

I was registered for the Tuesday the 7<sup>th</sup> consultation but I was unable to attend due to a staff member being ill and having to cover their teaching.

Some colleagues discussed the consultation with me and for what it is worth, had some ideas to contribute.

In response to Emeritus Professor Steven Schwartz's question regarding what qualities we want in a graduate nurse, I believe I can summarise my expectations in the below example.

I don't expect a graduate nurse to be able to list 30 medications and know them. I expect a nursing graduate to be able to look up the medication (in an appropriate source), compare the medication to the patient situation and make a decision about the appropriateness of whether to give the medication or not (taking into consideration the 11 rights).

This is a learned process. That is, University teaching should focus on the how, rather than the what. How to look up medications, how to assess a patient, etc.

There are some essential basic skills that are necessary (vital signs for example) but when universities teach to a list and clinical venues expect a list rather than an ability to retrieve and apply answers we are being very short sighted.

Even more so given we are entering an age where information is not the issue, the correct application of information is the key to quality nurses.

The issues surrounding clinical placement come from a lack of independence, in my opinion. The solution would be to set up a truly independent body who acts as a mediator for clinical placements.

The independent body would have 4 objectives:

- Audit all clinical venues that receive public funding to assess the amount and type (acute, sub-acute, etc) clinical placements a clinical venue is able to accommodate (which I imagine will be more than the venues currently think they can accommodate)
- Tie some funding to the placement of at least 50% of placements at the venue
- Mediate between venues and universities, including holding monies for placement
- Collaboratively create guidelines for placement in terms of expectations (this one may be too much)

For example, the independent body audits a 250 bed hospital (including a site visit and consultation with the venue) with 15 "wards". It identifies that the venue could take 50 students a week. The venue currently takes 12. The expectation is that the venue will take at least 25 a week or funding will be reduced (how this is done would be complicated)

Universities would then apply to the independent body to request projected placements. Matches would be made between venues and education settings based on a mix of venue type, geography, etc.

Universities would pay placement funds to the independent body, who would hold the funds and release the funds to venues twice a year based on compliance of the above.

Potential for the independent body to help create guidelines, assessments for clinical venues.

The above idea is quite controversial. Due to this I am afraid I will have to as that this submission is anonymous.

Thanks for your time

Regards,

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