



PORT MACQUARIE CLINICAL PLACEMENT PARTNERSHIP MODEL (PMCPPM)

University of Newcastle
School of Nursing and Midwifery
Port Macquarie Campus

And

NSW Health
Mid North Coast Local Health District
Port Macquarie Base Hospital

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INTRODUCTION / BACKGROUND

Worldwide nursing shortages are expected to continue and worsen in coming years, exacerbated in many countries by an aging population and nursing workforce placing added pressure on education providers to attract increased student enrolments in nursing courses (Barnett, et al 2010; Teel, MacIntyre, Murray & Rock, 2011). In Australia, health workforce shortages are predicted to increase over the next 10-20 years (Health Workforce Australia [HWA], 2012), therefore early engagement and retention of graduating students is important to meet self-sufficiency in workforce supply (HWA, 2011). HWA (2014a) appear confident that a "...coordinated approach across governments, employers, the profession and the tertiary education sector" (p. vii) will counteract the expected nursing shortfall and indicate that a nationally coordinated action plan is needed to build leadership capacity; improve retention through improved preparation, support and opportunities; and increase productivity through support of innovation (2014b). These strategies will rely heavily upon tertiary institutions working collaboratively with health services to establish and maintain strong relationships and innovative approaches to student preparation, transition to professional practice, with the intention of subsequent retention of graduates within the health workforce. There are three key areas in the literature that provide guidance in the development of an innovative clinical placement model; student experience of quality clinical placements, preparation and support of mentors and collaboration between industry and faculty to prepare 'work-ready' graduates.

WORK READINESS

Graduate work readiness has been described as the skills and attributes possessed by graduates that support their preparedness for working successfully (Clark, 2013) and achieving their potential in the workplace (Walker & Campbell, 2013). The work readiness of nursing graduates is a topic of growing interest and research (Caballero, Walker, & Fuller-Tyszkiewicz, 2011) with a variety of experiences and approaches to supporting transition to practice reported in the literature. Whilst the support of managers and organizations, in both the health and education settings, is essential (Shacklock, Brunetto, Teo & Farr-Wharton, 2013), work readiness has been identified as a key factor that influenced a graduate nurse's intention to stay within the nursing workforce (Walker & Campbell, 2013). Successful transition of graduates to professional practice also impacts directly upon patient safety, graduate satisfaction and staff attrition and therefore must be a focus for continuing research (Henderson, Ossenberg & Tyler, 2015).

Final placement students in the UK report feeling inadequately prepared for their transition to professional practice and lack confidence in the skills and knowledge that they possess (Morrell & Ridgway, 2014). However, a very different experience is described where programs include formal transition to practice studies, prior to graduation, where students have reported increased confidence and competence for performance of their new role (Broad, Walker, Boden & Barnes, 2011). American experiences are similarly reported with benefits identified with a block of "clinical immersion" included in students' final year of study (Diefenbeck, Herrman, Wade, Hayes, Voelmeck, Cowperthwait, & Norris 2015) and those programs that provide extended time periods with dedicated clinical coaches appear to have the most significant impact on development of confidence and competence in readiness to practice (Bridges, Holden-Hutchton & Armstrong, 2013). This is reflected in Australian studies that primarily describe transition to practice interventions in students' final year of study exploring graduate perceptions of their needs (Phillips, Kenny, Smith & Esterman, 2012), and the influence of clinical partnerships (Newton, Cross, White, Ockerby, & Billett, 2011) and paid employment (Phillips, Kenny, Esterman, & Smith 2011).

There is growing evidence that paid, pre-registration, hospital employment where students are assimilated into the health care team, positively impacts their transition to practice (Phillips, et al. 2012). Australian undergraduate students are reported to have obtained adequate skills at commencement of their second year of study to support hospital employment that would provide

access to paid work and also ongoing skill development throughout their program (Milton-Willey, Kenny, Parmenter & Hall, 2014). The influence of paid employment in supporting increased confidence, extending the clinical placement experience, providing financial support and reducing graduate stress require further exploration (Phillips et al, 2012) however it certainly appears that early investment in quality clinical placements with paid employment to consolidate these experiences has the potential to support 'work ready' graduate nurses.

QUALITY CLINICAL PLACEMENT

Quality clinical placements would indisputably be the primary intent of all tertiary education providers and significant work has been done over the past decade to identify and explore what defines and determines this quality from the perspectives of the student (Esmaeili, Cheraghi, Salsali, & Ghiyasvandian, 2014) their mentor (McIntosh, Gidman, & Smith, 2014), the education provider and clinical host. The influences on students perceived quality of clinical placement are understandably multifactorial and have been found to encompass; organisational design, relationships with clinical staff and their preparedness for the role, and length of placement period (Courtney-Pratt et al, 2012). Whilst length of clinical placement and organisational design are beyond the control of these authors a focus on students' clinical placement experience, preparation of mentors and existing placement models must therefore be the key focus for investigation and clinical placement model innovation.

