

Nurse Education Team Clinical Experience Student Handbook



Universal College of Learning
Faculty of Health, Social Services and Applied Sciences
Nurse Education Team
Manawatū, Wairarapa and Whanganui

Bachelor of Nursing
Programme Code: MA4010

Clinical Experience Handbook
February 2022

Failure to abide with the policies set out in the Clinical Experience Handbook may result in failure of the clinical experience.

Disclaimer

The information contained in this handbook replaces all information contained in any previous handbook and is intended as a guide only.

UCOL is committed to innovation and continuous improvement, and reserves the right to change any aspect(s) of the courses, which may affect the currency of the information contained in this handbook, e.g.

- *Course location*
- *Lecture times*
- *Teaching staff*
- *Other matters*

Students should familiarise themselves with the entire document

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1. Welcome to your clinical experience

This handbook has been developed as a guide to help you take full advantage of your learning in the clinical environment. Clinical experiences are an important part of your education and constitute a minimum of 1116 hours of your learning whilst on the programme.

This handbook contains many helpful hints and suggestions to assist you to achieve this aim. We recommend you become very familiar with the contents of this handbook before you commence your clinical experience. The aim of the programme and in particular the clinical experience is to provide you with learning opportunities that:

1. Enable you to become a safe, knowledgeable and competent beginning registered nurse.
2. Foster a commitment to on-going personal and professional development
3. Enable you to make accurate nursing assessments and deliver appropriate, competent, compassionate and professional care.
4. Instil culturally-safe caring practices as a core value.
5. Utilise theoretical learning and research findings in your professional nursing practice.
6. Encourage you to identify and critically analyse the factors that influence the health status of individuals/family/whanau and communities.

2. The Pathway to Professional Competency

The Nursing Council of New Zealand (NCNZ) has developed a set of competencies for the registered nurse scope of practice (2012), which you must achieve before you can apply for registration. We have adapted these competencies to reflect the stages of your journey to becoming a registered nurse. Four phases have been identified in the journey of a student nurse at UCOL: novice, advanced beginner, competent and maintaining competence.

Although each nursing context is unique, dynamic and interactive, there are a number of critical elements that will be constant and guide you during your journey. These elements are the principles of adult learning, caring, cultural safety, reflective thinking and evidence-based practice. They contribute to and enhance professional knowledge and skills as well as enriching your personal attributes in your nursing practice.

3. Clinical experience and student clinical plan

Clinical experiences occur in a range of settings with health consumers across the lifespan. The Nursing Council of New Zealand (NCNZ, 2010) states that you must undertake clinical experiences in the following settings:

- Primary health care and community settings.
- Acute care including medical and surgical settings.
- Continuing care settings including rehabilitation/disability care settings.
- Mental health care including acute rehabilitation /continuing care settings.

An individual plan of your clinical experiences will be developed and maintained so that you meet these criteria. Whilst the nature of the final clinical learning experience (BN714) is normally determined by student preference, some students may need to undertake clinical experiences to fulfil their clinical plan e.g. a surgical type experience. In this instance, students will be offered a choice of clinical experiences which best suits their clinical learning needs.

Clinical experiences enable you to develop your competence in assessing, clinical decision making, planning, intervening and evaluating. You will also gain experience in managing a client workload, prioritising interventions, utilising research that informs practice and developing skills in leadership and delegation. The amount and level of lecturer support, guidance and supervision will vary as you progress through the programme in recognition of your increasing knowledge and skills. Your clinical experiences are an important time for learning. Each clinical experience provides you with the opportunity to practise and apply the skills and knowledge that you have learned in the classroom.

4. The organisation and allocation of clinical experiences

All clinical experiences are selected to ensure they enhance the courses of study. Clinical experiences are organised by the:

- Clinical Portfolio Coordinator in Palmerston North
- Clinical Manager/Nursing Administrator in Whanganui
- Portfolio Manager – Health & Sciences in Wairarapa.

You will be given a plan when you start so that you know the dates for your clinical experiences for the year. The schedule will be posted on the **Clinical Experience** Moodle site for your region (Palmerston North, Whanganui, Wairarapa) e.g. Level 500 for BN512. If you do not see your name on the clinical experience allocation, please email the appropriate regional coordinator/manager as soon as possible.

- Clinical Portfolio Coordinator in Palmerston North
- Clinical Manager/Nursing Administrator in Whanganui
- Portfolio Manager – Health & Sciences in Wairarapa.

Whilst the clinical experience allocation remains in **draft** it may be possible for you to swap your allocated clinical experience with that of another student. All changes need the approval of the:

- Clinical Portfolio Coordinator in Palmerston North
- Clinical Manager/Nursing Administrator in Whanganui
- Portfolio Manager – Health & Sciences in Wairarapa.

And you will need to email them to request the change. Once the list becomes **final**, requests for changes will no longer be accepted.

During the draft period, clinical experiences may require changing and it is important that you check the list regularly. You must not assume that the final version will be the same as the draft version so it is advisable that **domestic arrangements are not confirmed until the list is finalised**. This also applies to those clinical experiences that are divided into groupings e.g. Group A, B, C and D. Please do not assume that because you are allocated to a group for theory classes that you will remain in that grouping for your clinical experience.

4.1 Academic pre requisites for undertaking clinical experiences

- **BN512**
 - Successful completion of BN510, one other theory course, the drug calculation test **and** have a current First Aid certificate
- **BN 612/613**
 - Successful completion of the first skills assessment of BN611 for the semester one clinical course, the drug calculation test **and** successful completion of an additional theory course for the semester two clinical course
- **BN713**
 - Successful completion of drug calculation test
- **BN714**
 - Successful completion of all theory courses and BN713

4.2 Information regarding shifts and rostering

BN512

- You will work Monday to Thursday
- You might work AM shifts only
- You might work weekly alternating AM and PM shifts
- Available hours for this course are 160 (5 weeks x 32 hrs per week) of which you are required to complete a minimum of **90%** (144 hours). This is a compulsory academic requirement. If your agency does not work public/statutory holidays then these hours (8 per day) will be included in the remaining **10%** (16 hrs).
- If you are unwell during your placement, a medical certificate will be required in order to make up hours in the P+ week.

BN612

- You may experience working a 24/7 model in this clinical experience. This includes night duty, weekend shifts and public/statutory holidays.
- Available hours for this course are 240 (6 weeks x 40 hrs per week) of which you are required to complete a minimum of **90%** (216 hours). This is a compulsory academic requirement. If your agency does not work public/statutory holidays then these hours (8 per day) will be included in the remaining **10%** (24 hrs).
- If you are unwell during your placement, a medical certificate will be required in order to make up hours in the P+ week.

BN613

- You may experience working a 24/7 model in this clinical experience. This includes night duty, weekend shifts and public/statutory holidays.
- Available hours for this course are 240 (6 weeks x 40 hrs per week) of which you are required to complete a minimum of **90%** (216 hours). This is a compulsory academic requirement. If your agency does not work public/statutory holidays then these hours (8 per day) will be included in the remaining **10%** (24 hrs).
- If you are unwell during your placement, a medical certificate will be required in order to make up hours in the P+ weeks.

BN713

- You may experience working a 24/7 model in this clinical experience. This includes night duty, weekend shifts and public/statutory holidays.
- Available hours for this course are 240 hours, made up of:
 - Maori health context/Community focused project (120 hours)
 - 3 week clinical experience opportunity (primary health care).
- For the clinical placement you are required to complete a minimum of **90%** (108 hours). This is a compulsory academic requirement. If your agency does not work public/statutory holidays then these hours (8 per day) will be included in the remaining **10%** (12 hrs).
- If you are unwell during your placement, a medical certificate will be required in order to make up hours in the P+ week.

BN714

- You may experience working a 24/7 model in this clinical experience. This includes night duty, weekend shifts and public/statutory holidays.
- Available hours for this course are 360 (9 weeks x 40 hours per week). You are required to complete a minimum of **90%** (324 hours). This is a compulsory academic requirement. If your agency does not work public/statutory holidays then these hours (8 per day) will be included in the remaining **10%** (36 hours).
- Please note there is no opportunity for P+ during this placement.

In exceptional circumstances please discuss any shift changes with your clinical lecturer. On no account should you negotiate **ANY** shift changes with your clinical agency without prior discussion with your clinical lecturer. It is important that you follow your identified shifts where possible to maximise learning. This should enable you to have the best chance of meeting all your competencies and the 90% minimum hour's requirement. Failure to adhere to this protocol may result in a **Cause for Concern** record being placed in your file.

Clinical Experience Rosters (Effective from June 7, 2021)

Clinical experience rosters need to ensure that disruption, personal health effects and fatigue associated with shift work are minimised for nursing students. While there are variations in rostering guidelines in each clinical agency for UCOL students in the clinical environment the following will apply:

1. The ordinary rostered hours for a student shall be 80 hours per fortnight.
2. All duties must be commenced between 0600 and 2315 hours.
3. Rosters will be provided not less than 7 days prior to the commencement of the clinical experience opportunity. The first roster will show duties for a minimum 28 day period and the second, and subsequent rosters, will be for either the remainder of the clinical experience opportunity or the minimum 28 day period. Changes in rosters shall be by mutual agreement with the student, clinical agency and clinical lecturer.
4. The following roster will apply:
 - 5 days on duty followed by 2 days off duty.
5. Night shift duties:
 - Level 500 students: No night shift duties.
 - Level 600 students: No more than two consecutive night shift duties and a maximum of two night shift rotations for each clinical experience opportunity.
 - Level 700 students:
 - BN713: No night shift duties.
 - BN714: No more than two consecutive night shift duties and a maximum of three night shift rotations.
6. Every student shall have two periods of 24 hours off duty each week, and except by agreement with the student, clinical agency and clinical lecturer, these shall be consecutive. NOTE: These off duty periods may fall separately no more than once every four weeks.
7. A break of at least twelve continuous hours must be provided wherever possible between any two periods of duty.
8. Students will not be required to change between day and night shifts more than once in any 80 hour fortnight.

