Clinical Facilitator Guidelines
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WELCOME
As you are aware Clinical Placement is an essential and fundamental component of undergraduate and vocational health programs. Nursing students regard their clinical placements as a highlight during the course of their education.

We respect and value your contribution, knowledge, experience, and enthusiasm as a Clinical Facilitator. Your support of students during clinical placement is an essential and appreciated service.

At all times during placement, students are supervised learners and must practice within the scope of practice according to their year of study.

This guide has been prepared to assist you in the role of Clinical Facilitator for students. It contains a summary of role requirements and clarifies educational providers’ and Sunshine Coast Hospital and Health Service (SCHHS) expectations. It also provides information to inform and prepare you for some common issues that you may experience while facilitating student learning in the clinical environment. If you are uncertain about any of its contents, or aspects of the role, please seek clarification by contacting the Student Hub contacts as listed in the manual.

We hope you will find the information helpful, and wish you the very best during your Clinical Facilitator role.

STUDENT PLACEMENTS IN THE SUNSHINE COAST HOSPITAL AND HEALTH SERVICE
Students undertaking placement at SCHHS are from a diverse range of disciplines, studying a range of courses/programs from a variety of Education Providers (e.g. Universities and TAFE). The Education Provider usually has established learning objectives and set periods of time which the student must undertake to meet the course/program requirements. The Health Service, as a member of the Sunshine Coast Health Institute, also has a legally binding agreement with Griffith University, University of Sunshine Coast and TAFE Queensland, which requires any student placement capacity to be offered to these partners first. Accordingly, well-coordinated systems and processes are required to ensure that all parties’ needs are met.

Health professional student placements offered throughout the SCHHS are delivered via a collaborative hub and spoke model. The intention of the Student Hub team is to provide a centralised point of contact and support for health professional student placements which occur across the Hospital and Health Service, apart from medical students. The ‘spokes’ are the various discipline specific student placement representatives who occupy a variety of roles across the health service including clinical educators, managers and senior clinicians. Together, the SCHHS hub and spoke model provides a robust, sustainable service to enable the education and training of future generations of the health care workforce. For more information on the Student Hub, expectations and support of clinical placements, there is an online presentation on the LMS platform, named: Student Placement and Role of the Student Hub.
STUDENT HUB CONTACT INFORMATION
Jennifer Angel
Student Hub Manager – jennifer.angel@health.qld.gov.au

Julia Stewart
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Sabina Kirwan and Bernadette Kent
Administration Officers – sc.student.hub@health.qld.gov.au

STUDENT PLACEMENT: OVERVIEW OF ROLES AND RESPONSIBILITIES
In order to achieve desired outcomes and ensure that safety for patients, students and the workforce is maintained, collaborative governance and clear roles and responsibilities are essential amongst the key stakeholders, as outlined below.

Education Provider (University or TAFE)
• Responsible for the allocation and placement of nursing students at any SCHHS
• Responsible for the quality and delivery of the clinical course/program
• Sets assessment standards for clinical placement
• Works collaboratively with the Student Hub to manage clinical placement requests
• Advises and assists with any behavioural, knowledge or learning deficit issues
• Guides and directs the progress of student management issues such as clinical challenges
• Documents and implements Learning Management Plans to ensure safe practice/behaviour management.

Nurse Unit Manager/ Clinical Coach
• Liaising with clinical facilitator as required
• Allocation of suitable preceptors for students
• Compliance to safety and wellness of students allocated to the clinical area
• Management of staff engaged as preceptors/buddy’s
• Supportive of continuing professional development of preceptors/buddy’s

Clinical Facilitator
The clinical facilitator is a Registered Nurse who is appointed to facilitate and supervise learning, evaluating students undertaking clinical placement within SCHHS facilities. The quality of facilitation makes a difference to the quality of safe patient care and is dependent on the establishment of an effective facilitation/supervisory relationship or alliance. Facilitation provides an ideal forum to promote a culture of lifelong learning.

The primary role of the clinical facilitator is to:
• Act as a professional role model
• Assess student learning needs
• Educate/Facilitate learning experiences and opportunities
• Evaluate learning performance, clinical skills and Behaviours

The clinical facilitator has the following attributes:
• Displays a professional commitment to Nursing and a consistently positive attitude
- Demonstrates effective interpersonal communication skills, a non-threatening approach, is flexible, open minded, has a sense of humour and a self-confident attitude.
- Identifies and works within professional boundaries and maintains confidentiality
- Demonstrates clinical competence and evidence based practice
- Demonstrates problem solving and critical thinking and clinical reasoning skills
- Exhibits leadership qualities, role modelling and reflection
- Demonstrates the ability to introduce and interpret protocols, policies, and standards to assist learners in building the necessary skills for professional practice
- Demonstrates accountability in professional practice
- Works collaboratively and respectfully within a team environment
- Demonstrates the ability to teach others by identification of learning needs, planning and evaluation of learning activities
- Demonstrate the ability to advocate for students’ wellbeing when required.

The responsibilities of the Clinical facilitator are to:
- Ensure they are familiar with the students’ course requirements and expected outcomes
- Ensure they meet mandatory requirements for the clinical workplace and are prepared for student placement including workplace orientation
- Ensure students are welcomed and valued: introduces them to the rules, customs, culture and norms of their co-workers and workplace
- Understand the relevance of the student’s background and learning needs
- Assist the students to become familiar with the work environment including:
  - Orientation to Clinical area
  - Ward procedures and policies
  - Shift times and contact details
  - The permanent healthcare facility staff
- Promote competence in clinical practice by:
  - Motivating and encouraging enthusiastic behaviour
  - Provide access to learning opportunities that meet clinical objectives
  - Promoting theory to practice links
  - Identify and manage concerns with students’ clinical performance/behaviour
- Demonstrate and supervise practice of clinical skills
- Monitor theoretical and clinical progress on a regular basis
- Act as a resource person
- Encourage and support independent growth
- Work in collaboration and cooperation with facility education and clinical staff
- Demonstrate effective ICT knowledge/skills
- Effectively utilise each educational providers assessment process
- Demonstrate working knowledge of the ANSAT tool.
- Effectively manage students on Learning Management Plans
A suggested beginner Clinical Facilitator Checklist to start you on your facilitator journey is outlined below.

<table>
<thead>
<tr>
<th>Prior to clinical facilitation</th>
<th>Date Completed &amp; Sign</th>
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<tbody>
<tr>
<td><strong>Self-Directed Free Online Learning</strong></td>
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<tr>
<td>• Queensland Allied Health, Clinical Excellence Division- <a href="#">Clinical Educator Professional Development</a></td>
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<tr>
<td>• Western Australia Clinical Training Network- <a href="#">On Track inter-professional student supervision e-learning package</a></td>
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<tr>
<td>• Health Workforce Australia- <a href="#">Supporting Health Students in the Workplace</a></td>
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<tr>
<td>For more information concerning the online learning visit the <a href="#">Student Hub Website</a></td>
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<tr>
<td><strong>Face to Face Learning</strong></td>
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<tr>
<td>• Coaching in practice</td>
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<tr>
<td>• University led workshop</td>
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<td>• Student Hub workshop</td>
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<tr>
<td><strong>Mentoring</strong></td>
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<tr>
<td>Consist of finding a mentor who currently supervises/facilitate students to support you on this journey – for more information concerning Mentorship see appendix</td>
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<td><strong>6 hour orientation shift with Clinical Facilitator prior to clinical placement</strong></td>
<td><a href="#">Sign orientation checklist</a></td>
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**Student Hub**

- Support of student supervisors/facilitators in their role
- Centralised processes (e.g. proximity cards, pre-placement requirements)
- Governance, evaluation, reporting of student placements
- Oversight of assessment standards for clinical placement – nursing only
- Work collaboratively with Education Providers to manage clinical placement requests
- Manage and direct the progress of student management issues as required
- Strategic level engagement with Education Providers
- Development of appropriate contracts (student schedules)
- Evaluation and audit of student placement outcomes
- Provision of discipline specific student placement information sheets to Education Providers

**THE STUDENT PLACEMENT**

There are several phases of the student placement as outlined below:

- Planning and preparation of yourself and resources
- Commencement.
- Supporting performance
- Reflect
PLAN
Prior to the student’s arrival the clinical facilitator should consider the following tasks:
• Make sure you are comfortable taking on this role, discuss this with the Nurse Educator and/or Team Leader if you have any concerns regarding the role
• Read all the information and be familiar with the student’s requirements for clinical placement
• Be familiar with course outline (USC) / workbook (TAFE) and assessment guidelines of the student
• Find out the student’s level of skill and approved scope of practice – clinical framework
• Prepare for your student’s orientation to the workplace
• Know how to contact the student hub/course coordinator for the EP for any further support

COMMENCE
The following suggestions will assist you in managing your student’s clinical placement experience:
• Explore the student’s previous clinical experience
• Review students learning objectives / goals and clinical assessment requirements
• Explain your plans for assessment, such as when, how and where they can expect it to occur, for example, midway through placement for the progressive and at the conclusion for the summative assessment
• Discuss the Check in Check out (CICO) method (see appendix) and SMART learning goals
• Go through an orientation checklist as appropriate, including:
  o a ‘walk through’ of the facility
  o locate key areas and equipment
  o documentation used in the facility
  o routine of the unit
• Clarify student expectations. Ensure they are realistic for the clinical environment and their level of training
• Address professional behaviour, including punctuality, sickness, hygiene and attire
• Ensure students are clear about their current scope of practice. Ensure they are aware of when to ask for assistance
• Make sure the student knows how to contact you or the unit as required
• Explain the type of patient and experience they can expect to encounter
• Directly observe all clinical skills the first time the student undertakes them to ensure safe practice, e.g. Vital signs including manual BP/HR, safe medication administration
• Cover OH&S issues for the organisation, such as local policies and procedures for fire, evacuation, manual handling and infection control.
• Discuss the student’s role in a medical emergency and the appropriate use of emergency equipment
• Go over the basic care principles for patients as there may be a lag between lectures and clinical placements
• At staff introductions, include students’ level of training i.e. what year they are currently in?
• Make organisation values and expectations of the student’s behaviours clear
• Have them practice using equipment relevant to their scope of practice

PERFORM
Uniform - Professional Appearance
Students are required to wear the clinical uniform as per their education providers requirements at all times when completing clinical placement. The uniform must be worn in a professional manner at all times i.e. clean, neat and tidy. Consideration should be given to appropriate footwear, the amount and type of jewellery worn, and how hair is worn. The SCHHS has a ‘closed shoe’ and ‘bare below the elbow’ policy to reduce the spread of infection; this means no jewellery and no false nails or nail polish. Please refer to the SCHHS Uniforms, dress standards and personal presentation procedure for more in depth information as required.

Identification
A photo identification badge (issued by the Education Provider) is to be visibly worn by the student at all times. It should be made clear, when introducing the student to other members of the workforce, patients and consumers that they are a student.

Absence from Clinical Placement
Students who are absent from clinical placement will be required to make up the time in order to successfully complete the requirements for the course/program. In terms of student placement clinical hours, one week equals 40 hours. Students must contact the clinical area, their clinical facilitator and the education provider with their missed clinical hours. Make up days are negotiated with the Nurse Educator and the education providers. Absence from clinical placement should be logged on Student database if required. No negotiation for make up days is done by the clinical facilitator and/or student.

Privacy and Confidentiality
SCHHS places very high importance on maintaining patient confidentiality and protecting privacy. Patient trust is critical to providing high quality care. Students who have access to identifying information need to be familiar with the relevant confidentiality and privacy requirements outlined below.
- Personal information is provided by patients on the understanding that it will not be mishandled or inappropriately disclosed. Students working within SCHHS are bound by the Health Services policies and procedures
- Under no circumstances is a student allowed to access information relating to her/himself without going through the correct channels
- Authorisation for access to health records for teaching or study purposes must be obtained from the relevant Director or department manager. This authorisation must accompany a written application which should be forwarded to the Clinical Information Access unit.

For more information, please review the following procedure on QHEPS

We also have a responsibility to ensure confidentiality in relation to staff colleagues and students with whom we work. Confidentiality regarding students and staff ensures that everyone is given a fair chance to succeed and that others’ views towards them are not biased by what they have heard. Below are some examples of how confidentiality can be breached and recommendations concerning how to approach these situations:

- Learning goals and learning management plans should be kept private and shared with only the people who can assist the staff member or student with working towards these.
- Some students return for a second placement within SCHHS. Each placement should be viewed separately and the student’s potential for success should not be affected by previous experiences within SCHHS.
- When a number of students are placed within SCHHS, the clinical facilitators and other staff should avoid making comparisons between students.
- When a student’s progress is being discussed, make every effort to include the student in the discussion. This promotes an open relationship where the student can be involved in evaluating their own performance and developing strategies to improve.
- Use of social media in the work place is often problematic and should be used with caution. For more information see related procedure

Facilitating Learning
Clinical placements present learning opportunities which are very different from classroom based learning, allowing students to have first-hand experience of real life clinical situations. Within this environment it is valuable if clinical facilitators use varied ways to engage the student in learning, within the constraints of the clinical environment. Students need to make the most of the opportunity to learn on placement. For the student, reflection may increase their awareness of their preferred methods of learning and opportunity to move outside this.

Below are a range of teaching and learning methods which the Clinical Facilitator may wish to use to present information to a student and to assist them with their learning:

- Give opportunity to think about task or learning first before trying it
- Allow time for students to work alone as appropriate
- Allow time for discussion and problem solving
- Discuss and encourage the use of reflective models to facilitate active reflection
- Encourage students to review information/case and think of possible questions and applications about the information or clinical case
- Allow students to try something first (scope of practice) and then reflect later
- Try to present the facts of the situation or case
- Provide students with interpretations about what they are seeing or doing
• Talk about the reasons and evidence behind the task/information
• Get student to use the interpretations you have provided in the clinical environment and to consider theories they know of to explain information
• Use pictures, diagrams, flow charts, timelines, films, photos, concept maps to aid learning
• Use written and spoken information to assist with learning
• Provide practical demonstrations or opportunity to practice themselves
• Encourage students to write summaries or outlines of information or clients
• Encourage group and peer learning as a forum to discuss cases and hear other ideas
• Outline information in a logical order/steps
• Use clinical case studies to assist learning
• Encourage students to think about the logical order or steps in the task and what things might need to come next in a task. i.e. what should we do next with that client?
• Relate the current learning experience with the past experience

Providing Feedback
Feedback needs to be provided to enable individuals to achieve/assess their professional and personal goals, protect their self-esteem and help create and consolidate learning. Without effective and appropriate feedback, students will have little or no knowledge of their performance and progress. Feedback is therefore an essential communication tool between the Clinical Facilitator and the student. The student is also encouraged to seek feedback from the staff they have been buddied with or their preceptor.

On occasion you will encounter a student that will require feedback for either unacceptable or substandard behaviour/practice, e.g. insight into their behaviour, clinical practice, time management/prioritising, social skills. It is important to obtain all available information/evidence from the student and the staff prior to addressing the issue/situation. Addressing the matter of concern as soon as possible allows the student the opportunity to rectify the issue.
For support giving constructive feedback please review the 60 Second Conversation Coaching Tool. The education provider course coordinator is informed of any concerns we have with a student’s performance.

