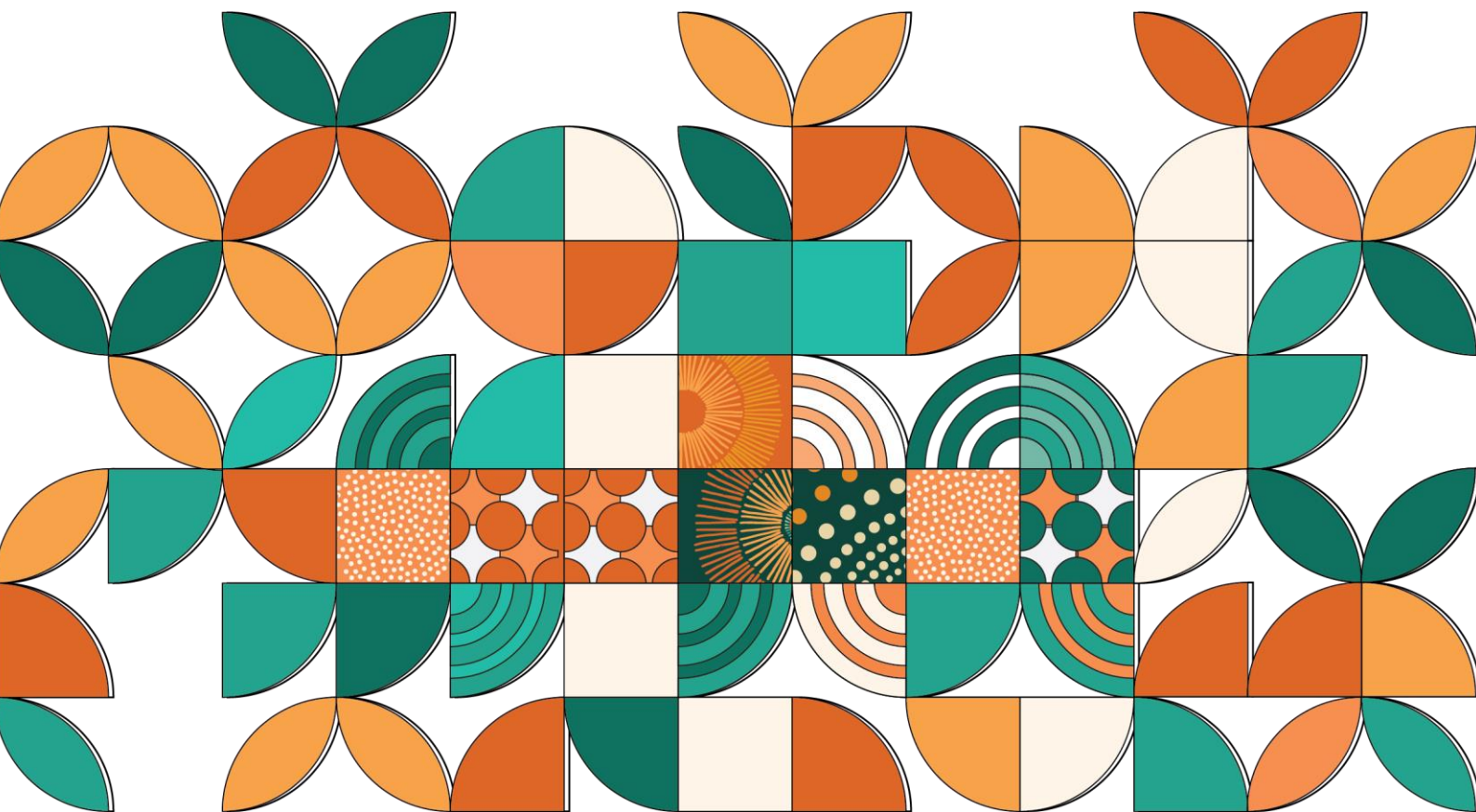


# Professional Experience Placement Policy

HLT54121 - Diploma of Nursing



## SECTION 1

### 1. Purpose

1.1 This policy provides the Institute of Health and Nursing (IHNA)'s HLT54121-Diploma of Nursing students and staff with information on the broad principles underpinning the administration of student placement and outlines important student responsibilities.

### 2. Scope

2.1 Professional Experience Placement (PEP) provides an important opportunity for nursing students to apply skills and theory in real life situations, in a variety of clinical settings. Experiencing nursing in different types of health care environments is important for professional development. It helps students to make career choices and enables students to gain and apply competence in the many different skills required across various health care settings.