5. Where do I find information about my clinical experience?

Information about agencies that support our students in clinical experience can be found on Clinical Experience Moodle site under the Resources section (Clinical Provider Information).

6. Travel

As the UCOL catchment covers a wide geographical area and the location of clinical agencies covers the same wide area, there is an expectation that students will be required to travel for some of their clinical experiences. The cost of travel and accommodation associated with clinical experiences will be met by you.

UCOL BACHELOR OF NURSING PROGRAMME HEALTH DISTRICTS

Manawatu-Whanganui Health District: which includes



Wellington Health District



Source: localcouncils.govt.nz

If at any time you have any questions concerning the location of your clinical experiences you will need to direct these to the appropriate regional coordinator/manager:

- Clinical Portfolio Coordinator in Palmerston North
- Clinical Manager/Nursing Administrator in Whanganui
- Portfolio Manager – Health & Sciences in Wairarapa.

If you are on your restricted driver license you can apply for an exemption so that you may drive outside of the restricted license conditions. Please be aware that you need to apply to NZTA for this exemption and there is a cost. It is recommended that you make application several weeks before you go on clinical experience. The regional coordinator/manager can provide you with a letter to support your exemption application.

Here is the link with the information about exemptions
www.nzta.govt.nz/driver-licences/getting-a-licence/licences-by-vehicle-type/cars/restricted-licence-2/restricted-licence-exemptions/

7. Infectious Disease / Immune Status Screening, MRSA (Methicillin-resistant Staphylococcus Aureus) and Covid 19

7.1 Infectious Disease/Immune Status Screening

A pre-clinical infectious disease assessment is a requirement for all nursing students under UCOL's access agreements with clinical agencies. The tests you must have are:

- Hepatitis B
- Varicella
- Measles
- Rubella
- Pertussis
- Tuberculosis (TB)
- Covid-19

Screening requirements for vaccine preventable diseases

- Hepatitis B immunity or carriage*- proof of antibody level ≥ 20 U/L
- Varicella immunity- a clear history of chicken pox or antibody positive
- Measles immunity- proof of 2 MMR vaccinations or antibody positive
- Rubella immunity – proof of vaccination or antibody positive
- Pertussis immunity- proof of vaccination in the past 5 years if likely to work with children under 12 months of age. NOTE advice may change according to cyclical outbreaks.

The Immunisation guidelines from the NZ Ministry of Health recommend students not immune to hepatitis B, chicken pox, or measles are vaccinated. Carriers of Hepatitis B must have had a medical review including guidance regarding clinical placement.

UCOL strongly recommends that all students receive a seasonal Influenza and Boostrix vaccination.

Tuberculosis screening (carriage/disease) - The assessment to determine if TB screening is required is based on; birthplace, place of residence, work and travel history. No pre-placement TB screening is required for those students who:

- Were born and resided in low prevalence country - Australia, Austria, Belgium, Canada, Czech Republic, Denmark, Finland, France, Germany, Greece, Holland, Iceland, Ireland, Israel, Italy, Luxembourg, Malta, Monaco, New Zealand, Norway, Slovakia, Sweden, Switzerland, the UK and US.
- Have no history of known contact.
- Have no history of having travelled for more than a short holiday in a high risk country i.e. all countries not included in list above.
- Have no history of having worked in a high risk country e.g. on elective, Red Cross mission, locum.

All other students: must have a Quantiferon Gold TB blood test.

Students who have a positive test for tuberculosis must have had a chest X-ray and a medical review to exclude active TB prior to accessing placement (see appendix seven).

7.2 MRSA

MRSA (methicillin resistant staphylococcus aureus)

Routine MRSA screening is not required. The focus is on managing skin conditions as this may have an impact on carriage of a range of micro-organisms including MRSA. Students who have skin conditions e.g. eczema, dermatitis should contact their Academic Portfolio Manager prior to commencing placement.

Students who have a history of skin disorders but skin is clear at the time of placement and subsequently develop skin problems must discuss this immediately with their supervisor and seek medical review. The placement must be contacted regarding clearance to work.

7.3 Covid 19

The New Zealand Government Mandate Order requires all frontline health care workers to be fully vaccinated by 1 January 2022. This applies to placements required as part of your programme. Therefore, we will need you to complete a COVID 19 - Self-identification and self-assessment of underlying health issues and declaration prior to placement. This information will need to be shared with your placement provider.

In addition to this, it is our responsibility to ensure students:

- Are pre-placement screened and vaccination/infection screening status advised to the DHB (as mentioned above) prior to their return to clinical placement including their health/mental health wellbeing.
- Take responsibility for safe IPC practice application of PPE and N95s
- Are Mask Fit Tested by a certified mask fit tester (WorkSafe NZ requirements) and then annually
- Who have not undertaken Fit Testing prior to their first placement commencing in 2022 practice User Seal Check. Education providers will provide theoretical guidance and competency to be assessed once in the clinical environment
- Provide a copy of the Mask Fit Test outcome to the relevant DHB Placement Team prior to their placements
- Do not attend clinical placements if they are unwell or in the same household as a person in quarantine or with probable or confirmed COVID-19
- Speak to their supervisor immediately if they become unwell or unable to attend their placement because a member of their household is unwell during clinical placement
- Understand that the provision of healthcare is not without risk. Risks relating to COVID-19 are mitigated by physical distancing, vaccination, and Infection Prevention Strategies such as donning and doffing practice and PPE. If a student perceives they have a condition which makes them more vulnerable, they should seek specialist review and liaise with their Programme Director.
- Speak to their clinical tutor if they are also employed in a setting which gives them access to vulnerable people e.g. Aged Residential Care.

- Inform their programme if they are involved in essential work outside of their programme of study
- Inform their employer when they are recommencing their placement e.g. Aged Residential Care.

8. Clinical Experience Preparation

Clinical experience preparation sessions will be arranged the week prior to the clinical experience, attendance is essential. Make sure you bring any requested documentation to these sessions. During the preparation session there will be an opportunity to ask questions pertaining to your clinical experience and there may also be an opportunity to meet your clinical lecturer. The **Clinical Experience** Moodle site is specifically tailored to meet your clinical experience information and preparation requirements as well as useful links to the theoretical components to support your practice. Please note that for BN512 there are 40 hours of “clinical in the classroom” teaching in the week prior to the commencement of the 5 week clinical experience.

9. What should I do before my clinical experience commences?

It is important that you are well prepared for your clinical experience and this will involve you doing a number of things before it begins. Access the **Clinical Experience** Moodle site to gain information about the agencies etc.

9.1 Details of your clinical experience

- Address and contact person
- Phone number
- Type of experience and potential patients/clients/health consumers
- Dress code etc.
- Person to report to on your first day
- Shift times/duty rosters
- Changing facilities
- Canteen facilities/break times/shops/packed lunch etc.
- Travel arrangements (if necessary)
- Pre-reading of documentation relevant to the clinical experience
- Make contact with your identified clinical lecturer including arranging suitable times to make cell phone contact during your clinical experience. The list of clinical lecturers can be found on the **Clinical Experience** Moodle site.
- Contact the agency prior to the clinical experience – if there are a number of you going to the same agency consider a joint visit at a time suitable to the agency. Be guided by your clinical lecturer.
 - For BN612, BN613, BN713 and BN714 please contact the agency for your duty roster approximately one to two weeks prior to experience **however** please be guided by your clinical lecturer as to the most appropriate form of **initial** contact with the agency.

- Access to other Moodle sites e.g. BN510, BN611 etc. to support knowledge and skills
- Identification of core topics relevant to the clinical practice environment

9.2 Uniform

- UCOL will issue you with an identification card and a name badge which you are required to wear at **all times** during clinical experience
- In some areas staff are identified by first name only. Follow the protocol of the clinical area at all times
- Replacement ID cards/badges are the responsibility of the individual students

There are variations in uniform requirements during different types of clinical experiences. Please check uniform requirements for the agencies on the **Clinical Experience** Moodle site and with your clinical lecturer. When non uniform clothes are permitted you are exempted from wearing your tunic only. You must wear your nursing uniform trousers and shoes with a smart casual collared top. The uniform requirements also include:

- ❖ Hair which should be neat and tidy. Long hair – tied up and out of your face;
- ❖ Nails which should be short and no coloured nail polish;
- ❖ **NO jewellery** to be worn except for one (1) wedding ring and/or single set of ear studs;
- ❖ **NO** Facial piercings
- ❖ **NO wrist watches or activity trackers** to be worn;
- ❖ Name badge with identification as a UCOL student must be worn and clearly visible when in the clinical area;
- ❖ Where the agency's dress code is stricter than that outlined above, students are required to adhere to the agency's standards.

Before you start your clinical experience make sure your uniform is washed and ironed and ready to wear and that this is maintained throughout clinical experience.

Students with religious beliefs which require their arms and heads to be covered may wear a plain, black $\frac{3}{4}$ length sleeved top under their uniform tunic and a plain, black headscarf which can be tucked into the tunic if required.

Uniform for clinical experience - see Appendix 4

9.3 What do I need to take with me and other considerations?

- ❖ A small notebook that will fit into a pocket in your uniform. This can be used to write down unfamiliar terms that you hear at hand over, or names of medications that you may wish to find out more about.

- ❖ One blue/black pen and one red pen to enable you to complete the required documentation.
- ❖ A fob watch with a second hand.
- ❖ The relevant clinical experience documentation provided
- ❖ Whenever possible avoid taking valuable items to your clinical experience as it is often not possible to guarantee the safety of any items not kept on your person during your shift. Mobile phones must be switched off whilst on clinical experience. You may access your phone for text messages or to make a call during your allocated breaks. You **must not** use the camera facility on your mobile phone at any time while you are on clinical experience (confidentiality).