There are a number of general principles for providing feedback – not all will be relevant with each individual. They are:
• The standard of performance- what is required
• Be precise i.e. identify specific performance/behaviours that you are addressing
• Timely - the feedback should be given at an appropriate time for the student and as soon as possible after the behaviour/incident is observed
• Constructive - if providing negative feedback, identify the desired outcomes and explore strategies for improvement with the student. Identify a plan for the student to achieve these goals
• Motivate - acknowledge progress the student has made/is making towards achieving learning goals
• Regular - provide progressive formal/informal feedback throughout the placement
• Provide opportunities for the student to be reassessed.
For more information concerning feedback please review the online training programs available from the student hub website
Communication
Effective interpersonal communication skills are essential to a successful student placement experience. Questioning students on their knowledge and skills is integral to the role of the facilitator, however students may, on occasions, feel overwhelmed by this, commencing open conversations with students regarding their practice in relation to their Clinical Practice Framework may assist in assessing their ability to link theory to practice, however this is an area of questioning the student often feels intimidated by, adopting a non-threatening approach, being flexible, open minded, having a sense of humour and a self-confident attitude will assist greatly. Additional tips which should be considered are:

- Listen first
- Breathe – control
- Say "I" – “I think”…”I Feel"
- No judgement, blame denial or responsibility
- Separate FACTS from OPINIONS
- Be aware of emotions
- Be aware of needs and values
- Ask what they would like or need
- Be conscience of body language
- Take into account cultural differences

There are several resources that may assist facilitation of learning:

- Effective Questioning - Coaching Tip
- Reflective Practice Coaching Tool

Assessing Students
Integral to the role of a clinical Facilitator is the often complex skill of assessing individual students’ clinical skills, critical thinking and safe practice. Recognising the strengths and challenges of each student and assessing their ability to provide safe nursing care appropriate to their level of experience is one of the main objectives of clinical facilitation.

The validity and reliability of the assessment process is enhanced by:

- using a variety of different assessment tools and methods
- comprehensive and repeated assessments
- assessing across a variety of contexts and situations (different days and patients)
- collating a body of evidence from different sources
- expertise of assessors/observers
- more than one assessor
- moderating assessment
- continually questioning the assessment process

Standardisation of assessing within the clinical facilitation process is difficult to achieve, however the assessment process may be assisted with the use of Clinical Assessment Tools (CATs). These are found on QHEPS under education and training. Utilisation of these documents may promote continuity and standardisation and it is highly recommended that these be used as an assessment tool to measure progress and to assist when collating evidence from more than one assessor.
There are several resources that may assist facilitation of assessing:
Appendix – Student Assessment
CATs, TOOLs and TIPs.
Supported Practice Assessment Framework - Information sheet

**Education Provider’s Assessment Tool**
Each education provider (university/TAFE) has developed tools aligned to the legislative requirement of the program to assess student’s competence. Assessment focuses on the whole of the student’s performance, that is, the extent to which each criteria/learning objective has been met overall for the clinical placement. Its purpose is to rate the level of achievement reached on completion of the placement. Please make yourself familiar with the individual education provider assessment tool and Clinical Practice Framework as required.

**ANSAT**
The [Australian Nursing Standards Assessment Tool](#) (ANSAT) is a practical assessment tool used to assess university students incorporating the NMBA nursing code of conduct. The ANSAT is provided at two stages of the students’ placement.

Progressive Assessment - The progressive assessment enables the clinical facilitator and the student to discuss progression mid placement and offers an ideal opportunity to give formal feedback, highlighting the students’ strengths and challenges, giving them guidance towards specific goals and action plans to support ongoing professional and personal development. It is reasonable at this point to assess some students and find that they require a score of two in some of the ANSAT domains, this does not always require a Learning Management Plan, it may be that strategies are in place with a positive outcome anticipated, these strategies should always be discussed with student in a transparent and supportive manner, the student should always be aware of these deficits and the likelihood of receiving twos in their ANSAT, a student should not be surprised/disappointed at their scores in their ANSAT assessment, there should be a constant ongoing discussion with students regarding NMBA standards and expectations and they should be fully aware when deficits are identified by the facilitator or clinical area.

Summative Assessment - Summative assessments are provided by the clinical facilitator toward the completion of the placement. Reflecting on progressive learning goals and overall performance, the clinical facilitators’ assessment may include feedback and experience from the buddy’s/preceptors in the clinical area. (see Appendix for examples)

To facilitate active self-awareness and reflection students also self-assess using the ANSAT, discussing and comparing their self-assessment with the Clinical Facilitator. These provide the education provider with a formal written assessment.

During the course of a clinical placement you may identify concern with a student’s performance/behaviour and the ANSAT should be utilised in conjunction with the Clinical Practice Framework to give standardised, timely feedback addressing any concerns regarding the student’s knowledge, skill or attitude. The ANSAT should link the standard of performance/behaviour with professional standards/domains, the Clinical Practice framework should link expected skills/knowledge with prior learning/course content. ANSAT provides a standardised opportunity to discuss the learning requirements and/or strategies to improve/enhance student performance/behaviour.
Any issues identified and discussed with the student should be documented and communicated with the Education Provider, either through their Database (Facilitator report on SONIA – USC, see ICT information for example) or through email to the course co-ordinator.

**Learning Management Plans**

In the event of a student not responding appropriately to feedback and/or there is evidence of significant concerns/repeated behaviours the Nurse Educator and educational provider should be informed, it is their role to support and guide you through this situation which may, through discussion, eventuate in the educational provider formulating and implementing a Learning Management Plan.

A Learning Management Plan (LMP)
- Addresses the individual students learning goals previously identified through ANSAT
- Provides a targeted action plan with specific time frames.
- Refers to specific professional standards/domains
- Provides evidence to support further processes

The education provider should discuss the LMP with the student and Clinical Facilitator, with all parties acknowledging and signing.

**Management of Student’s Professional and Clinical Performance**

SCHHS is committed to quality patient care based on holistic professional practice models. It is the SCHHS’s responsibility to ensure safety to practice and caring professional behaviour is demonstrated from all students while on clinical placement. It is therefore important to have a structured, objective system in place to manage any questionable situations that arise while students are involved in clinical placement.

The purpose of this process is to:
1. Maintain an objective standard for challenge procedures in the event of situations when behaviour is considered to be unsafe or unprofessional
2. Identify unprofessional, unsafe, and unsatisfactory behaviours warranting intervention
3. Identify in detail the procedures to be followed in the event of a challenge being issued

If an event or series of events occurs involving a student while on clinical placement which, in the opinion of the clinical facilitator requires intervention, follow the process outlined by the education provider and the student hub.

**SCHHS Clinical Incident Management**

If a student is involved in any type of incident, the details must be entered onto RiskMan by their buddy/clinical facilitator. A route cause analysis, risk management and follow up of the case is to be provided by the Line Manager of the area.

RiskMan enables the SCHHS to collect, integrate, manage and report on:
- Consumer Feedback (compliments and complaints)
- Incidents: Clinical and Non-clinical (Patient, Staff, Hazard, Equipment)
- Case Management (staff rehabilitation)
- Risk Management

There is online training through the [LMS platform](#) and a training manual located through [QHEPS](#).
REFLECT
Before the placement finishes the clinical facilitator will be required to complete certain tasks. These will include:
- Destroying of any personal student information (e.g. student contact information and documentation)
- Complete and send assessment form and any other relevant information to education provider
- Complete and send any student absences/make up hours
- Discuss with the Nurse Educator any issues or feedback concerning the clinical placement
- Reflect on placement and implement any identified strategies for future placements

EXPECTATIONS OF STUDENTS AND CLINICAL FACILITATORS
Outlined below are SCHHS expectations for Clinical Facilitators (CF) during clinical placements.

