

Educating the Nurse of the Future – Independent Review of Nursing Education

CRANAplus Submission

April, 2019

CRANAplus is the peak professional body for remote, isolated and rural health professionals. We are a not-for-profit, membership-based organisation that has provided nearly 40 years of education, support and professional services for remote and isolated area nurses and other health professionals. Our mission is to promote the development and delivery of high-quality health care to people living in remote and isolated areas across Australia.

CRANAplus is grateful for the opportunity to make this submission to the *Educating the Nurse of the Future – Independent Review of Nursing Education*. Our contribution pays particular regard to the regional needs and circumstances of nursing in rural and remote Australia. Rural areas already make a significant contribution to the training of Australia's health workforce, however, we consider there are as yet untapped opportunities for the education of nurses in the bush.

Clinical placements for nursing students in small health services with limited resources

CRANAplus believes that the vast majority, if not all, nursing students should have an opportunity to undertake at least one clinical placement in a small, limited-resource health service with a focus on comprehensive primary health care. Ideally, this would be offered in the final (third) year of study. Such health services are typically located in rural or remote locations where resources are considerably less than those available in regional and metropolitan areas.

Exposing students to these learning opportunities encourages a deeper understanding of the social determinants of health, due in large part to the fact that rural and remote Australians bear the greatest burden of disease and chronic illness. Furthermore, in a climate where nursing practice is becoming increasingly 'specialised', such placements also foster an appreciation of the value of specialist generalist nursing. In any one day a student nurse would see patients across the entire lifespan with a wide cross-section of presentations including childhood illness, chronic disease, mental illness, the complexity of co-morbidities, aged care residents and responding to an acute emergency and transfer out of a critically ill person.

It is well-established that health professionals who train in rural or remote areas during their undergraduate experience are much more likely to remain or return to those areas following graduation. The medical profession has embraced this evidence and there are substantial incentives for medical students and graduates to train and work in rural locations. CRANAplus believes that similar inducements should be offered for nursing students, including Commonwealth subsidised clinical placements that provide free or low-cost accommodation and travel. The burden of cost for medical clinical placements is not borne by the student, nor should it be for nursing students into the future.

Widespread clinical placements in rural and remote locations will, of course, require innovation in clinical supervision. We are confident that there are contemporary models of mentoring and supervision which overcome the barriers of distance. For example, students could be supported remotely by the university through various online modalities such as Skype and Zoom. The roll out of Telehealth in the bush has improved connectivity and communications for rural and remote health services. This infrastructure provides yet further opportunities for contemporary models of clinical

supervision. Increased investment in the education of resident staff in the health service will be necessary in preparation for student placements. Education should emphasise the obligation that all Registered Nurses have for nurturing and educating the next generation of nurses, upskilling around current models of mentoring and awareness of the role and scope of third year nursing students.

We single out third year student-led clinics as a clinical placement opportunity that has immense potential for the bush. These clinics would provide students with an opportunity to deliver care based on their acquired scope and the standard skills for which they have achieved competency (see section below). This authentic learning experience for students has the added benefit of making a genuine and meaningful contribution to the provision of primary health care in regions where access to services is limited.

CRANAplus recommendation 1 Provide incentives and opportunities for rural and remote clinical placements in all undergraduate nursing courses.

CRANAplus recommendation 2 Increase investment in the support and education of resident health service staff regarding the preparation of student placements.

Standardised clinical skills

When we approached our members for comment on the preparedness of graduates, significant frustration was aired about a lack of consistency in clinical skills. The skills a nursing graduate does or does not have varies widely and is largely dependent on where they completed their training. Numerous examples were given and included the capacity to undertake basic skills such as venepuncture and insertion of IDCs. This is of particular significance in the limited-resource health service where nursing teams are very small, thus the capacity to compensate for graduates unable to undertake particular tasks is limited.

CRANAplus recommendation 3 Develop a standardised set of clinical skills, taught and assessed in all undergraduate nursing courses.

Primary health care promotion

Remote and rural nurses care for people who bear some of the greatest burden of disease and chronic illness. In addition to providing treatment and management of acute and chronic conditions, these nurses deliver health promotion activities and lifestyle interventions that are vital to improving health outcomes for disadvantaged communities. We would welcome an improvement in graduate nurses' capacity for planning, implementing, evaluating and disseminating health promotion programs. Graduates should be prepared to provide care focusing on disease prevention at the individual and community level, empowering individuals to make healthy choices and thus reducing the risk of developing chronic disease and other morbidities.

Practical application of these skills could be incorporated into the aforementioned third year student nursing clinics. It is not just those that go on to become rural/remote nurses that will require this experience and understanding. With an ageing population and a rising rate of chronic conditions, nurses working in any context in Australia will increasingly need robust knowledge and skills to develop and deliver primary health care programs that promote health and wellbeing. In nursing

education, we would like to see greater endorsement and recognition of primary health care for the valuable, complex, challenging and rewarding nursing career pathway it is.

CRANAplus recommendation 4 Increase content and assessment of primary health care promotion knowledge and skills in undergraduate nursing courses.

Empowered workforce driving change

In addition to preparing students with robust clinical skills, nursing education in the future should better prepare graduates to be strong advocates for themselves and their profession. We see this as a professional necessity if nurses are to overcome the sense of being unheard and undervalued. Growing an empowered nursing workforce must begin at the earliest point of nursing education so that, upon registration, nurses have the skills and confidence to drive reform both within and beyond the profession. Within the profession, this includes having the confidence to speak up about workplace practices and culture that falls short of acceptable standards. Beyond the profession, an empowered workforce will have an increasingly prominent voice in health policy making, leadership and research.

CRANAplus recommendation 5 Prepare graduates with the skills and knowledge to advocate for themselves and their profession.