2.2 The scope of this policy is to provide guidelines to assist IHNA in meeting the current requirements specific to PEP of students and staff participating in PEP.

2.3 This policy applies to PEP for the HLT54121 - Diploma of Nursing across all IHNA campuses and students irrespective of the mode of delivery and course delivery sites.

## SECTION 2

### 3. Definitions

3.1 **AHPRA** stands for the Australian Health Practitioner Regulation Agency.

3.2 **Clinical Placement Provider (CPP) or Healthcare Facility:** Any organisation that provides Clinical Placements to healthcare students. This includes public and private health services, aged care providers, mental health services, (including community - managed mental health services), community health services, general practices, private providers, and other Clinical Placement settings.

3.3 **Clinical Placement:** A Clinical Placement termed as Professional Experience Placement or PEP in this document is defined as the component of an accredited curriculum conducted under supervision, involving patient or client contact and conducted in a clinical environment that provides students with the opportunity to put theoretical knowledge into practice. The Training and Development Funding Program Guidelines 1 state that placement is usually associated with patient/client interaction but may also involve clinical skills acquisition via observation or simulation consistent with clinical learning objectives.

3.4 **Clinical Placement team (CPT):** IHNA'S CPT is comprised of the National Placement Coordinator,

Placement coordinator, Course Coordinators and administrative support staff.

**3.5 Criminal History Clearance:** A report on the suitability of a person, from a criminal history point of view, to take part in certain activities or employment. There are several processes across Australia to achieve this, all involving a national check of criminal history.

**3.6 Critical incident** means a traumatic event, or the threat of a traumatic event, that causes extreme stress, fear or injury to one or more students. Critical incidents include, but are not limited to:

3.6.1 Missing students

3.6.2 Severe verbal or physical aggression

3.6.3 Critical mental health episodes

3.6.4 Drug or alcohol abuse

3.6.5 Domestic violence

3.6.6 Physical, sexual, or other abuse or assault

3.6.7 Death, serious injury or any threat of these

3.6.8 Accidents

3.6.9 Fire or natural disaster

**3.7 Education Provider (EP):** Any institution delivering post-secondary education, in this case, accredited professional-entry healthcare courses. This includes Vocational Education and Training (VET) providers.

**3.8 Impairment** as defined by the National Law is 'a physical or mental impairment, disability, condition or disorder (including substance abuse or dependence) that detrimentally affects or is likely to detrimentally affect the person's capacity to practise the profession.

**3.9 KH** stands for Knowledge Hub, IHNA's student management system.

**3.10 Law:** Any statute, regulation, by-law or subordinate legislation in force from time to time, the common law and equity and any legally binding industry codes of conduct, practice or standards.

3.10.1 **Privacy Laws:** All laws relating to data security and the protection and processing of personal information in force from time to time including without limitation, the Privacy Act 1988 (Cth), the Privacy and Data Protection Act 2014 (Vic) and the HealthRecords Act 1988 (Cth) and any other State-specific legislation and regulations on privacy.

**3.11 Placement management system:** A secure, web-based information system that provides a standard, consistent and secure mechanism for managing student placements between placement providers and their education provider partners. Example includes, but is not limited to, Place right, InPlace and Sonia Central.

- 3.12 **Student:** An individual enrolled in an entry-level professional course offered by an Education Provider that requires the student to undertake a Clinical Placement.
- 3.13 **Students at risk:** Students who have failed to:
- 3.13.1 Maintain satisfactory attendance;
  - 3.13.2 Demonstrate a satisfactory level of knowledge and/or skill according to their current scope of practice.
  - 3.13.3 Maintain an appropriate standard of professional conduct.
  - 3.13.4 Meet the fitness to practice requirements
- 3.14 **Vocational Education and Training (VET) Provider:** An **Education** Provider that is registered with the Australian Skills Quality Authority (ASQA) to provide accredited courses in vocational education and training.
- 3.15 **Clinsoft:** IHNA's clinical **placement** management system that provides a streamlined platform to improve student placement operations, allowing students, educators and IHNA a transparent view into placement programs while facilitating real-time interactions and collaboration.