10. Overview of the Clinical Experience

10.1 What will be expected of me on my first day?

- ❖ You may feel nervous and/or excited on your first day and many students experience these feelings. It is a good idea to arrive at least 10 minutes before the shift commences to allow time for you to introduce yourself to staff on duty.
- ❖ At the start of your shift (e.g. day, early, late, or night shift) you will receive information during handover about the patients/clients/health consumers that you will be caring for with your preceptor. Handover may be held in an office/staff room in a central ward area or with patients/clients/health consumers. Sometimes handover can seem to be confusing, so make a note of anything you are unsure about and ask your preceptor later if it is not possible to ask during the handover session.
- ❖ Following handover you will need to find out the preceptor who will supervise you during the shift and which patients/clients/health consumers you will be helping to care for. You should also expect to be orientated to the clinical practice environment. This orientation will provide you with important information about the physical layout of the clinical practice environment, emergency procedures, the location of emergency equipment and physical facilities such as bathrooms, treatment rooms and utility rooms. You will also need to find out the codes for any locked doors/facilities that you will need to use whilst on duty. Do not be afraid to ask if you forget or don't know where something is – clinical agencies can be quite different.
- ❖ During your first day, you may also have an induction to the clinical practice environment that will be arranged by the agency staff and/or the clinical lecturer. During the induction you may be given information about such things as: the types of patients/clients/health consumers that you are likely to be caring for, who makes up the multi-disciplinary team, and the way care is delivered within your clinical experience, again don't be frightened to ask questions about anything that you are unsure about or don't understand.

10.2 Establishing a relationship with your preceptor

- ❖ Agencies may differ in the way they go about allocating preceptors. It is not uncommon to be allocated more than one preceptor during your clinical experience so that you can be properly supervised regardless of who is on duty. If you do not know who is supervising you on a particular shift, you must draw this to the attention of the nurse in charge.
- ❖ To make the most of learning opportunities while on clinical experience, it is important that you establish a good working relationship with your preceptor. Some days your preceptor will be very busy and it may seem as though they don't have time to spend with you. During these times you may be required to work with other nurses or to make the most of learning opportunities. Open communication and sharing your thoughts about the clinical experience can help your preceptor to know how you are feeling and what level of support you are expecting to receive from them. Find out what support your preceptor is able to offer you and with whom you can work with if your preceptor is not there or engaged in other activities.

10.3 Acknowledging feelings

- ❖ The experiences you have while on clinical experience will be invaluable in your learning, however sometimes these experiences can also be emotionally demanding and at times may leave you feeling elated, frustrated, sad, overwhelmed, stressed or angry. During your time on clinical experience you will come into contact with many people of different ages, from different backgrounds and in varying state of health. Some of your experiences will be positive and others not so positive. If you find a situation especially difficult or hard to deal with, please let your clinical lecturer know so that you can be appropriately supported through this period.
- ❖ Some students also find it useful to discuss their experiences with other students on the ward or in tutorial; however it is important that you **do not** breach patient/client/health consumer confidentiality.

10.4 How to stay healthy when working in the clinical environment

- ❖ Clinical experience and doing shift work can be physically demanding and it is vital that you stay healthy and look after yourself. Remember that you will feel better after a good night's sleep so make the most of opportunities to go to bed early or to sleep in.
- ❖ Clinical environments can sometimes be very warm so it is important that you drink plenty of water throughout your shift.
- ❖ Breaks are important for your health and your ability to provide safe patient/client/health consumer care so avoid the temptation to miss your allocated break because you are too busy.

10.5 Learning in the clinical environment

- ❖ Teamwork and co-operation are important concepts in nursing and are at all times fostered by the Nurse Education Team. Being 'part of the team' and practising nursing skills whenever the opportunity arises is encouraged and expected. However, you also need a considerable amount of time to establish links between theory and practice. You need to be able to see '**how things work**', to learn '**what it means**' and to develop '**knowing**' from practice. This requires a commitment on your behalf to want to know/learn/master. The following approaches are effective starting strategies to gain insight into patient/client/health consumer's experiences, exploring the rationale for nursing actions and learning more about the **Where, When, Why, What, Who**, and **How** of professional nursing:
 - Develop an effective relationship with your patient/client/health consumer so you are able to ask your patients/clients/health consumers questions and learn from their experience and perspective
 - Read your patient/client/health consumer's present file and 'old notes' and ask about anything you do not understand;
 - Read up about your patients/clients/health consumers' diagnosis in textbooks, nursing journals and other resource material e.g. the internet
 - Ask clarification from your assigned staff member, other nursing staff, physiotherapists, occupational therapists, medical staff, or any other health care personnel involved in the treatment of your patients/clients/health consumers

10.6 Clinical experience protocols

- ❖ There are occasions in the clinical learning environment when the opportunity may arise for you to work on practice-related study, especially in relation to your theoretical coursework. This needs to be negotiated with your assigned staff member. While engaged in your practice-related study, you **must** remain aware of what is happening for your patients/clients/health consumers and you are expected to assist in the normal day to day routine activities within the clinical environment
- ❖ What is important for you to consider is the impact of all your interactions/intervention in terms of their effects and safety prior to the implementation of any such actions.

10.7 Consent

The law recognises that every person has the right to have his/her body protected against invasion by others and this includes invasion in the form of nursing care. Strictly speaking, touching patients/clients/health consumers without their consent is a breach of common law, and may constitute assault (in a legal sense). It is the patients/clients/health consumers' consent; either implied or expressed which makes the touching legally permissible.

Rules of consent

- ❖ The patient/client/health consumer must have the mental capacity to consent.

- ❖ The patient/client/health consumer should be given full information regarding treatment.
- ❖ The patient/client/health consumer must understand the nature of the treatment.
- ❖ The patient/client/health consumer consent must be voluntary and not be obtained under duress.

There are certain circumstances where treatment may be given without consent e.g. in emergency situations and when the patient/client/health consumer is unconscious. As a student you should not be making such decisions, and you should generally check with a registered nurse first.

10.8 Confidentiality

- ❖ The right to confidentiality in respect of any communication (verbal and written) between health care personnel and the person concerned is of major importance and you are required to safeguard confidentiality in regard to patients/clients/health consumers, peers, colleagues, or agency matters **at all times**. Confidentiality also includes written patient/client/health consumer/health consumer information and more specifically the safe keeping of written information.
- ❖ The Privacy Act (1993) applies to all persons or agencies engaged in collecting personal information. Within the health sector the principles of the Privacy Act are captured in 'The Health Information Privacy Code 1993'. This Code applies to the collection of all "health information", which includes the individual's medical history, disabilities, test results, services provided to the individual and any other information collected incidental to the provision of any health services. The Code applies to all health agencies and their employees (temporary, permanent, honorary) and **includes you** as a student nurse.
- ❖ You need to familiarise yourself with the 12 Principles of the Privacy Act (1993), and the Code of Health and Disability Services Consumers Rights (1996). Given that you work at all times under the supervision of your clinical lecturer, or agency staff, the **following guidelines apply**:
 1. You may only access the files of patient/client/health consumers you are caring for. This access is to be in conjunction with, or at the direction of agency staff supervising your practice, and with consent of the patient/client/health consumer.
 2. You may only access patient/client/health consumer information that is required to support the provision of safe and effective care to the patient/client/health consumer.
 3. Safe keeping of the file and the maintenance of the privacy of the information in the file is the responsibility of the person who removes the file from storage area/filing cabinet.
 4. At no time are you allowed to remove patient/client/health consumer files from the clinical practice environment unless specifically directed to do so by the agency staff supervising your practice.
 5. It is your responsibility not to leave the file unattended and to return it to its correct storage place immediately after use.

6. You are allowed to access files for the purpose of case management studies provided you receive specific permission from the agency staff in charge of the shift to do this and abide with the requirements already specified above.
7. Any information collected from patients/clients/health consumers, staff and/or patient/client/health consumer/health consumer files is subject to confidentiality and privacy legislation. Information that will identify patients/clients/health consumers or agency staff may not be used in any assignments, case study or other course related work.

You **MUST** adhere to the above protocol in any clinical practice environment unless these agencies have stricter protocols in place in which case you must adhere to their protocol.

Please remember to destroy your handover sheets at the end of your shift, by disposing of them in the documentation bin, and in **no circumstances** should you take them home.

Please note that maintaining confidentiality is one of the hallmarks of professional nursing. Any breach of confidentiality will be regarded as a very serious matter and may result in you being placed on probation or removed from the programme. Please review the Nurse Education Team Social Networking Policy.

10.9 [NET Social Networking Policy](#) (found under Key Documents on the Clinical Experience Moodle Page)

10.10 Boundary keeping

- ❖ Caring can only take place in the context of 'relating' and it is thus important for you to develop only a **professional** relationship with your patients/clients/health consumers. Each year the Nursing Council of New Zealand (NCNZ) investigates a number of complaints where nurses have not maintained this professional relationship. Boundary keeping relates to this appropriate professional behaviour and is to do with you being able to effectively care for a patient/client/health consumer.
- ❖ Within the nursing context, a professional relationship is based on the actual or perceived needs of the patient/client/health consumer(s) and the nurse's mandate to meet the therapeutic needs of the patient/client/health consumer through effective assessment and care. A professional relationship is not a dual relationship but focuses on the needs of the patient/client/health consumer; it is in essence a therapeutic relationship. You should be aware that in a professional relationship there is always a potential for 'power imbalance' as the patient/client/health consumer might perceive the professional (you) as 'the one who knows best'. Make sure that you clearly define your role in the relationship, and that never use your position to advantage yourself, or coerce your patient/client/health consumer to comply with something that might benefit you but has no therapeutic value for your patient/client/health consumer. If you do or say something to a patient/client/health consumer that you would not do or say if your peers were present think again about the appropriateness of your actions.

