



**COUNCIL OF DEANS  
OF NURSING AND MIDWIFERY**  
(Australia & New Zealand)

Dear Professor Schwartz

Thank you for the opportunity to provide written feedback regarding the Review into Nurse Education. This feedback is provided on behalf of the ANZ Council of Deans of Nursing and Midwifery.

There are multiple factors that influence the preparation of nurses for the future health care system. These include expectations of work readiness, the extensive and expanding curriculum, embedded clinical experiences and the increasing complexity of the health care system. This, together with changes in the higher education system have seen a dramatic increase in student enrollments, a reliance on international students and issues with academic preparedness.

In preparing the Registered Nurses of the future, our focus is on developing core knowledge and practice as well as skills including resilience, self-awareness, emotional intelligence, organisational acumen, interpersonal communication, conflict management, teamwork skills and self-direction.

Furthermore, feedback suggests that there is a mismatch between what health and education believe are the skills, knowledge and attributes required of an entry level, beginning practitioner. We believe that graduates from our programs are equipped with entry-level knowledge and skills, but that time is needed to further develop and apply these skills to practice. Therefore, consideration as to how health care organisations support transition to practice is imperative.

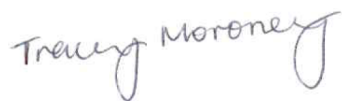
1. How effective is current educational preparation of registered nurses?
  - Current educational preparation is effective in preparing graduates as beginning registered nurses. No tertiary degree is designed to deliver 'experts' on graduation, this is because the Bachelor of Nursing is mapped at an Australian Qualifications Framework level 7 which at graduation seeks to deliver graduates with broad and coherent theoretical and technical knowledge.
  - Maintaining partnerships with industry is essential to deliver embedded experiential learning and a supported transition to practice, however, this has become increasingly difficult.
  - The ever-growing cost and price variations (range from \$50-\$150 per student per day) of clinical placement is placing considerable pressure on universities. Some universities may seek to increase clinical hours but with costly placements, this makes it impossible for some. In addition, some clinical providers and health services provide

in house facilitation and/or supervision and do not allow the university to be involved with the choice of facilitator.

- University barriers including reduced teaching (semester) weeks; we are often required to comply with the standard university semesters, and this has impacted on the time students have to explore and develop understanding of complex concepts, as well as the practice skills in simulated environments before immersion in practice.
  - Many current three-year Bachelor of Nursing programs are packed with mandated content that can overwhelm the student learner and push them to adopt surface learning approaches. There are many content areas imposed on curriculum as discreet subjects, and this together with developing students' literacy and numeracy skills can be a challenge to deliver.
  - The new RN accreditation standards require the inclusion of additional content and this further adds to the burden. To add to this dilemma, universities increasingly attempt to create and enforce the inclusion of common core content across programs which have merit but add to the problem of content overload.
  - There is a growing pressure for students to have options within degrees, but most institutions find it difficult to fit further content into the current 3-year Bachelor of Nursing program.
  - We recognise research that links a better-educated workforce to improving patient outcomes and seek to ensure our students are prepared to be knowledgeable, reflective practitioners. An expanded volume of learning would assist this.
  - In graduate nurse programs, skills and knowledge are sometimes 're-taught'. Nursing education in health services doesn't appear to adequately springboard from what is undertaken in Bachelor of Nursing programs.
2. What education preparation is needed for nurses to meet future health, aged care and disability needs of the Australian community including clinical training?
- To avoid compartmentation of knowledge and re-examine components of practice that focus on the depth of learning needed to manage the increasing complexities in delivering health care places significant pressures on an already crowded curriculum. It is becoming increasingly difficult to provide students with the opportunity and time to integrate and internalise the knowledge necessary for transfer into practice, particularly in the area of adaptation, critical thinking and clinical reasoning and attributes we espouse as being essential, but we are unable to give enough time for these attributes to truly develop.
  - Further time is required to enable educators to fully explore, and expand on communication, professional awareness, legal and ethics, humanities, research and science. A number of these areas have been diluted to accommodate the mandated content requirements, to the detriment of overall knowledge development.
  - Increasing nurse capability and the education requirement that is associated with this, will have a positive effect on the financial and inequity of access issues health funders and consumers face.

- There is a need to have time to develop leadership and analytical skills to better prepare the nurse of the future. The National Inquiry into Aged Care has suggested that there is a lack of nurse leaders who can critique practice and make a difference. Opportunities for student nurses to engage in a variety of quality clinical placements in a variety of settings and contexts is important. This will ensure that we have a workforce that is prepared to meet the needs of an ever-expanding population that is multicultural, as well as located in remote and rural areas. Acuity of patients and the growing burden of complex and dual diagnosis in an ageing population require a well-prepared workforce.
3. Are there any impacts on the articulation between the different levels of nursing?
- Articulation should not be assumed – many individuals have no intention or desire to articulate to one of the other nursing roles e.g. EN to RN or RN to NP. Given this, the profession needs to ensure that the Enrolled Nurse, the Registered Nurse and the Nurse Practitioner feel valued and able to contribute within their scope of practice.
  - Over the last ten years, the scope of practice of the Enrolled Nurse has grown and at the same time, the scope of practice of the Registered Nurse has not. This has caused role blurring between the 2 roles and some professional tension.
  - When an Enrolled Nurse articulates into the Bachelor of Nursing, some students struggle with the level of academic work required and the deeper approaches to learning required to develop critical thinking. This is because the Diploma of Nursing curriculum encourages students to adopt superficial learning approaches, in addition students in these programs do not engage with academic literacies expected in a baccalaureate program.
  - The individual accreditation and regulation requirements of the Diploma of Nursing and the Bachelor of Nursing do not allow students to exit the Bachelor of Nursing with the lower qualification. If these requirements were relaxed, students who are unable to continue with the Bachelor of Nursing could exit with a Diploma of Nursing.

Your sincerely

A handwritten signature in cursive script that reads "Tracey Moroney". The signature is written in dark ink and is positioned above the printed name.

Professor Tracey Moroney

Chair, Council of Deans of Nursing and Midwifery