## 4. Fitness to Practice

- 4.1 Students are responsible and accountable for ensuring they are safe and have the capability to practice.
- 4.1.1 Students must be fit to practice, attend and participate in the professional workplace experience.
  - 4.1.2 Students must disclose to the Course Coordinator/National Placement Coordinator any physical or mental health issues which have the potential to impact on their ability to complete the professional workplace experience.
  - 4.1.3 'Fitness to Practice' requirements should be read in conjunction with NMBA 'Guidelines for Mandatory Notifications' and standards, codes and guidelines <https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines/>.
  - 4.1.4 Any student concerned about meeting fitness to practice requirements must discuss this with the Course Coordinator for potential support services.
- 4.2 Student registration and mandatory notifications to AHPRA
- 4.2.1 The Health Practitioner Regulation National Law Act clearly articulates the responsibilities of IHNA and students in ensuring compliance with attendance in the professional workplace environment. This obligation includes compliance with respect to fitness to practice and conduct while undertaking

professional workplace experiences. To comply with this Act, there are mandatory requirements that must be met by IHNA and the individual student to ensure patient safety and legislative compliance.

4.3 All students enrolled in IHNA's Diploma of Nursing course must be registered as a student with NMBA. Students will be registered with NMBA prior to the commencement of their PEP and will remain registered for the duration of study, or until they are no longer enrolled. IHNA's National Training Manager is responsible for student registration with AHPRA.

4.4 IHNA is required under the National Law to notify AHPRA if they reasonably believe:

4.4.1 A student enrolled in a course of study has an impairment that, in the course of the student undertaking the clinical component as part of the course of study, may place the public at substantial risk of harm; or

4.4.2 A student for whom an education provider has arranged clinical training has an impairment that, during the student undertaking clinical training, may place the public at substantial risk of harm.

4.5 Any entity (person or organisation) may make a voluntary notification about a student to AHPRA when they believe that the student:

4.5.1 Has been charged with an offence, or has been convicted or found guilty of an offence, that is punishable by 12 months' imprisonment or more;

4.5.2 Has, or may have, an impairment that they believe may harm the public;

4.5.3 has, or may have, contravened a condition of the student's registration or an undertaking given by the student to the National Board.

4.6 Under the National Law health practitioners, employers and education providers have mandatory reporting responsibilities. Students are automatically registered with AHPRA when enrolled in an entry to practice program and as such, are subject to the same regulations regarding professional conduct and mandatory reporting obligations. It is expected that students have an awareness of inherent requirements and mandatory reporting guidelines prior to commencing PEP (Revised guidelines for mandatory notifications, 2020). IHNA's Registrar will notify AHPRA in accordance with these guidelines.

4.7 AHPRA Guidelines: Mandatory notifications about registered students (March 2020) must be complied with when making notifications about registered students to AHPRA.

## 5. Supporting Students during PEP

5.1 Support is offered as needed by the Course Coordinator, National Placement Coordinator, Placement Coordinator, Clinical Educator, Clinical Placement Administration Team, and

Registered Nurses overseeing the students. There are generally two models of clinical supervision: Clinical Educators (Registered Nurses employed by the health care facility or IHNA) or clinical preceptors. Every assessor and Clinical Educator documenting the student PEP tool must supply a sample of their initials and signature and AHPRA registration number in the PEP tool. All assessors and Clinical Educators must be Registered Nurses. The Clinical Educator is responsible for assessing students' progress and signing off the PEP tool at the end of the placement. Ultimately the final assessment of the placement is the responsibility of IHNA's Course Coordinator.

- 5.1.1 Preceptors: A preceptor is a qualified, experienced Registered Nurse who is formally assigned to provide individual support to students. In most instances, the students will have more than one preceptor during the placement. The preceptor will directly supervise students when administering medication. The 1:1 model - the most commonly used clinical supervision where a student is assigned to a Registered Nurse known as the 'preceptor'. The student works alongside the preceptor on a daily basis for direct and indirect supervision.
- 5.1.2 Clinical educators: A 1:8 model is where a Registered Nurse directly and indirectly supervises a group of students. Clinical Educators are IHNA employed or hospital employed staff (Registered Nurses) and undertake summative and formative assessments. The Clinical Educator will liaise with clinical staff in relation to the progress of a student's performance during placement. They are also responsible for assessing the progress and signing off the PEP tool at the end of placement. They are appointed to monitor, guide and assess the competencies of students according to the requirements of the course and regulations of the accrediting authorities as applicable. They will be responsible for overseeing the students in clinical settings and will collect feedback from the Registered Nurses regarding the student's performance while assessing the students.