In recent years, to overcome the challenges of both nursing and faculty shortages (Nardi & Gyurko, 2013) resulting in reduced quality and availability of clinical placements (Campbell & Daley, 2009), simulation has established itself in the literature as providing a safe and effective alternative in supporting students' knowledge and skills acquisition (Levett-Jones, Lapkin, Hoffman, Arthur & Roche, 2011). Simulation cannot, however, replace the requirements of clinical placement hours for accredited education programs leading to nursing registration (McNamara, 2015) and therefore clinical placements are an increasingly valuable commodity that need to be efficiently coordinated and effectively utilized (Barnett, Cross, Shahwan-Akl, & Jacob, 2010). Stayt and Merriman (2013) clarify the valuable role of simulation in student preparation for clinical placement, where skills can be practiced and developed in a safe and controlled environment, then consolidated through continued repetition with mentor supervision and feedback during clinical placements.

The relationship between student and mentor is well established in the literature as being essential in preparation for professional practice (Luhanga, Billay, Grundy, Myrick and Tonge, 2010) and interestingly in the United Kingdom where students spend fifty percent of their program in the clinical environment, quality of placements and mentoring relationships continue to have the greatest impact on the students decision to remain in nursing (Crombie, Brindle, Harris, Marks-Maran, & Thompson, 2013). This is also evidence for post-graduate nursing students where, although they are already working in industry, readiness to practice continues to be highly influenced by the clinical mentor (Ares, 2014). It is important to note that there are inconsistencies in the literature in describing the roles of mentor, preceptor and clinical facilitator however it is the focus on the support these roles provide that is recognised regardless. Whilst familiarity of the environment and healthcare professionals creates a positive experience for the student, where they feel supported, are comfortable to use initiative, and develop critical thinking skills (Claeys et al., 2015; Crombie, Brindley, Harris, Marks-Maran & Morris Thompson, 2013; Taylor et al, 2015) there are considerable inconsistencies reported by students in regards to clinical skill performance, opportunities to practice clinical skills and variable supervision and assessment performance (Stayt & Merriman, 2013). There remains a difficulty for students in balancing 'doing' and 'learning' during clinical placements where the perception of the 'good' student is one who is busy performing the tasks of patient care (Christiansen & Bell, 2010) which may be confounded with multiple clinical supervisors. It is not surprising then that consistent preceptorship with the same person throughout placement was reported to positively influence students experience and openness to learning (Sundler, Björk, Bisholt, Ohlsson, Kullén Engström, & Gustavsson, 2014).

Many of the reported challenges of student allocation to a consistent preceptor surround the availability of staff due to an increasingly part-time workforce (HWA, 2014a), manager support to obtain time away from clinical workload to attend training and support activities and managing the competing demands of student supervision and clinical patient workloads (Gurling, 2011). Recent publications in the Australian context also raised concerns that some mentors do not hold the equivalent qualification of the students that they are responsible for and require far greater preparation, access to resources, and improved communication and support from the students' university (Broadbent et al 2014). This echoes similar concerns from the UK in regards to the validity and reliability of clinical mentor's assessment performance highlighting the need for adequate preparation and support for performing the role (Bennett & McGowan, 2014). A model involving team mentoring and peer support groups has been suggested to overcome many of the challenges faced by individual mentors (McIntosh, Gidman & Smith, 2013). The use of peer assisted learning partnerships facilitated by mentors has been found to overcome novice feelings of isolation and supported an increased understanding of mentor performance that is required of newly graduated nurses but not necessarily included in undergraduate education programs (Christiansen & Bell, 2010).

Preparation of the mentor is clearly a critical factor in quality clinical placement experiences for student nurses yet clear cooperation and coordination between the hospital and university has also been reported as improving student learning (Esmaeili, Cheraghi, Salsali & Ghiyasvandian, 2014). Mackay, Brown, Joyce-McCoach and Smith (2014) confirm the need for continuing research into the education and support of clinical supervisors but advise that this must be collaborative and participatory in approach. This echoes the suggestions of authors from around the world in suggesting the requirements of stronger partnerships between educators and clinicians, improved preparation and organisational support of mentors to improve student experience and development of clinical practice skills (Bennett, & McGowan, 2014; Broadbent, Moxham, Sander, Walker, & Dwyer, 2014; deFulvia, Stichler, & Gallo, 2015; Gurling, 2011; McIntosh, Gidman, & Smith, 2014).

PLACEMENT MODELS

The literature reports various models of clinical placement arrangements from around the globe, aiming to support student's belonging and quality of clinical placement (Jeffries, Rose, Belcher, Dang, Hochuli, Fleischmann, Gerson, Greene, Jordan, Krohn, Sartorius-Mergenthaler & Walrath, 2013; Roxburgh, 2013), support learning experiences (Claeys, Deplaecie, Vanderplancke, Delbaere, Myny, Beeckman, & Verhaeghe 2015), considering employment models (Kenny, Nankervis, Kidd & Connell, 2011) and increasing placement capacities (Barnett, Cross, Shahwan-Akl & Jacob, 2010). The majority of these models focus upon the student and staff experience of a singular practice placement, to meet curriculum or course objectives, and final year transition to practice clinical placements (Claeys et al, 2015; Goddard, Mackay, & Davidson, 2010; Henderson, Ossenber, & Tyler 2015). Within Australia, the publication of models of clinical placement have increased over the past five years with growing interest and attention to how universities can better partner with their local health services (Newton, Cross, White, Ockerby & Billett, 2011).

