STUDENT CLINICAL ACTIVITIES - SCAFFOLDING DOCUMENT

The intention of this living document is to support the exploration of clinical placement expectations and experiences (also known as Professional Education Practice/Professional Experience Placement (PEP)) between clinical facilitators/clinical liaison nurses and student nurses, and also registered nurses who may be precepting students. Gerontological nursing is the largest specialisation in Australia, and these examples below may help with ideas to illuminate clinical practice opportunities relevant to students working with older people wherever they may be (eg residential aged care, acute care, community, sub-acute, rehabilitation, mental health or palliative care). The ideas below are scaffolded against the Gerontological Nursing Competencies (GNC) domains of practice and the Nursing Domains Data Standards*.

Living document

GNC Domains	Early in degree	Later in degree (eg CPOP)
1. Living well for older people across communities and groups	• Recognise what an "**older person**" is i.e., First nations people age 50+ and general population age 65+ • Demonstrate knowledge of normal ageing and ability to modify care. EG: Changes in **skin integrity** resulting in increased risk of tissue injury requiring frequent repositioning EG: Changes in metabolism, taste and appetite requiring dietary changes to promote healthy BMI EG: Changes in sensory perception/capacity such as changes in vision and hearing needing support to maintain aids such as glasses • Orientate older person and family carer to service delivery. EG: Explain daily routines and activities, introduce self and key staff members, and discuss communication channels for addressing concerns or questions • Provide care according to care plans in a person-centred holistic manner EG: Delivering specifics of care plan in the way a person has requested, at the time they have requested. • Demonstrate knowledge of common age-related disease trajectories and co-morbidities.	• Develop **care plans** in a person-centred holistic manner EG: Collaborating with older person and family to assess individual needs, establish goals and implement interventions that address both medical and psychosocial aspects of care • Implement Care Plans in accordance with the **ACQSC Standards** EG: liaise with leisure coordinator, social worker or family to implement plan • Evaluate Care Plans EG: Does it change their sense of self, their motivation for physical identity; Does it maximise health outcomes for that individual (e.g. playing ping pong, - coordination, physical activity, social engagement) • Participating in complex case management EG: Calling nominated contact persons regarding changes in care; liaison with GPs/NPs • Applying the nursing process in practice to multiple care needs EG: Implementing, Assessment, Planning, Intervention & Evaluation • Able to assess allocation of current resources and appropriateness in line with current needs. EG: Current mattress no longer appropriate due to skin integrity • Understanding and responding to changes in resources

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	EG: recognising that older people with diabetes are at a higher risk of cardiovascular complications such as heart disease or stroke • Provide health education to older person and family carers regarding bio-psycho-social age-related changes. • Understand legislation and accreditation standards EG: what are the standards, what is unmet	EG: Staff shortages and reallocations, lack of correct wound dressing or continence aid • Understanding of and ability to liaise with internal and external services/resources in a patient focussed approach EG: Older person's Mental Health, Dementia Australia • Responding to incidents EG: Adverse events like falls, medication errors and subsequent reporting informing future clinical governance
2. Maximising health outcomes*	**Psychosocial**	
	• Promote dignity and respect for older people EG: greet older person warmly, using eye contact and their preferred name and pronouns when communicating • Assist in organising physical, social and leisure activities to promote functional capacity, and promote health and well-being EG: ensure activities are inclusive and accessible, regardless of physical capacity or cultural background EG: physical activity, cooking program • Provide culturally and linguistically appropriate care. EG: Use clear language, use visual aids, gestures and phrases to enhance understanding. • Research psychosocial changes over the lifespan and relate them to your patient/resident	• Demonstrate cultural awareness, Cultural Safety, cultural humility, be aware of potential stigma and biases of own and others • Support older person in decision making. EG: foster open and clear communication to be able to understand the person's preferences, values and goals of care • Advocate for older person's autonomy incorporating their legal capacity. EG: What is the person's current capacity, related to this particular decision, and are they being included in decision making? • Promote sexuality and intimacy, culture, and spirituality through the provision of physical spaces, resources, and social routines. EG: Do you knock and wait for permission to enter a person's space, or do you just walk in?
	Cognition	
	• Demonstrate knowledge of cognitive impairment and differentiation between dementia and delirium, • Demonstrate methods to identify delirium signs, symptoms, pathophysiology & utilise assessment tools EG: 4AT • Conduct psychological and cognitive assessment using appropriate screening tool • Use evidence base guides to identify, treat delirium	• Inform, recognise, advocate and educate carers and other staff regarding delirium • Develop and support implementation of non-pharmacological interventions for people at risk of, experiencing or recovering from delirium. Provide multi-pronged strategies: EG: orientation (visibility of clocks, calendars), EG: maintain circadian rhythm (day/night cycle, access to early morning sunlight and outdoors),