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<th>PRIOR TO PLACEMENT</th>
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<tr>
<td><strong>Expectations of Student</strong></td>
<td><strong>Expectations of Clinical Facilitator</strong></td>
</tr>
<tr>
<td>- To complete any identified pre-readings and preparation required.</td>
<td>- To familiarise self with student contact details through SONIA or via spreadsheet sent from NE</td>
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<tr>
<td>- To complete the student minimum pre-placement requirements including completion of form</td>
<td>- To familiarise self with clinical area and staff where students are allocated.</td>
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<tr>
<td>- To familiarise self with the university’s assessment tools and prepare learning objectives and goals that need to be demonstrated in the specific placement setting.</td>
<td>- To liaise with Clinical Coach/NUM to discuss Orientation day (if possible)</td>
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<thead>
<tr>
<th>PLACEMENT COMMENCEMENT / ORIENTATION DAY</th>
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<tr>
<td><strong>Expectations of Student</strong></td>
<td><strong>Expectations of Clinical Facilitator</strong></td>
</tr>
<tr>
<td>- To present to facility punctually, prepared, with appropriate uniform, ID and Swipe access</td>
<td>- To collect Named Orientation folder from student hub</td>
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<tr>
<td>- To ensure all documentation is available on Orientation day</td>
<td>- To check all mandatory training is completed and ID/swipe card is issued.</td>
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<tr>
<td>- To observe and communicate any concerns as soon as possible</td>
<td>- To review all relevant prerequisites i.e vaccine preventable disease form, blue card, CPR.</td>
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<tr>
<td>- To complete personal information document and give to C/F</td>
<td>- To complete orientation checklist using orientation folder, ensuring all areas are covered</td>
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<td>- To actively participate in orientation and prepare for the remainder of the clinical placement</td>
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<td>- To complete and sign fire evacuation document</td>
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<tr>
<td>Week One</td>
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| • To familiarise self with clinical area, shift times and staff  
• To identify and familiarise self with relevant documentation used in the clinical area  
• To review learning objectives relevant to the clinical area by reflecting on own strengths and identify areas for development  
• To actively seek feedback from C/F/preceptor/buddy and to commence working towards addressing deficits and challenges  
• To identify and actively use a self-reflection model to inform practice  
• Reflect on learning experiences and generate action plans from this. (CICO)  
• To reflect on prior learning, developing SMART learning goals and action plans, this may be documented in student workbooks (TAFE) or through the education providers database (USC)  
• To discuss expectations, assessment process, highlighting clinical practice framework and readiness for practice.  
• To reassure and discuss any concerns  
• To orientate students to the clinical area, housekeeping etc.  
• To introduce yourself/students Clinical Coach/NUM  
• To complete, co-sign and email fire evacuation document if not completed by the Clinical Coach.  
• To inform students of education times, identifying those sessions that are not available to nursing students.  
| • To familiarise self with individual students, ensuring that they are adapting to the clinical area appropriately, identifying concerns as early as possible  
• To review students learning goals, discuss Check In Check Out (CICO) identify SMART goals and provide feedback as required (see Appendix)  
• To discuss the education provider/university assessment tool and clarify with student how the learning objectives could be demonstrated in the specific placement setting  
• Identify students learning goals and action plans, this may be through the education providers database (USC) or documented in student workbooks (TAFE)  
• To discuss expectations regarding patient allocation, bedside handover and documentation/clinical skills  
• To assess medication safety skills, identifying the seven rights and assessing students ability to apply these at the bedside  
• To allocate time with each student to assess clinical skills, using CAT documents available on QHEPS to standardise the assessment process.  
• To check in daily with NUM/clinical coach to ensure expectations of the clinical area and the students are being met.  
• To complete student details on master database on ‘G’ drive  

<table>
<thead>
<tr>
<th>WEEK TWO</th>
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</thead>
<tbody>
<tr>
<td>• To continue to review learning objectives by reflecting on own strengths and identify areas for development</td>
</tr>
<tr>
<td>• To refine initial learning goals with guidance from C/F</td>
</tr>
<tr>
<td>• Complete mid placement self-assessments, educational provider assessment tools, discussing learning goals and action plans with C/F.</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>WEEK THREE</th>
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</thead>
<tbody>
<tr>
<td>• To continue to review learning objectives and action plans though reflection identifying areas for further development</td>
</tr>
<tr>
<td>• To acknowledge limitations of personal reflection and ask for assistance when required to support professional development and patient safety.</td>
</tr>
</tbody>
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<thead>
<tr>
<th>WEEK FOUR</th>
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</thead>
<tbody>
<tr>
<td>• Complete final self-assessments with written reflection on educational provider assessment tools, discussing concerns with C/F if required</td>
</tr>
<tr>
<td>• To communicate with education provider if any concerns with assessment tools (Pebblepad)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DURING PLACEMENT</th>
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<tbody>
<tr>
<td>• To maintain the confidentiality and safety of clients at all times</td>
</tr>
<tr>
<td>• To reflect on feedback given by C/F/preceptor/buddy and to acknowledge strengths and actively work towards addressing</td>
</tr>
</tbody>
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<tbody>
<tr>
<td>• To role model professional workplace behaviours</td>
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<tr>
<td>• To be approachable and effectively communicate with NUM/Clinical coach in the clinical area to promote a collaborative</td>
</tr>
</tbody>
</table>
deficits, developing action plans and implementing strategies accordingly
- To take responsibility for learning objectives and action plans as the placement progresses.
- To actively engage in the CICO process using SMART goals (USC)
- To seek appropriate assistance from C/F, other team members or Education Provider if encountering difficulties whilst on placement
- To maintain accurate record of hours using Education Provider timesheets and to ask that their C/F/preceptor/buddy approves and signs as required
- Utilising the Clinical Practice Framework continually reflect on their professional development and capability for practice
- To ensure availability to work a rotating roster, including nights and weekends, shadowing a preceptor if required (university students on Internship)

<table>
<thead>
<tr>
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<th>approach to student placement and education.</th>
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</thead>
<tbody>
<tr>
<td>• To take responsibility for learning objectives and action plans as the placement progresses.</td>
<td>• To be approachable and available for questions, encouraging students to take advantage of any learning opportunities</td>
</tr>
<tr>
<td>• To actively engage in the CICO process using SMART goals (USC)</td>
<td>• To give timely, clear and constructive feedback informally, as well as formally during supervision sessions</td>
</tr>
<tr>
<td>• To seek appropriate assistance from C/F, other team members or Education Provider if encountering difficulties whilst on placement</td>
<td>• To allocate appropriate time for clinical assessments during each week</td>
</tr>
<tr>
<td>• To maintain accurate record of hours using Education Provider timesheets and to ask that their C/F/preceptor/buddy approves and signs as required</td>
<td>• To provide a graded approach to skill development, allowing time for observation, reflection and where appropriate, independent completion of clinical tasks</td>
</tr>
<tr>
<td>• Utilising the Clinical Practice Framework continually reflect on their professional development and capability for practice</td>
<td>• To have an awareness of the systems in place (at SCHHS or EP level) to support any difficulties encountered on placement</td>
</tr>
<tr>
<td>• To ensure availability to work a rotating roster, including nights and weekends, shadowing a preceptor if required (university students on Internship)</td>
<td>• To support and encourage problem solving, critical thinking and clinical reasoning.</td>
</tr>
<tr>
<td>• To be approachable and available for questions, encouraging students to take advantage of any learning opportunities</td>
<td>• To effectively time manage, prioritising 80% of CF time to providing support to students within the clinical area with 20% to documentation/admin.</td>
</tr>
</tbody>
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END OF PLACEMENT

- To complete the evaluation of placement survey and provide constructive feedback to C/F
- To ensure that the placement evaluation, assessments and time sheets are submitted to their education provider
- To complete the final assessment, giving appropriate and constructive verbal and written feedback to the student and submission of assessments to the education provider when required.
- To complete student absences on master database within ‘G’ drive
- To inform education provider of relevant student absences
- To reflect on placement and implement any identified strategies for future placements
- To reflect on self and implement identified strategies and action plans.
- Check in with NUM/Coaches to reflect on placement and discuss strategies for future placements if required

Please remember the Student Hub Educators are available to support you during clinical facilitation. Please contact them at any time you need assistance. Early support will benefit both you and the student.
Information and Communications Technology (ICT)

ICT plays a major role in the Clinical Facilitator role. There are databases to become familiar with and depending on the education provider, some, if not all assessments involve ICT. Information will be emailed to your regularly and access to further information is through the Qld Health database. Access and familiarisation to ‘G’ drive is essential. Resources to assist with utilising G drive can be found below.
Select ‘G’Drive

Select - Common
Select – Clinical Facilitator Nursing and Midwifery

Utilise menu for targeted information.
Educational Providers utilise different data bases (Moodle, SONIA, Pebblepad etc). Initially an understanding and ability to access SONIA and Pebblepad will be required as this is the Database majority of students utilise through USC.

**Accessing University of the Sunshine Coast (USC) Data Base –SONIA/PEBBLEPAD**

[www.usc.edu.au](http://www.usc.edu.au)

Initial information can be found below and further familiarity will be achieved through self-directed upskilling and use of the resources within SONIA
Sign in as facilitator or scroll down for further information to assist you with SONIA.

Further information on Pebblepad and the Clinical Practice Framework can also be found under Facilitator resources.
3. For 'Location', select 'Off campus incident' from the drop down menu.
4. For 'Which of the following best describes the incident', select '2. WIL Placement Injury/Illness/Near Miss Incident' from the drop down menu.
5. Proceed to enter details of the incident in the spaces provided.