- ❖ Violating professional boundaries is always considered a serious offence and may result in you being placed on probation or removed from the programme.
- ❖ More information is contained in : *Professional Boundaries* Nursing Council of New Zealand (2012b).

10.11 [NCNZ Guidelines for Professional Boundaries](#) (found under Key Documents on the Clinical Experience Moodle Page)

10.12 Attendance

- ❖ You are required to attend every day of clinical experience at the specified time and for the full duration of the planned experience.
- ❖ If your attendance is less than **90%** of the available hours you may be required to repeat the clinical experience by re enrolling in the course. In principle this means that you can be absent for only 16 hours during the BN512 5-week clinical experience, 24 hours during a six-week clinical experience and 36 hours for BN714 without potential repercussions. More than the specified absence in clinical experience **may** result in a Did Not Complete (DNC) recorded for the clinical course due to insufficient time. This decision is made in consultation with your clinical lecturer and either the:
 - Clinical Portfolio Coordinator in Palmerston North
 - Clinical Manager/Nursing Administrator in Whanganui
 - Portfolio Manager – Health & Sciences in Wairarapa.
- **Please see appendices regarding P+ policy for each year group.**
- **Please note there is no opportunity to make up practice hours in BN714.**
- **Please note, any interviews for Graduate Nurse positions during your BN714 clinical experience must be taken in your own time and will not count towards clinical practice hours. Please see “Absence from your Clinical Experience”**
- ❖ Please discuss minor illnesses such as skin infections or colds with regard to attendance requirements with the clinical lecturer in your clinical practice environment. If you are vomiting and/or have diarrhoea, please do not go to your clinical practice environment but inform your clinical lecturer and the agency that you will not be attending.
- ❖ Routine medical and dental appointments must be scheduled whenever possible outside your clinical days.
- ❖ **Please see point 4.2 on page 8 re roster changes.**

10.13 Absence from your clinical experience

- ❖ You are required to inform **both** your clinical lecturer and agency of any instances of lateness or absence prior to the commencement of that day's duty;
- ❖ Failure to comply will result in a '**cause for concern**' record of your behaviour placed in your student file;

- ❖ If you unexpectedly have to leave the clinical agency it is your responsibility to seek permission from the person in charge of that area, who may inform the clinical lecturer;
- ❖ Please note, any interviews for Graduate Nurse Positions during your BN714 clinical experience must be taken in your own time and will not count towards clinical practice hours.

10.14 Safety in the clinical environment

- ❖ At all times you must be aware of your own safety and the safety of patients/clients/health consumers, colleagues and peers and others that you may be in contact with in the clinical environment.
- ❖ The philosophy of UCOL and the Faculty of Health and Sciences is to establish an effective health and safety culture in the work environment where people place top priority on their own and their colleagues' health and safety.
- ❖ If you are involved in an accident/incident whilst on clinical experience you **must** complete the appropriate agency forms as well as the UCOL Accident/Incident report. However, in complying with this requirement, you are advised that you should **NOT** complete **or** contribute to any such report unless:
 - You have notified your clinical lecturer in the clinical environment concerned. If you can't reach your clinical lecturer, please notify the
 - Clinical Portfolio Coordinator in Palmerston North
 - Clinical Manager/Nursing Administrator in Whanganui
 - Portfolio Manager – Health & Sciences in Wairarapa.
 - A UCOL staff member **must** be present when **you** complete any related documentation. This is to ensure you have adequate support and guidance in completing the documentation. Whenever you are unsure about what you are doing, even while actually caring for your patient/client/health consumer

STOP → THINK → ASK!

Do not proceed, but contact your assigned staff member, the person in charge, or your clinical lecturer and find out. Ask for assistance.

11. Drug Administration Policy

11.1 Pre-clinical Drug Calculations Policy – for 500 and 600 level BN Students

- ❖ Competence must be demonstrated prior to the commencement of the first 500/600-level clinical experience.
- ❖ To demonstrate competence you must achieve 100% totally correct answers on a 10 question drug calculation test under supervised examination conditions, conducted as part of the BN510 and 611 courses.
- ❖ Students who have received an RPL for BN611 will still need to demonstrate competence in a 10 question drug calculation test under supervised examination conditions. Tutorials and the test/s will be conducted prior to the student joining the BN programme.
- ❖ You have a total of 3 attempts to demonstrate mastery/competence prior to the first clinical experience of the semester.
- ❖ Failure to demonstrate competence will result in you being withheld from the 600-level clinical experiences.

11.2 Pre-clinical Drug Calculations Policy – for 700 (third year) level BN Students

- ❖ Competence must be demonstrated prior to the commencement of the first 700-level clinical experience.
- ❖ To demonstrate competence you must achieve 100% totally correct answers on a 10 question drug calculation test under supervised examination conditions, conducted as part of the BN713 course.
- ❖ You have a total of 2 attempts to demonstrate mastery/competence prior to the first clinical experience of the semester.
- ❖ Failure to demonstrate competence will result in you being withheld from the 700-level clinical experiences.

11.3 Drug Administration Policy – all BN students.

In all agencies UCOL students and clinical lecturers will follow the specific policies for the administration of medications applicable to the clinical environment in which they are working. These policies may vary from agency to agency and you will need to clarify these with your clinical lecturer and preceptor. Under NO circumstances will a UCOL student deliver any intravenous medication. Please refer to your clinical skills handbook for the appropriate clinical experience to determine expected level of skill acquisition and material associated with integrated theory/practice.

FAILURE TO ABIDE WITH THIS POLICY MAY RESULT IN FAILURE OF THE COURSE

Remember, the Minimum of Five Rights

Medications

1. Students must know the expected action, the usual dose, effects and side effects of any medications they administer.
2. A student may check and administer medication (by the oral, SC, IM, or PR routes, but not IV) under the direct supervision of a Registered Nurse.
3. Whilst checking the medication the student must ensure that:
 - Medicines are dispensed from the pharmacy containers in accordance with agency policy
 - The prescription on the drug treatment chart and the time the last dose was given are checked
 - The prescription is checked against the labelled medication container;
 - The expiry date is checked
 - The transfer of the dose from the labelled container to any other accepted receptacle is sighted
 - The dose to be administered and the route of administration are checked against the patient's drug treatment chart.
4. Under the direct supervision of the Registered Nurse, the student will check the patient/client/health consumer's hospital number on the patient's drug treatment chart against the patient/client/health consumer's bradma prior to administering the medication. In all cases, the student must also verbally check the patient/client/health consumer's identity.
5. The student will remain with the patient/client/health consumer until the medication has been taken.
6. Administered medication will be signed for on the patient/client/health consumer's drug treatment chart only **after** the patient/client/health consumer has taken it.
7. The student will assess the patient/client/health consumer's response to the medication, including desired effects and side effects within 30 minutes of administration.

Controlled Drugs

1. A student may only administer SC, IM and oral controlled drugs under the direct supervision of a Registered Nurse. **These drugs must be checked by two Registered Nurses with the student acting as a third checker prior to this** administration.
2. Both Registered Nurses, with the student as the third checker will:
 - a) Check the prescription order, the time last given and the route of administration.
 - b) Check drug out of controlled drugs cupboard and document the balance in the controlled drug register. When only a portion of a controlled drug is to be administered, disposal of the surplus amount must be witnessed by the Registered Nurses and the student. Discrepancies between the Controlled Drug register and the stock numbers must be reported to the nurse in charge immediately.
 - c) Both Registered Nurses and the student check the medication name, dose, expiry date and amount to be administered.

- d) The Registered Nurses and student check patient/client/health consumer's bradma against the drug treatment chart, and verbally verify the patient's identity. The Registered Nurse must remain while the student administers the medication.
 - e) The Registered Nurse checking the medication will sign the drug chart, and the Registered Nurse supervising the administering of the medication will sign after its administration.
3. The student and Registered Nurse will evaluate the effects and any side effects at 15 minutes and 30 minutes after the administration and take any appropriate action in case of side effects.

Intravenous Therapy

UCOL students, under the direct supervision of a Registered Nurse, can assist suitably certified nurses in the following situations:

1. On peripheral lines only, prime the line, calculate and set the rate of an IV infusion.
2. On peripheral lines only, put up bags of IV fluids (EXCLUDING those with manufacturer's additives) once they have been checked in accordance with the drug administration policy. The Registered Nurse must connect the infusion to the patient.
3. Mix and draw up, but not administer IV medications (see information regarding Transition Students at MidCentral District Health Board below).
4. Remove IV cannulas.

UCOL students CANNOT:

1. Put additives into IV access devices or IV fluid containers when these are attached to the patient (see information regarding Transition Students at MidCentral District Health Board below). Manage CV/PICC (Peripherally Inserted Central Catheter) lines, Hickman lines or any other advanced vascular access device(s).
2. Be assigned sole care of a patient with Epidural anaesthesia, PCA, Intrathecal or Opioid infusions.

This also applies to Return to Nursing Students, Graduate Diploma students and Competency Assessment Candidates until the National Guidelines have been reviewed and re-issued.

For Transition Students ONLY (MidCentral DHB Process):

- Students are able to learn and participate in the care of patients receiving intravenous and related therapies at Transition Level. Students must follow the preceptor's instructions and adhere to MDHB policies and procedures at all times. Students will work under the direction and delegation of a registered nurse and adhere to MDHB standards.
- The IV Resource book for Students is available from the Ward Educator and an information pamphlet will be given to you. You will be required to complete the workbook and further Drug Calculation tests.