Implementation of a hub and spoke model where students were consistently mentored for the period of their studies rather than the traditional rotational placement systems with various mentors demonstrated improved quality of clinical placement in the UK (Roxburgh, 2014) and similarly in the USA a practice partnership with an allocated mentor saw increased sense of belonging and identified the mentor as the lynchpin for a quality clinical placement experience in the existing placement model (Jeffries, et al., 2013). Familiarity with the organisation, continuity that supports improved clinical learning and a stronger sense of belonging have been achieved through collaborative models across Australia (Newton, Cross, White, Ockerby & Billett, 2011). Student satisfaction and work readiness is also reportedly improved when a structured clinical placement model is used within a single facility (Taylor, Brammer, Cameron and Perrin, 2015) and utilisation of available clinical placements, which is of growing concern where capacity for placements is reducing, was also seen to be improved where placements occurred within a single facility (HETI/NSW ICTN, 2015).

There is growing evidence that collaborative clinical placement partnership models provide improved student and organisational experiences however these models require a strong commitment from the education provider, clinical venue, mentor and students to achieve quality clinical placements and 'work ready' graduates. The Port Macquarie Clinical Placement Partnership Model (PMCCPPM) follows work commenced in 2012 between the University of Newcastle (UoN) School of Nursing and Midwifery (SoNM) and three health care partners; namely Gosford and Wyong hospitals in the Central Coast Local Health District (CCLHD) and Calvary Mater hospital in the Hunter New England Local Health District (HNELHD). The model will build on the experiences of the Clinical Collaborative Model and explore this in the regional setting.

RESEARCH QUESTIONS

1. What effect does the PMCPPM have on developing bachelor of nursing (BN) student's sense of belonging in preparation for professional practice during their three years of full time study?
2. What effect does the PMCPPM have on developing BN student's development of competence in preparation for professional practice during their three years of full time study?
3. Does commencing 'transition to practice' activities from the first undergraduate clinical placement improve graduate readiness for practice?
4. What effect does the PMCPPM have on graduate's readiness for practice?

AIM

1. To enhance undergraduate student experience, creating a sense of belonging and improved work readiness, supported by professional relationships through a mentoring framework.
2. To facilitate collaboration between Port Macquarie Base Hospital (PMBH) and the University of Newcastle (UON) Port Macquarie campus, with potential to grow future workforce requirements for PMBH, that is sustainable over a 5-10 year period and deliverable in other contexts.
3. To effectively utilise an assigned portion of available clinical placements at PMBH, thus reducing cancellation, the potential for over-booking and improve coordination between UON Port Macquarie and PMBH.

POTENTIAL SIGNIFICANCE

The PMCPPM has the potential to be transferable to both national and international settings where hospitals and universities are located within close proximity in a regional setting. There is also the potential to investigate the appropriateness of the placement model with other health disciplines in regional settings.

OUTCOMES

The overall anticipated outcome of the project is the establishment of a collaborative undergraduate student clinical placement partnership model at PMBH.

The collaborative model will:

1. Deliver quality clinical placements that support clinical learning and enhance critical thinking for students;
2. Establish a culture that will promote clinical mentorship and supervision as a valued activity;
3. Refine the process of clinical placements to reduce wasted clinical capacity;
4. Improve collaboration between UON Port Macquarie and PMBH by increasing communication and engagement between both parties;
5. Facilitate a future workforce that is 'work ready'.
6. Publication of the model and research findings in suitable health related journals.

METHOD / DESIGN

This mixed method, longitudinal, study will explore the effects of a collaborative clinical placement partnership model on the clinical placement experiences and preparation for professional practice of bachelor of nursing (BN) students during their three years of full time study to six months following professional practice commencement.

PARTICIPANTS

Self-selecting participants will be sought from the University of Newcastle's, Port Macquarie campus, Bachelor of Nursing (BN) student cohort, and Registered Nurse clinicians, educators and managers at Port Macquarie Base Hospital (PMBH) and associated service.

Bachelor of Nursing (BN) students enrolled in their first year of full time study at the Port Macquarie campus of the University of Newcastle will be recruited into the PMCPPM to undertake the totality of their clinical placements within the Port Macquarie Base Hospital and associated services (n=12). Participants will undertake a competitive process of entry into the PMCPPM involving a process of written application and interviews with collaborative partners.

Clinician participants: Supervising registered nurse clinicians will be invited to participate in measuring placement quality during student participant placement periods. Clinicians participating as 'Mentors' will be sought via a competitive process with submission of an expression of interest to participate for the three year period of student participation in the PMCPPM. The clinician participants may be drawn from any clinical area accepting student placement within the partner facilities, whom are willing and available to undertake preparation for the role and have no known intention to leave the service throughout the period of study. Educators and managers will be invited to participate in focus groups where they are directly involved in the clinical performance of the BN students.

DATA COLLECTION

Bachelor of Nursing (BN) participants will be required to complete an online version of the Quality Clinical Placement Evaluation (QCPE) survey accessed via their online learning environment Blackboard™, at the completion of clinical placement periods in each semester of study. The Work Readiness Scale (WRS) will be completed online via Blackboard™ at the end of years 2 and 3 following completion of the year's clinical placements.

Clinician participants (supervising registered nurses) will be invited to complete the QCPE at completion of each placement period to support data drawn at the same period from student participants (in accordance with the tool). Mentors will be invited to participate in focus groups at the end of each semester to explore their experience with the PMCPPM in addition to the mentor framework.