## 6. Other Conditions of Placement

- 6.1 Students must comply with all specified IHNA's and Site-Specific Pre-Placement Compulsory Conditions in the nominated time frame. No extensions will be given
- 6.2 It is a student's responsibility to maintain the currency of their pre-clinical documentation.
- 6.3 Students must plan ahead to ensure they are available for scheduled placements as indicated in their timetable.
- 6.4 Students on placement are supernumerary to the placement site's staffing and will not be paid, either by the IHNA or the placement site.
- 6.5 Placements can be organized across the state from where the campus is located.

- 6.6 Unless otherwise advised, students are responsible for the cost of placement travel and accommodation.
- 6.7 IHNA is not responsible for any injury, loss or damage suffered or incurred as a result of participating in travel and accommodation arrangements made by the IHNA or the student.
- 6.8 Students must attend placement at the notified time and place and must follow allocated placement rosters, where applicable. Where this is not possible for an urgent and unexpected reason beyond the student's control the student must notify their Course Coordinator/National Placement Coordinator.
- 6.9 Students must comply with the rules, regulations and policies of the placement site and uphold the IHNA's Code of Conduct for Students. As part of this, students must communicate in a respectful way about placement matters including with staff of the placement site, academic and administrative staff of IHNA, and with the staff of the Clinical Placement Team.
- 6.10 Non-compliance with other Pre-Placement Mandatory Conditions in the specified time frame (e.g. medication calculation test in nursing, immunisation, WWCC, AFP) may result in cancellation of the scheduled placement. Students are likely to be asked for evidence of having met the Pre-Placement Conditions when they attend a placement site and may not be permitted to continue the placement if that evidence cannot be provided upon request.
- 6.11 Please refer to the Professional Placement Orientation Guide for students and educators which provides details about dealing with unforeseen events that may occur during the placement such as injury, pregnancy, illness, unacceptable behaviours.

## 7. Placement Allocation

- 7.1 Students are provided with information, via the Student Placement System, regarding the available placement site opportunities for a specific placement.
- 7.2 The suitability of each placement, in terms of meeting the objectives of the placement course, is decided by the national placement Coordinator/ placement Coordinator and course coordinator.
- 7.3 Allocation of students to placement sites is conducted by the Clinical Placement Team in collaboration with academic staff.
- 7.4 Special Consideration for Placement allocation will be given only in the following circumstances:
- 7.4.1 Students with a disability access plan;
  - 7.4.2 Students who are the registered carer for a sick or disabled dependent child or relative, (relevant documented evidence must be provided);

- 7.4.3 Students with a major health problem requiring frequent and specialised treatment which is only available at certain locations, (relevant documented evidence must be provided);
- 7.4.4 Urgent and exceptional reasons for requesting a variation to placement allocation includes extenuating medical, compassionate or special circumstances which are outside the control of the student and where there was no opportunity for advanced preparation or notification.
- 7.5 Students eligible for Special Consideration in Placement allocation must submit their request to the Course Coordinator at least 12 weeks before placement, unless otherwise notified. Requests provided later than this will be accepted for consideration, but a late application may jeopardise IHNA's capacity to allocate a suitable placement.
- 7.6 Students are required to accept and abide by the placement allocation decision.
- 7.7 Circumstances which are a normal part of life will not be considered when making allocation decisions. Such circumstances include:
- 7.7.1 Student work or other business commitments;
  - 7.7.2 Being a parent or during pregnancy;
  - 7.7.3 Weddings and other celebratory events;
  - 7.7.4 Extra-curricular activities such as clubs;
  - 7.7.5 Requests to be re-allocated to placement sites previously allocated but not attended or where the student withdrew from the placement;
  - 7.7.6 Travel, transportation and accommodation requirements. Previous untoward experience from the clinical facilities;
  - 7.7.7 Insufficient leave at work or business.
- 7.8 Clinical placement team approve the placement allocation for each student prior to allocation notification to students.
- 7.9 Students who are not eligible for Special Consideration, (but who cannot attend placement because of other commitments) are required to withdraw from the placement course as soon as possible after the placement allocation is notified and contact their Course Coordinator to discuss a change to their Training Plan.
- 7.10 Students who do not formally withdraw or notify their Course Coordinator, but who then do not attend an allocated placement, will not be permitted to submit preferences for any future placement in subsequent enrolment in that course, and will be allocated to a placement only after all other student allocations have been made.



