



MASSEY UNIVERSITY
COLLEGE OF HEALTH
TE KURA HAUORA TANGATA

SCHOOL OF NURSING

**Albany, Manawatu and
Wellington**

BN PRACTICUM INFORMATION

*Tell me and I'll forget,
Show me and I may remember,
Involve me and I'll understand*

(Chinese proverb)

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Introduction

Given that the practice experience is a significant component of the overall BN programme, it is vital that there is a good understanding of the aims and objectives that students have when engaging in clinical learning, and the crucial role clinical agency staff play in the professional development of our students.

This website is specifically developed to provide up-to-date information to agency staff regarding Massey University's Bachelor of Nursing programme, and reflects the key position agency staff hold in the educational process of our students. For us, as a School, it is essential to establish and maintain an excellent partnership with all the clinical agencies and their staff.

This website is a tailor-made resource for agency staff members, providing background information about the BN curriculum. The website sets out students' responsibilities while gaining experience in the practice environment, it outlines the role of our Clinical Teaching Associates (CTAs) who are supporting the students, and it identifies the critical role and responsibilities agency staff has in the students' learning process.

If at any stage you have any questions or concerns that are not addressed on this website, please do not hesitate to ask the CTA in your clinical area for clarification. Alternatively, you can contact the BN Programme Director, Dr Stacey Wilson on:

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Bachelor of Nursing programme aim

It might be helpful to start off by sharing with you the aim of the Bachelor of Nursing programme:

"The aim of the Bachelor of Nursing programme is two-fold. First and foremost, the programme prepares learners to be safe and competent beginning practitioners who demonstrate professional responsibility, deliver evidence-based nursing care, and uphold ethical and moral standards that engender trust, and reflect positively on the public perception of nursing. Secondly, the programme prepares graduates for a seamless transition into the postgraduate learning environment, enabling registered nurses to extend their nursing knowledge and skills in a range of clinical nurse specialist areas, nursing leadership/management, education and research, from post-graduate certificate through to Nurse Practitioner and PhD level".

Graduate Profile

Graduates of the Bachelor of Nursing are dynamic and adaptable professionals who are distinguished by their ability to think critically and practice using innovative approaches that will drive the future of nursing. Massey University nursing students are equipped with contemporary knowledge, skills and attitudes which enable them to promote wellbeing, assess wide-ranging care needs and undertake skilled nursing practice that achieves the health goals of individuals, families/whānau and communities.

Personal capabilities:

- 1) Demonstrate confidence, commitment, compassion, and emotional competence to engage with people and their families/whānau in positive change or acceptance across the developmental lifespan.
- 2) Apply highly developed personal ethical and moral standards that engender trust and reflect positively on the public perception of nursing.

Discipline-specific competencies:

- 1) Demonstrate professional responsibility; management of nursing care; and skilful interpersonal relationships with individuals and family/whānau in an interprofessional context.
- 2) Demonstrate professional competence based on evidence-based practice.
- 3) Apply skills of direction and delegation in determining the appropriate level of care required.

Professional attributes:

- 1) Apply critical thinking skills, utilise appropriate technologies, and exercise sound judgment and communication in all professional relationships.
- 2) Appreciate the impact of socioecological factors on health and wellbeing.
- 3) Demonstrate a commitment to lifelong experiential-based learning and the development of professional nursing knowledge and skills.
- 4) Actively contribute to quality improvement through transformational leadership.

Ethical and social attributes:

- 1) Be able to examine and understand the full breadth of issues surrounding social, environmental, cultural, regulatory and ethical concerns associated with health care.
- 2) Understand and appreciate the implications of the Treaty of Waitangi and its application to nursing.
- 3) Demonstrate culturally safe nursing practice, which respects and supports diversity and choice for all people

Aims and objectives of practice experience

As noted in the introduction, the practice experience is an important aspect of the Bachelor of Nursing Programme. All practice experiences are interwoven and closely linked to theoretical content taught in the classroom and simulation suite, and studied by the student prior to gaining clinical experience. It is important to appreciate that, while students gain a lot of nursing knowledge through their study, only the actual clinical setting will provide the students with the appreciation and understanding of what it all really means. Indeed, no amount of academic study can be a substitute for learning that occurs in the practice context. While it is true that some of this learning happens automatically because of being fully emerged in the practice setting, most of the learning needs to be deliberately pursued (planned learning). Hence, students need to prepare themselves for the clinical practice they are about to experience.

