li><li>• provision of appropriate student learning opportunities, feedback, and attention to issues of progression</li></ul>
Element 4	<b>An Effective Health Service-Education Provider Relationship</b> Includes the quality of the communication and relationship between the placement agency and the University
Element 5	<b>Effective Communication Processes</b> Includes communication within the agency
Element 6	<b>Appropriate Resources and Facilities</b> This element assesses whether the placement site meets the practical learning and teaching requirements of the supervisor and student

It may be useful to reflect on how your agency attends to these fundamental elements of 'Quality' PEP. The BPCLE website may support you to take a closer inventory on what you are doing well, as well as identifying opportunities for improvement and required resources.

# Preparation for PEP

## KEY MESSAGES

Facilitating or providing supervision to students on PEP, is a significant investment, involving your time, personal and professional resources and the juggling of other work demands and responsibilities.

Having time and space to think about and prepare for each student PEP allocation will help shape a quality learning and teaching experience for students, yourselves, and other team members.

Core elements of effective preparation include accessing timely PEP allocation information, team consultation and communication, reviewing the student learning literature and assessment requirements, and establishing a plan for welcoming and orientating students to the practice environment.

There is no prescribed way of preparing for PEP. You will likely have developed your own process over time. The specific PEP preparation tasks and time frames will also vary depending on your role and your healthcare setting.

However, common elements of PEP preparation include:

- gaining timely access to information specific to each PEP allocation such as how many students, their names and contact details, as well as the number of PEP Nursing Practice (1-5) to calibrate expectations of student activity
- ensuring your organisation and key team members are provided with timely information about the upcoming PEP allocation and establishing a clear understanding of roles and responsibilities regarding student supervision and support
- becoming acquainted with, or refreshing your foundational knowledge about student learning styles, student-centred teaching, and the clinical reasoning cycle, which will help ground you in the learning and teaching space
- establishing and / or continuing to refine a process of welcoming and orientating students to your organisation and facilitating a sense of belonging in the practice environment for the duration of their placement.

The template on the following page may support you in your planning.

Alternatively, you can speak with the Fieldwork Coordinator in your area about another more detailed planning template 'The MACRO Tool' that you may like to customise for your specific role and organisation.

# PEP Planning

Timing	Date	Pre-Placement Planning Actions	Person Responsible
4 -6 Weeks Prior to PEP			
2 Weeks Prior to PEP			
1 Week Prior to PEP			
Day before PEP			

# Adult Learning and Professional Socialisation

## KEY MESSAGES

Adult learners bring a diverse body of knowledge, skill and life experience into the learning context and actively seek to integrate these into new emerging professional roles and identities.

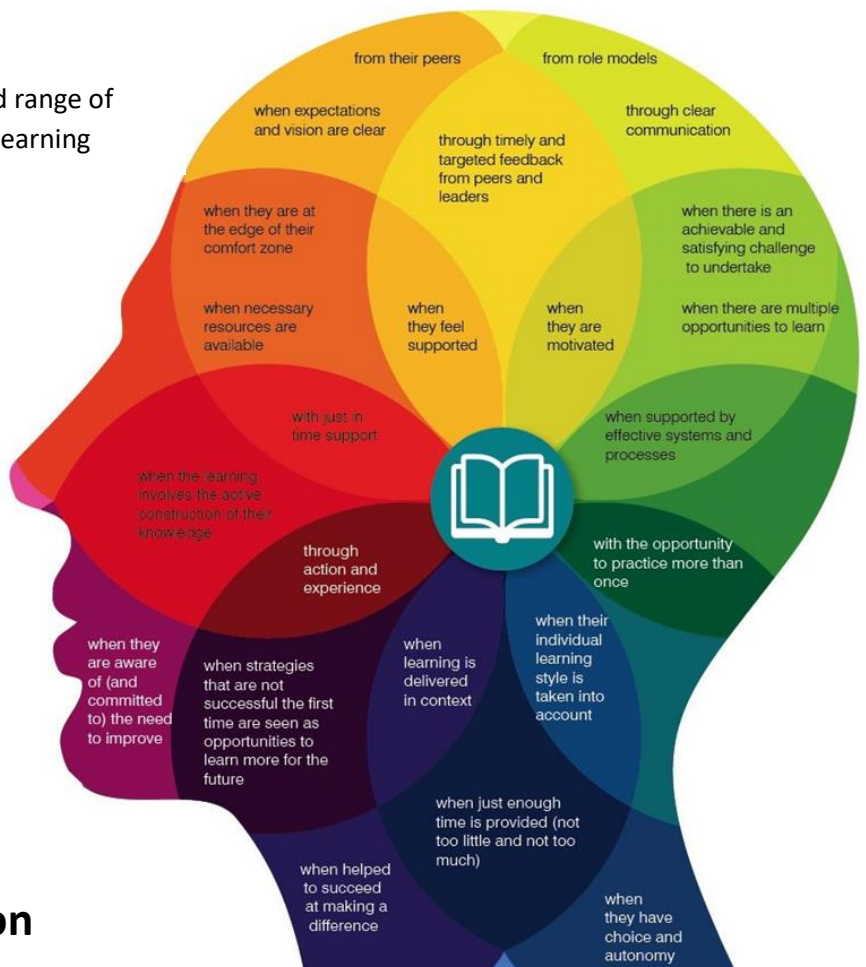
Adult learners value experiential, active learning in contrast to being passive recipients of information.

Multiple elements underpin effective adult learning, including support and motivation to learn, recognition of prior life experience and learning, multiple opportunities to put skills and knowledge into practice, when learning is relevant, goal orientated and accommodates autonomy and self-direction.

Professional Socialisation, or supporting student exposure to and familiarisation with the culture, values, behaviour and attitudes of the nursing profession in real settings, is another fundamental aspect of student learning in PEP.

The following diagram identifies a broad range of elements that underpin effective adult learning

## Adults learn best ...



## Professional Socialisation

Professional socialisation is also a critical adult learning experience for students on placement. Professional socialisation can be considered as helping students become acquainted with the culture, values, behaviour and attitudes of the nursing profession in real settings, to aid psychological readiness for future practice.

As a facilitator or supervisor, you can support professional socialisation and learning by:

- fostering a sense of belonging and involving students in social aspects of the environment
- reflecting on your own values and the core elements of your professional identity
- role-modelling professional attitudes and behaviours
- supporting student understanding and navigation of work cultures and team relationships
- supporting students to respond to and make sense of unique healthcare situations not previously encountered, or which conflict with previous learning, or their own personal values.

# Student Learning Styles & Student-centred Teaching

## KEY MESSAGES

Most people have natural preferences for one or more style/s of learning, which translates to their learning strength. Students can make the most of their learning experiences if they know their preferred learning style/s.

One common framework for understanding different learning styles is VARK, which identifies student preferences for visual, aural, reading, or kinesthetic based learning.

Student learning in PEP is also aided by a student-centered teaching approach which regards students as individuals, acknowledges and builds on prior learning and experience, encourages active engagement and questions, and reframes mistakes as opportunities for learning.

The following learning styles and an online 'VARK' test for students to determine their preferred learning style can be accessed here <https://vark-learn.com/introduction-to-vark/the-vark-modalities/>.

## Different Learning Styles



**Visual** – prefer to learn using *visual* cues such as charts, graphs, symbols, and circles



**Aural** – prefer to learn by *hearing* it, for example by listening to lectures, tutorials, tapes and talking to other students



**Reading** - prefer to learn when it is presented in *words*, for example in written texts



**Kinesthetic** - prefer to learn new information by *doing* things, for example by doing laboratory work or taking part in field excursions.

When facilitating the learning and teaching process it is important for supervisors and facilitators to:

- acknowledge that students have preferred learning styles
- encourage students to identify their preferred learning style/s
- identify their own individual preferred learning style/s, and
- employ a 'multi-modal' approach to teaching, incorporating 'VARK' wherever possible.

## Student-centered Teaching

A student-centered teaching approach is guided by the following elements:

### **Demonstrating a regard and interest in students as individuals**

Acknowledging students' unique life experiences, motivations, and aspirations for pursuing a nursing career.