## 8. Withdrawing from a PEP

- 8.1 The right to withdraw from a course (i.e. 'drop' a course) before the census date, without penalty or fee, exists for placement courses as it does for other courses.
- 8.2 Students wishing to withdraw from a placement should consider the implications of doing so, for example, the effect on the duration of their study to complete the course, potential requirement of gap training for any superseded units.
- 8.3 Students deciding to withdraw must formally do so as per IHNA's policy and procedure, so that their placement allocation can be made available to another student. Students deciding to withdraw are required to do so as early as possible before the course and placement is due to begin - preferably within five (5) working days following placement site allocation but no later than weeks before placement commences.
- 8.4 Irrespective of the right to withdraw from the course, students who withdraw more than once from the same placement course, other than for demonstrated (documented) Special Consideration circumstances, will be allocated after all other student placement allocations.

## 9. Removal and/or Termination of PEP

- 9.1 A student may, on the recommendation of the healthcare facility delegate or the IHNA delegate, be removed from the PEP:
- 9.1.1 The Course Coordinator will investigate the circumstances for the removal and report the details of the removal to the National Training Manager and the National Placement Coordinator.
  - 9.1.2 The Course Coordinator or delegate will meet with the student to further explore the context for removal.
  - 9.1.3 In the event that the removal of the student from the PEP is unjustified, the student will be returned to placement.
- 9.2 If removal from the PEP is due to either; a patient safety concern, a critical clinical incident, that the student performs tasks that are outside the scope for the qualification or there is a misconduct/unprofessional conduct concern, the Course Coordinator or delegate will:
- 9.2.1 Inform the student of the reasons for their removal in writing; and
  - 9.2.2 Advise the student that they have the right to appeal the decision for their removal.
- 9.3 A student who has been removed from the PEP may appeal against the decision to the Course Coordinator, (as per the Student Complaints and Appeal Policy). The appeal must be received within 48 hours from the time of removal from the PEP. The appeal must be in writing and address the grounds for the students'

removal.

- 9.4 The Course Coordinator will consider the appeal and, in consultation with the National Training Manager, may take appropriate decisions such as:
- 9.4.1 Reinstatement of the student back into the PEP after providing adequate support.
  - 9.4.2 Termination of the PEP and referral of the student to the National Training Manager for possible disciplinary action.
- 9.5 A student may appeal the decision of the Course Coordinator to refuse to allow them to continue in the PEP. The appeal must be in writing, must include reasons and any evidence to support the submission and must be submitted to the National Training Manager.
- 9.6 If a student's PEP is terminated due to matters relating to the healthcare facility (unrelated to the student's performance), the National Placement Coordinator will liaise with the Course Coordinator and attempt to provide an alternative PEP for the student.
- 9.7 In the event an alternate healthcare facility is not available, arrangements will be made for the student to complete their PEP at another time.

## 10. Leave During PEP

- 10.1 Unforeseen leave, such as bereavement or serious illness of a family member or personal trauma will be considered on a case-by-case basis and can be discussed in confidence with the Course Coordinator and/or National Placement Coordinator.
- 10.2 Students who are not able to attend the PEP, because they are ill or have personal extenuating circumstances must notify the healthcare facility and the Clinical Educator, prior to the commencement of the shift:
- 10.2.1 The Clinical Educator will notify the staff of the Clinical Placement Team when a student is absent.
  - 10.2.2 The Clinical Educator will communicate the student's return to the PEP to the Clinical Placement Team.
- 10.3 All absences from the PEP are recorded and students will be required to make up outstanding hours.
- 10.4 Students will be charged an incidental fee for every week of 'make up' time.
- 10.5 Students are liable to pay for extra make up days beyond the booked days which they have taken for sick days or personal reasons.
- 10.6 The College will not be responsible for covering the expenses incurred because of incidents, such as the activation of a fire alarm due to negligence.
- 10.7 Make up time is limited and cannot always be guaranteed - which may delay a student's progression in the course.
- 10.8 Students who are absent for two or more consecutive days must provide a medical certificate to the Clinical

Educator. The certificate will be uploaded into the KH, studentmanagement system used by IHNA.

10.9 Students who fail to meet the above requirements in the appropriate manner will be placed on a learning contract for failing to fulfil their requirements for professional conduct whilst undertaking PEP.