ETHICAL CONSIDERATIONS

The four key principles of ethical research of; respecting autonomy, beneficence; non-maleficence and justice have been considered in the planning of this research (Ramchara, 2013). Potential participants will be provided with information sheets and an opportunity to contact the researcher to support an informed decision (consent) to participate. Potential participants will be informed that completion of the surveys will be recognised as implied consent prior to their commencement and also be advised that they may withdraw their consent and discontinue these surveys at any time resulting in data already provided to subsequently be discarded and destroyed.

Participants in focus groups may leave at any time and their contribution to discussion will be deleted from transcripts if they choose to withdraw their consent.

Ensuring anonymity and confidentiality demands that no person is able to be identified and respecting the identity of participants by ensuring that they are not linked to the information they provide (Ramchara, 2013). Given the longitudinal design of this project, researchers will require a data identifier for the purpose of comparisons over time, therefore anonymity and confidentiality of participants will be assured through a system of participant identification with a secured master list. This list will contain details of personal identifiers and pseudonyms maintained only by the chief investigator. Focus group data will use pseudonyms and remove any reference to workplaces or locations to ensure de-identification in transcripts. Security of all data will be maintained through storage and handling procedures in accordance with both the University of Newcastle and NSW Ministry of Health policies.

It is the researcher's responsibility to demonstrate the principles of beneficence and non-maleficence in ensuring the well-being of participants, including; physical, psychological, emotional, social and cultural safety (Ramchara, 2013). Whilst there is no foreseeable harm associated with participation in a self-administered survey the risk of participant harm during a focus group interview requires considerable attention. The topic of investigation is not considered to be potentially harmful or distressing however strategies to manage participants expressing distress have been established, including:

- Participants ability to leave the focus group interview at any time and meet with the researchers assistant, or await the researcher, to debrief and be directed to appropriate avenues of support.
- Referral to local support systems including counselling or academic staff.

The risk of harm to the researcher should also be considered and whilst the risk of harm is considered negligible, strategies to manage potentially harmful situations must be planned including:

- Locating the researcher at the entrance of the room to facilitate unobstructed access to the exit.
- Informing local staff of the focus group interview location and expected time of completion.

Finally, there are several ethical issues to consider where the researcher is in a fiduciary relationship with participants as may occur during this project. The fiduciary relationship occurs where a relationship of unequal power exists and is based upon trust that the teacher/educator will act in the best interests of the student without self-interest. To ensure that the fiduciary relationship does not influence participation or data quality, surveys will be administered online via a portal made available from a non-course specific area of the University of Newcastle's online learning environment and researchers with direct teaching responsibility of participants will not be involved in facilitation of the focus groups.

REPORTING RESULTS

A report on the outcomes of the project will be written by the project team. Copies will be provided to ICTN, the Head of School, School of Nursing & Midwifery, University of Newcastle and the Director of Nursing, Port Macquarie Base Hospital. It is anticipated that results will also be reported through peer reviewed professional journals. Members of the team will also be encouraged to submit abstracts to relevant conferences to share our experiences and disseminate the results of the project.

STORAGE AND DISPOSAL OF DATA

Storage and disposal of all data will comply with Human Research Ethics Committee standards, NSW Ministry of Health and University of Newcastle research data and materials management policies. All electronic files will be password protected and stored on a password-protected computer for the duration of the study. Access to this material is restricted to research purposes. Research participant contact details and consent forms will be stored separately to the de-identified data in a locked filing cabinet in the Chief Investigators office. Only members of the research team will have access to electronic and document data. On completion of the study participant contact details and consent forms will be destroyed following NSW Ministry of Health and University of Newcastle procedures for shredding of sensitive documents. Electronic data will be transferred to an electronic storage device and data deleted from the computer system. All data will be securely stored for a period of five years and a data storage list will be maintained. All identifying information and data will be destroyed following the five year period.

PROJECT TIMELINE

Period – dates to be confirmed pending placement calendar	Task / data collection	Notes
2016, Semester 1	SRN participant recruitment: <ul style="list-style-type: none"> Interviews scheduled with PMBH partners Clinical partners PMBH clinician mentor recruitment Clinical partners PMBH mentor training	
2016, Semester 2	SRN participants year 1, semester 2 data collection: Post clinical placement block <ul style="list-style-type: none"> Quality clinical placement questionnaire Clinician partners (supervising RNs) <ul style="list-style-type: none"> Quality clinical placement questionnaire 	Mentor support day converging with student debriefing
2017, Semester 1	SRN participants year 2, semester 1 data collection: Post clinical placement block <ul style="list-style-type: none"> Quality clinical placement questionnaire Clinician partners (supervising RNs) <ul style="list-style-type: none"> Quality clinical placement questionnaire 	Mentor support day converging with student debriefing
2017, Semester 2	SRN participants year 2, semester 2 data collection: (Post clinical placement block) <ul style="list-style-type: none"> Quality clinical placement questionnaire Focus groups Work readiness scale Clinician partners (supervising RNs) <ul style="list-style-type: none"> Quality clinical placement questionnaire Clinical partners (mentors) PMBH, November / December <ul style="list-style-type: none"> Focus groups 	Mentor support day converging with student debriefing * Inclusion of additional SRN focus group item to identify participants who gained employment as NSW Health student AINs within PMBH
2018, Semester 1	SRN participants year 3, semester 1 data collection: (Post clinical placement block) <ul style="list-style-type: none"> Quality clinical placement questionnaire 	Mentor support day converging with student debriefing
2018, Semester 2	SRN participants year 3, semester 2 data collection: (Post clinical placement block) <ul style="list-style-type: none"> Quality clinical placement questionnaire Focus groups Work readiness scale Clinician partners (supervising RNs) <ul style="list-style-type: none"> Quality clinical placement questionnaire Clinical partners PMBH, November / December <ul style="list-style-type: none"> Focus group 	Mentor support day converging with student debriefing * Inclusion of additional item to identify participants who are placed out of area.
2019, July/August	<i>Six months following commencement of professional practice as Registered Nurses:</i> SRN participants <ul style="list-style-type: none"> Focus groups Work readiness scale Clinical Partners PMBH <ul style="list-style-type: none"> Focus groups 	Mentor appreciation event with graduates