### **Acknowledging and building upon student prior learning**

For example, if a student has been an assistant in nursing in aged care, consider whether teaching them to wash a client would add value to their learning? Value-added learning would involve acknowledging prior learning and scaffolding the teaching by having the student assess skin integrity and think about the implications of co-morbidities whilst washing the client.

**The learning environment encourages dialogue, interaction, and thoughtful questions and fosters the importance of life-long learning.** Mistakes are seen as valuable opportunities to learn and the provision of meaningful, timely and constructive student feedback promotes personal and professional development.

**Learning opportunities are appropriate to the scope of practice and level of difficulty commensurate with the student's skills and ability.** For example, a student in Nursing Practice PEP 5 may be capable of managing care for several patients/clients, but this is out of the scope of practice for a nursing student during Nursing Practice 1.

## ADDITIONAL RESOURCES

<https://vark-learn.com/introduction-to-vark/the-vark-modalities/>

<https://otpecq.group.uq.edu.au/resources-publications/useful-fact-sheets>

# Clinical Reasoning Cycle

## KEY MESSAGES

Clinical Reasoning is defined as a process by which nurses collect cues, process the information, come to an understanding of a patient problem or situation, plan and implement interventions, evaluate outcomes, and reflect on, and learn from the process (University of Newcastle 2009).

Health care professionals are expected to exercise critical thinking, reasoning and reflection to provide safe, effective and high-quality patient care.

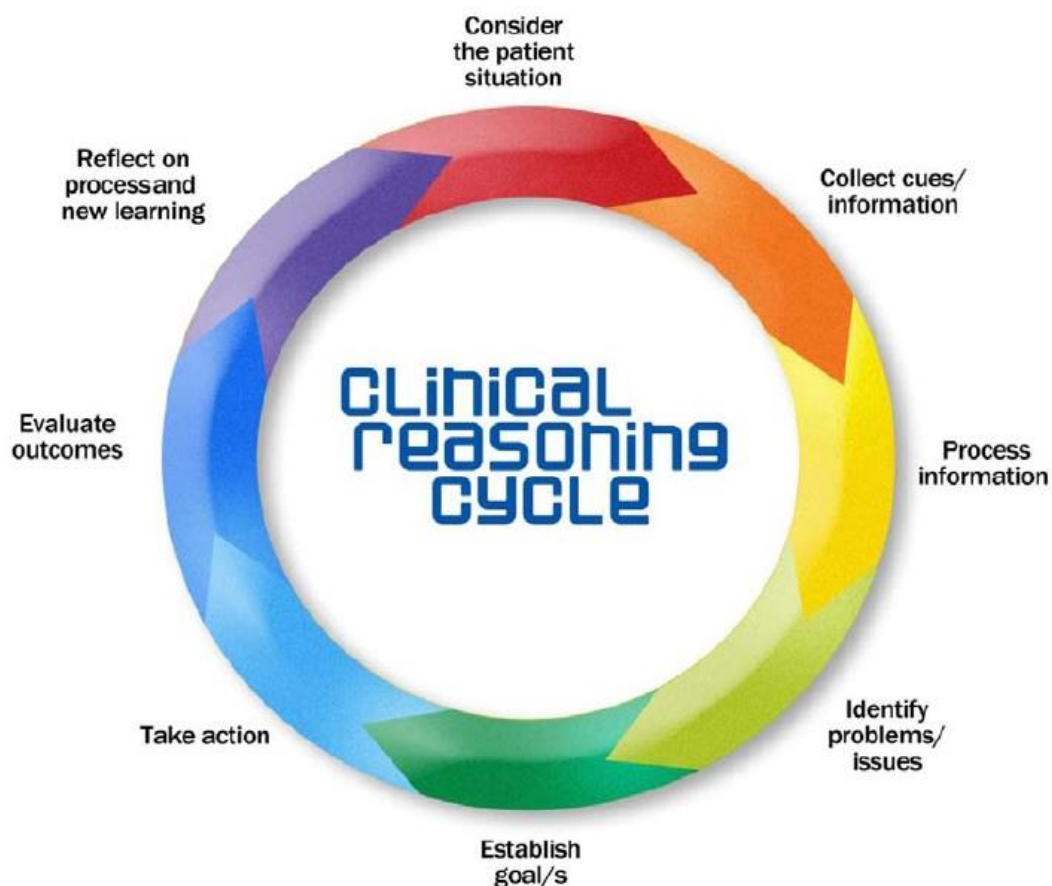
Experienced practitioners utilise critical thinking continuously and intuitively, yet it can be difficult concept to 'teach' to students of nursing.

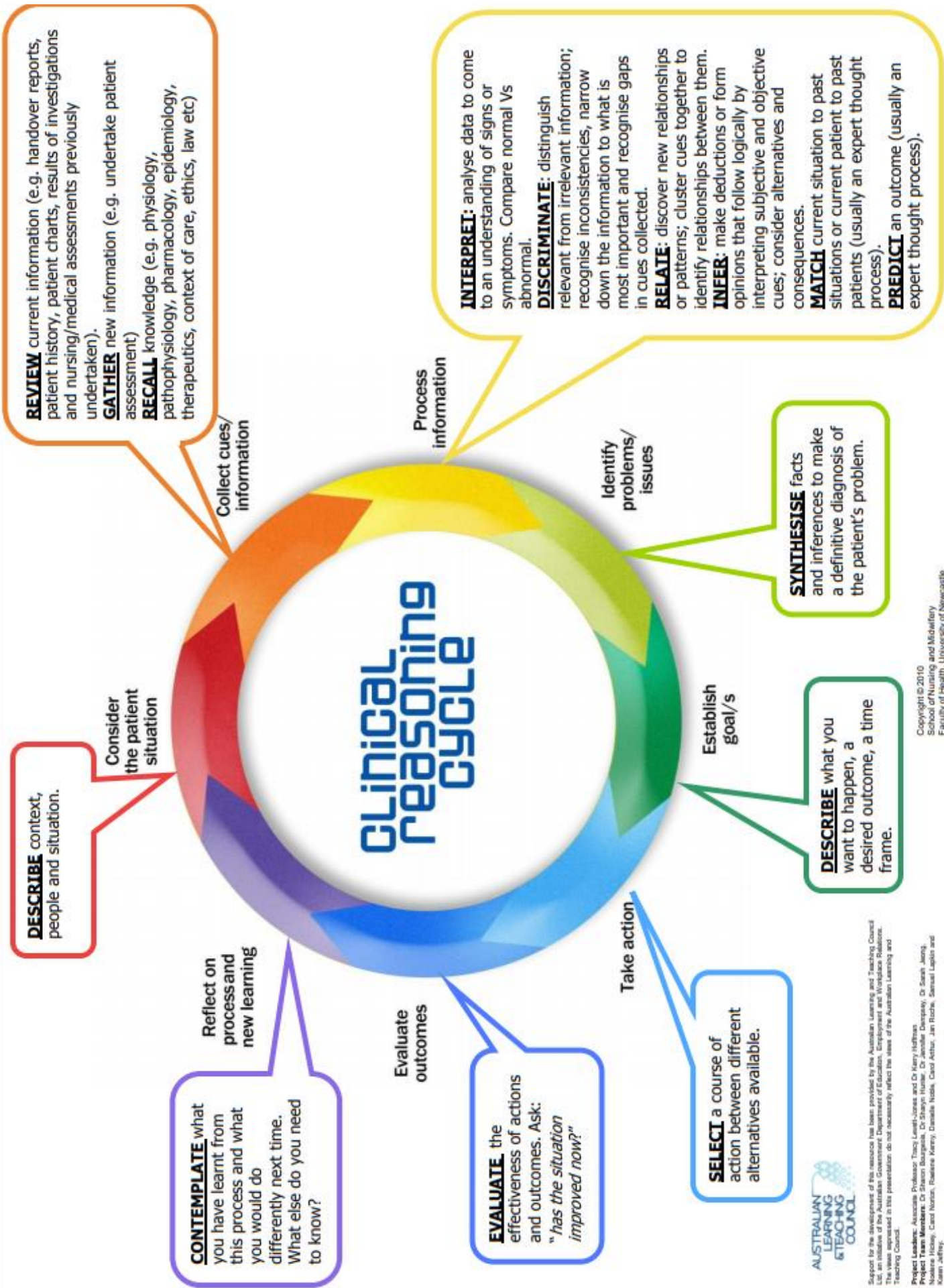
The Clinical Reasoning Cycle is a widely used tool to support students develop and embed clinical reasoning in practice.