	EG: Pinches Me Kindly, (Pain, Infection, Nutrition, Constipation, Hydration, Endocrine/electrolyte, Stroke, Medication/alcohol, Environment) EG: the 5 Ps (pee, poo, pain, pills, pus)	EG: physical cognitive and social activities during the daytime EG: sensory aids, environmental consideration, • Understand and respond to the rehabilitation needs following delirium: EG: increased risk of institutionalisation, dementia, dependency EG: increased cognitive and physical rehab increases chance of full recovery
	Nutrition and hydration	
	• Awareness of base line for person's capacity for swallowing and provision of appropriate nutrition and hydration EG: Locate where diet and hydration changes, or swallowing testing are recorded. Be able to match the person's capacity with the food and fluid they are being provided. Be able to escalate if mismatch occurs • Assess nutrition and hydration status of older person using appropriate screening tools EG: BMI, and document and communicate findings • Plan and implement strategies to improve nutrition and hydration EG: Assist in eating and drinking, vitamised food, thickened fluids. • Assist in blood glucose monitoring, interpret results, and escalate care • Evaluate effectiveness of interventions to improve nutrition and hydration EG: Assist in nausea and emesis assessment, intervention, evaluation, and management	• Identify swallowing changes, indication for swallowing test, and dysphagia management • Assist with weight management plans in line with key quality indicators EG: Be aware of the indicators, and differences in BMI targets with older people EG: Know which people in your care have management plans and assist with interventions such as enteral feeding, NGT insertion, swallowing assessments, meal consistency etc EG: Refer resident to speech pathology, dietician if indicated EG: Liaise with family, kitchen, and care staff about mealtime preferences and how they could be adapted to individual needs • Assess and manage BGL EG: recognise trends, plan care, change care plans, implement best practice interventions for diabetes management, including individual's level of awareness and understanding of choices
	Mobility and falls	
	• Ensure safe manual handling during transferring and assisted ambulation EG: Raise/lower the bed to safe working height, maintaining good posture, bending the knees and using the legs and core muscles to lift, use a transfer device if indicated	• Use clinical assessment skills to identify issues with mobility EG: changes in gait, new difficulties in standing independently, reduction in stamina, increased fatigue • Implement appropriate strategies to maximise mobility and functional ability and avoid frailty EG: Resistance training to build muscle mass and strength