Given the crucial roll agency staff plays in clinical learning, they too need to be prepared for the arrival of nursing students: What do you know about the student

cohort to be allocated to your area? Are they Year One, Two or Year Three students? What previous experiences have these students had? What are the unique aspects of your clinical agency/your work that you would like students to come to grips with? What is there to learn? As students are only in a practice setting for a finite time, what do you think the student needs to achieve during that period. What do you suggest the student should concentrate on? Imagine the student to be a new colleague and you have been asked to orientate this staff member. What is your plan?

Every practicum context provides unique opportunities for learning new things and/or refining specific aspects of nursing practice. We ask you to share your knowledge, to make yourself available, to orientate the student to the clinical area, and to be a role model for professional practice and excellence in communication.

Theory and practice focus

The following section provides general information about the focus of the curriculum and the type of practice experiences our students are exposed to over the course of the BN programme. The information provided is necessarily condensed and only meant to give some insight into the type of clinical experiences gained at different stages with clear links to the theoretical component of the programme. For more detailed clinical information click on the hyperlink related to the specific year level. This will take you to the specific goals and objectives the student needs to achieve while in your clinical area.

Year One

The introductory year focuses on broad concepts of health and wellness, and health determinants across the lifespan. It covers nursing concepts, the role of nurses, health assessment and fundamental nursing skills, anatomy and physiology, nutrition, and relating/communicating. The context is New Zealand, the Treaty of Waitangi and Te Whare Tapa Whā.

The first clinical experience is an 88-96-hour placement in a residential care setting. Students spend 2-3 days on alternate weeks in this setting. The residential care setting is specifically chosen because it enables students to practise fundamental nursing skills previously learned in the simulation suite. Exposure to this clinical setting enables students to identify with the nursing profession, and observe what nurses do. This first clinical experience allows students time to feel at ease in an environment that is largely unfamiliar, while the low turn-over of residents is beneficial for the development of professional relationships.

The second experience takes place at the conclusion of Semester II, and is of 2 weeks duration (80 hours). Amongst other courses, students study Assessment and Clinical Decision-making and the associated clinical experience serves two purposes; Firstly, the experience enables students to consolidate previous learning as well as master new skills learned in the simulation suite. Secondly, students will be able to practise a range of assessment skills from interviewing clients, obtaining vital signs, assessing mobility, and undertaking a skin assessment, to auscultating chest sounds to assess breathing. (For additional information you are referred to the website: 'Year One')

Year Two

The 2nd year of the programme focuses on long-term physical conditions, mental health conditions, and primary health, covering health promotion, government policy, and health targets. It aims to extend student knowledge of relevant legislation, ethics, multi-disciplinary health care, and the role of the professional nurse. Students have completed most of the theoretical component of the course, before commencing the clinical experience. Students spend three times 3 weeks (Mon-Fri) in clinical settings

such as medical wards, assessment and rehabilitations wards, district nursing, non-acute community or long-term institutional mental health settings, and primary health care settings such as public health, PHOs, occupational health, and Plunket.

Other nursing courses studied during the 2nd year focus on ethical concepts and legislation impacting on professional nursing practice, nursing research and evidence-based practice, as well as bioscience (abnormal body function) and pharmacology. (For additional information you are referred to the website: 'Year Two')

Year Three

The first semester of the 3rd and final year focuses on acute medical/surgical/mental health conditions and trauma with the theory underpinning the three blocks of 3 weeks of associated clinical experiences. Students gain one 3-week block in acute MH, and two 3-week blocks in acute medical and surgical settings.