- You will learn to do the following activities ONLY under the direct supervision of a registered nurse:
 1. Prepare and re-constitute an I.V. medication (eg an antibiotic)
 2. Administer a sodium chloride 0.9% flush or an antibiotic through a peripheral I.V. cannula.
 3. Prime I.V. infusions set, and administer an I.V. fluid using an electronic infusion device.
 4. Observe how to set-up a blood product transfusion and how it is commenced.
 5. Remove a peripheral I.V. cannula.

For Transition Students ONLY (CC, HV and WaiDHB Process):

1. You must complete Intravenous Medication Management Handbook prior to placement. For competency you must pass 100% pass grade in IV calculations test and 80% pass grade in IV theory test
2. Once on placement each DHB student placement coordinator reviews completion records for 2 x generic IV and related therapies assessments including ANTT.
3. Students practice directly supervised during CLE placements. Any identified limitations managed by local DHB policy and communicated to TEP programme coordinators.

If you are placed at any other DHB for Transition, you must follow their policies and procedures at all times.

BN 713 and BN714

- Primary Health Care agencies e.g. GP practices may offer you some different learning opportunities from that of the DHBs.
 - E.g. venepuncture (taking blood), application and removal of plaster casts or splints, suturing, supra-pubic catheter management etc.
- It is expected that you will utilise all learning opportunities offered under the direct supervision of the Registered Nurse
- If you are **ever unsure** as a student, if it is appropriate for you to be involved in a 'learning opportunity/experience', please confirm with your preceptor or contact your clinical lecturer
- **Always** familiarise yourself with the relevant policy/procedure, any safety consideration and relevant patient/client/health consumer/health consumer education required
- You **will usually not** administer immunisations, intramuscular or subcutaneous medication to any persons under the age of 16 years unless directed by the Registered Nurse
- All UCOL nursing students will follow the policy for the administration of medications in the primary health care agency where they are placed
- Under the direct supervision of a Registered Nurse you **are able** to administer subcutaneous fluids if the opportunity arises. You would be expected to familiarise yourself with the relevant policy/procedure accordingly

- You **will always** include education and an action plan following the administration of any medication.

12. Summary of your responsibilities for clinical experience

The following summarised overview may be helpful to clarify your responsibilities whilst on clinical experience.

You are responsible for:

1. Identifying the geographical location and duty times for your clinical experience.
2. Preparing for the clinical experience by having knowledge of clinical protocols and procedures as outlined in this Clinical Experience Handbook.
3. Identifying and documenting your learning objectives at the start of the clinical experience and sharing these with your assigned preceptor and clinical lecturer.
4. Actively negotiating/pursuing appropriate learning opportunities.
5. Recognising and acknowledging your own limitations.
6. Presenting your **Record of Clinical Progress** to your preceptor and clinical lecturer during each shift.
7. Reflecting on your learning experiences and documenting in the **Record of Clinical Progress**.
8. Asking for regular feedback and responding appropriately to any feedback.
9. Ensuring that all skills performed for the first time are supervised by either your assigned preceptor or your clinical lecturer.
10. Immediately informing your preceptor of any changes in a patient/client/health consumer's condition.
11. Immediately informing your clinical lecturer of any situations that require the completion of an incident/accident form and to delay completing the required documentation until your clinical lecturer has arrived.
12. Ensuring that your preceptor is kept informed about your activities and whereabouts on an ongoing basis. This includes absences for tutorial/teaching sessions.
13. Being aware of and maintaining professional boundaries in all your interactions with patients/clients/health consumers, agency staff, clinical lecturers and others.
14. Informing the preceptor and clinical lecturer of any personal concerns related to your ability to perform nursing duties safely and adequately.

13. Settling into clinical experience

Gaining experience in the clinical environment is an excellent way to learn a lot, while also being able to 'practice' a whole range of skills associated with nursing. You are encouraged to become fully involved in the activities of the agency but within the guidelines set out below, and within the additional restrictions that might be placed upon you by the clinical agency, their staff, or the clinical lecturer.

In situations of conflicting guidelines, priority needs to be given to the by-laws, policies, rules, regulations, Code of Conduct, procedures and standards of the agency. If you do become aware of any conflicting situations please inform your clinical lecturer immediately of the situation. Safety should at all times be your number one concern and you are required to ensure that you are safe towards yourself, your patients/clients/health consumers, your colleagues/peers, and anybody else you come in contact with. You should never do (or agree to do) anything that you are not sure about. If you are unsure...**ask**. Make sure you have an assigned staff member as he/she is able to answer most questions you may have. You need to work at all times in close collaboration with your assigned staff member who is ultimately responsible for the care that you provide.

Ensure you inform your assigned staff member or senior staff member of any untoward event and check whether it needs to be documented. Be aware of any hazards within your working environment and familiarise yourself on the first day with all the safety procedures including fire equipment, emergency evacuation etc. Anyone can make a mistake and a great deal of learning can occur as a result of such mistakes. It is acknowledged that you too can make mistakes even though you try to do the best you can. However, if you make **safety mistakes** that could possibly endanger yourself or others in the clinical practice environment you may be asked/required to leave the clinical practice environment. There is a standing down period whereby you will have an opportunity to meet and discuss the reasons why you were asked to leave the clinical experience before a decision is made. This may result in return to the clinical experience or complete withdrawal. **Similar action will be taken if you breach confidentiality or display behaviour akin to professional misconduct.**

13.1 500 (first year) level BN students

When you are a 500-level student, clinical experiences are of five weeks duration (160 hours), working Monday to Thursday, in either a primary or secondary care setting. Clinical lecturer supervision is very much dependent on the clinical environment and includes up to 20 hours of clinical lecturer support. At 500-level you would expect to have contact with your clinical lecturer most days. Regardless of where you are placed, you will expect to be supported by both your preceptor and clinical lecturer because of your limited experience in such environments. The main focus of learning at this level is to be able to:

- ❖ Relate aspects and concepts of human growth and development in everyday life.
- ❖ Confidently communicate with patients/clients/health consumers, colleagues, and other member of the multi-professional team.
- ❖ Experience the existence of health as a multi-faceted concept, and observe its impact on individual health behaviour and life style.
- ❖ Observe aspects of health promotion, education and disease prevention strategies.
- ❖ Develop and practise assessment skills and caring competencies.
- ❖ Use the nursing process as a tool for practice.
- ❖ Observe nurses in the midst of their professional practice.
- ❖ Begin to develop the skills that enable you to work effectively within a team.
- ❖ Practise fundamental nursing skills under close supervision.

- ❖ Begin to understand your own role as a student nurse in the clinical environment
- ❖ Begin to understand how health care institutions are organised and how they function.

All interaction with patients/clients/health consumers' needs to occur under **CLOSE** supervision, this maybe a senior health care assistant but at the direction of a Registered Nurse.

13.2 600 (second year) level BN students

At 600-level clinical experiences remain at six weeks duration (240 hours). Clinical lecturer supervision is very much dependent on the clinical practice environment and includes up to 18 hours of clinical lecturer support. At 600 level you would expect to have contact with your clinical lecturer up to 3 times each week.

When you go to your clinical environment you are required to complete the hours of duty that are routine for that particular agency. In some clinical environments this will include mornings, afternoons, nights and weekends – what we call the 24/7 model. It is not possible to design a single set of 'rules' that cover all situations and all levels. Therefore, as well as the Nurse Education Team's protocols and guidelines you are also required to familiarise yourself with the specific 'rules and regulations' that apply to the agency.

Please contact the agency for your duty roster approximately one to two weeks prior to the clinical experience however please be guided by either the:

- Clinical Portfolio Coordinator in Palmerston North
- Clinical Manager/Nursing Administrator in Whanganui
- Portfolio Manager – Health & Sciences in Wairarapa.

As to the most appropriate form of initial contact with the agency.

13.3 700 (third year) level BN students

At 700-level BN713 (Primary Health Care) involves a Maori health context/Community focused project and a three week clinical experience opportunity (120 hours each, 240 hours total). Clinical lecturer supervision is again, very much dependent on the clinical environment and includes up to 6 hours of clinical lecturer support. You would expect have contact with your clinical lecturer up to two times each week.

Your final clinical learning experience at 700-level (Transition) remains at nine weeks duration (360 hours). Clinical lecturer supervision in your chosen clinical setting includes up to 9 hours of clinical lecturer support, however the emphasis is on supporting the preceptor to support you as the student. You would expect have contact with your clinical lecturer up to once a week.

When you go to your clinical environment you are required to complete the hours of duty that are routine for that particular agency. In some clinical environments this will include mornings, afternoons, nights and weekends –

what we call the 24/7 model. It is not possible to design a single set of 'rules' that cover all situations and all levels. Therefore, as well as the Nurse Education Team's protocols and guidelines you are also required to familiarise yourself with the specific 'rules and regulations' that apply to the agency.

Please contact the agency for your duty roster approximately one to two weeks prior to the clinical experience.

14. Assessment in the clinical environment

14.1 Maintaining a Clinical Experience Portfolio

You will be required to complete a clinical portfolio for each clinical experience containing the following:

- Clinical agency orientation form
- Student record sheet
- Record of clinical progress
- Clinical Skills Handbook appropriate to clinical course e.g. BN512
- Individual Learning Plan
- Student self-assessment form
- Formative/summative assessment form.

14.2 Individual Learning Plan

You are required to develop an individualised learning plan for each clinical course (excluding BN714) which consists of:

- Specific learning objectives (LOs) applicable to the clinical course e.g. a care plan
- Individual LOs (student choice) related to the clinical experience
- Outline plans e.g. in relation to competency development and clinical skills. Please **do not focus** on an individual competency and/or clinical skill **but** outline a plan to develop **ALL** competencies. Remember to refer to the **Clinical Experience** Moodle site.