	• Promote self-efficacy by encouraging a person to continue to do what they can to assist EG: A person may usually be able to stand unassisted but is feeling a bit unwell today and is finding it difficult. Be patient and give the person extra time today – don't just automatically jump in, get a lifter and assume that they are now incapable • Provide mobility assistance using an appropriate mobility aid EG: Cane, crutches, walker or wheelchair • Conduct falls risk assessment using appropriate screening tools EG: TUG, 30-Second Chair Stand test and 4-Stage Balance Test • Implement appropriate strategies to prevent falls EG: Wear appropriate shoes, remove environmental hazards, use assistive devices and ensure adequate lighting • Understand, assess and implement strategies to prevent falls EG: Review nutrition and hydration for optimum nutrition and strength	EG: Referral for allied health for comprehensive assessment of mobility, functional ability, and changes in gait • Understanding of appropriate devices for transferring and mobility, ability to be able to identify where changes may be indicated, and to refer appropriately EG: A stand-up lifter had previously been used but person is now consistently unable to stand. Refer to RN or physio EG: Previously a person had a low falls risk that has increased. Suggest and implement strategies such as non-slip socks, crash mats, increased monitoring etc EG: Review toileting and continence management to assess mobility requirements and potential supervision • Review person's life history and motivation for movement: identify incidental exercise that may promote activity and reduce sedentary behaviour; identify meaningful activities that may motivate incidental movement
	Hygiene and skin integrity	
	• Assist person to maintain their personal hygiene EG: Assess how and when the person would like to be assisted and facilitate this according to their wishes • Demonstrate knowledge of principles of infection control including standard precautions EG: Perform 5 moments of hand hygiene • Perform simple wound dressing using ANTT • Conduct assessment and implement strategies to prevent pressure related injuries EG: assessment discovered that an increase in falls for a resident was the direct result of a poorly managed foot wound • Demonstrate knowledge of antimicrobial stewardship EG: Be able to recognise anti-biotics as first line, second line etc and rationale for use	• Awareness of the need to promote person's capacity, and build on it through engaging them in tasks they are capable of EG: A person may be able to reach some areas of their body for washing therefore encourage the person to do that as opposed to taking over and washing all the person yourself • Perform complex wound dressing under supervision and be able to recognise and report the stages of healing • Articulate the goals of wound dressings and identify appropriateness of products EG: Dressing is currently non-adherent dressing, but exudate is too heavy resulting in maceration. Be able to discuss potential appropriateness of other dressings • Assist in removal of sutures, staples, or simple drains

	• Identify any contributors or barriers to healing/slow healing, and any nursing care plan to resolve/treat: EG: Physiological changes of ageing, medication side effects, nutrition, digestion, mobilisation, blood supply/circulation • Understand the impact of oral care on general health. EG: Risk of pneumonia, risk to cardiovascular health, mental health impact, communication, confidence • Assist with oral hygiene, dentures, mouthcare	• Provide care for any people with biliary, nephrostomy, gastrostomy, tracheostomy tubes, compression bandaging, Vacuum Assisted Closure (VAC) dressing • Demonstrate knowledge in providing stoma care (ileostomy, colostomy, urostomy) EG: identify signs of delayed healing and complications. • Assessment of change in status of skin integrity and intervening when appropriate EG: accessing air mattresses, making decisions between prioritising hi/lo bed/air mattress/articulated bed for older person who is dying
	Continence and toileting	
	• Assist in toileting and use of continence aids • Implement toileting routines, understand prophylactic and person-centred interventions to minimise incontinence • Conduct continence assessment i.e., bladder scan, bowel charts • Implement strategies for managing urinary/faecal incontinence EG: Increase daily fluid intake where output is low, increase fibre intake and wear absorbent pads • Provide appropriate IDC/SPC care	• Assess continence aids and recognise when changes may be indicated EG: Pad leakage and poor skin integrity indicating pad change frequency may need to be increased, or capacity of pad increased • Assess bowel habits in context of the individual person EG: what is normal for this person, assess bowel charts, being alert to potential for constipation, obstruction, overflow or diarrhoea etc • Assist in collection of urine, stool, or wound specimens and action where appropriate EG: Urinalysis results show increased white cells and blood, escalate to RN and or GP • Assist in insertion, changes or removal of In-Dwelling urinary Catheter (IDC), suprapubic catheters (SPC) and in/out catheters
	Clinical changes	
	• Conduct nursing assessments EG: respiratory, head and neck, abdominal, cardiovascular • Recognise normal vital signs ranges, measure, record, document, communicate and escalate vital signs • Identify abnormal physiological responses EG: unusual bradycardia in a 91-year-old, later identified as caused by new heart block	• Conduct comprehensive assessments and assist in appropriate escalation and referral of care EG: An older person returned from surgery on his leg, student conducted a neurovascular assessment and found the leg to be very hot, was concerned about a clot and escalated the concern to the Nurse in charge. Concerns escalated further to medical team and clot was confirmed and treated.