10.9.1 If a student does not complete the required 'make up' hours they will:

10.9.2 Be deemed Not Satisfactory in the PEP

10.9.3 Have to repeat the PEP

10.9.4 Be ineligible to progress to the following semester.

## 11. Risks during placement

11.1 IHNA has a rigorous risk management plan in place to handle risks (including unforeseen events) which are covered in detail in the professional experience placement procedure.

11.2 Below are a few examples of risks which may be encountered during professional experience placement:

11.2.1 Absence from placement without adequate prior notice;

11.2.2 Unacceptable student behaviour and misconduct including sexual misconduct;

11.2.3 Impairment;

11.2.4 Intoxication while practicing;

11.2.5 Not following accepted professional standards;

11.2.6 Lack of preparedness for the PEP;

11.2.7 Unsatisfactory progress during PEP;

11.2.8 Uninformed Pregnancy;

11.2.9 Critical Incidents during clinical placement (Accidents/Incidents/ Injuries such as needle stick injuries).

## 12. Responsibility

12.1 The National Training Manager and the National Placement Coordinator have the overall responsibility for this policy. Other responsibilities are outlined within the document.

## 13. References

13.1 Australian Commission on Safety and Quality in Health Care. (n.d.). *Australian Charter of Healthcare Rights*. <https://www.safetyandquality.gov.au/consumers/working-your-healthcare-provider/australian-charter-healthcare-rights#:~:text=The%20Charter%20describes%20the%20rights,care%20is%20provided%20in%20Australia>

- 13.2 Australian Health Practitioner Regulation Agency (2020). *Legislation*.  
<https://www.ahpra.gov.au/About-AHPRA/What-We-Do/Legislation.aspx>
- 13.3 Australian Health Practitioner Regulation Agency. (2020). *Making a mandatory notification*.  
<https://www.ahpra.gov.au/Notifications/Raise-a-concern/Mandatory-notifications.aspx>
- 13.4 Australian Health Practitioner Regulation Agency. (2020). *Revised Guidelines for mandatory notifications*.  
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<https://www.ahpra.gov.au/Registration/Student-Registrations.aspx>
- 13.6 BPCLEtool.net.au. (n.d.). *BPCLE Framework Resources*.  
<https://bpctool.net.au/help/bpcle-framework-resources/>
- 13.7 Department of Health and Human Services. (n.d.). *Standardised student induction protocol*.  
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- 13.9 Government of Western Australia – Department of Health. (2016). *Student Clinical Placement Agreements Policy*.  
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- 13.11 Nursing and Midwifery Board of Australia. (2020). *Professional codes and guidelines*.  
<https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements.aspx>
- 13.12 Nursing and Midwifery Board of Australia. (2020). *Guidelines for mandatory notifications*.  
<https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines/Guidelines-for-mandatory-notifications.aspx>

## SECTION 3

### 14. Associated Information

<b>Related Internal Documents</b>	<ul style="list-style-type: none"> <li>Professional Experience Placement Procedure</li> <li>Student Professional Experience Placement Agreement</li> <li>Professional Experience Placement tool</li> <li>PEP Orientation Guide for Students and Clinical Educators</li> </ul>
<b>Related Legislation, Standards, and Codes</b>	<ul style="list-style-type: none"> <li>National Vocational Education and Training Regulator Act 2011</li> <li>Standards for Registered Training Organizations 2015</li> <li>Education Services for Overseas Students Act 2000 (ESOS Act)</li> <li>National Code of Practice for Providers of Education and Training to Overseas Students 2018 (National Code)</li> <li>Enrolled Nurse Accreditation Standards 2017</li> <li>Enrolled Nurse Standards for Practice 2016</li> </ul>
<b>Date Approved</b>	23/11/2023
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<b>Approval Authority</b>	Academic Board
<b>Document Custodian</b>	National Training Manager
<b>IHNA DocID</b>	IHNA-PEPP1-3.0
<b>Department</b>	Academic
<b>SRTO 2015 Standards and sub-standards</b>	Standard 1 and Standard 8 in ENAS 2017

### 15. Change History

<b>Version Control</b>		Version 2.1
<b>Version No.</b>	<b>Date</b>	<b>Brief description of the change, incl. version number, changes, who considered, approved, etc.</b>

V.2.0	13/03/2021	Separated policy document from procedure, revised and updated with pertinent sections
V.2.1	28/10/2021	Minor changes incorporating critical incident management
V.3.0	23/11/2023	Updated in the new template and logo