The final semester of Year Three comprises of 3 courses, the most important from a clinical agency's perspective, will be the Pre-Graduate Nursing Practice course which provides students with an opportunity to select a 9-week clinical experience in an area/setting where they hope to commence their nursing career. During this final placement, students are expected to become fully integrated in the clinical team, work rostered shifts that are routine within the clinical agency (including weekends and nights where applicable). It is envisaged that as student progress from 'senior nursing students to 'acting staff nurses', they are given a progressively increasing workload and additional responsibilities while supervision is steadily reduced in line with their demonstrated competencies. (For additional information you are referred to the website: 'Year Three')

Models of clinical learning

There are many different models of clinical teaching and learning that have been tested and tried over the years and it is not possible to pinpoint to any of these and maintain that it is a superior model. As is often the case, the teaching model is only as good as it is interpreted and implemented by those who utilise it. It is also worthwhile to remember that there are many variations even within one particular model of clinical learning. Whatever philosophy is being implemented, it will always involve clinical staff making themselves available to support, guide, and teach students by role-modelling professional nursing practice, supervising students undertaking nursing interventions, and delegating specific nursing tasks. The key to success is to see this student as your future colleague, and to accept them as a full (but junior) member of the healthcare team. As students progress through the programme, they become increasingly competent in complex activities, and hence they should be delegated more responsibilities, while requiring less direct supervision and support over time.

Massey University's School of Nursing does not believe that there is only one 'right' model of clinical teaching. Rather, the School acknowledges that there are multiple models and approaches, just as there are multiple clinical agencies, each having unique features that may require a slightly different strategy to maximise learning. We encourage dialogue and debate with all clinical agencies as we explore opportunities to strengthen our partnership with the ultimate goal to positively influence teaching and learning processes in clinical practice.

Massey University encourages clinical agency staff to 'experiment' with different models of clinical teaching and support. Even within the Preceptorship Model there are different approaches possible i.e. one preceptor with one student, or one preceptor with more than one student. Some agencies have allocated one preceptor for up to 3

students with excellent results. In the latter situation, the preceptor had been allocated the usual number of patients, but no additional responsibilities. By rotating the students, the preceptor was constantly working with one student while the other two students were working together and received regular 'visits'. Other agencies are looking into the development of DEUs, an approach equally supported by MU. What is important is that every day some time is set aside for the staff member to meet with the student, to discuss patients, to discuss workload issues, team membership, to evaluate the learning, and to set goals for the next day.

The School of Nursing acknowledges that clinical staff plays a pivotal role in clinical teaching and the professional development of our students. To support teaching and learning in clinical practice, Massey University employs CTAs, experienced registered nurses who are clinically competent, who have advanced knowledge of BN curriculum, and who are committed to support both students and agency staff. Agency staff can at all times call upon the CTA for advice and/or additional support in all matters concerning BN students. Where possible and appropriate, CTAs are willing and able to assist individual staff members with their own professional/educational needs.

The 'fundamentals' of clinical learning

No matter what model of teaching and learning is applied, there are some fundamental principles that need to be adhered to. Like every new staff member, the student will need to be orientated to the clinical setting. This means that you need to ensure that the student is welcomed, introduced to other staff members, as well as shown the layout of the facility. A short introduction of the agency/ward/department's function, aims and goals, the 'routines', as well as starting, break and finishing times will help the student to settle in much quicker while reducing stress levels.

Ask the student about his/her previous clinical experiences: Where was the student placed, how was the clinical experience, and what did the student learn? Invest some time to get to know the student. Conversations can be held on the way to and from nursing activities as well as during shift breaks. Find out what the student's current learning objectives are. Ask about their expectations but also outline what your expectations are. Make sure that your expectations reflect the level the student is at i.e. Year One students are at the beginning of their journey, are focused on fundamental nursing interventions, and require maximum support and supervision, while Year Three students focus on advanced skills and have a much broader knowledge and skills base. Always touch base with the allocated CTA in the first 2 days to clarify expectations, and to get any concerns addressed at an early stage. Students are only in the clinical setting for a short period of time, and hence it is of the utmost importance to be organised from the start.

It is impossible to provide a broad statement describing what students are allowed to do as this not only depends on the students' stage in the programme, but also on the individual student's level of knowledge and skill. Some students are more confident than others; some are extroverts, while others are shy. All of these factors influence the students' approach to clinical learning and their help-seeking behaviour. The following information should be seen as a guideline only and is more applicable to students in Years II and III of the programme than Year I students.