	• Demonstrate understanding for indication for laboratory /pathology investigations EG: Urinalysis showing increased white cells and positive nitrites (and that leucocytes are less reliable indicator in older adults)	• Measure, record, interpret and communicate vital signs with ability to identify trends linking to the person's co-morbidities and medications EG: Fluctuations in HR and BP coinciding with medication administration times • Assist in triaging deterioration and provision of appropriate interventions EG: apply oxygen or non-invasive ventilation (CPAP & BiPAP) EG: complete ECG and demonstrate basic understanding of ECG interpretation EG: calling for paramedic assistance and transport to hospital
	Medication risks and management	
	• Demonstrate knowledge of common adverse effects of medications for age-related diseases • Assist in medication administration under supervision by the RN EG: oral, topical, nebuliser, SC, IM, IV • Observe AIN/ENs administering from dose administration aids EG: Webster pack • Be familiar with and support a person's ability to self-administer medication as aligned with facility procedure EG: Has the person been assessed by RN/GP as being competent to self-administer EG: Ensure potential for self-administration is considered and incorporated into regular medication administration rounds to avoid overdose EG: Provide medication education when needed and refer to RN if person not able to remember instructions	• Participate in prevention and management of polypharmacy EG: Liaise with pharmacist/doctor/nurse practitioner for medication evaluation, deprescribing or polypharmacy • Demonstrate knowledge in appropriate storage and management of high-risk medications EG: end of life PRNs, schedule 8 medication • Demonstrate understanding of medication incident management EG: errors in prescribing, dispensing, administering and monitoring medications and subsequent reporting • Be aware of/be supervised with medication administration methods EG: Infusion pump, intravenous infusion, central line, immunisation, iron infusion, Vitamin B injection etc • Demonstrate knowledge in managing an allergic reaction EG: recognise anaphylaxis and use Epipen • Management of Central Venous Access Devices (CVAD) where appropriate EG: implanted port, Peripherally Inserted Central Catheter (PICC), Hickmann's line, including venous access blood taking
3. Communicating effectively	• Understand key acronyms in gerontology EG: IDC, ADLs, EOL, FRAMP	• Implement person – centred strategies in creating safe environments for communication and managing psychological distress

	• Provide handover using ISOBAR EG: at shift change, to report changes to medical officer • Ensure appropriate documentation in notes EG: using SOAP acronym • Communicate effectively and respectfully with older people and their family carers EG: Using their chosen/preferred name, Not using Elderspeak • Consider environmental factors to promote effective communication EG: reduce noise levels and distractions in physical surroundings • Use communication aids to address sensory loss EG: hearing aids and eyeglasses	EG: engage in meaningful activities, active listening, EG: with consent, contact family EG: place referral for social worker, counsellor, psychologist • Facilitate case conferences and meetings EG: between older people and family carers • Sharing knowledge to promote best practice EG: present an in-service to staff on a recent assignment with an evidence update • Develop trauma informed approaches to liaison with individuals and their families EG: recognise trauma history may not be obvious or ever disclosed EG: Use open-ended questions and enable people to lead conversations at their own pace
4. Facilitating transitions in care	• Demonstrate understanding of available services in facility EG: physiotherapy, on-site hairdressers, chapels, daily activities and entertainment • Refer older person to relevant external services and multi-disciplinary teams EG: GPs, geriatricians, cardiologists, psychiatrists, occupational and speech therapist etc • Support older person and family carers to access services appropriate for their needs EG: establishing information and referral services that provide guidance on available healthcare, social services and transportation options	• Provide support to older person and family carers during relocation to aged care facility EG: emotional reassurance, practical assistance and informative information about the facilities services, amenities and admission procedures • Provide support in decision making between older person and family carers for accessing services • Participate in palliative and end of life care discussions • Refer and liaise with multi-disciplinary team and specialist services
5. Facilitating choices within legal and ethical framework	• Demonstrate awareness of aged care legislative framework EG: advanced care planning, EPOA and legal guardianship • Assist in ensuring care is planned and delivered in respect to legislative framework	• Educate older person, family carers on aged care legislation EG: voluntary assisted dying, restrictive practices • Educate AINs, care workers • Intervene to eliminate or minimise the use of physical, chemical, and environmental restraints