Resources:
- Clinical Assessor Toolkit 2018
- Clinical Facilitators Workshop Handbook
- Clinical Practice Framework
- Facilitator Tipsheet PebblePad
- Facilitator Users Guide to SONIA
- Facilitator Guide to Student TimeSheets
- Facilitator Guide Summary of Hours Form
- FAQ & Troubleshooting SONIA
- Clinical Facilitators Uniform

Clinical Placement Calendars
Frequently Asked Questions

What if I have a student who does not arrive at placement on their first day?
Attempt to make contact with the student on the contact detail you would have received, if you are unable to contact the student please advise the student hub who will endeavour to assist you.

What if my student has not completed their mandatory requirements prior to placement.
Refer to the CF Process for Managing Pre-Placement Requirements First Day of Placement on the next page

What if my student is sick?
If a student is sick it is expected that they notify you and the clinical area. Students are also responsible for advising their education provider of their absence. Ensure any absences are logged on educational provider database if required. Students are to make up days they are absent and this is negotiated with the nurse educator and the education providers

What if my student needs to change a shift?
It is not the responsibility of clinical facilitator to negotiate shifts with students. Students must work the roster provided to them. Emergent Leave may be considered with make-up hours to be completed

What if I have questions regarding clinical skills, assessment, and student’s scope of practice?
Contact the Nurse Educator and the education providers course coordinator. It is our role to support you in the clinical facilitator role. The education providers will have information regarding scope of practice or clinical assessment.

What if I am having problems with a particular student?
At the first signs of difficulties with a student you should inform the Nurse Educator and/or the education provider course coordinator. They will support you in managing the student.

What if I am concerned about an underperforming student clinically or professionally?
At the first signs of a student underperforming you should first talk to the student and highlight your concerns and develop strategies to improve performance. Should the student not improve or the issues are significant you must immediately make contact with the education provider course coordinator and/or the nurse educator. They will guide you in managing the student. Any feedback given to the student should be communicated back to the education provider.

What if my student has an accident or incident on placement?
If your student is involved in an accident or incident you must follow the same procedure that SCHHS staff follows – completing the correct forms through the RiskMan platform. A debriefing is required the clinical facilitator is to ensure the student is involved. The student is responsible for notifying their education provider of the incident and completing the required documents from their education institution.
Appendix
1. CF Process for Managing Pre-Placement Requirements First Day of Placement
2. Check in check out (CICO)
3. ANSAT Examples
4. Checklist of potential factors impacting on placement
5. Mentorship Information
CF Process for Managing Pre-Placements Requirements First Day of Placement

The below information is to support the orientation process concerning the pre-placement requirements at commencement of day one. All students should have a printed copy of the student minimum pre-placement requirement form completed and signed.

If a student does not have the below evidence, please…

1. Ask them to step away from the group and log into SONIA and access information from their documents or checks.
2. If they are unable to access the required documentation, please get them to speak with the USC placement officer at SCHI or ring the USC Placement Office on 54565005 for assistance.

Students must complete all the listed requirements prior to your first day of placement, unless otherwise stated. For further information refer to Student Pre-Placement Exemptions Work Instruction.

Any concerns on the day please contact Julia Stewart or the Student Hub for further assistance.
THE USC CICO PROCESS

ENGAGING IN TEACHING & LEARNING IN A COLLABORATIVE LEARNING SPACE

A FACTSHEET ON THE CHECK-IN AND CHECK-OUT PROCESS FOR CLINICAL PRACTICE SPACES.

The Check-in and Check-out (CICO) process supports high quality, engaging and relevant education in clinical practice spaces. The CICO process focuses on collaborative learning spaces where students engage as partners in their learning with teaching staff in clinical laboratories, simulation suites and clinical practice. The CICO elements complement the course content, skills assessed, and clinical practice within all clinical courses.

The expectations of teaching staff and students in collaborative learning spaces is informed by the USC Student Charter. The course co-ordinator and teaching staff are responsible for all aspects of a clinical course delivery. Students are expected to actively engage with the course requirements and learning resources to successfully complete a clinical course. In a collaborative learning space students are active partners with teaching staff in clinical learning activities.

Check-in (debrieing) prior to, or upon entry to, the collaborative learning space requires a student to prepare for their clinical practice experience. The Check-in questions are addressed at the commencement of a clinical practice session.

Check-out (debrieing/student confidence) supports activities for a student to gain feedback which:

- reinforces positive aspects of the learning experience
- encourages reflective thinking
- supports thinking to link theory to practice and research
- encourages critical thinking
- supports discussion about professional practice

The student is required to rate their confidence on four statements at the completion of each clinical practice session:

1. I can safely perform the clinical practice
2. I can identify positive examples of clinical practice role-modelling
3. I can identify feedback received that helped me achieve my learning objective/s
4. I have confidence to initiate and independently perform the clinical practice

The confidence statements support a student to acknowledge their accomplishments, learning experience and how they felt about their learning. This information finally encourages a student to answer the “take home” questions - Have I learnt what I need to know? If not, what do I still need to do?

For further information, please contact Amanda Henderson on A.Henderson@usc.edu.au.

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Support for this Learning and Teaching project has been provided by the Office of the Senior Deputy Vice-Chancellor.
EXAMPLE OF ANSAT ASSESSMENT WITH FEEDBACK

Feedback for typical student performing well.

ANSAT Australian Nursing Standards Assessment Tool

<table>
<thead>
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<th>Student Name:</th>
<th>Jane Doe</th>
</tr>
</thead>
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<td>Assessment type / date:</td>
<td>Progressive/Summative</td>
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**Code:** 1 = Expected behaviours and practices not performed
2= Expected behaviours and practices performed below the acceptable/satisfactory standard
3= Expected behaviours and practices performed at a satisfactory/pass standard
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5= Expected behaviours and practices performed at an excellent standard
N/A = not assessed

**Note:** a rating 1 &/or 2 indicates that the STANDARD has NOT been achieved

<table>
<thead>
<tr>
<th>Assessment item</th>
<th>Circle one number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Thinks critically and analyses nursing practice</td>
<td></td>
</tr>
<tr>
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<td>1 2 4 5 N/A</td>
</tr>
<tr>
<td>• Uses an ethical framework to guide decision making and practice</td>
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<td>• Demonstrates respect for individual and cultural (including Aboriginal and Torres Strait Islander) preference and differences</td>
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</tr>
<tr>
<td>2. Engages in therapeutic and professional relationships</td>
<td></td>
</tr>
<tr>
<td>• Communicates effectively to maintain personal and professional boundaries</td>
<td>1 2 4 5 N/A</td>
</tr>
<tr>
<td>• Collaborates with the health care team and others to share knowledge that promotes person centred care</td>
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<tr>
<td>3. Maintains the capability for practice</td>
<td></td>
</tr>
<tr>
<td>• Demonstrates commitment to life-long learning of self and others</td>
<td>1 2 4 5 N/A</td>
</tr>
<tr>
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<tr>
<td>4. Comprehensively conducts assessments</td>
<td></td>
</tr>
<tr>
<td>• Completes comprehensive and systematic assessments using appropriate and available sources</td>
<td>1 2 4 5 N/A</td>
</tr>
<tr>
<td>• Accurately analyses and interprets assessment data to inform practices</td>
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</tr>
</tbody>
</table>
5. Develops a plan for nursing practice

- Collaboratively constructs a plan informed by the patient/client assessment
- Plans care in partnership with individuals/significant others/health care team to achieve expected outcomes

6. Provides safe, appropriate and responsive quality nursing practice

- Delivers safe and effective care within their scope of practice to meet outcomes
- Provides effective supervision and delegates care safely within their role and scope of practice
- Recognise and responds to practice that may be below expected organisational, legal or regulatory standards

GLOBAL RATING SCALE - In your opinion as an assessor of student performance, relative to their stage of practice, the overall performance of this student in the clinical unit was:

Unsatisfactory | Limited | Satisfactory | Good | Excellent

DISCUSSED: YES NO ADDITIONAL PAPERWORK: YES NO

DATE: 00/00/0000
NAME: Clinical Facilitator
SIGNATURE:

ANSAT Australian Nursing Standards Assessment Tool

ASSESSOR FEEDBACK:

1. Thinks critically and analyses nursing practice
   Jane demonstrates sound critical thinking appropriate to the level expected of NUR 287

2. Engages in therapeutic and professional relationships
   She demonstrates sound communication skills, collaborating effectively with her colleagues and peers and has been observed developing effective therapeutic relationships.