The Clinical Reasoning Cycle is a framework developed by the Universities of Newcastle and Western Sydney (2009) and is used within the Bachelor of Nursing to support students to navigate the process of critical thinking, decision-making. At its core, it teaches students to 'think like a registered nurse'.

Students are expected to demonstrate understanding and incremental capability to engage in the Clinical Reasoning Cycle throughout the course of their study and in the practice environment.

There are eight phases of the Clinical Reasoning Cycle, which together facilitate problem solving and decision making in the provision of appropriate patient care. Rather than being separate or linear, practitioners can work across or move back and forth between phases.





Copyright © 2010  
School of Nursing and Midwifery  
Faculty of Health, University of Newcastle



Support for the development of this resource has been provided by the Australian Learning and Teaching Council Ltd. The Australian Learning and Teaching Council is a not-for-profit organisation. The views expressed in this presentation do not necessarily reflect the views of the Australian Learning and Teaching Council.

Project Leaders: Associate Professor Tracy Lavel-Jones and Dr Kerry Hoffman  
Project Managers: Dr Catherine Murphy, Dr Sarah Jones, Norene Hines, Carol Norton, Barbara Kerry, Daniela Nida, Carol Arthur, Jan Ritchie, Sarah Lupton and Karen Jeffrey.

## Clinical Reasoning Vs Critical Thinking



**Critical thinking**, considered fundamental to the nursing process (Maneval et al. 2011), is defined as collecting, interpreting, analysing, synthesising and evaluating care (Turner 2005). It can be more broadly defined as being able to draw upon knowledge as well as available information to formulate the conclusion of a problem.

**Clinical reasoning** extends this breakdown of critical thinking further in that it is based on deciding what is wrong then deciding what to do (Levett-Jones & Bourgeois 2015), through a much deeper and analytical process that maintains the patient/client as the center of care.

Clinical Reasoning can be practiced as 'reflection-in-action', where the practitioner actively thinks about and alters their actions during a patient encounter or undertaken retrospectively 'reflection-on-action' (Hilliard, 2006).

The patient encounter could be a small moment in time or occur over the course of a few hours, an entire shift or over a couple of days. Therefore it is important to understand that the clinical reasoning cycle is not time-limited, it is designed to be ongoing, cyclic and revisited, hence its development is not conceptualised as a linear process but as a spiral of cycles representing ongoing clinical encounters (Levett-Jones, et al, 2010). This is important when you consider the multiple episodes of clinical reasoning that nurses engage in when undertaking patient care every day (Levett-Jones & Bourgeois, 2015).

Clinical Reasoning encourages the practitioner to actively consider the patient, collect cues, process information, identify problems, establish goals, take action, evaluate outcomes and reflect (Levett-Jones & Bourgeois 2015). In essence, what it provides is a deeper analysis to the processes of critical thinking.

### Incremental learning

Students develop the skills, knowledge, and confidence to engage in all aspects of the clinical reasoning cycle over the course of their degree. In earlier PEPs, students may only demonstrate the first few aspects of the cycle, progressing to using all stages to guide their clinical practice by their 4<sup>th</sup> and 5<sup>th</sup> PEP.

#### ADDITIONAL RESOURCES

Clinical Reasoning Instructor Resources: [www.utas.edu.au/data/assets/pdf\\_file/0003/263487/Clinical-Reasoning-Instructor-Resources.pdf](http://www.utas.edu.au/data/assets/pdf_file/0003/263487/Clinical-Reasoning-Instructor-Resources.pdf)

Clinical Reasoning Project The University of Newcastle: [www.newcastle.edu.au/research-and-innovation/centre/health-professional-education/research/clinical-reasoning/resources](http://www.newcastle.edu.au/research-and-innovation/centre/health-professional-education/research/clinical-reasoning/resources)

Levett-Jones, T 2017, Clinical Reasoning: Learning to Think Like a Nurse, 2<sup>nd</sup> edn, Pearson, Sydney.



# Welcome and Orientation of Students

## KEY MESSAGES

Positive placement experiences begin with students feeling welcomed, receiving an appropriate agency orientation, and being included in the practice environment.

Key actions for fostering student understanding and sense of belonging in a new environment include:

- cultivating a welcoming environment and establishing respectful relationships
- getting to know students as individuals
- setting clear expectations and
- providing a thorough orientation or introduction to the placement setting.

*UTAS requires students to be active agents in their orientation process by undertaking 'Seek and find' student-led activity to facilitate orientation to the practice environment. Please see the PEP Workbook.*

The first day of PEP is an exciting one for students, however, they may also be overwhelmed, anxious and/or shy. Your skills in effective communication, offering clear relevant information and extending a warm, welcoming approach will greatly support students' entry into the practice environment as learners. Your modelling of professional behaviours and attributes will also help to shape their own emerging professional identity and practice.

**Welcoming and Facilitating Relationships:** Students quickly sense whether they are welcomed and regarded in a positive way as a learner and future member of the health workforce, in the practice environment, or as an impost. For students, their sense of 'belonging' in PEP is a crucial factor in how they subsequently engage and benefit from the experience, particularly early in the degree (Cooper et al, 2015). Therefore, encouraging all staff to be welcoming of students is important. You may also consider displaying posters that express the value of student learning and teaching in the practice setting.

Introduce yourself, your background, role and interest in nursing education and support. Introduce the students and the healthcare staff and support the building of positive, respectful relationships. Encourage connection with and interprofessional learning from students and staff from diverse health disciplines.

**Getting to know students:** Getting to know each student as an individual and their placement goals is helpful. It is okay to ask about their background, previous experiences in the profession, and why they want to be a nurse. These questions help you locate the student in the context of their lives and influences.

Be attentive to the factors in their life that may influence their practice experience, including caregiving responsibilities that may inform shift requests.

Establish different students' preferred learning style to guide communication and teaching methods.

Observing whether students 'hang-back', show initiative and 'step-forward' or are over-confident for their level of experience and 'barge right in' will provide insight into their interpersonal skills and level of confidence.

**Clear Expectations and boundaries:** As supervisors and facilitators it is important to establish clear expectations and boundaries for students on PEP, and to do so early. Expectations may include items such as start, finish and break times, social media use and confidentiality, professional respect, punctuality, appropriate attire, scope of practice, procedure for notifying placement absence, the student role in emergency events, and writing case notes in client histories. Finding out about and calibrating student expectations of supervisors / facilitators is also useful.

### **Orientation to the practice environment:**

Providing timely and relevant information about the practice environment empowers student learning and sense of belonging. Consider providing information on the following:

- General housekeeping (conduct a facility tour identifying the location of toilets, kitchen, cafeteria, where to keep valuables, parking arrangements and costs)
- Supervision arrangements & workday organisation
- Process for providing informal and formal feedback
- Emergency codes and procedures
- PPE and hand hygiene requirements
- Other relevant workplace policies & procedures
- Scheduled meetings and training sessions
- Relevant contact details and guidance of who to contact in what circumstances (for example if unable to attend PEP, having to leave early)

For a more detailed orientation day guide please see the following checklist.