	• Recognise every interaction requires consent and is part of an iterative process of rapport and relationship that supports decision making • Recognise the difference between autonomous, supported and substitute decision making • Recognise that all individuals are equal before the law, including people with disabilities and dementia. Every person is entitled to equal protection of the law without discrimination	• Understand and implement 'dignity of risk' in relation to choice, independence, self-determination and self-esteem, and identify the nursing roles that can promote self-determination and supported decision making EG: James had a public advocate who wouldn't support him to go for walks because of fear of absconding. The nurse leaders advocated so that he had access to the whole grounds, his right to decision making and freedom of movement was supported, and his quality of life was improved
6. Partnering with family carers	• Assess family's knowledge and skills to drawn on their own abilities and resources for self-care and health promotion • Support family carers to understand the needs of their loved one through transitions of health and care	• Support and engage family carers in decision making and care delivery. EG: regular meetings or phone calls to discuss the person's condition, treatment options and any changes in care plans EG: Educate the family on available supports for them and refer where appropriate • Respond to family requests for support, be aware of carer and advocacy agencies that can respond to their needs • Identify the relevant Standards that support family interventions, shared and supported decision making, and the rights of the family • Lead policy, guideline and practice changes to support carer involvement
7. Promoting mental health and psychological wellbeing	• Understand and recognise common mental health conditions in the population, identify changes across the lifespan • Recognise that mental health conditions can co-exist with other conditions such as dementia, and may still need treatment • Understand and seek access to psychological support services where needed • Ensure differentiation of mental health, dementia and delirium • Support a person through significant changes, events and life transitions EG: be aware of, and provide support on a significant anniversary	• Refer older person to appropriate mental health support services EG: Older Person's Mental Health, psychologists • Understand the role of complementary therapies in promoting evidence- based mental health and psychosocial wellbeing • Plan and implement meaningful activities to promote cognitive rehabilitation EG: reminiscence therapy, music, photo viewing • Identifying and promoting self-care strategies for and with staff creating healthy workplace environments

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8. Providing evidence-based dementia care	• Understand presentations of dementia • Use evidenced-based non-pharmacological strategies to address unmet needs EG: reminiscence, life stories, and meaningful engagement • Demonstrate knowledge regarding 'behaviours of unmet need', also known as 'responsive behaviours' or Behavioural and Psychological Symptoms of Dementia (BPSD) EG: Agitation, anxiety, depression, psychosis, aggression, wandering, apathy and sleep disturbances, disinhibition • Understand the use of cognitive screening and assessment tools for dementia care EG: MMSE, RUDAS and MOCA • Assess for environmental impacts such as sensory deficit, environmental stress, and loneliness • Assess for sensory deficits and create plans for interventions	• Understand the main types of dementia EG: Alzheimer's Disease, Vascular, Lewy Body and Frontotemporal dementia • Differentiate between dementia and health factors that can exacerbate dementia EG: Infection, pain, malnutrition • Assist in developing, implementing and evaluating support strategies for a person with dementia whilst fostering antipsychotic stewardship EG: review dementia support plan and implement measures for calming/de-escalation EG: liaison with pharmacist, GP, family, care workers regarding antipsychotic use and minimisation, consent • Develop an awareness of evidenced-based therapies and interventions available to support wellbeing of person with dementia EG: Complementary therapy, reminiscence, music and aromatherapy, promotion of circadian rhythms, access to sunlight, sleep hygiene, and meaningful daytime activities • Identify possible triggers and strategies to minimise them EG: Environmental temperature – too hot or cold, bright lights, busy/overstimulating environment EG: Environmental changes, reduction of noise and pain etc • Be able to recognise the need for, and place referrals EG: Physio and OT referral
9. Providing optimal pain management	• Use valid and reliable tools for assessing pain and associated symptoms EG: PAINAD, Abbey Pain Scale, NRS • Recognise non-verbal expressions of pain EG: Facial expressions (Grimacing, frowning, jaw tightening), body movements (wincing, clenching and rubbing affected), changes in breathing and posture • Identify the different types of pain	• Understand physiology and complexity of pain in older people EG: acute, chronic pain, and pain at end of life • Develop plans for pain management in collaborative person-centred way EG: involve person and their family in case conference • Participate in multidisciplinary collaboration in identifying, assessing and developing treatment goals for pain • Assess pain and assist in pharmacological management of pain EG: administration of analgesia orally, subcut, syringe driver etc