Writing learning outcomes for individual learning objectives (student choice)

Writing learning outcomes follows a systematic approach. It involves writing your personal goal or outcome. LOs need to be clearly worded, unambiguous, and 'measurable'. Use the 'SMART' format. Every LO needs to be accompanied by a range of criteria that indicate how you are going to achieve your LO. If you write the performance criteria in logical steps it will help you attain your objective safely. Remember to write your criteria in the sequence in which they occur. Do note that the principles of evidence-based practice require you to consult your study books as well as the latest nursing literature. Below is a model to show you how to develop performance criteria.

Performance criteria for specific learning objectives and individual learning objectives (student choice)

Achieving your LOs is a process that requires active and sustained input from you as the main player. The performance criteria outlines the activities you are going to undertake in order to achieve your LO. Criteria should reflect the process steps in a logical order, demonstrating safe clinical practice. Thus:

1. You start off with studying at least 1 article related to your LO
2. You will be able to discuss the major findings/content of this article with your clinical lecturer/preceptor and relate it to the clinical practice environment
3. You will check for, and find out about the existence of any clinical protocols that exist within the agency/ clinical practice environment
4. You will be able to reflect on the procedure/skill in terms of maintaining safety for your client, self, and others, safe and correct use of equipment
5. Prepare/inform the patient/client/health consumer appropriately and seek consent
6. Demonstrate the procedure/skill reflecting your knowledge of same
7. Correct closure of the procedure in terms of documentation/reporting
8. Remember to refer back to the appropriate Moodle sites to support your learning.

You can see that writing LOs is a PROCESS that follows a logical step-by-step approach. This means that you can 'tick off' the criteria 'as you go' and there is no need to wait to do it all in the final week. In some clinical courses you are expected to present your work in a specified week – see the associated course outline. In writing your LOs you have set yourself a goal. Get organised and begin achieving your goal right from the start.

Your clinical experience portfolio needs to be completed by the end of your clinical experience UNLESS negotiated differently with your clinical lecturer. Not completing your portfolio reflects negatively on the professional aspects such as reliability and punctuality. Please keep your portfolio up to date as you progress through your clinical courses.

14.3 Clinical Skills Handbook

You are required to complete/maintain your clinical skills book whilst on your clinical experience. It is your responsibility to get each essential skill and skills in context assessed and signed off by your preceptor/clinical lecturer. This is excellent opportunity to ask for specific feedback....**DON'T MISS IT.** You do need to reflect on your practice every day.

14.4 Assessment of Clinical Experience

- ❖ This programme utilises an assessment competency framework in clinical practice informed by Benner's (1984) application of the Dreyfus Model of Skills acquisition to nursing.

- ❖ Four phases have been identified in the journey of a student nurse at UCOL. These are:
 - **Novice:** Introduction to practice (BN512)
 - **Advanced beginner:** Developing practice (BN612/BN613)
 - **Competent and Maintenance of Competence:** Demonstrating competence (BN713 and BN714)
- ❖ Although the level descriptors differ from those used by Benner, the model provides a clear progressive structure of increasing complexity at each stage of development matched against the NCNZ competencies (2012).
 - 1 The aim of the clinical experience assessment framework is to determine that students have achieved the competencies required for entry to the professional register (NCNZ, 2007b). Assessment of clinical competence takes place on an on-going basis throughout all clinical experiences.
 - 2 The level of expected competencies gradually increases as you progress. Competence in the clinical environment must be demonstrated by meeting the competencies through the described criteria. Where you fail to meet the required standard for competency in clinical environment you will be given an additional period in which to demonstrate competence:
 - ❖ **500** level students will have **an additional week (32 hours)** in which to complete the clinical experience and achieve competency. See Appendix One
 - ❖ **600** level students will have two additional weeks (80 hours) per clinical course in which to complete each clinical experience and achieve competency. See Appendix Two
 - ❖ **700** level students will have an additional week (40 hours) at the end of their first clinical experience in which to complete the practice experience and achieve competency. See Appendix Three
 - ❖ No additional time is given to students completing BN714.

Students who do not meet the clinical competency standard after the additional practice period (either one or two weeks, as outlined above) will be considered to have **Not Achieved** the course and will need to re-enrol in that course. If after enrolling in the course for the second time, you do not meet the requirements, then a meeting will be held with the Head of School as you may be withdrawn from the programme in line with Nursing Council guidelines (NCNZ, 2007), which state that students can only enrol **twice** for the same clinical component, except in extraordinary circumstances.

Unless the Nursing Council allows you another attempt because of “exceptional circumstances”, your enrolment will be terminated as you will be unable to register as a nurse. You cannot apply directly to the Nursing Council for an additional attempt; the Nurse Education Team must do it on your behalf. It is unlikely we would do so if you did not inform us **at the time** of any situation which might affect your progress, or your attendance. We will of course keep this information confidential, where appropriate.

You may be stood down/withdrawn from clinical experience. If your withdrawal from the clinical experience (whether voluntary or at the request of the clinical

lecturer and/or clinical agency) is related to, or the result of unsatisfactory performance i.e. the clinical lecturer or clinical agency has expressed concerns about your lack of nursing knowledge or skills, your ability to integrate theory to practice, unprofessional behaviour or similar then the withdrawal equals the **'Not Met'** category in terms of its consequences. An investigation into the issues related to the 'standing down' will take place and may result in a return to the clinical experience or withdrawal from the clinical experience. If your withdrawal is non-performance related, i.e. due to sickness, injury or pregnancy and you are unable to complete the practice experience in the timeframe allocated then you will need to re-enrol in the course and the result is a **W (withdrawal)** from the course.

14.5 Self-Assessment

Self-assessment complies with the philosophy that underpins this curriculum: the principles of adult learning. For this reason you are required to self-assess your own clinical performance on an ongoing basis. Completing your self-assessment the day before it is due is denying yourself a learning opportunity and significantly reduces your ability to be in control of a large part of the summative assessment process. Self-assessment is directly linked to achieving your personal learning objectives as well as the NCNZ Competencies.

The following bullet points might help you on your way:

- ❖ Structure your self-assessment by having a 'plan of action', meaning that you focus on specific things i.e. on your communication or interview skills, your time management, health assessment skills, report writing skills, your ability to understand your patient/client/health consumer's condition, or apply theory to practice, to mention just a few areas.
- ❖ Share your 'focus for the day' with your assigned staff member/and/or clinical lecturer, and ask them at the start of the duty to provide you with detailed feedback on one or two particular areas only at the end of the duty. Remember; if you don't know what it is that you want to know, then it is difficult for others to know what it is that you would like to know.
- ❖ Go through your self-assessment form very carefully, read the stated criteria for understanding. What does it mean? Ask your clinical lecturer if you don't know. How do you measure up? What have you done today that demonstrates that you have met a particular criterion? Write it down.
- ❖ An accurate self-assessment demonstrates how well you understand and how aware you are of 'self' in relation to others in general and to nursing as a profession in particular. Acknowledging a weakness in your clinical practice does not disadvantage you. On the contrary, it demonstrates your self-awareness, and your commitment to ongoing professional and personal growth.
- ❖ Empower yourself for the assessment by being prepared. If you have gone over the assessment yourself then you know what is expected, and you are able to demonstrate competency by providing examples from your clinical experience.

14.6 Formative and summative assessment of clinical competencies in practice

- ❖ Formative assessment provides an opportunity for you to receive direct feedback and to examine your professional progress. It is completed midway through your clinical experience by your clinical preceptor and/or clinical lecturer.
 - Where students are failing to achieve expected progress towards achievement of competencies following ANY formative assessment, a learning contract must be negotiated with the student to address these competencies by the end of the clinical experience.
- ❖ Summative assessment measures your performance in order to document your attainment of the learning outcomes, measured against the NCNZ domains. It is completed at the end of the clinical experience by your clinical preceptor and/or clinical lecturer.
 - Where your clinical preceptor and/or clinical lecturer identifies students have **not met all competencies** a learning contract **must** be negotiated with the student to address these competencies by the end of P+ practice. Students **must maintain** all competencies previously met at summative assessment of practice. **Please note there is no P+ practice opportunity for BN714.**

15. Guiding Principles of Assessment

The following principles guide the assessment of clinical experience of this programme:

- ❖ Learning from each and every theoretical course will inform the student's learning in clinical experiences which offer opportunities for the synthesis and application of that knowledge, and will be assessed on that basis.
- ❖ Learning to be a nurse is a progressive and cumulative experience. It is a process that has different levels of complexity.
- ❖ In respect of the expectations of performance in each clinical experience and for the purposes of assessment, levels have been arbitrarily but thoughtfully delineated.
- ❖ The NCNZ competencies (2012a) are generic competencies that apply to all nursing contexts, and must be demonstrated by the completion of the programme.
- ❖ Assessment occurs within a triangular relationship between the clinical lecturer, clinical preceptor and the student.
- ❖ Evidence should be sought from a variety of sources and techniques over the period of the clinical practice experience.
- ❖ NCNZ (2007a) requires students to complete a minimum of 1100 hours of clinical experience. Students in this BN programme are offered a minimum of 1240 hours of clinical practice experience, with provision for up to 1472 hours in which to demonstrate their competence.
- ❖ **Clinical experience hours will only be credited towards the overall total when the student demonstrates the competencies associated with a clinical experience.**

16. Roles and responsibilities

The Joint Position Statement on Clinical Practice Experience for undergraduate nursing (NETS/NENZ, 2013) clearly establishes the common principles and responsibilities that guide the provision of clinical practice experience for undergraduate nursing students. In particular, the roles and responsibilities of the education provider, the clinical service provider and the student, as outlined in this position statement, are those that have been adopted within this curriculum for the clinical lecturer, the clinical preceptor, and the student.