## ORIENTATION DAY CHECKLIST: COMMON ELEMENTS

- Welcome and plan for the day**
- Student Introductions** (*Name, background work experience and previous placements, normal place of residence*)
- Welcome Questionnaire.** This is a document provided by UTAS to students for the purpose of providing you with further information about themselves. They may not want to share this information in a group setting but see value in you having this information to provide a sense of themselves as individuals and their learning goals
- Introduce yourself, your professional experience** (*years and practice areas*), **and your role in student supervision or facilitation.** You may wish to share why you have an interest in supporting student PEP
- Provide relevant contact details,** and guidance of who to contact in what circumstances (*for example if unable to attend PEP, having to leave early*)
- Discuss expectations of students and professional issues,** which may include:
  - punctuality, start, finish and break times
  - social media use, confidentiality and writing case notes in client histories
  - respect for staff and patients
  - knowledge of and adherence to legal requirements
  - procedure for notifying placement absence
- Discuss student expectations of supervisors and facilitators**
  - Find out about, and where necessary, calibrate student expectations of supervisors / facilitators and the practice setting
  - Discuss supervision arrangements & workday organisation
  - Provision of informal and formal feedback and debriefing sessions
  - Discuss completion of the PEP workbook
  - Convey understanding of student learning objectives
  - Plan for placement: including client care responsibilities, and how you will be working with students one-to-one or in small groups
- Provide further placement-site specific information:**
  - Rosters and shift changes.
  - Emergency codes, Medical Emergency Team (MET) call and student role in emergency events
  - PPE and hand hygiene requirements
  - Other relevant healthcare policies and procedures
  - Meetings and training sessions
- Provide Tour of healthcare environment and have students complete ‘seek and find’ self-led orientation activity** as outlined in PEP workbook
- Confirm the plan for the rest of the day.**

# Supporting Student Reflection

## KEY MESSAGES

A key role of PEP supervision and facilitation is to support students to critically reflect on their developing practice and the significant events that occur whilst on placement.

Critical reflection can take different forms from informal conversations to more structured sessions, can be individual or group-based and guided by different frameworks. Critical reflection activities can include: A brief end of the week / day / shift reflective debrief, seminal event debrief, review and discussion of a significant student experience, case study or simulation training with structured reflection.

Common to all approaches is the use of guiding questions to support critical reflection and appraisal of significant practice activity or events. Students are familiar with Driscoll's (1994) model of reflection, which uses the framework of 'What? - 'So what?'- 'Now what?' to encourage reflection.

Key considerations include informing students how your practice environment supports regular critical reflection (what, when, where, how, and why), encouraging participation and mutual learning, and seeking student feedback to support quality improvement.

### A brief end of the day / shift / week reflective debrief

Many supervisors and facilitators have established a routine of gathering students together at the end of a week, or more regularly if possible (the end of each day or shift), to undertake a brief reflection on student activity and learning. This can also be done on a one-to-one basis. There are varied questions that can be asked to facilitate student reflection. One brief, but effective strategy is provided as an example:

#### A brief reflection of what was 'Loved, Loathed and Learnt'

1. What did you love / enjoy about today?
2. What did you loath / find really challenging?
3. What did you learn?

**Seminal Event Debrief:** Guiding student reflection on a seminal event that occurred in the practice environment.

**Other Activities:** A review and discussion of a significant student experience (with their permission), case study review and discussion, or skills training / simulation activity with structured reflective questions.

### Gibbs, 1988 is a framework that support more structured reflection of significant student activity and learning

<b>Description</b>	What happened? What were you thinking and feeling?
<b>Evaluation</b>	What was positive and what was negative about the experience?
<b>Analysis</b>	What sense can you make of it?
<b>Conclusion</b>	What else could you have done?
<b>Action Plan</b>	If it arose again what would you do?

#### Other Considerations

- Inform students how your practice environment supports regular critical reflection (what, when, where, how, why)
- Encouraging participation and mutual learning
- Seek student feedback on their experience of the critical reflection activities offered to support quality improvement.

# Providing Constructive Feedback

## KEY MESSAGES

Providing timely, effective and constructive feedback is fundamentally important to support student learning, development and progression in PEP. Whilst providing feedback can be one of the most challenging aspects of supervision and facilitation, there are some guiding principles that can be learnt and honed with practice.

As an overview, feedback is more effective when:

- the value and process of providing feedback is established early in the student-supervisor relationship so it is an expected practice
- provided regularly, occurring as close as possible to the activities, behaviours or events warranting feedback, as well as the end of the shift to reflect on the days learning
- respectfully communicated, provided in a constructive way, and focused on specific examples of student performance and behaviours in practice, not focused on personality
- provided in a neutral, private setting
- seeks student reflection on what they have heard, including constructive feedback and necessary action.

We all have varied experiences of providing, and receiving feedback, some of which may not have gone well. It is understandable that many supervisors and facilitators feel challenged by providing feedback, due to past experiences and a concern not to damage the student-supervisor relationship.

However, providing regular, constructive feedback to students throughout placement, is critically important. Feedback, delivered skillfully, motivates and supports student learning and improvement in clinical practice.

As with any skill becoming confident in your own approach to providing feedback is supported by practice and ongoing professional development.

## Different Types of Feedback

### Formative & Summative Feedback

Student learning is supported by a mix of different types of feedback: '*formative*' and '*summative*'. Formative feedback, sometimes known as 'informal feedback' is provided regularly to students throughout their professional experience placement. Summative feedback, or 'formal feedback' is provided, most commonly, at the end of placement or at predetermined timepoints, as detailed in the PEP Workbook.

### Feed Forward

Student learning can also be supported by the practice of 'feeding-forward'. Feeding-forward describes the way in which supervisors and facilitators can discuss and suggest possible strategies for students to use the next time a particular skill or procedure is to be undertaken.

## Different Approaches

### A Directive or Elaborative Approach

Historically, feedback, has been provided using a '*directive*' approach, with the supervisor or facilitator communicating their observation and evaluation of student performance in the clinical environment. This is typically a one-way feedback process.

In the spirit of enabling greater student participation, an 'elaborative' approach can be used. Students are supported to engage in self-reflection and appraisal of their own performance, as part of the feedback process. Frequently students identify similar issues to those identified by the supervising RN or facilitator, with an added benefit of cultivating reflective practice, a critical skill for any health professional.



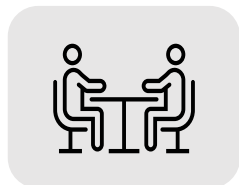
Following a clinical encounter, for example, student self-reflection can be encouraged by asking:

- What worked well?
- What could be improved / changed?
- How could this improvement or change occur?
- What do you need to learn to improve?

The elaborative approach also encourages supervisors and facilitators to elicit constructive feedback from students to support enhanced teaching practices. As part of the feedback process, students can be asked:

- What supported your learning in this situation?
- What made it more difficult?
- What would improve your learning experience in future situations?

## Top Tips for Providing Effective Feedback



### Establish the value and process of providing feedback early

Providing feedback, as part of the student-teacher relationship, is best established from the outset. As Howard and Will (2018) suggest it should be a normal and expected component of the relationship, not a surprise. During student orientation to your facility or when you first meet a student, explain your approach to providing feedback, taking note of their particular learning style.



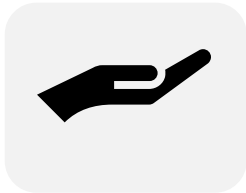
### Regular and timely

Regular feedback, delivered skillfully, encourages and motivates students in their learning, without making them feel like they are 'under the microscope'. It can highlight to students their emerging strengths and areas of practice performed well, and also alert them to areas for improvement in a timely way that enables action.

Feedback doesn't have to take long. Five minutes of well-constructed feedback can offer great benefit. However, always consider the particular context in which you are giving feedback to ensure the people involved are not distracted, upset or managing other more pressing situations.

A good time to give feedback is immediately following an episode of care or event that warrants discussion. Explain that you are about to provide them with constructive feedback. Describe what students did well and then suggest what they may consider doing differently, and why.

Providing feedback at the end of each day is also helpful as it supports students and their supervisors / facilitators to acknowledge the day's learning, and to reflect on their existing and future learning goals and how to move towards these.

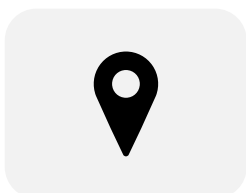


### **Adopt a respectful, constructive approach to feedback**

Be mindful that there is an uneven power relationship in the student-supervisor dynamic. Foster mutual respect by offering feedback in a constructive way. Constructive feedback is very different to 'criticising'. It is focused on providing considered feedback for the purpose of supporting improvement and progression.

The 'feedback sandwich' is one approach for building and delivering constructive feedback. The supervisor or facilitator first provides positive feedback about what was done well, then offers specific constructive feedback on what can be improved, before bringing the conversation to a close with positive feedback (Lazarus 2016).

The key is seeking student reflection on what they have heard in terms of the feedback you have given, to ensure they haven't glossed over the constructive feedback you have provided. It helps to determine if the student has paid attention to and understands the key elements of your message, including necessary action for improvement.