	EG: acute, chronic pain, and pain at end of life. • Assist in non-pharmacological therapies for managing pain EG: breathing techniques, ice pack and heat pad, repositioning, music, television, distractions	• Refer to specialist pain management services for severe and complex pain management • Utilise pain assessment tools suitable to the person EG: Abbey Pain Scale for people with dementia
10. Providing palliative care	• Be aware of the different terminology used towards the end of a person's life EG: Advanced Care Plan, Enduring Power of Attorney, end of life plan, comfort care etc • Be aware of the end-of-life care wishes are for the person you are caring for EG: are there cultural and individual preferences that need to be understood and communicated with the team • Demonstrate understanding of models of care for older people with life-limiting illnesses • Assist in implementing an advanced care plan that include details about wishes for end of life • Assist in conducting care conferences and initiate end of life care pathways • Learn about and assist in comfort care prioritisation including oral care, creation of calming environments	• Identify and assess older people entering the comfort/terminal stage of care • Recognise and support people in distress about dying • Recognise signs of active dying EG: slowed circulation, sensory changes, cheyne stokes respiration, terminal delirium, hallucinations • Assist in medication administration using syringe drivers EG: Review side effects, effectiveness, alternatives, interactions • Provide end of life care EG: physical contact (holding hands, gentle massage), set a comforting mood (soft lighting), play music softly EG: lead recognition and treatment of symptoms and comfort such as mouth/lip care, pain care, fatigue, appetite loss, breathlessness, constipation, nausea, delirium, existential distress • Escalate symptom control needs EG: referral to palliative care, GP, NP, spiritual or cultural care providers EG: perform after death care if appropriate
11. Enabling access to technology	• Advocate for person to maintain or increase use of technology for social connectivity and well being EG: Suggest use of an ipad or laptop to enable video calling function and assist if necessary. Provide education on benefits, and how to use EG. Promote family use of photo sharing or reminiscence apps for increasing connectivity and social engagement EG: Demonstrate apps designed for meaningful activity such as reminiscence, life stories, photo books etc	• Advocate and enable modern technology and nursing informatics that promotes patient-centered care EG: Telehealth, eg Tyto care, Coviu, SmartConsult, HotHealth EG: Remote patient monitoring (RPM), falls mats, falls sensors, blood pressure, saturations, weight, BGLs EG: Patient Reported Outcome Measures (PROMS) and Patient Reported Experience Measures (PREMS) EG. Environmental control, eg Google assist, alexa,

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	• Promote use of technology and assistive devices for rehabilitation EG: Wii, iPad to promote and maintain optimal function using games and interactive opportunities EG: Virtual headsets to support bike riding exercise activity EG: Making music lists in Spotify	EG: Nurse sensitive outcome indicators (eg secondary analysis of existing data sets to improve care) • Explore innovations in technology developed to reduce reliance on restraint practices that enable dignity and choice for the person EG: Watches that allow tracking for people who like to walk EG: Sensors alerting carers to people being out of bed EG: Devices to promote self-efficacy with multiple reminder capacity such as for medication, mealtimes, toileting breaks etc

FREQUENTLY ASKED QUESTIONS (For staff supervising RN students in an aged care facility)

Question	Students in early year of placements	Students in later year of placements (eg CPOP)
Can students access clinical files?	Yes. It is vital for student's learning to have access to the clinical files relevant to the people they are caring for. Students are bound by the same confidentiality agreements as staff. Students can take their own written notes as long as they do not contain any identifying information (name, DOB, address, etc). Photocopying, photographing, or printing out notes is not permitted.	Yes. It is vital for student's learning to have access to the clinical files relevant to the people they are caring for. Students are bound by the same confidentiality agreements as staff. Students can take their own written notes as long as they do not contain any identifying information (name, DOB, address, etc). Photocopying, photographing, or printing out notes is not permitted.
Can students use their mobile phones?	Yes, providing it is in a professional manner and not in the view of people being cared for or members of the public. Mobile phones should only be used to search information relating to the selected case (eg: diseases, medication).	As written for regular placements with the inclusion that students may need to use video conferencing on their phone for clinical facilitation from their university representative. These sessions may be for any length of time but will be pre-arranged. Students should communicate this appointment with the facility /RN they are working with.
Can students work in groups?	Yes. It can be beneficial for students to work and learn together, bouncing ideas off each other and providing support for one another. For manual handling tasks requiring more than one person to assist, a staff member must be present.	As written for regular placements with the difference that students on the CPOP program must always be supervised by an RN. Group facilitation may occur with the university facilitator having multiple students in a group session also.