MODEL FOR STUDENT CLINICAL PLACEMENTS

Student	Year 1, Semester 2 3 weeks	Year 2, Semester 1 2 x 2 weeks		Year 2, semester 2 2 x 2 weeks		Year 3, Semester 1 5 weeks*	Year 3, Semester 2 5 weeks
S1	Medical A	Older Person	Medical A	Surgical B	Mental Health	Coronary Care	Surgical B
S2	Medical A	Older Person	Medical A	Surgical B	Mental Health	Coronary Care	Surgical B
S3	Older Person	Medical A	Older Person	Surgical B	Mental Health	Coronary Care	Surgical B
S4	Surgical A	Surgical A	Older Person	Medical A	Mental Health	Critical Care	Medical B
S5	Surgical A	Surgical A	Residential Aged	Medical A	Women's Care	Critical Care	Medical B
S6	Paediatrics	Paediatrics	Residential Aged	Older Person	Women's Care	Renal Dialysis	Medical B
S7	Surgical B	Surgical B	Residential Aged	Women's Care	Medical B	Emergency	Medical A
S8	Surgical B	Surgical B	Residential Aged	Women's Care	Medical B	Emergency	Medical A
S9	Surgical B	Surgical B	Residential Aged	Mental Health	Medical B	Oncology	Older Person
S10	Medical B	Medical B	Residential Aged	Mental Health	Surgical A	Operative services	Surgical A
S11	Medical B	Medical B	Residential Aged	Mental Health	Surgical A	Operative services	Surgical A
S12	Medical B	Medical B	Residential Aged	Mental Health	Paediatrics	Operative services	Paediatrics

* Option to complete year 3, semester 1 placement out of area (other than PMCCPM venue)

KEY:

- Coronary Care Coronary Care Unit, coronary angiography suite, cardiac assessments
- Critical care Intensive care and high dependency unit
- Emergency Emergency department, acute community care clinic
- Medical A 1B: general medicine, renal
- Medical B 3D: respiratory, cardiology, medical admissions unit, stroke unit
- Mental Health 1A: acute and community mental health services
- Older Person AGEM: Acute Geriatric Evaluation and Management unit, reconditioning and awaiting residential placement
- Oncology North Coast Cancer Institute (NCCI), chemotherapy and radiation oncology unit
- Operative services Day procedures, operating theatres, anaesthetics and recovery
- Residential Aged Emmaus, Catholic Care of the Aged; high level care residential facility
- Surgical A 2B: orthopaedic / urology / maxillofacial
- Surgical B 2C: general surgical, gastro
- Women's care 2A: maternity / gynaecology

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- Kenny, A., Nankervis, K., Kidd, T. & Connell, S. (2012). Models of nursing student employment: An Australian action research study. *Nurse Education Today*. 32, 600-605.
- Lenburg, C., Abdur-Rahman, V., Spencer, T., Boyer, S. & Klein, C. (2011). Implementing the COPA model in nursing education and practice settings: promoting competence, quality care, and patient safety. *Nursing Education Perspectives*. 32, 5, 290-296.
- Levett-Jones, T., Lapkin, S., Hoffman, K., Arthur, C. & Roche, J. (2011). Examining the impact of high and medium fidelity simulation experiences on nursing student's knowledge acquisition. *Nurse Education in Practice*, 11, (6), 380-383
- Lovecchio, C., DiMattio, M-J.K., & Hudacek, S. (2015). Predictors of Undergraduate Nursing Student Satisfaction with Clinical Learning Environment: A Secondary Analysis. *Nursing Education Perspectives*. 36, 4, 252-254.
- Luhanga, F., Billay, D., Grundy, Q., Myrick, F. & Yonge, O. (2010). The one-to-one relationship: is it really key to an effective preceptorship experience? A review of the literature. *International Journal of Nursing Education Scholarship*. 7, 1, Art 21.
- MacKay, M., Brown, R., Joyce-McCoach, J. & Smith, K. (2014). The development of a model of education for casual academic staff who support nursing students in practice. *Nurse Education in Practice*. 14, 281-285.
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- Morrell, N. & Ridgeway, V. (2014). Are we preparing student nurses for final practice placement? *British Journal of Nursing*. 23, 10, 518-523.