### **Specific, performance focused and non-judgmental**

Student feedback needs to be clear, specific, and anchored in their performance and behaviours in practice, not on personality.

Be mindful of using vague and judgmental language such as 'good' or 'right' and instead clearly communicate what you mean.

This requires you to identify and provide specific examples from what you have observed of the student in the clinical environment and how these align (or not), with the NMBA RN Standards of Practice.

This approach moves the conversation from the personal, to the professional and can support students to be more receptive to taking on board feedback and adjusting practice accordingly.



### Keep notes

Writing down notes and observations throughout each day can help you recall important student activities, behaviours and clinical events warranting the provision of feedback, providing you with specific examples to support student learning and development. Refer to the supervisor and facilitator resource section on the PEP Website for an example of documentation or diary template [www.utas.edu.au/health/professional-experience-placement/supervisors](http://www.utas.edu.au/health/professional-experience-placement/supervisors)



### Provide in an appropriate setting

Feedback should generally occur in a private setting, when there is adequate time to communicate the feedback, answer any questions and discuss actions going forward. Positive feedback can sometimes be given in the presence of patients, other students and staff when the aim is to acknowledge student capability in completing an activity or process.

However, it is never acceptable to provide negative feedback in front of, or within earshot of others.



### Use active listening skills

Providing and receiving feedback is a process, involving dialogue between two people. Utilise your active listening skills, noticing students verbal and non-verbal responses to feedback. Acknowledge that receiving feedback can be challenging. Allow students to comment on the fairness of the feedback and to provide explanation or context for their performance in particular situations.

If students are resistant or deflect feedback, ensure that issues of performance and behaviour, not personality remain the focus and tie your feedback to the NMBA RN Standards for Practice and their assessment requirements.

Provide students with the time to reflect on and accommodate the feedback in practice.

If students are resisting, becoming defensive about or not responding to constructive feedback it is helpful to seek the advice and support from the Facilitator and / the Fieldwork Coordinator, where necessary, in your area.

## ADDITIONAL RESOURCES

A Video outlining important considerations in providing student feedback: Occupational Therapy Resources)  
[www.youtube.com/watch?v=PJosshEWLhY](https://www.youtube.com/watch?v=PJosshEWLhY)

A Fact sheet on the core components of providing clear, timely and constructive feedback:  
[https://otpecq.group.uq.edu.au/files/1225/Fact%20Sheet%204\\_1%20Characteristics%20of%20Constructive%20Feedback.pdf](https://otpecq.group.uq.edu.au/files/1225/Fact%20Sheet%204_1%20Characteristics%20of%20Constructive%20Feedback.pdf)

# Interprofessional Learning (IPL)

## KEY MESSAGES

Interprofessional Learning (IPL) involves individuals from different health professions learning 'with, from and about each other to improve collaboration and the quality of care' (Centre for the Advancement of Interprofessional Education (CAIPE), 2002).

Introducing IPL to students in PEP is critical to cultivating interprofessional respect and understanding early in their career and underpins the provision of effective, collaborative health care.

IPL can be embedded into daily health care activity, as opposed to being an additional, elaborate or time intensive undertaking.

Consider shared workplace debriefs or structured observations of different disciplines in practice. Multidisciplinary team meetings, intake or assessments, case reviews, family meetings, discharge planning meetings all provide organic opportunities for interprofessional learning.

## Principles of IPL

IPL is founded on the principles of life-long, adult learning, respectful interprofessional communication, teamwork and collaboration, mutual learning and acknowledgement of the diverse roles, knowledge and skills of different professions in the service of providing safe and effective patient care.

## Different IPL Opportunities

There are a range of different IPL activities that you may consider supporting students to engage in, whilst on PEP, many of which occur naturally in the healthcare environment.

### Interprofessional Education Sessions

Students across disciplines can attend in-service education sessions on topics with shared relevance (de-escalating patient aggression, guardianship and administration issues, grief and loss, conducting a family conference).

### Community Engagement Activities and Health Career Forums

Interprofessional learning can be facilitated through multidiscipline student engagement in community engagement events such as Agfest, Health Career Forums, School-based Community Engagement Programs and Health Expos.

## Simulated IPL and Case Studies

There are an increasing number of online IPL resources that provide audio-visual simulated patient or health care team scenarios, reflective questions and guides to facilitate interprofessional debriefing and reflection. See the CDU website as an example: [www.ecu.edu.au/schools/medical-and-health-sciences/our-facilities/interprofessional-ambulatory-care-program/interprofessional-learning](http://www.ecu.edu.au/schools/medical-and-health-sciences/our-facilities/interprofessional-ambulatory-care-program/interprofessional-learning)

### Shared Workplace Debrief


Students from different disciplines come together to critically reflect on a shared interprofessional event involving the planning, discussion or delivery of patient / client care. Elements of collaborative care, such as communication, leadership, power, conflict and the focus of care are critiqued. Examples of interprofessional practices could include a multidisciplinary team meeting, case conference, clinical handover meeting, or discharge planning activity.

### Structured Observation of Disciplines in Practice

Students engage in a structured observation of staff or students from a different discipline planning, discussing, or providing care. For example, observing an initial assessment, patient education session, attending a case review or discharge planning meeting. Students are guided to reflect on the interaction, patient experience and engagement, noting the actions, knowledge and skills of the professional, goals and outcomes of the interaction, differences and similarities to their own profession.



## Key Considerations for supporting student IPL on PEP

✓ Model interprofessional respect and effective collaborative care	✓ Prepare students for the IPL activity: explain the value of interprofessional learning, and the intent of the exercise, making the learning task and relevance explicit
✓ Champion the value of IPL in student PEP, and ongoing throughout their careers	✓ Encourage student participation and engagement in mutual learning
✓ Identify different IPL activities within your practice environment and those in other settings in which you could engage students	✓ Support students to debrief and reflect on the IPL activity
✓ Identify students in other professions on placement at any one time by talking with your supervisory colleagues	✓ Evaluate IPL activity to help inform how best to engage students in IPL on PEP in your clinical environment
✓ Facilitate connections among students on PEP from different disciplines	

### ADDITIONAL RESOURCES

IPL simulation resources with videos, reflective questions and facilitator guides - Edith Cowan University Interprofessional Learning Resources: <https://www.ecu.edu.au/schools/medical-and-health-sciences/our-facilities/interprofessional-ambulatory-care-program/interprofessional-learning>

Interpersonal Learning Resources for Placements: <https://health-ipl.sydney.edu.au/>

AIPPEN (Australasia) Global Confederation for Interprofessional Education & Collaborative Practice: <https://interprofessional.global/australasia/>

WHO Framework for Action on Interprofessional Education & Collaborative Practice: <https://interprofessional.global/wp-content/uploads/2018/11/WHO-2010-WHO-framework-for-action-on-interprofessional-education-collaborative-practice.pdf>

IPECP Research Discussion Paper 2019: <https://interprofessional.global/wp-content/uploads/2019/10/Guidance-on-Global-Interprofessional-Education-and-Collaborative-Practice-Research-Discussion-Paper-FINAL-WEB.pdf>

# Navigating Challenges to Support Student Learning

## KEY MESSAGES

Overall, supervisors and students enjoy positive experiences of PEP. However, student learning challenges may present from time to time when supervising or facilitating students and it is important that you feel supported to respond effectively. As an overview:

- Identify difficulties or challenges early, even if minor, to avoid escalation
- Choose an appropriate time and location to engage the student in conversation
- Model professional behaviour to communicate the issue respectfully, but clearly
- Provide specific feedback on what you / others are observing
- Use active listening skills to understand underlying reasons for behaviour or attitudes
- Determine required change / outcomes from the conversation and the support, resources, or information to enable these
- Supervisors are encouraged to seek the support of PEP Facilitators (either the in-house clinical facilitator or the whole of community facilitator in rural and remote areas). Facilitators can also contact the Fieldwork Coordinator at any point for information and support.
- Access relevant professional development.

Whilst looking forward to immersion in the practice environment and putting theory into action, undertaking PEP may be challenging in one way or another for students. This can give rise, on occasions, to behaviour, attitudes and approaches that may have implications for student progression and passing their PEP. Below are examples of student learning situations, with suggestions on how to manage these. However, each situation is unique, please seek advice to address your specific situation.