Do students need to work with an RN every shift?	No. Much of the student's learning can be self-directed. However, any opportunity to perform or observe clinical skills or work with an RN is invaluable.	Yes, this is essential in facilitating learning about the rich and complex role of the RN when working with older people. RNs can help the student to 'see' all the varied aspects of their role in multiple ways.
Do students need to work with a staff member for the whole shift?	Students must be directly supervised for: • All medication administration • Any high-risk activity • An activity they are not familiar • An activity that the staff member is unsure of the student's ability • Any activity for which the student requests supervision Students should be assigned a staff member that they can seek out and report to, but they can work under the "indirect supervision" of a staff member for much of the shift (see definition below)	Students participating in the CPOP program will be paired with a Registered Nurse and supervision may include indirect supervision and direct supervision where applicable (see definition below). Students must be directly supervised for: • All medication administration • Any high-risk activity • An activity they are not familiar • An activity that the staff member is unsure of the student's ability • Any activity for which the student requests supervision
Should students be chatting with residents for long periods of time?	Yes. It is essential that students attempt to engage in meaningful conversation with people they are caring for. The aim is to develop their ability to communicate with a variety of people and build therapeutic relationships.	Whilst communication skills are essential in every aspect of nursing, the main focus of development of these skills occurs earlier in the BN course. Refining rather than developing these skills may be more appropriate for students in their 2nd and 3rd years.
Who can sign the student's attendance record?	Any staff member who can confirm that the student has attend placement on that day.	The RN the student has worked with on that shift
What if the facility has concerns about a student or other questions?	All matters relating to student nurses on placement can be primarily directed to the CLN/CF assigned to the facility and student either via phone or email, or in person on their regular visits	All matters relating to student nurses on placement can be primarily directed to the CLN/CF assigned to the facility and student either via phone or email, or in person on their regular visits
How often and how long will the facilitator spend with the student	Depends on the University model and approach.	The CPOP model aims to one hour of facilitation time per student per day of placement.

DEFINITIONS

- **Indirect Supervision:** Indirect Supervision is provided when the staff member works in the same area as the student, is accessible, but does not constantly observe their activities.
- **Direct Supervision:** Direct supervision is provided when the clinical supervisor is present, observes, works with, directs, and assesses the student.
- **Clinical Liaison Nurse (CLN)**: Experienced Registered Nurses employed by the university to support learning and evaluation of students on placement. In addition, CLNs are also engaged in the on-campus learning through Simulation teaching sessions. The CLN follows a clinical engagement model which is intended to develop and foster ongoing positive professional relationships between the university staff and clinical areas. The CLNs are visible in the clinical environment where students are placed as a regular point of contact.
- **Clinical Facilitator (CF)**: Experienced Registered Nurses employed by an institution (usually a university) to support learning and evaluation of students on placement.

Primary Responsibilities of the CLN/CF:

- Actively support the work integrated learning of Bachelor of Nursing students in the clinical setting.
- Actively initiate, promote, and support relationships between the University and relevant industry.
- Work with nursing students to clarify expectations, capabilities and responsibilities in the clinical setting and identify their personal needs to support their placement.
- Facilitate and support nursing students undertaking placement in a variety of health care facilities, settings and specialties on rotating rosters, including night duty, weekends and international placements if required.
- Facilitate group learning activities such as 'learning circles' within the larger group of nursing students and Registered Nurses, to reflect, de-brief, and support the practice development of all involved.
- Work with, monitor and assist nursing students to build their skills, knowledge, attitudes and other work-place capabilities in the clinical setting.
- Provide timely and constructive feedback to students and organise and participate in remedial work for students who are not performing to the expected standard.
- Assist clinical unit convenors to prepare and facilitate teaching and learning materials for practice-based workshops aligned to workplace requirements.
- Responsible and accountable for verification of student clinical placement hours.
- Complete nursing student clinical assessments.