3. Maintains capability for practice
   Jane has demonstrated sound reflective practice skills, building on her previous experience to link theory to practice and provide safe patient care.

4. Comprehensively conducts assessments
   Jane is developing her assessment skills which are sound and appropriate to her level of study.

5. Develops a plan for nursing practice
   She has demonstrated sound care planning and shift planning skills.

6. Provides safe, appropriate and responsive quality nursing practice
   Jane has demonstrated safe nursing practice and responding appropriately to patient individual requirement and delivering care in a timely manner.
7. Evaluates outcomes to inform nursing practice
Jane is developing her evaluation skills, further professional development could be promoted by researching the clinical reasoning cycle and reflecting upon how she could implement this into her daily nursing practice.

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**STUDENT COMMENTS:**

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Progressive ANSAT /Feedback for typical student requiring support/strategies.

ANSAT 2016 – Australian Nursing Standards Assessment Tool

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***Collaboratively constructs a plan informed by the patient/client assessment***

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***Plans care in partnership with individuals/significant others/health care team to achieve expected outcomes***

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6. Provides safe, appropriate and responsive quality nursing practice

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<th>5</th>
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- Delivers safe and effective care within their scope of practice to meet outcomes
- Provides effective supervision and delegates care safely within their role and scope of practice
- Recognises and responds to practice that may be below expected organisational, legal or regulatory standards

7. Evaluates outcomes to inform nursing practice

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<th>4</th>
<th>5</th>
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- Monitors progress toward expected goals and health outcomes
- Modifies plan according to evaluation of goals and outcomes in consultation with the health care team and others

GLOBAL RATING SCALE - In your opinion as an assessor of student performance, relative to their stage of practice, the overall performance of this student in the clinical unit was:

Unsatisfactory | Limited **| Satisfactory | Good | Excellent

DISCUSSED: **YES** NO ADDITIONAL PAPERWORK: **YES** NO

DATE: 00/00/0000

NAME: Clinical Facilitator

SIGNATURE: ________________________________

*complete this section ONLY if this is a summative assessment

Passed: **YES** NO

ANSAT 2016 – Australian Nursing Standards Assessment Tool

ASSESSOR FEEDBACK:

1. Thinks critically and analyses nursing practice
   John is developing his practice which is appropriate to his level of study.

2. Engages in therapeutic and professional relationships
   He has demonstrated sound communication skills, contributing and collaborating effectively as a valid member of the team.

3. Maintains capability for practice
   On occasions John needs prompting with his own learning requirements, recognising disease processes and linking them to his nursing care is an area which requires improvement. Understanding common abbreviations, patients’ co-morbidities and how these may impact on acute conditions whilst linking these together to inform practice requires development in order for Donald to provide safe, holistic nursing care. John, at times, demonstrates limited pathophysiology knowledge, further reading/research is required in this area, however with clear strategies in place to promote professional development to inform his nursing practice it anticipated that he will be successful in this area.

4. Comprehensively conducts assessments
   John is developing his assessment skills, however needs to link theory to practice and analyse his clinical reasoning in order to promote critical thinking. He demonstrates an awareness of comprehensive assessments and this is an area in which further professional development could be promoted to improve his knowledge and confidence.
5. Develops a plan for nursing practice
John is developing his documentation skills, which are clear and concise and appropriate to his level of study.

6. Provides safe, appropriate and responsive quality nursing practice
John consistently works within his scope of practice providing safe, appropriate nursing care.

7. Evaluates outcomes to inform nursing practice
He is developing his knowledge of the evaluation process, further professional development could be promoted by analysing how complex discharge planning can impact on a safe discharge for his patients.

Signature: Clinical Facilitator                  Date: 00/00/0000

STUDENT COMMENTS:

Signature: _______________________________      Date: _______________________________
Informal ANSAT /Feedback for student requiring a Learning Plan (LP)

ANSAT Australian Nursing Standards Assessment Tool

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<td>Medical</td>
<td>Placement Dates:</td>
<td>00/00/0000</td>
</tr>
<tr>
<td>Assessment type / date:</td>
<td>Formative</td>
<td>Summative</td>
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</tbody>
</table>

**Code:**
1 = Expected behaviours and practices not performed
2 = Expected behaviours and practices performed below the acceptable/satisfactory standard
3 = **Expected behaviours and practices performed at a satisfactory/pass standard**
4 = Expected behaviours and practices performed at a proficient standard
5 = Expected behaviours and practices performed at an excellent standard
N/A = not assessed

**Note:** a rating 1 &/or 2 indicates that the STANDARD has **NOT** been achieved

<table>
<thead>
<tr>
<th>Assessment item</th>
<th>Circle one number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. <strong>Thinks critically and analyses nursing practice</strong></td>
<td></td>
</tr>
<tr>
<td>• Complies and practices according to relevant legislation and local policy</td>
<td>1 2 3 4 5 N/A</td>
</tr>
<tr>
<td>• Uses an ethical framework to guide decision making and practice</td>
<td>1 2 3 4 5 N/A</td>
</tr>
<tr>
<td>• Demonstrates respect for individual and cultural (including Aboriginal and Torres Strait Islander) preference and differences</td>
<td>1 2 3 4 5 N/A</td>
</tr>
<tr>
<td>• Sources and critically evaluates relevant literature and research evidence to deliver quality practice</td>
<td>1 2 3 4 5 N/A</td>
</tr>
<tr>
<td>• Maintains the use of clear and accurate documentation</td>
<td>1 2 3 4 5 N/A</td>
</tr>
<tr>
<td>2. <strong>Engages in therapeutic and professional relationships</strong></td>
<td></td>
</tr>
<tr>
<td>• Communicates effectively to maintain personal and professional boundaries</td>
<td>1 2 3 4 5 N/A</td>
</tr>
<tr>
<td>• Collaborates with the health care team and others to share knowledge that promotes person centred care</td>
<td>1 2 3 4 5 N/A</td>
</tr>
<tr>
<td>• Participates as an active member of the healthcare team to achieve optimum health outcomes</td>
<td>1 2 3 4 5 N/A</td>
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<tr>
<td>• Demonstrates respect for a person’s rights and wishes and advocates on their behalf</td>
<td>1 2 3 4 5 N/A</td>
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<tr>
<td>3. <strong>Maintains the capability for practice</strong></td>
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<tr>
<td>• Demonstrates commitment to life-long learning of self and others</td>
<td>1 2 3 4 5 N/A</td>
</tr>
<tr>
<td>• Reflects on practice and responds to feedback for continuing professional development</td>
<td>1 2 3 4 5 N/A</td>
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<tr>
<td>• Demonstrates skills in health education to enable people to make decisions and take action about their health</td>
<td>1 2 3 4 5 N/A</td>
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<tr>
<td>• Recognises and responds appropriately when own or other’s capability for practice is impaired</td>
<td>1 2 3 4 5 N/A</td>
</tr>
<tr>
<td>• Demonstrates accountability for decisions and actions appropriate to their role</td>
<td>1 2 3 4 5 N/A</td>
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<tr>
<td>4. <strong>Comprehensively conducts assessments</strong></td>
<td></td>
</tr>
<tr>
<td>• Completes comprehensive and systematic assessments using appropriate and available sources</td>
<td>1 2 3 4 5 N/A</td>
</tr>
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</table>
• Accurately analyses and interprets assessment data to inform practices

5. Develops a plan for nursing practice
• Collaboratively constructs a plan informed by the patient/client assessment
• Plans care in partnership with individuals/significant others/health care team to achieve expected outcomes

6. Provides safe, appropriate and responsive quality nursing practice
• Delivers safe and effective care within their scope of practice to meet outcomes
• Provides effective supervision and delegates care safely within their role and scope of practice
• Recognise and responds to practice that may be below expected organisational, legal or regulatory standards

7. Evaluates outcomes to inform nursing practice
• Monitors progress toward expected goals and health outcomes
• Modifies plan according to evaluation of goals and outcomes in consultation with the health care team and others

GLOBAL RATING SCALE - In your opinion as an assessor of student performance, relative to their stage of practice, the overall performance of this student in the clinical unit was:
Unsatisfactory  __  Limited  __  Satisfactory  __  Good  __  Excellent  __

DISCUSSED:  YES  NO  ADDITIONAL PAPERWORK:  YES  NO
DATE: 00/00/0000
NAME: Clinical Facilitator
SIGNATURE:

ANSAT Australian Nursing Standards Assessment Tool

ASSESSOR FEEDBACK:

1. Thinks critically and analyses nursing practice.

2. Engages in therapeutic and professional relationships
John is demonstrating inconsistent collaboration with his buddy nurses, he has periodically required maximum prompting to participate at the level expected of NUR287.