16.1 Clinical Lecturer

Your clinical lecturer is responsible for:

1. Ensuring that current, required documentation is provided to the clinical practice environment;
2. Maintaining regular (minimum once weekly) contact with the nursing team leader and the assigned agency nurses for the purpose of exchanging relevant student information as well as seeking feedback on the student's performance/learning issues;
3. Supporting the clinical agency staff by providing curriculum information, and the expected learning outcomes and clinical competencies for individual students;
4. Supporting you to make links between theory and practice, and to develop a variety of nursing skills;
5. Arranging tutorials in advance and at such times as convenient to the agency, the students and the clinical lecturer;
6. Risk management by closely observing those students whose performance has been identified as a concern;
7. Assisting you with the completion of incident/accident forms or any other such documentation;
8. In consultation with either the:
 - Clinical Portfolio Coordinator in Palmerston North
 - Clinical Manager/Nursing Administrator in Whanganui
 - Portfolio Manager – Health & Sciences in Wairarapa.

Any student from practice who has demonstrated unsafe nursing/caring practice, or who has displayed behaviour unbecoming of a (student) nurse;

9. Ensuring that you and the clinical staff know how to contact the lecturer when required;
10. Ensuring that your learning objectives are appropriate for your programme level and relevant to the clinical experience;
11. Working with/supervising students in clinical practice environments and conducting formative and summative student assessments;
12. Responding to any requests or concerns from the agency within agreed timeframes.

16.2 Preceptor

The preceptor is responsible for:

1. Introducing themselves to you and ensuring that you are orientated to the clinical practice environment on the first day in clinical practice
2. Ensuring that you are aware of any safety protocols/procedures specific to the agency
3. Ensuring that the clinical environment is conducive to learning and that you are free from harassment or bullying
4. Acting as a role model by overtly displaying the beliefs and values that are inherent in professional nursing and caring
5. Having the required knowledge/understanding of the curriculum insofar as it concerns clinical experience, and awareness of the protocols and procedures (including health and safety requirements, safe drug administration)
6. Immediately informing the lecturer of any situations involving you which may require completing an incident/accident form or any other document that might implicate the student(s)
7. Facilitating your understanding of the links between theory and practice, and enabling you to master a variety of nursing skills by being supportive of your specific learning needs and objectives
8. Delegating/maintaining overall responsibility for the quality of care delivered
9. Allowing you to use your initiative consistent with your level in the programme and your knowledge/skills displayed while on clinical experience.
10. Providing regular daily feedback that is honest, clear, and constructive and focuses on your performance as a student nurse;
11. Providing regular feedback (at least weekly) to the clinical lecturer concerning student performance throughout the duration of the clinical experience.

16.3 BN 714 Clinical Practice (Transition)

This is the final clinical experience of the BN programme and it is the responsibility of the qualified preceptor to 'sign you off' rather than the clinical lecturer. This still maintains a collaborative approach between the student, preceptor and clinical lecturer; however, during this experience the clinical lecturer is there to provide support for the preceptor rather than the student.

Enjoy your clinical experience after all it is the reason you are here!

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Appendix One

Managing P+ in Year 1 – BN512

Group 1 – students who do not meet all competencies by the end of the five week clinical experience but have met the minimum 90% requirement:

1. Students who have **not met all** competencies by the end of the five week clinical experience **must** undertake an additional **one week (32 hours)** clinical experience.
Students **are required** to fulfil a **minimum 90%** attendance of the **one week (32 hours)** clinical experience.
2. A written learning contract **must** be negotiated with the student to address these unmet competencies by the end of their five week clinical experience and prior to entering P+. The learning contract **must** specify:
 - a. Outstanding competencies to be met
 - b. Action plan detailing expected student performance in order to achieve learning outcomes
 - c. **Minimum 90%** attendance requirement
3. Students **must maintain** all competencies previously met at summative assessment of practice as well as previously unmet competencies in order to pass the clinical course.

Group 2 – students who do not meet all competencies and have not fulfilled the minimum 90% hours requirement by end of the five week clinical experience:

1. Students who have **not met all** competencies by the end of the five week clinical experience **must** undertake an additional **one week (32 hours)** clinical experience.
Students **are required** to fulfil a **minimum 90%** attendance of the **one week (32 hours)** clinical experience.
2. Students falling into this category will only undertake P+ if the number of hours available in P+ is sufficient to enable them to fulfil the **minimum 90%** hours requirement for clinical experience.
3. A written learning contract **must** be negotiated with the student to address these unmet competencies by the end of their five week clinical experience and prior to entering P+. The learning contract **must** specify:
 - a. Outstanding competencies to be met
 - b. Action plan detailing expected student performance in order to achieve learning outcomes
 - c. **Minimum 90%** attendance requirement

4. Students **must maintain** all competencies previously met at summative assessment of practice as well as previously unmet competencies in order to pass the clinical course.

Group 3 - students who meet all competencies but do not meet the 90% hours requirement by the end of the five week clinical experience:

1. Students will undertake the required number of hours in order to fulfil the **minimum** 90% requirement.
2. Students who have four hours or less of the **minimum** 90% requirement may be able to negotiate with their clinical lecturer to make up time over a period during week five of the clinical experience. This arrangement **must** be agreed in writing by the agency and the clinical lecturer.
3. It is recommended that students in excess of four hours make up time over a minimum one day period during the P+ week even if they require less to achieve the required **minimum** 90% attendance for the course.

Students can only use P+ for sick leave when a medical certificate has been provided: (effective from December 2010)

1. For up to two individual sickness days per clinical experience no medical certificate is required.
2. After two or more consecutive days of sickness per clinical experience students will be required to provide a medical certificate.
3. After two individual sickness days a medical certificate is required for any subsequent day/s due to illness.

Appendix Two

P+ in Year 2 – BN612 & BN613

Effective from September 2010

Group 1 – students who do not meet all competencies by the end of the six week clinical experience but have met the minimum 90% requirement:

1. Students who have **not met all** competencies by the end of the six week clinical experience **must** undertake an additional **two week (80 hours)** clinical experience.
Students **are required** to fulfil a **minimum** 90% attendance of the two week clinical experience.
2. A written learning contract **must** be negotiated with the student to address these unmet competencies by the end of their six week clinical experience and prior to entering P+. The learning contract **must** specify:
 - a. Outstanding competencies to be met
 - b. Action plan detailing expected student performance in order to achieve learning outcomes
 - c. **Minimum** 90% attendance requirement
3. Students **must maintain** all competencies previously met at summative assessment of practice as well as previously unmet competencies in order to pass the clinical course.

Group 2 – students who do not meet all competencies and have not fulfilled 90% hour's requirement by end of the six week clinical experience:

1. Students who have **not met all** competencies by the end of the six week clinical experience **must** undertake an additional **two week (80 hours)** clinical experience.
Students **are required** to fulfil a **minimum** 90% attendance of the two week clinical experience.
2. Students falling into this category will only undertake P+ if the number of hours available in P+ is sufficient to enable them to fulfil the **minimum** 90% hours requirement for clinical experience.
3. A written learning contract **must** be negotiated with the student to address these unmet competencies by the end of P+. The learning contract **must** specify:
 - a. Outstanding competencies to be met
 - b. Action plan detailing expected student performance in order to achieve learning outcomes
 - c. **Minimum** 90% attendance requirement

4. Students **must maintain** all competencies previously met at summative assessment of practice as well as previously unmet competencies in order to pass the clinical course.

Group 3 - students who meet all competencies but do not meet the minimum 90% hour's requirement by the end of the six week clinical experience:

1. Students will undertake the required number of hours in order to fulfil the **minimum** 90% requirement.
2. It is recommended that students make up time over a **minimum** one week period even if they require less than 40 hours to achieve the required a **minimum** 90% attendance for the course.

Students can only use P+ for sick leave when a medical certificate has been provided: (effective from November 2010)

1. For up to three individual sickness days per clinical experience no medical certificate is required.
2. After three or more consecutive days of sickness per clinical experience students will be required to provide a medical certificate.
3. After three individual sickness days a medical certificate is required for any subsequent day/s due to illness.

Appendix Three

Managing P+ in Year 3 – BN713 clinical placement only

Effective from December 2010

Group 1 – students who do not meet all competencies by the end of the three week experience but have met the minimum 90% requirement:

1. Students who have **not met all** competencies by the end of the three week clinical experience **must** undertake an additional **one week (40 hours)** clinical experience.
Students **are required** to fulfil a **minimum 90%** attendance of the **one week (40 hours)** clinical experience.
2. A written learning contract **must** be negotiated with the student to address these unmet competencies by the end of their three week clinical experience and prior to entering P+. The learning contract **must** specify:
 - a. Outstanding competencies to be met
 - b. Action plan detailing expected student performance in order to achieve learning outcomes
 - c. **Minimum 90%** attendance requirement
3. Students **must maintain** all competencies previously met at summative assessment of practice as well as previously unmet competencies in order to pass the clinical course.

Group 2 – students who do not meet all competencies and have not fulfilled the minimum 90% hour's requirement by end of the three week clinical experience:

1. Students who have **not met all** competencies by the end of the three week clinical experience **must** undertake an additional **one week (40 hours)** clinical experience.
Students **are required** to fulfil a **minimum 90%** attendance of the **one week** clinical experience.
2. Students falling into this category will only undertake P+ if the number of hours available in P+ is sufficient to enable them to fulfil the **minimum 90%** hours requirement for experience.
3. A written learning contract **must** be negotiated with the student to address these unmet competencies by the end of their three week clinical experience and prior to entering P+. The learning contract **must** specify:
 - a. Outstanding competencies to be met
 - b. Action plan detailing expected student performance in order to achieve learning outcomes
 - c. **Minimum 90%** attendance requirement

4. Students **must maintain** all competencies previously met at summative assessment of practice as well as previously unmet competencies in order to pass the clinical course.