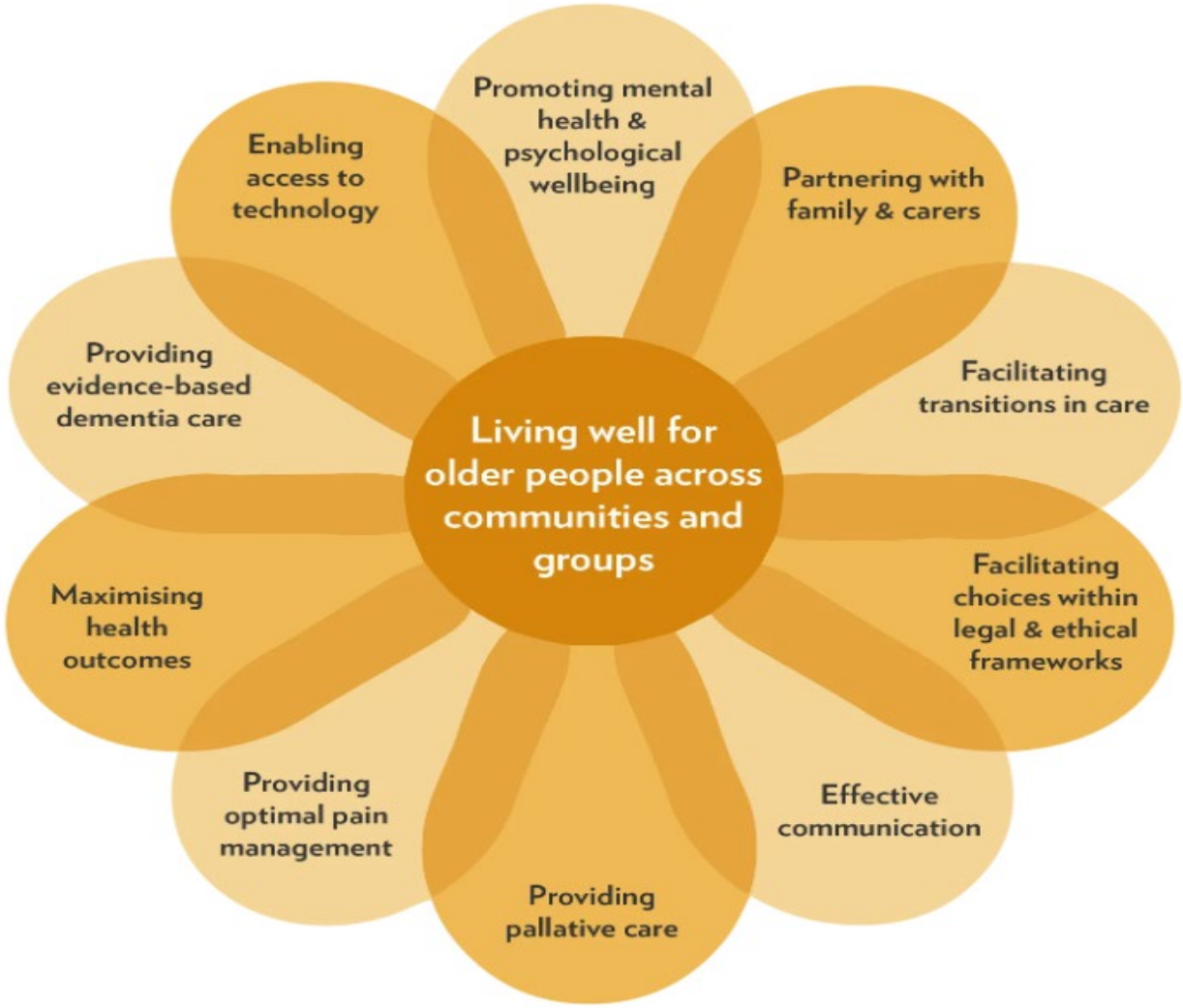

Figure 1. The 11 Essential Gerontological Nursing Competencies (GNCs)