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- Newton, J.M., Cross, W.M., White, K., Ockerby, C., & Billett, S. (2011). Outcomes of a clinical partnership model for undergraduate nursing students. *Contemporary Nurse*. 39, 1, 119-127.
- Numminen, O., Leino-Kilpi, H., Isoaho, H, & Meretoja, R. (2015). Newly Graduated Nurses' Competence and Individual and Organizational Factors: A Multivariate Analysis. *Journal of Nursing Scholarship*. 47, 5, 446-457.
- Parker, V., Giles, M., Lantry, G. & McMillan, M. (2014). New graduate nurses' experiences in their first year of practice. *Nurse Education Today*. 34, 150-156.
- Phillips, C., Kenny, A., Esterman, A. & Smith, C. (2014). A secondary data analysis examining the needs of graduate nurses in their transition to a new role. *Nurse Education in Practice*. 14, 106-111.
- Phillips, C., Kenny, A., Smith, C. & Esterman, A. (2012) .Pre-registration paid employment choice: The views of newly qualified nurses. *Nurse Education Today*. 32, 10-14.
- Ramcharan, P. (2013). What is ethical research? In Liamuttong, P. (2nd Ed.). *Research methods in health: Foundations for evidence-based practice*. Victoria, Australia: Oxford University Press.
- Roxburgh, M. (2014). Undergraduate student nurses' perceptions of two practice learning models: A focus group study. *Nurse Education Today*. 34, 40-46.
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- Shacklock, K., Brunetto, Y., Teo, S. & Farr-Wharton, R. (2013). The role of support antecedents in nurses' intentions to quit: the case of Australia. *Journal of Advanced Nursing*. 70, 4, 811-822.
- Stayt, L. & Merriman, C. (2013). A descriptive survey investigating pre-registration student nurses' perceptions of clinical skill development in clinical placements. *Nurse Education Today*. 33, 425-430.

- Sundler, A. J. , Björk, M. , Bisholt, B. , Ohlsson, U. , Engström, A. K. & Gustafsson, M. (2014). Student nurses' experiences of the clinical learning environment in relation to the organization of supervision: a questionnaire survey. *Nurse Education Today*, 34 (4), 661-666.
- Tappings, J., Muir, J. & Marks-Maran, D. (2013). How first experiences influence newly qualified nurses. *British Journal of Nursing*. 22, 2, 102-109.
- Taylor, M.A., Brammer, J.D., Cameron, M., & Perrin, C.A. (2015). The sum of all parts: An Australian experience in improving clinical partnerships. *Nurse Education Today*. 35, 297-303.
- Teel, C., MacIntyre, R., Murray T. & Rock, K. (2011). Common themes in clinical education partnerships. *Journal of Nursing Education*, 50, (7), 365 - 372
- Walker, A. & Campbell, K. (2013). Work readiness of graduate nurses and the impact on job satisfaction, work engagement and intention to remain. *Nurse Education Today*. 33, 1490-1495.
- Williams B, McKenna L, French J, Dousek S. (2013). The clinical teaching preference questionnaire (CTPQ): an exploratory factor analysis. *Nurse Education Today*. 33, 8, 814-817.

APPENDIX 1: SEARCH STRATEGY

Search	Operator	Keyword
1	-	Nurs*
2	OR	Undergraduate
		Baccalaureate
		Bachelor
		Pre-registration
		Student
3	OR	Mentor*
		Coach*
		Precept*
		Supervis*
4	OR	Clinical
		Clinical placement
		Professional placement
		Practicum
		Education
		Work
5	OR	Collaborat*
		Model*
		Partners*
6	OR	Experience
		Belonging
		Satisfact*
7	OR	'Work ready'
		Prepar*
		Transition*
		Graduate*
8	AND	1, 2, 4, 6 (quality placement)
9	AND	1 - 4 (clinical supervision)
	AND	1, 2, 4, 7 (work readiness)
	AND	1, 2, 5 (models)
	AND	1 - 6

Limits:

- Peer reviewed
- Research
- English language
- January 2010 - current

Exclusions:

APPENDIX 2: TABLE OF REVIEWED LITERATURE

	Citation	Inclusion
1.	Ares, T. (2014). Professional Socialization of Students in Clinical Nurse Specialist Programs. <i>Journal of Nursing Education</i> . 53, 11, 631-640.	Yes
2.	Barnett, T., Cross, M., Shahwan-Akl, L. & Jacob, E. (2010). The evaluation of a successful collaborative education model to expand student clinical placements. <i>Nurse Education in Practice</i> . 10, 17-21.	Yes
3.	Bennett, M. & McGowen, B. (2014). Assessment matters—mentors need support in their role. <i>British Journal of Nursing</i> . 23, 9, 454-458.	Yes
4.	Bisholt, B., Ohlsson, U., Engström, A.K., Johansson, A.S., & Gustafsson, M. (2014) Nursing students' assessment of the learning environment in different clinical settings. <i>Nurse Education in Practice</i> , 14, 3, 304-10.	Yes
5.	Bourgeois, S., Drayton, N. & Brown, A. (2010). An innovative model of supportive clinical teaching and learning for undergraduate nursing students: The cluster model. <i>Nurse Education in Practice</i> . 11, 114-118.	Yes
6.	Bridges, R., Holden-Huchton, P. & Armstrong, M. (2013). Transition to Nursing Practice of Accelerated Second-Degree Baccalaureate Students Using Clinical Coaches. <i>The Journal of Continuing Education in Nursing</i> . 44, 5, 225-229.	Yes
7.	Broad, P., Walker, J., Boden, R. & Barnes, A. (2011). Developing a 'model of transition'. <i>British Journal of Nursing</i> . 20, 20, 1298-1301.	Yes
8.	Broadbent, M., Moxham, L., Sander, T., Walker, S., & Dwyer, T. (2014). Supporting bachelor of nursing students within the clinical environment: Perspectives of preceptors. <i>Nurse Education in Practice</i> . 14, 403-409.	Yes
9.	Brynildsen, G., Bjork, I., Berntsen, K. & Hestetun, M. (2014). Improving the quality of nursing students' clinical placements in nursing homes: An evaluation study. <i>Nurse Education in Practice</i> . 14, 772-728.	Yes
10.	Caballero, C. Walker, A. & Fuller-Tyszkiewicz, M. (2011). The work readiness scale (WRS): Developing a measure to assess work readiness in college graduates. <i>Journal of Teaching and Learning for Graduate Employability</i> . 2, 2, 41-54	Yes
11.	Campbell, S. & Daley, K. (2009). Setting the foundation for simulation. Springer Publishing, New York Christiansen, A. & Bell, A. (2010). Peer learning partnerships: exploring the experience of pre-registration nursing students. <i>Journal of Clinical Nursing</i> . 19, 803-810.	Yes
12.	Christiansen, A. & Bell, A. (2010). Peer learning partnerships: exploring the experience of pre-registration nursing students. <i>Journal of Clinical Nursing</i> , 19, 803–810.	Yes
13.	Claeys, M., Deplaecie, M., Vanderplancke, T., Delbaere, I., Myny, D., Verhaeghe, S. (2015). The difference in learning culture and learning performance between a traditional clinical placement, a dedicated education unit and work-based learning. <i>Nurse Education Today</i> . 35, 9, e70-e77.	Yes
14.	Clark, H. (2013). A comprehensive framework for measuring skills gaps and determining work readiness. <i>Employment Relations Today</i> . 40, 3, 1-11.	Yes
15.	Crombie, A., Brindle, J., Harris, D., Marks-Maran, D. & Thompson, T. (2013). Factors that enhance rates of completion: What makes students stay? <i>Nurse Education Today</i> . 33, 1282-1287.	Yes
16.	Cross, W. (2009). Tilting at windmills: a look at policy and workforce drivers that influence contemporary nurse education in Australia. <i>Contemporary Nurse</i> , 32(1-2), 55-58.	Yes
17.	de Fulvio, B., Stichler, J.F., & Gallo, A-M. (2015). Teaching future nurses in the clinical setting: the clinical nurses' perspective. <i>Journal of Nursing Administration</i> , 45, 1, 21-27.	Yes
18.	Diefenbeck, C. Herrman, J., Wade, G., Hayes, E., Voelmeck, W., Cowperthwait, A. & Norris, S. (2015). Preparedness for clinical: Evaluation of the core elements of the clinical immersion model. <i>Journal of Professional Nursing</i> . 31, 2, 124-132.	Yes
19.	Donley, R., Flaherty, M., Sarsfield, E., Burkhard, A., O'Brien, S. & Anderson, K. (2014). Graduate clinical nurse preceptors: implications for improved intra-professional collaboration. <i>Online Journal of Nursing Issues</i> . 19, 3, 1-1	Yes
20.	Draper, J., Beretta, R., Kenward, L., McDonagh, L., Messenger, J. & Rounce, J. (2014). 'Ready to hit the ground running': Alumni and employer accounts of a unique part-time distance learning pre-registration nurse education program. <i>Nurse Education Today</i> . 34, 1305-1310.	Yes
21.	El Haddad, M., Moxham, L. & Broadbent, M. (2013). Graduate registered nurse practice readiness in the Australian context: An issue worthy of discussion. <i>Collegian</i> . 20, 233-238.	Yes
22.	Esmaeili, M., Cheraghi, M.A., Salsali, M., & Ghiyasvandian, S. (2014) Nursing students' expectations regarding effective clinical education: A qualitative study. <i>International Journal of Nursing Practice</i> , 20, 5, 460-467.	Yes
23.	Felton, A. & Royal, J. (2015). Skills for nursing practice: Development of clinical skills in pre-registration nurse education. <i>Nurse Education in Practice</i> . 15, 38-43.	Yes
24.	Goddard, L. Mackay, S. & Davidson, P. (2010). Functional clinical placements: A driver for	Yes