Group 3 - students who meet all competencies but do not meet the 90% hours requirement by the end of the three week clinical experience:

1. Students will undertake the required number of hours in order to fulfil the **minimum** 90% requirement.
3. It is recommended that students make up time over a **minimum** one week period even if they require less than 40 hours to achieve the required **minimum** 90% attendance for the course.

Students can only use P+ for sick leave when a medical certificate has been provided: (effective from December 2010)

4. For up to two individual sickness days per clinical experience no medical certificate is required.
5. After two or more consecutive days of sickness per clinical experience students will be required to provide a medical certificate.
6. After two individual sickness days a medical certificate is required for any subsequent day/s due to illness.

Appendix Four

Clinical Experience and Nursing Laboratory UCOL Student Uniform Requirements

Long hair, tied back, or in hair band. Any loose hair in plain hair clips. Hijab or hair band in black or blue only.

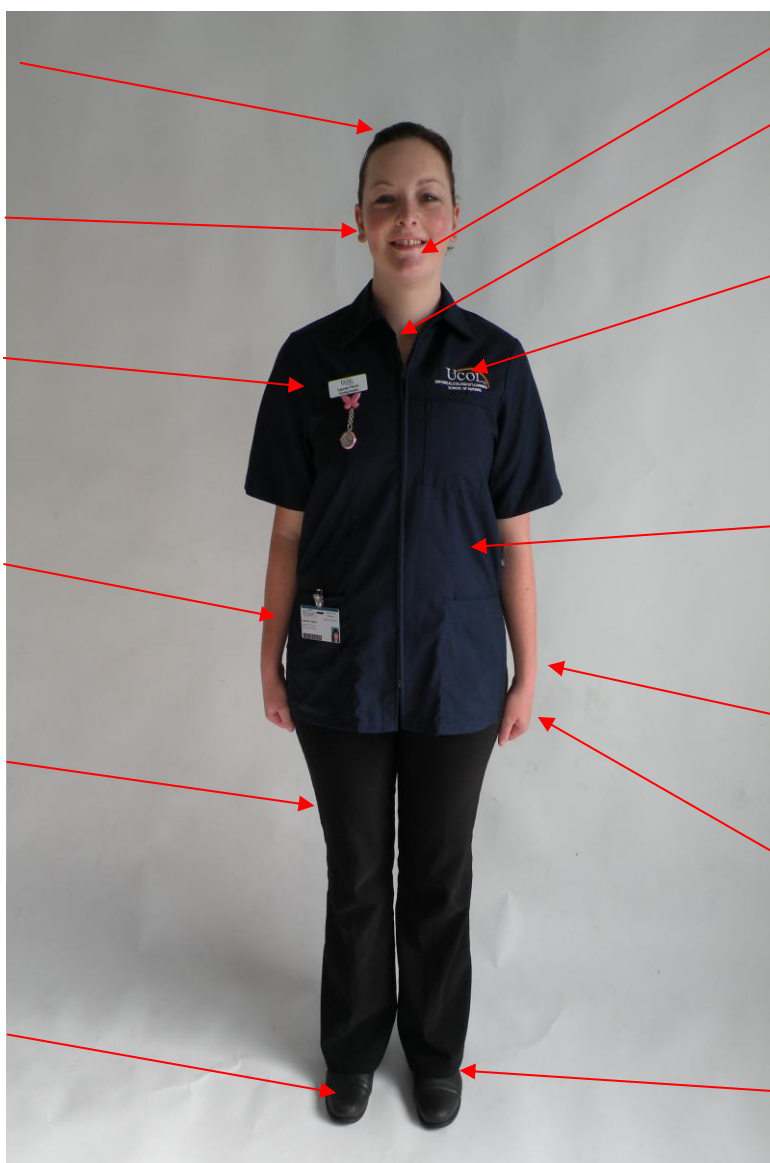
Maximum of one small ear stud in each ear lobe (if desired).

Fob watch and name tag on the right.

ID Label on the right side.

Black trousers similar material as blue top (no cargo pants, no skin-tight pants and no denim). Length - one cm above the ground.

Black clean polished waterproof slip-on shoes, foot fully enclosed. No boots. Non-slip sole. Maximum of 2.5 cm sole.



No visible piercing. No tongue piercing.

No Necklace.

Regulation blue top with UCOL logo. Zipper max. 3 cm open.

Undergarment in black or dark blue only. No cardigans or sweat shirts.

No bracelets of any kind. No wrist watches.

One plain wedding band only. No acrylic nails.

Socks in black or dark blue only

Personal hygiene and presentation requirements in the clinical environment (includes the nursing laboratory):

Daily shower and use of unperfumed deodorant. Wash and iron your uniform daily. Intact clear nailpolish only. Minimal use of makeup and no perfumes. Well groomed hair. Females to wear a bra under their uniform. Males to be either clean shaven or have a tidy beard.

Expected professional behaviour of UCOL students in uniform:


When you wear your uniform you are always in full uniform as pictured above. Failing to do so will result in disciplinary action (i.e. you will be withdrawn from your clinical experience or the nursing laboratory, until you adhere to the uniform policy).

You wear your student uniform in the nursing laboratory and the clinical environment (unless instructed differently). You can wear your uniform in the UCOL atrium and on the way to UCOL and/or on the way to your clinical experience. **It is not appropriate** to wear your uniform in e.g. the supermarket, shops, downtown, in the pub or other social settings etc. **Smoking whilst in uniform is not permitted. At all times the student nurse must portray a professional image.**

Please Note: Deviations from these requirements is by written approval from the Head of School

Appendix Five

Formative Assessment of Practice

<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: left;">  <p>UCOL Te Pae Mātauranga ki te Ao Universal College of Learning</p> </div> <div style="text-align: center;"> <p>Learning Contract</p> <p>Following any formative assessment</p> <p><i>To be achieved by Summative Assessment of Practice</i></p> </div> </div>

Name of Student:..... Clinical Experience Area:.....

Name of Clinical Lecturer:..... Name of Preceptor:.....

Date of Learning Contract:..... Date of Summative Assessment:.....

A learning contract is a formal written negotiated agreement between the student and the preceptor/clinical lecturer in order to address identified learning needs (Bastable, 2008).


Where students are **failing to achieve** expected progress towards achievement of competencies, a learning contract **must** be negotiated with the student to address these competencies by the end of the clinical experience. The learning contract **must** specify:

- a. outstanding competencies to be met
- b. an action plan detailing expected student performance in order to achieve the learning outcomes

Date	Outstanding Competency e.g. D1. 1	Specific Learning Outcome(s)	Action Plan	Strategies & Resources	Evidence of Achievement

Appendix Six

Summative Assessment of Practice

<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: left;">  <p>UCOL Te Pae Mātauranga ki te Ao Universal College of Learning</p> </div> <div style="text-align: center;"> <p>Learning Contract</p> <p>Following any formative assessment</p> <p><i>To be achieved by Summative Assessment of Practice</i></p> </div> </div>
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Name of Student:..... Clinical Experience Area:.....

Name of Clinical Lecturer:..... Name of Preceptor:.....

Date of Learning Contract:..... Date of Summative Reassessment:.....

A learning contract is a formal written negotiated agreement between the student and the preceptor/clinical lecturer in order to address identified learning needs (Bastable, 2008).

Where students have **not met all competencies** a learning contract **must** be negotiated with the student to address these competencies by the end of the P+ clinical experience. Students **must maintain** all competencies previously met at summative assessment of practice.

The learning contract **must** specify:

- a. outstanding competencies to be met
- b. an action plan detailing expected student performance in order to achieve the learning outcomes

Date	Outstanding Competency e.g. D1. 1	Specific Learning Outcome(s)	Action Plan	Strategies Resources	&	Evidence Codes e.g. Q & A, F

Contract agreed: Yes/No (*please circle appropriate response*)

Student Comment (optional):

Signatures:
 (Student) (Clinical Lecturer) (Preceptor)

Achieved/Not achieved (*please circle appropriate response*) Date:.....

Where students have not maintained competence please identify competencies e.g. D3.1 below:

Signatures:
 (Student) (Clinical Lecturer) (Preceptor)

Bastable, S.B. (2008). *Nurse as educator: Principles of teaching and learning for nursing practice* (3rd ed.). London: Jones and Bartlett.

Appendix Seven

Immunisation Status Form

Student ID	
Student Name	

The student identified above has been screened for the diseases shown below and the results are as follows:

Tuberculosis Tb(QFG) only required if: <ul style="list-style-type: none"> Lived for 6 months or longer in a country of high risk Has been in contact with confirmed Tb without respiratory protection Previously been tested for Tb Worked in or been hospitalised in overseas country of high risk in last 2 years 		Positive Negative	Date Sighted
Hepatitis B <ul style="list-style-type: none"> Serology recommended to show an antibody level of >20 IU/L or carriage* Serology shows no immunity - Vaccination Clinical component 		Immune Not Immune	Date Sighted
Measles	No Serology: MMR of 2 doses recommended if no proof of immunisation	Immune	Date Sighted
Mumps		Not Immune	
		Immune	Date sighted
		Not Immune	
Rubella		Immune	Date Sighted
		Not Immune	
Chickenpox (Varicella) No Serology: Vaccination recommended if no proof of immunisation		Immune Not Immune	Date Sighted
Pertussis <ul style="list-style-type: none"> Vaccination recommended for any student having contact with Paediatric population In particular under one year olds 		Immune Not Immune	Date Sighted
MRSA – Nasal	Not required unless <ul style="list-style-type: none"> Exfoliating skin condition Hospitalised or worked in an overseas hospital in last 12 months Previously tested positive Worked in a MRSA outbreak in previous 12 months 	Positive Negative	Date Sighted
MRSA - Perineal		Positive Negative	Date Sighted
Signature: (Portfolio Manager)		Date:	
Name:		Position:	