### The over-confident or shy, introverted student

Students can compare themselves, their level of knowledge and skills to professionals who have been in practice for many years, and in doing so, can experience a lack of confidence in their own ability. This may lead students to present as shy or introverted, unwilling to 'speak up' when interacting with staff, patients or their peers. Students can benefit from knowing that every practitioner once felt this way as a novice learner. However, to demonstrate the ability to gain and apply new skills and knowledge, and be safe in practice, students must find their voice and display increasing confidence. Encourage them to put their emerging knowledge and skills into practice by providing them with appropriate learning activities in line with their scope of practice. Encourage students to observe and learn from those more experienced and to reflect at the end of each shift on something new that they learnt or practised. If this issue continues for extended periods, it will need to be addressed with the Fieldwork Coordinator (FWC).

Other students may present as over-confident and be resistant to feedback. Whilst building student confidence in their growing knowledge, skills and attributes is an overall aim of their training, these need to be proportionate to their level of study, experience, and scope of practice. If there are concerns about a student being inappropriately confident, it is valuable to gain the perspectives of different staff members. Attempt to determine specific occasions in which this attribute has been observed and the consequences or potential risks. If you determine there is a problem, arrange an appropriate time and place to speak with the student, explain what has been observed and its implications, determine any underlying factors (overcompensating for insecurities, fear of, or trying to please staff). This potential issue and the steps you have taken to this point needs to be documented, and the Fieldwork Coordinator informed as soon as possible to support appropriate action.

## Students who present as disinterested or disengaged

If you, or others, identify students who seem disengaged or portray a perceived lack of interest whilst on PEP, it is important to talk with the student about this early. Communicate your observations and explore the underlying reason for this behaviour. They may feel overwhelmed, unsupported or lack confidence in their ability. They may feel that they are not being challenged or not given enough opportunity to learn. Sometimes students can overestimate their ability, have unrealistic expectations of placement or have unhelpful biases or mindsets about specific types of health care settings and overlook the learning opportunities available to them. This is often a good opportunity to revisit goals and expectations and adjust accordingly. Sometimes students have difficulty, due to different learning styles or because of personal / family stress. Whatever the source, it is important to provide feedback to students on observed disengagement and build strategies to resolve this issue. Students have a responsibility to be an active, professional contributor to positive, quality placement experiences.

## Uncertainty about workplace requirements

Sometimes students are unsure about how workplace requirements impact them as student learners on PEP. It is useful to share your workplace code of conduct with students and explain that whilst they are supernumerary (not considered staff) there are certain requirements and expectations.

One example may be students arriving late or leaving early from shifts whilst on PEP. If this occurs it is important to speak to them about it as early as possible. Explain that you have, or others have observed them arriving late / leaving early and enquire about why this has been occurring. There may be an explanation and the opportunity to support the student to problem solve and work out ways to fulfill their required hours. Professional behaviour and the importance of punctuality should be emphasised. Students should also be reminded that being late or leaving the healthcare environment early will also jeopardise their progress, as specific hours are required for successful completion of PEP and for obtaining registration. If this issue is not resolved the Facilitator (where applicable) or Fieldwork Coordinator should be informed as soon as possible.

## Student Progression

Student progression and passing in PEP rests on their ability to demonstrate safe practice and professional attitudes and behaviours, outlined in the Registered Nurse Standards for Practice and calibrated to their PEP subject. If you identify any issues that will impact student progression or passing their PEP, including behaviour and attitudes outlined previously, it is important to name these up and seek resolution of these issues in a timely manner. Concerns regarding student progression need to be communicated to the Fieldwork Coordinator as soon as possible so support and direction can be provided to yourself as the facilitator or supervisor, as well as the student. Please refer to the supervisor and facilitator resource section on the PEP Website [www.utas.edu.au/health/professional-experience-placement/supervisors](http://www.utas.edu.au/health/professional-experience-placement/supervisors) to review the flowchart on managing issues of student progression in PEP.

Most students rise to the challenges of PEP, listen to, and accommodate feedback provided and display increased confidence and capability throughout their placement. However, there are occasions in which students may not progress satisfactorily. Supervisors and facilitators can feel uncertain and concerned about how to manage this situation. The key, as discussed in previous points, is to identify issues early and work with the Facilitator (where appropriate), the Fieldwork Coordinator and the student to offer clear feedback, support and processes such as constructing a learning plan, for the student to alter the outcome.

It is important to note that the final decision on whether a student passes or fails a PEP rests with the School of Nursing and ultimately the student will have their result confirmed upon release of exam results at the end of each Nursing Study Period. As a supervisor/facilitator during PEP you are making a professional recommendation, based on observation and evidence as to how and to what affect a student has performed against the NMBA RN Standards for Practice.

In the event of the student being unable or unwilling to demonstrate the required expectations, skills, behaviour and attitudes in accordance with the NMBA RN Standards for Practice, it is important to reframe the idea of 'you failing the student' - to 'the student not meeting the outlined requirements'.

In the event you are required to provide feedback to the student that they have not progressed satisfactorily during their PEP, do not use the term 'fail'. Instead, use language such as 'you have not met the requirements of this PEP'. Your Facilitator, Fieldwork Coordinator and / or Academic PEP Coordinator will provide guidance to both you and the student during this process.

## Tension within the supervisor / facilitator and student relationship

In the event of conflict or tension arising within the supervisor / facilitator and student relationship, again it is important to identify this as early as possible. Determining the core sources of tension and how to manage or resolve these through professional, respectful dialogue is critical. Sometimes it can be a clash of personalities, a disconnect between expectations, unclear roles and lines of reporting, different communication styles or an upsetting event. For tips on conflict resolution see the conflict resolution fact sheet.

If the problem cannot be resolved between the individuals concerned it is important to notify and seek the support of the Facilitator (where available) or the Fieldwork Coordinator. Having someone outside the situation may help mediate discussions, support mutual understanding, and find ways to resolve the key issues and tensions to move forward with the placement. If the issue persists or cannot be resolved, it may be an option to engage a different supervisor or facilitator to support the placements completion.

It is important that you do not feel isolated, such situations, whilst challenging, often have the value of increasing our knowledge, skill and confidence in conflict management and can mature our practice of supervision and facilitation.

## Distressed Students

It can be stressful for student to put into practice newly acquired knowledge and skills in an unfamiliar practice environment and to meet other academic-based assessment requirements such as assignments. Additionally, many students balance paid work, family and other responsibilities.

If you identify that a student is distressed and you are concerned for their wellbeing, acknowledge this and ask whether the student is willing to discuss this with you.

You must explain that you cannot necessarily keep what the student discloses to you confidential, that you may need to seek advice from the Fieldwork Coordinator, particularly if they are at risk.

Sometimes just expressing what is happening for them is enough for students to feel better. Provide students with information about the range of counselling and support services that may be of value. Please access [www.utas.edu.au/students/shw/counselling](http://www.utas.edu.au/students/shw/counselling) for more information.



Depending on the nature of support required, information on the following support services may also be appropriate:

**Beyond Blue :** [www.beyondblue.org.au/about-us/contact-us](http://www.beyondblue.org.au/about-us/contact-us)

A depression and anxiety support service providing advice and support via telephone 24/7 (1300 22 4636), daily web chat (between 3pm–12am) and email (with a response provided within 24 hours)

**Lifeline:** [www.lifeline.org.au/](http://www.lifeline.org.au/) 24-hour crisis support and suicide prevention services. Phone 13 11 14 for confidential telephone crisis support

**1800RESPECT:** [www.1800respect.org.au/](http://www.1800respect.org.au/) A 24-hour national sexual assault, family and domestic violence counselling line for any Australian who has experienced, or is at risk of, family and domestic violence and/or sexual assault. Call toll-free 1800 737 732

**Mental Health Helpline:** [www.mhct.org/getting-help/](http://www.mhct.org/getting-help/) is a free statewide 24-hour/7-days a week service for mental health crisis reaching all regions, phone 1800 332 388. The service is operated by mental health professionals who can help to arrange mental health assessment and intervention.

# Conflict Resolution

## KEY MESSAGES

Conflicts are a normal and inevitable part of the human experience.