Day 1: Orientation

Introduction to agency staff and physical lay-out of clinical environment. Familiarise student with the location of emergency equipment, fire protocols, emergency exits and the 'usual routines'. Emphasise any particular health and safety protocols, the 'dos and don'ts' as well as expectations. Discuss student's personal learning objectives and refine/adjust these to create maximum fit with learning opportunities. Allow

student to 'shadow' you and observe you as you go about your nursing practice. Set some time aside for the student to read pertinent clinical protocols as well as files of patients the student is likely to come in contact with.

Days 2-3: 'Tailing'

By allowing students to work alongside you, students will learn by emersion. Observation and 'helping with' are powerful learning tools during the early stages of the placement and contribute to an environment that is safe and conducive to learning. The agency should aim to allocate students for several days to the same preceptor so a partnership can be established, enabling the preceptor to assess the student's 'baseline' knowledge and skills. This is of critical importance to ensure safe nursing practice and contributes to appropriate delegation at a later stage.

Days 3-4: 'Tailing in reverse'

Having assessed the student's capabilities and knowledge base, this is the time to ask the student to take the lead in specific nursing interventions while the preceptor becomes the 'assistant'. Stand back and allow the student to do more and more interventions in your presence. An approach such as this will give you a good sense of the student's capabilities and knowledge base, while it provides the student with the opportunity to demonstrate their competence in a carefully managed work environment. Providing care together provides you with the opportunity to ask what the student has observed and what has been learned as well as enable you to give detailed constructive feedback. It will help you to decide whether you can delegate a specific nursing intervention safely to the student.

Days 4-5 and beyond

By the end of the first week there is an expectation that students engage in specific nursing interventions independently and accept responsibility for 1 patient under (in)direct supervision and over the next few days the number of patients should be increased if the student is managing. It must be self-evident that Year Three students will cope with an increasing workload much quicker than Year Two students. However, don't make assumptions when delegating responsibilities. Please ensure that the student has been assessed previously as being capable and competent while at the same time the health status of the patient has been taken into account. The level and complexity of skill required is directly related to the acuity of the patient. When in doubt, don't delegate or ensure that the student is directly supervised. Even when the student is seemingly managing well, it is important to provide regular supervision and observe the student engaging in nursing interventions, as this will enable you to assess ongoing progress in the level of competence as well as provide opportunities for feedback.

There is an expectation that students:

- Accept responsibility for the care of an increasing number of patients;
- Assist the preceptor when their allocated patients have been cared for;
- Practice/refine their time management skills;
- Become an effective team member;
- Are increasingly involved in decision-making activities.

Under no circumstances should an increase in workload result in the student being overloaded and unable to cope. The allocated workload should at any stage leave sufficient time for the student to read their patients' files, spend time with patients to establish a professional relationship, and assess their patients' needs.

Responsibilities placed on students

Prior to commencing a practice experience, the students must:

- Attend the pre-clinical tutorial which is compulsory;
- Prepare for the practice experience by studying the course requirements, and understanding the protocols and guidelines that apply when in practice;
- Check the arrangements/requirements for contacting the agency;
- Understand the general Learning Outcomes as outlined in the course;
- Develop draft Individual Learning Objectives prior to entering the placement.

While in the clinical setting, students are expected to:

- Identify their own learning needs at the start of the placement and share these with the CTA and Preceptor;
- Write and successfully complete Individualised Learning Outcomes (ILOs);
- Actively negotiate/pursue appropriate learning opportunities;
- Inform the CTA and the Preceptor at the commencement of the placement of any special conditions or restrictions placed upon them while in practice;
- Inform the CTA and the Preceptor of any personal concerns related to their ability to perform nursing duties safely and adequately;
- Maintain professional standards and competencies as expected of a student at their level in the Programme;
- Maintain professional boundaries in all dealings with clients, their families, agency staff, CTAs, and others;
- Be aware and acknowledge their own limitations;
- Be punctual and reliable, adhere to the required Standard of Dress and complete the duties/shifts as allocated by Massey University (this excludes the final placement in the Programme);
- Ensure that all nursing skills are supervised by either the CTA or Preceptor when performed for the first time;
- Support agency staff and work actively to become a fully integrated team member;
- Ensure safety by immediately informing Preceptor (and CTA if present at the time) of any deterioration in the client's health status;
- Inform CTA of any situation that require the completion of an incident/accident form and only complete the requirements with the assistance of the CTA;
- Ensure that Preceptor is kept informed about activities and whereabouts. This includes absences from the clinical area for breaks and tutorial/teaching sessions;
- Maintain a 'running feedback record' by asking Preceptor for regular feedback and respond appropriately to any feedback given;
- Initiate and complete Clinical Competency Evaluations as required;
- Refrain from doing any theory-related assessment work while in actual clinical practice.