3. Maintains capability for practice
John has received constructive feedback regarding his observed lack of initiative and the level of prompting required to facilitate effective decision making and the planning of safe care. He has reflected on this feedback and at times shows significant professional development and sound decision making, however at other times he lacks insight into his deficits and reverts to requiring a level of support well below that expected at NUR287. John needs to demonstrate consistent improvement in these areas.

4. Comprehensively conducts assessments
5. Develops a plan for nursing practice
John often requires prompting by his RN buddy or CF to appropriately prioritise his nursing care and construct a plan to effectively and safely care for his patient allocation. At times John has demonstrated sound planning skills, however this, again, is inconsistent. John needs to consistently plan his shift and prioritise care for his patient allocation, working in a more consistent and independent manner.

6. Provides safe, appropriate and responsive quality nursing practice
John has, at times, demonstrated sound care delivery, however again this is inconsistent, with John requiring support to consistently practice within the role and scope of practice of a NUR287 student nurse, he is often working below the level expected within his scope of practice. Through discussion John understands the requirements set out in his scope of practice, he understands direct vs indirect supervision. John needs to work within his scope of practice, working more independently and in a consistent manner.

7. Evaluates outcomes to inform nursing practice

Signature: ___________________________ Date: 00/00/0000

STUDENT COMMENTS:

Signature: ___________________________ Date: __________________
**Students Assessments**

**Orientation Expectations**

- Assessment process – use of behaviour cues, clinical practice frameworks and expectations at orientation re assessment process
- Scores maybe different from last placement as this is a new learning environment - set expectations on learning
- Day 2 and/or go through QHEP’s with students asking them to find a policy and a CAT and how it is used, including the injectable handbook and MIM’s and the differences for practice in this process

**Assessment Process**

- Book appointments with students for assessments ½ hour blocks (4 one day then 4 the next day)
- Score student without reviewing their scores first - using behaviour clues and clinical framework as governance and assist with decisional/assessment framework
- If you are giving the score of “2” you must have identified this score prior to the assessment meeting – there should be no surprises for the students at the meeting – this discussion uploaded to SONIA
- At the meeting go through each score and discuss if there is a different from students to CF and ask give examples or ask them to explain the difference - gives insight into their thought processes around assessment and expectations
- Utilise the ANSAT resource book for more information on ANSAT assessment (page 12)

Discussion points on how you access each domain

**Domain 1**

Uniform/policy and procedure/punctuality
Clinical Governance – framework – “Why” we do things
Observational skills – question what confidentiality means to them and how they demonstrate this
Code of Ethics – [APHRA document](#)
QHEP’s – show and do – find a CAT tool and use
Documentation – handover sheets - documentation policy – SCHHS expectations
Domain 2
Ask patients for feedback on the student interaction
CICO – Clinical Handover (ISBAR) – conversations with MDT – do they ask questions
Bedside assessment +/- handover
Discharge education for patient/family
Patient load (remember patient acuity) – initiative – driving own practice

<table>
<thead>
<tr>
<th>Year</th>
<th>Semester</th>
<th>TAFE Level</th>
<th>Patients – work up to</th>
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<tr>
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<td>1st</td>
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<tr>
<td>3rd</td>
<td></td>
<td>L3</td>
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</table>

Discussion with student what does advocacy mean to them ask for examples to ensure student not confusing advocacy with patient education etc

Domain 3
Standards of Practice – [APHRA document](#)
Expectations at orientation
CICO – reflection – feedback – set goals
Medications/Falls/pressure area - linking theory to practice – knowledge

Domain 4
Observational assessments with essential questioning. (Use CAT tool on respiratory and secondary assessments)
Assessment- primary and secondary comprehensive and what other information is required for assessment e.g. blood test results, x-rays. Do they ask appropriate questions when assessing the patient?

Domain 5
Observational assessments with essential questioning and directly checking documentation. (CAT tool on prioritisation)
Plan of care – How the student uses their assessment to plan care and set goals for their patients and how they can change this plan when the patient condition changes. Does the student prioritise care?

Domain 6
Observational assessments with essential questioning and feedback from buddies. (CAT tool on medication safety)
Delivery of care- How the student performs interventions, procedures and responds to changes in care. Do they clarify decisions and monitor patient and identify unexpected outcomes and report to RN? Also, delegation skills assessed.

Domain 7
Observational assessments with essential questioning and discussions surrounding clinical reasoning and complex discharge planning.
Evaluation- How does the student then evaluate the care they have delivered and understand how to respond to the outcomes. They may then need to reassess. Do they understand discharge planning?

To support time management, maintaining 80% clinical time, documentation should be by exception and concise.

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<table>
<thead>
<tr>
<th>✓/✗</th>
<th>Issue</th>
<th>Comments</th>
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<tbody>
<tr>
<td>✓</td>
<td>General health</td>
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<td>Hearing / vision</td>
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<td>Fatigue</td>
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<td>Travel difficulties</td>
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<td>Previous history of trauma</td>
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<td>Child Care</td>
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<td>Care of other dependents</td>
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<td>Family commitments</td>
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<td>Learning difficulties</td>
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<td>Physical disabilities</td>
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<td></td>
<td>English as a second language</td>
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<td></td>
<td>Work commitments outside placement</td>
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<td>Religious practices e.g. dress, prayer time, Ramadan</td>
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<td>Meeting required placement hours</td>
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<td></td>
<td>Clinical performance</td>
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<tr>
<td></td>
<td>Professional/behavioral issues</td>
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<td></td>
<td>Expectation of student/supervisors</td>
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<tr>
<td></td>
<td>Environmental issues</td>
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<td></td>
<td>Other</td>
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<td></td>
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MENTORSHIP

A WISE MAN LEARNS BY THE EXPERIENCES OF OTHERS
AN ORDINARY MAN LEARNS BY HIS OWN EXPERIENCE
A FOOL LEARNS BY NOBODY’S EXPERIENCE

The goal of mentoring in health is to retain health professionals in active practice, facilitate recruitment, increase professional skills, help structure the profession and increase satisfaction. When clinicians support each other, the profession enhances its’ power to control its own practice and destiny. The purpose of this information is to clinical facilitators with information and resources needed to develop mentor relationships.

LEARNING OBJECTIVES:
• Clarify the definition and attributes of a mentor relationship
• Explain the stages of the mentor relationship
• Identify the responsibilities and benefits inherent of a mentor relationship
• Describe the activities of a mentor, relationship
• Identify responses for evaluation the mentor relationship

BENEFITS OF MENTORING
A mentorship program should benefit all parties, the mentee, the mentor and the organisation.

What can I get out of being a mentee?
• Gain a better understanding of how the work place operates
• Receive support, encouragement and feedback
• Develop interpersonal skills
• Gain knowledge about the role in which you are working
• Receive help with clarifying career goals and career pathways
• Gain opportunities to widen professional networks and reduce professional isolation

What can I get from being a mentor?
• Opportunity to share one’s wisdom and experience
• Gain a sense of personal satisfaction
• Develop interpersonal skills
• Gain experience in a new role
• Opportunity to widen professional network and reduce professional isolation
• Be recognised for contribution to colleagues and to the work place as a mentor

What can the organisation get from a mentoring program?
• Increases professional development and organisational capacity
• Enhances organisational culture and image
• Recognises values of individual contributions
• Increases ability to attract and retain people
• Seen as a leadership organisation
• Provides support networks
• Retains corporate knowledge.
CHARACTERISTICS
Not everyone is suited to being a mentor and not everyone wants to commit to a mentor-mentee relationship. Whether you are looking for a mentor or have been asked to become a mentor these characteristics should be considered as they facilitate a positive mentor-mentee relationship.