Conflict is not necessarily negative. If skillfully resolved in a calm, respectful and professional way, managed conflicts can facilitate enhanced communication skills, improve relationships, lead to innovative and changed ways of working.

The following fact sheet provides a range of suggestions for managing conflict effectively as a supervisor or facilitator of student PEP.

Conflict occurs when an action by one person obstructs, or clashes with the actions, interests, goals, or values of another person. Conflict in healthcare environments can be ignited by differences in perspectives, personality and leadership styles, communication skills, ethics and system-related factors such as limited resources, unclear roles and competing demands.

As a supervisor and facilitator, you may be faced with conflict situations. Conflict could occur between yourself and students, the student and healthcare staff, or between students. The key is being able to respond in a measured and skillful way. You might find the following strategies useful when encountering and trying to resolve a conflict situation between others. The principles also apply when managing conflict between yourself and student/s or colleagues.

### Strategies for resolving conflict

#### Be aware of your own response to conflict

A good place to start is to consider your own experience of conflict situations, both in terms of what has worked well, and what has not, and to reflect on your usual way of responding to conflict.

For example,

Do you avoid conflict at all costs by remaining silent and saying nothing, or avoiding the person wherever possible? Do you become defensive, retaliate, fight to win?

Do you find a way of compromising to resolve the conflict?

Seeking additional training and support can help to increase our confidence and effectiveness in resolving conflict and help to reframe conflict as a negative experience, to one that offers opportunity to improve relationships, learning and ways of working.

#### Consider appropriate timing and setting to 'name-up' and address the conflict

It is important to 'name-up' conflict, rather than ignore it and have it escalate to effect relationships, patient care or student learning. It is also important to address the conflict situation in a private setting when there is sufficient time for the people involved to both communicate their views and experience and respond to the concerns and feedback voiced by others.

Do not attempt resolution 'on the run', for example when someone provides their views and feelings about a conflict then disappears or is called to respond to other pressing job demands. It is also helpful, when emotions and tensions are high, to allow people some space and time to gather their sense of calm and balance, before addressing conflict.

#### Approach involved individuals separately and gather information about the conflict situation

It is important, where possible to meet the individuals involved in the conflict separately, to find out how they perceive and feel about the situation. This will afford individuals a safe space to reflect and give voice to their own experience and enable you to build a picture of what the conflict looks like, including possible underlying factors.

Use open-ended questions, note each person's verbal and nonverbal communication, summarise what you are hearing and check that your understanding accords with what the person is hoping to communicate.

Guide individuals to focus on issues and behaviour as opposed to the other party's character or personality and ask for examples.

To help you make sense of the conflict situation, as you gather your information from the individuals involved, see if you can identify the following:

- What are the key points of disagreement?
- What are the points of agreement, or is there a common goal or need?
- What actions (of the other) are considered unacceptable and why?
- What are possible solutions that satisfy both individuals involved?
- What are the things that each person needs to do to resolve the conflict?

### Bring people together to discuss and resolve conflict in a respectful and empowering way

Having named up the conflict, gathered information from the individuals involved, identified an appropriate time and space to discuss the issue, it is important to establish and maintain a space for respectful dialogue in order to effectively resolve the conflict. Consider the following:

- Outline guidelines for the interaction such as respectful communication (no interrupting labelling, insulting, stereotyping or name calling), active listening, attempting to see the situation from the other persons point of view and focusing on issues and actions (not personality or character traits)
- Define the conflict as a mutual problem to be solved not as a win/lose situation
- Explain conflict is normal and expected, however, that conflict needs to be effectively addressed and resolved to enable learning and moving forward.

### Foster active listening and skilled communication to discuss conflict

Your approach, verbally and nonverbally, will greatly affect the process and outcome of addressing the conflict situation.

- Model respectful behaviour and communication
- Provide space for each individual to describe the conflict in the most specific way possible and its impact, from their perspective, using 'I statements'
- Guide the focus to remain on the issues and behaviour, not the other person's character or personality
- Enable space for individuals to identify any contributing factors that appear to have helped create and continue the conflict.

### Support the consideration and understanding of the other person's perspective

- Resolving conflicts constructively requires individuals to consider and understand the other person's experience of the conflict situation, their thoughts, feelings and needs
- Encourage active listening by each party and the willingness to see things from the other person's perspective.

### Identify key issues and negotiate a resolution / change

- Acknowledging the different experiences and perspectives, try to reach an agreement on the key issues – these should be defined in a clear constructive (not personalised) way. It may be useful to reference the NMBA Standards of Practice or other code of conduct where appropriate
- Identify common ground / goals / needs (where possible)
- Explore solutions 'What would a successful resolution of the issue look like?'
- Negotiate an agreed change / solution, be as specific as possible. For example, are you requesting a behavioural change that is possible and probable or are you requesting someone to modify a personality trait?
- Express the need for mutual effort if resolution is going to be a possibility.

### Check-in and Reassess

Negotiate a time to reassess progress in resolving the core issues that created the conflict and to review actions and solutions as required.

## What to do when conflict resolution attempts are not working?

Sometimes, despite our best efforts, conflict resolution attempts may fail. For conflict situations involving students, the Fieldwork Coordinators and Academic PEP Coordinator can provide additional support where required.

Engaging this level of support is particularly important if you have a student that is monopolising your time due to conflict issues and is resistant to conflict resolution, or becomes threatening to you, other students or healthcare staff. In this later instance, the student can be removed from the healthcare environment under the directive of the Academic PEP Coordinator as part of the [PEP risk management process](#).

Most of the time conflicts can be dealt with effectively. Your modelling of effective conflict resolution processes can offer students a rich resource and learning which they can take forth into their own nursing career.

The principles presented in this guide also apply when managing conflict between yourself and student/s or colleagues.

As a summary, remember the following:

Be aware of your own response to conflict

Identify the conflict situation, reflecting and becoming clear on your experience, perspective, thoughts, feelings and needs

Consider the appropriate timing and setting to 'name-up' and then address the conflict (*namings up and addressing conflict will likely be at two different time points*)

Adopt a respectful, empowering approach

Approach the meeting with the other party with a view of conflict as a mutual problem to be solved, acknowledge potential discomfort, negotiate guidelines for interactions particularly around respectful communication and overall aim of mutual benefit – i.e. working better together

Demonstrate active listening and skilled communication, discussing conflict in a clear, specific way

Consider and seek to understand the other person's perspective

Identify key issues, common ground, aims or needs and negotiate a resolution / change

Check in and reassess

Access support and training as required

### ADDITIONAL RESOURCES

Corexcel, *Conflict Resolution in Nursing*, <https://www.corexcel.com/courses/nursing/conflict-resolution-nursing-handout.pdf>

Leadership and Influencing Change in Nursing, *Identifying and understanding how to manage conflict*, <https://leadershipandinfluencingchangeinnursing.pressbooks.com/chapter/chapter-11-identifying-and-understanding-how-to-manage-conflict/>



# Self-care, Professional Development and Support

## KEY MESSAGES

To sustain our ability to care for others and to support positive student learning experiences, we must first attend to our own self-care needs, professional development, and support.

Regular, mindful activities of self-care that support our need for movement and exercise, nutrition and hydration, rest and relaxation and connection with others are important.

Attending to our own professional development, reflecting, and seeking feedback as a supervisor or facilitator is also important.

### Managing your own Self-care and Wellbeing as a Supervisor or Facilitator

Supporting quality student placement experience requires significant personal and professional investment.

Most people working in the health sector are more prepared and able to take care of others, as opposed to taking care of themselves. However, attending to your own self-care and wellbeing is fundamentally important. There is a wealth of self-care literature and resources, see below for some suggested links. However, for the sake of offering key ideas about where to start we suggest:

Movement & Exercise

Nutrition & Hydration

Rest & Relaxation

Connection with others

Whilst these are basic ideas, they are often the first things to go when we are stressed. As a reminder, it is important to take care of our physical self-care needs with nutritious food that fuels our body, nourishes our minds and mood; have adequate hydration and move our body with physical exercises you enjoy.

Get outside for some sunshine and contact with nature. Go for a brisk walk, look at the sky, have a walking meeting as opposed to a sitting one.