Agency's role in student's learning

Clinical agency staff plays a key role in student's learning. The following bullet points are a summary of the role and responsibility of agency staff in students' learning.

Agency staff:

- Are responsible and accountable to their clinical agency (the employer) for the quality of care delivered to their clients;
- Ensure that the practice environment is safe and conducive for learning;
- Discuss and plan learning opportunities with you and your CTA as appropriate;
- Work alongside you, role-model professional practice, and supervise your nursing activities;

- Reflect on and discuss your nursing experiences, and plan care-giving activities;
- Provide you with regular feedback and assess your readiness for new learning/activities;
- Assist your CTA with the assessment of your clinical competence;
- Accept responsibility for the appropriate delegation of care activities.

CTA's role in students' learning

CTAs are allocated students in the clinical areas they have expertise in. Students are allocated to the same CTA for the duration of their clinical experience. This enables the CTA to develop a working relationship with the students as well as develop a partnership with agency staff. Being in clinical for a minimum of 6 hours, agency should expect to see their CTAs regularly, in particular in the hospital setting. The CTA will:

- Be involved in the pre-clinical tutorial that will be held at the University before each clinical experience.
- Provide the students with contact details to ensure the CTA can be reached during clinical hours;
- Guiding and supporting students in order to ensure that learning objectives are appropriate and relevant to the practice experience;
- Work alongside the student where appropriate/possible, observe students carrying out nursing interventions, and determine student's progress towards achieving the general and the individualised learning objectives;
- Maintain ongoing contact with the Preceptor(s), and the Charge Nurse/Area Manager for the purpose of support as well as obtaining feedback on student's level of competence and professional performance;
- Support students in making links between theory and practice, and master nursing skills;
- Following up on any concerns or requests from preceptor/agency staff within agreed timeframes;
- Be an advocate for the student when required;
- Arrange short clinically-focused tutorials at times convenient to the agency;
- Provide students with regular constructive feedback and complete the summative competence assessment.

Student activities while on practice placement

The section 'Structure and focus of practice experience' will have given you already some ideas as to what the student has learned and practised on campus. For example, Second Year students completing the course dealing with long-term physical health conditions, will have studied conditions such as chronic heart failure, diabetes, and COPD to mention just a few, and how these affect patients' health and well-being. Students will also have practised assessment skills related to monitoring input/output, fluid balance chart, checking for, and grading oedema, measuring and charting peripheral blood glucose levels, and be knowledgeable about diabetic diets, sliding scale insulin charts, and frequently used drugs. Likewise, students can engage in peak-flow measurements, peripheral oxygen saturation levels, chest auscultation, administration of inhalers, and other related activities under supervision. This list is by no means intended to be all inclusive but rather an indication of what can be expected of a student placed in a medical ward in their second year.

An excellent way to find out exactly what the student can or can't do is to have some dialogue with the student. On the first day spend 5 to 10 minutes, or perhaps your morning coffee break, to get to know the student. Find out about the student's

previous clinical experiences and placements. How are they doing in the programme, what are their nursing interests, what skills have been learned in the practice suite? Ask about their current goals, what would they like to achieve/master while in your area?

Last but not least, the CTA will be a rich source of information, able to answer questions in regards to MU's expectations of students while in clinical settings, expected behaviour and attitude, standards of care, appropriateness of learning objectives and so on. Get to know the CTA who is allocated to your area as they are a valuable resource and are able to support you in your dealings with the student.