- Patience: It takes time to learn and it takes time to teach. The mentor should not take over a task because it is quicker or easier, this leads to frustration and dependence. The mentee should also expect to make mistakes and practice to perfect certain skills. Mentoring is about allowing time for the mentee to formulate the answers or solutions and not obtain easy answers.
- Enthusiasm: Mentoring requires work on the part of both parties and a substantial amount of energy, time and thought is required for success. Without enthusiasm the energy, time and thought are not applied and success in minimal.
- Knowledge and skills: The knowledge required is both clinical skills based and organisational based. Knowing the appropriate channels, resources and procedures is important, as is correct clinical performance. The ability to communicate effectively and teach at an appropriate level is required. Knowing and performing a skill and teaching it are two separate skills.
- Sense of humour: Learning new skills and developing new areas is often stressful and the ability to laugh at the situation and ourselves often makes a world of difference. A mentor and mentee should be sensitive not to laugh at each other but able to share a joke or situation.
- Respect: Respect of each other is necessary to foster a learning environment. You will also find a good mentor will have the respect of their colleagues due to their knowledge, willingness to share and flexibility.

THE PROCESS
There are no set rules in how the relationship should be structured or what process the learning takes, but an organised approach gives both the mentor and mentee clear guidelines.

One approach is using the three R's: Reflecting, Reframing and Resolving. This process is based on Knowle’s theories and Kolb’s adult learning models. These theories revolve around experience, reflection on that experience and application into you practice.

Reflection
Reflection is the creation of the relationship and setting the objectives and boundaries of that relationship. The mentor and mentee share information on a professional and personal level. Identify similar values, beliefs, hobbies and families. Trust and rapport is built with the sharing of information and experiences.

Boundaries and ground rules are also established during the reflection stage. Issues such as confidentiality, time commitments, how often to meet and communication are discussed. The mentee reflects on their objectives and what they want to achieve out of the relationship. The mentors uses active listening and open ended questions to clarify aims and goals without interfering and telling the mentee what to do and what to focus on. This is a non-judgmental and open communication time where the mentee can explore their strengths and weaknesses.

Reframing
Reframing is the stage where the mentor gives constructive feedback, advice, demonstrations and identifies on going strengths and weaknesses. Positive and negative experiences are discussed and evaluated. The mentor sharing some of their own positive and negative experiences is a helpful
way to give relief to some of the embarrassment and self-doubt. It also opens the door for more relaxed and open communication.

The mentor’s role here includes teacher, adviser, supporter and sounding board. Other resources and people may be used to aid in addressing issues. Discovering and using all resources before you is a valuable tool to learn.

**Resolving**
This step involves creation of the action plan. Examine the options and the consequences of those options. The mentee needs to begin to formulate their own answers and commence independent problem solving. The mentor must be supportive of this and accept differences of opinion. The mentor can encourage new ways of thinking and assist with thinking outside the circle when evaluating the outcomes or solutions decided on.

Self-confidence should be evolving and independence growing. The mentor moves away to role of consultant, being needed less often and closely.

**For The Mentee**
When considering entering into a mentoring relationship work through these questions to narrow down your needs.

1. Are you looking for once-off advice, career coaching, goal clarity or a friend?
2. Do you want to broaden your experience in a particular field?
3. Do you need support for study as well as practical experience?
4. Do you want to know how to work your way up to a position similar to the one your prospective mentor holds? Are you looking for advice on how to get there?
5. Do you need help in obtaining extra time or a placement in a particular field or area?

Hints:
- Do not be afraid to approach your role model and explain what you are looking for. Most people are flattered to be approached and it is the first step in establishing whether they are interested or not.
- Show enthusiasm and initiative, as this will set you apart from the others.
- Be honest with you prospective mentor on what you need from him or her so that he or she knows what is expected. You may have to give up some of your free time, and do some work or study without pay but think of the long-term benefits.
- Do not expect too much. Your mentor is there to guide you, not to do all the hard work. Listen to their suggestions and act on them.
- Do not be afraid to talk to people in senior positions – if they know you are keen they will be happy to help.
- Always show your appreciation – your enthusiasm should show your mentor that what they are doing is worthwhile.
- Keep focused and do not lose sight of your objective, you will eventually get there.
- Believe in yourself.

**For The Mentor**
Mentoring is sometimes confused with managing, coaching, or preceptoring. Mentoring extends beyond these concepts. Mentoring is a fundamental form of human development where one person invests time, energy, and personal knowledge to assist another person in their growth and development. Mentoring helps us to “be all that we can be”.

Hints:
• Networking. Assist the Mentee to form relationships within the work environment and within the organisation. Refer the Mentee to available support systems and connections, which can be utilised if you are away and in conjunction with yourself.
• Keep a clear insight to what the Mentee wishes to achieve. Achieve it and then move on to evolving objectives.
• Time is the key. Time to get to know and understand the Mentee. Time to develop skills and learn new thought processes. Time to allow the Mentee discover answers for themselves.
• Be sensitive to cultural or individual needs.
• Give effective feedback. Give specific, factual and timely feedback. Direct the discussion to the skills and behaviours not the person.
• Provide the opportunity for the Mentee to express evaluation of their own behaviours, skills and feelings. Sit back and listen and allow them to reflect and plan the next course of action.
• Challenge the Mentee in a non-threatening way to excel and move beyond their expectations. Support them but ask the hard questions!!
• Be careful not to transfer personal feelings about the organisation or staff on to the Mentee.
• Enthusiasm breeds and positive attitudes are contagious.
• Debrief and evaluate progress often.
• Remember a Mentor / Mentee relationship may be initiated by either party. Some potential Mentee may not recognise their own need or the benefits, which could be gained. Take advantage of the spark of a Mentor / Mentee relationship if appropriate.

The Mentoring Steps
1. Creation of rapport - this foundation will affect the whole relationship.
2. Vaguely formulate the objectives. Discuss in very general terms:
   a) What you hope to achieve (purpose)
   b) What activities you will do to achieve this outcome (strategies or process)
   c) When, where and how often you will meet (logistics or methods).
It's too early to make any firm decisions about goals, as you haven't had time to assess the current situation, but you can probably make some agreements on the process and methods, and find out enough about the other person to decide whether or not you want to continue with the mentoring relationship.
3. Assess the 'here and now'- the mentee's point of departure. This defines the parameters of the mentoring relationship, and should be set by both the mentor and the mentee, with the mentees providing a self-assessment of their current situation. It is useful if the mentee has done some preparation which can be discussed at this stage e.g. the NICE analysis (see next page).
4. Decide on the 'there and then' i.e. the mentor helps the mentee to set objectives and decide on an end point (in terms of outcome and time frame).
5. Choose a way of getting from the 'here and now' to the 'there and then'- discuss options, and turn these into the action plan. Some of the factors to be considered are:
   a) What are the mentee's developmental needs, and preferred learning style?
   b) What support is needed and available, and how and when can it be accessed?
   c) What are the obstacles?
   d) What is the mentee's level of certainty that the plan will be implemented?
   e) How can this be increased?
6. Do it - the mentee implements the plan, with assistance from the mentor when requested e.g. by enhancing focus on and observation of relevant factors, giving coaching and feedback.
7. Assess the progress to the other side. The mentor helps the mentee to overcome obstacles to success, helps decide whether goals need fine tuning or the method of achieving them needs adapting.
THE CONTRACT

The following is intended as guidelines, to assist with setting up a contract between mentor/mentee. The process of writing, clarification and agreement on goals and expectation has proven to be one of the most valuable tools for helping the mentoring relationship.

<table>
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<tr>
<th>MENTEE NAME:</th>
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<tbody>
<tr>
<td>MENTOR NAME:</td>
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References

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