

Nursing used to be an apprentice style education. A quarter of a century ago, this preparatory work moved to the tertiary sector. For many reasons, this has been a good change (and I am supportive of this), but there have been some unintended consequences, which are compounded by the dramatic societal shifts of the past decade.

Nagle et al. 2017 reports that graduate nurses are emerging to clinical practice with inadequate pharmacologic knowledge – with perhaps only 60-65% of the requisite understanding. My experience as a nurse leader, and mentor of several regional nursing students, along with my own children studying at university level, suggests a number of deficiencies in the current regional nurse training that explain this (note – my children are not in the faculty of nursing – one is engineering and the other education. Some of these issues are consistent across these other faculties also).

These include:

1. Varying OP/Entrance Ranks – nursing is considerably easier to gain admission into in regional universities than in the metropolitan areas. Lower entrance requirements makes it easier for students to enter the profession who may struggle academically, and the intention of the “supply and demand” may not be as effective in the regional areas as the metros. It is possible the lower requirement is due to less demand, however this may not be in either the individual’s best interests, to say nothing of their future patient’s nor the healthcare industry more broadly.
2. This situation is frequently compounded with the students who are struggling with core curricula (eg anatomy and physiology, pharmacology) to be offered supplementary assessments. Whilst academia is not the be all and end all of clinical nursing, there still remains a minimum standard at which a student is adequately prepared for practice. Passing pharmacology or A&P on a “sup”, especially when the pass mark was only 50%, inevitably results in the student only having learnt ½ the material – this sets the student up to struggle if not fail in the real world.
3. Another regional issue is the access to acute hospital clinical placements. It is possible to become a registered nurse in Queensland, and only have 6 weeks of acute hospital placement. It is acknowledged that placements can be scarce and difficult to source, however graduates are far from “work ready” in many cases, having spent the majority of the placements in community, GP or nursing home settings. Whilst important, all other settings combined represent but ½ of acute hospital costs in Australia. Surely then it would follow that around ½ of all placements should also be acute hospital settings?
4. It appears that there is an inconsistent standard of training between the respective institutions of learning. One would expect that for a graduate in their first year, whether from Gladstone of Brisbane, Bundaberg or Townsville, the curricula would be comparable, the assessments consistent and the learning outcomes within 3 standard deviations of the mean on the bell curve. Based on my experience with Graduates, this is not always the case, and the implications for practice, both in terms of cost and safety/quality are not insubstantial.
5. Finally the Millennials and Generation Z bring to market challenging and different approaches to learning, and organisational commitment. Sometimes referred to (in a derogatory manner) as “snowflakes”, there is nonetheless an element of this generation that depicts lower psychological resilience than those preceding it. This social scenario interacts with some of the above issues, rendering them more complex to resolve.

Recommendations/Solutions

1. Standard curricula for core subjects – if not a national curricula, at least state-wide.
2. Agreed minimum standards for “mission critical” subjects such as Anatomy, pharmacology, and basic nursing (like hygiene, medication safety, pressure injury prevention, falls prevention, time management etc). This standard should be set at 75%.
3. A minimum requirement for acute hospital placements of 50%.

Internship style nurse training programs for undergraduates that incentivise a work while you learn model – capped at a maximum of 2 days per week so as not to compromise university learning. Applied learning has

long been recognised as a superior model of vocational training, and nowhere is this more apparent than in nursing. A combination of practical paid employment, coupled with tertiary education is far and away the best mix to ensure a safe work ready workforce.

Thankyou

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