Make spaces in your day for moments of stillness, rest and relaxation. Savor your morning coffee as a self-care ritual, take a few mindful breaths before having a difficult conversation with a student or coworker, play some music in the car or whilst doing paperwork. Do something that brings you joy every day.

Stay connected with significant others in your life, and with colleagues who build you up and support you.

### Ongoing Professional Development

Best practice clinical learning environments not only value student learning and teaching, but the ongoing learning and professional development of staff. Beyond being a registered nurse requirement to support contemporary evidenced-based practice, professional development underscores people feeling valued by their organisation, aids a sense of resourcefulness to manage increasingly complex health care issues and demands, supports networking and can reinvigorate practice. Place value on your own professional learning and development.

### Reflecting and Seeking Feedback as a Supervisor or Facilitator

Just as students benefit from constructive and timely feedback, so can we. Reflecting on our own performance as educators, supervisors, or facilitators enables us to acknowledge our strengths, what went well, and to identify learnings we can take on board to enhance our practice.

Many supervisors and facilitators take the time to critically reflect on these issues, on an individual basis or with peers. There may be value in having a post-placement team debrief with a set of focused discussion points to facilitate reflection and evaluation of the PEP rotation.

Consider seeking feedback from your student/s at the end of the PEP. Speak to your Fieldwork Coordinator regarding evaluation tools that can be distributed to your students to facilitate feedback on the quality of your supervision of students.

## ADDITIONAL RESOURCES

Five Ways to Wellbeing Website:  
<https://5waystowellbeing.org.au/>



Heads Up Better Mental Health in the Workplace:  
[www.headsup.org.au/](http://www.headsup.org.au/)

Self-care planning for healthcare workers:

[www.blackdoginstitute.org.au/wp-content/uploads/2020/05/COVID-19\\_Self-care-plan-for-healthcare-workers.pdf](http://www.blackdoginstitute.org.au/wp-content/uploads/2020/05/COVID-19_Self-care-plan-for-healthcare-workers.pdf)

# References

- Australian Nursing and Midwifery Council (ANMAC) 2006, *National Competency Standards for the Registered Nurse*, ANMAC, viewed 30 October 2020, <<http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines.aspx>>.
- Australian Nursing and Midwifery Council (ANMAC) 2010, *Nursing Practice Decisions Summary Guide*, ANMAC, viewed 30 October 2020, <<http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines.aspx>>.
- Australian Nursing and Midwifery Accreditation Council (ANMAC) 2019, *Registered Nurse Accreditation Standards*, ANMAC, viewed 30 October 2020, <<https://www.anmac.org.au/sites/default/files/documents/registerednurseaccreditationstandards2019.pdf>>.
- Australian Nursing Standards Assessment Tool (ANSAT), viewed 30 October 2020, <<http://www.ansat.com.au>>.
- Barr, H, Gray, R, Helme, M, Low, H, & Reeves, S 2016, *Interprofessional education guidelines*, Centre for Advancement of Interprofessional Education (CAIPE), London.
- Centre for the Advancement of Interprofessional Education (CAIPE) 2002, 'Interprofessional education – a definition', CAIPE, viewed 30 October 2020, <[www.caipe.org](http://www.caipe.org)>.
- Cooper, J, Courtney-Pratt, H, & Fitzgerald, M, 2015, Key influences identified by first year undergraduate nursing students as impacting on the quality of clinical placement: A qualitative study, *Nurse Education Today*, vol. 35, no.9, pp.1004-1008.
- Corexcel, *Conflict Resolution for Nurses*, viewed 30 October 2020, <<https://www.corexcel.com/courses/nursing/conflict-resolution-nursing-handout.pdf>>.
- Department of Health and Human Services Victoria, 2016, *The best practice clinical learning environment framework: delivering quality clinical education for learners*, Victorian Government, viewed 30 October 2020, <[https://bpacletool.net.au/media/medialibrary/2016/09/BPCLE\\_Framework\\_Aug\\_2016.pdf](https://bpacletool.net.au/media/medialibrary/2016/09/BPCLE_Framework_Aug_2016.pdf)>.
- Driscoll, J 1994, Reflective practice for practise – a framework of structured reflection for clinical areas, *Senior Nurse* vol. 14, no.1, pp 47–50.
- Driscoll, J 2007, *Practising clinical supervision: a reflective approach for healthcare professionals*, 2nd edn, Bailliere Tindall Elsevier, London.
- Gaberson, K, & Oermann, M 2007, *Clinical Teaching Strategies in Nursing*, 2nd edn, Springer Publishing Company, New York.
- Gibbs, G, 1988, *Learning by Doing: A Guide to Teaching and Learning Methods*, Further Education Unit, London.

Gibbs, G 1988, in 'Reflective practice in nursing: the growth of the professional practitioner', in Palmer A, Burns S & Bulman C (eds.), 1994, Blackwell Scientific Publications, Oxford UK.

Hilliard, C 2006, Using structured reflection on a critical incident to develop a professional portfolio, *Nursing Standard*, vol. 21, no. 2, p.35.

Howard, L & Will, B 2018, 'DIGEST: A collaborative strategy for clinical performance feedback', *Teaching and Learning in Nursing*, vol. 13, no. 3, pp. 141–144, viewed 23 August 2020, <<https://www.sciencedirect-com.ezproxy.utas.edu.au/science/article/pii/S1557308717302895>>.

Lazarus, J 2016, 'Precepting 101: teaching strategies and tips for success for preceptors', *Journal of Midwifery & Women's Health*, vol. 61, no. 1, pp.11-21.

Levett-Jones, T 2017, *Clinical Reasoning: Learning to Think Like a Nurse*, 2<sup>nd</sup> edn, Pearson, Sydney.

Levett-Jones, T and Bourgeois, S 2015, *The clinical placement: an essential guide for nursing students*, 3<sup>rd</sup> edn, Churchill Livingstone, Sydney.

Levett-Jones, T, Hoffman, K, Dempsey, J, Yeun-Sim Jeong, S, Noble, D, Norton CA, Roche J, Hickey, N 2010, 'The 'five rights' of clinical reasoning: An educational model to enhance nursing students' ability to identify and manage clinically 'at risk' patients', *Nurse education today*, vol. 30, no. 6, pp. 515-520.

Maneval, RE, Filburn, MJ., Deringer, SO & Lum, GD 2011, Concept mapping: does it improve critical thinking ability in practical nursing students? *Nursing Education Perspectives*, Vol. 32, no.4, pp.229-233.

Nursing and Midwifery Board of Australia (NMBA) *Registered nurse standards for practice 2016*, NMBA, viewed 30 October 2020, < <https://www.nursingmidwiferyboard.gov.au/codes-guidelines-statements/professional-standards/registered-nurse-standards-for-practice.aspx> >

Nursing and Midwifery Board of Australia (NMBA) 2020 *Decision-making framework for nursing and midwifery*, NMBA, viewed 30 October 2020, < <https://www.nursingmidwiferyboard.gov.au/codes-guidelines-statements/frameworks.aspx> >.

Scholes, J & Endacott, R 2002, *Evaluation of the effectiveness of educational preparation for critical care nursing*, English National Board, London.

Turner, P, 2005, Critical thinking in nursing education and practice as defined in the literature, *Nursing Education Perspectives*, vol. 26, no.5, pp.272-277.

University of Newcastle, School of Nursing and Midwifery, Faculty of Health 2009, *Clinical Reasoning Instructor Resources*, UoN, viewed 30 October 2020 <[https://www.newcastle.edu.au/\\_data/assets/pdf\\_file/0010/86536/Clinical-Reasoning-Instructor-Resources.pdf](https://www.newcastle.edu.au/_data/assets/pdf_file/0010/86536/Clinical-Reasoning-Instructor-Resources.pdf) >.

VARK A guide to Learning Preferences 2019, *The VARK Learning Questionnaire*, viewed 30 October 2020, < <https://vark-learn.com/the-vark-questionnaire/>>.

**Professional Experience Placement (PEP) –  
Rural Expansion Project**

Identifying, implementing and evaluating ways to better support professional experience placements for dental, nursing and allied health undergraduate students in rural Tasmania.

[utas.edu.au/health/pep](https://utas.edu.au/health/pep)