	change. <i>Nurse Education Today</i> . 30, 398-404.	
25.	Gurling, J. (2011). Link mentorships: improving support for pre-registration students and mentors. <i>British Journal of Community Nursing</i> . 16, 9, 435-440.	Yes
26.	Hasson, F., McKenna, H. & Keeney, S. (2013) Delegating and supervising unregistered professionals: The student nurse experience. <i>Nurse Education Today</i> . 33, 229-235.	Yes
27.	Health Workforce Australia (2011). <i>National Training Plan – overview</i> . Adelaide, SA: HWA. Retrieved from: www.hwa.gov.au/sites/uploads/national-training-plan-overview-05-2011.pdf	Yes
28.	Health Workforce Australia (2012). <i>Health Workforce 2025 Doctors, Nurses and Midwives</i> (Vol. 1). Adelaide, SA: HWA Retrieved from: www.hwa.gov.au/sites/uploads/FinalReport_Volume1_FINAL-20120424.pdf	Yes
29.	Health Workforce Australia (2014a). <i>Australia's Future Health Workforce – Nurses Overview</i> . Commonwealth of Australia, Canberra	Yes
30.	Health Workforce Australia (2014b). <i>Nursing Workforce Sustainability, Improving Nurse Retention and Productivity</i> . Commonwealth of Australia, Canberra	Yes
31.	HETI/NSW ICTN (2015). <i>Clinical placements in NSW, 2015</i> . Retrieved from: http://www.heti.nsw.gov.au/ictn/	Yes
32.	Henderson, A., Ossenber, C. & Tyler, S. (2015). 'What matters to graduates': An evaluation of a structured clinical support program. <i>Nurse Education in Practice</i> . 15, 225-231.	Yes
33.	Holland, K., Roxburgh, M., Johnson, M., Topping, K., Watson, R., Lauder, W. & Porter, M. (2010). Fitness for practice in nursing and midwifery education in Scotland, United Kingdom	Yes
34.	Jeffries, P., Rose, L., Belcher, A., Dang, D., Hochuli, J., Fleischmann, D., Gerson L, Greene M., Jordan ,E., Krohn, V., Sartorius-Mergenthaler, S., Walrath, J. (2013) A clinical academic practice partnership: a clinical education redesign. <i>Journal of Professional Nursing</i> . 29, 3, 128-136.	Yes
35.	Kenny, A., Nankervis, K., Kidd, T. & Connell, S. (2012). Models of nursing student employment: An Australian action research study. <i>Nurse Education Today</i> . 32, 600-605.	Yes
36.	Lenburg, C., Abdur-Rahman, V., Spencer, T., Boyer, S. & Klein, C. (2011). Implementing the COPA model in nursing education and practice settings: promoting competence, quality care, and patient safety. <i>Nursing Education Perspectives</i> . 32, 5, 290-296.	Yes
37.	Levett-Jones, T., Lapkin, S., Hoffman, K., Arthur, C. & Roche, J. (2011). Examining the impact of high and medium fidelity simulation experiences on nursing student's knowledge acquisition. <i>Nurse Education in Practice</i> , 11, (6), 380-383	Yes
38.	Lovecchio, C., DiMattio, M-J.K., & Hudacek, S. (2015). Predictors of Undergraduate Nursing Student Satisfaction with Clinical Learning Environment: A Secondary Analysis. <i>Nursing Education Perspectives</i> . 36, 4, 252-254.	Yes
39.	Luhanga, F., Billay, D., Grundy, Q., Myrick, F. & Yonge, O. (2010). The one-to-one relationship: is it really key to an effective preceptorship experience? A review of the literature. <i>International Journal of Nursing Education Scholarship</i> . 7, 1, Art 21.	Yes
40.	MacKay, M., Brown, R., Joyce-McCoach, J. & Smith, K. (2014). The development of a model of education for casual academic staff who support nursing students in practice. <i>Nurse Education in Practice</i> . 14, 281-285.	Yes
41.	McIntosh, A., Gidman, J & Smith, D. (2014). Mentors perceptions and experiences of supporting student nurses in practice. <i>International Journal of Nursing Practice</i> . 20, 360-365.	Yes
42.	McNamara, N. (2015). Preparing students for clinical placement: The students perspective. <i>Nursing Education in Practice</i> . 15, 196-202	Yes
43.	Milton-Whitey, K., Kenny, P., Parmenter, G. & Hall, J. (2013). Educational preparation for clinical nursing: The satisfaction of students and new graduates from two Australian universities. <i>Nurse Education Today</i> . 34, 648-654.	Yes
44.	Morrell, N. & Ridgeway, V. (2014). Are we preparing student nurses for final practice placement? <i>British Journal of Nursing</i> . 23, 10, 518-523.	Yes
45.	Myler, L., Buch, C., Hagerty, B., Ferrari, M. & Murphy, S. (). Mentor satisfaction using a new model of clinical education. <i>Nursing Education Perspectives</i> . 35, 6, 367-371.	Yes
46.	Nardi, D. & Gyurko, C. (2013). The global nursing faculty shortage: Status and solutions for change. <i>Journal of Nursing Scholarship</i> . 45,3, 317–326	Yes
47.	Newton, J.M., Cross, W.M., White, K., Ockerby, C., & Billett, S. (2011). Outcomes of a clinical partnership model for undergraduate nursing students. <i>Contemporary Nurse</i> . 39, 1, 119-127.	Yes
48.	Numminen, O., Leino-Kilpi, H., Isoaho, H, & Meretoja, R. (2015). Newly Graduated Nurses' Competence and Individual and Organizational Factors: A Multivariate Analysis. <i>Journal of Nursing Scholarship</i> . 47, 5, 446-457.	Yes
49.	Parker, V., Giles, M., Lantry, G. & McMillan, M. (2014). New graduate nurses' experiences in their first year of practice. <i>Nurse Education Today</i> . 34, 150-156.	Yes
50.	Phillips, C., Kenny, A., Esterman, A. & Smith, C. (2014). A secondary data analysis examining the needs of graduate nurses in their transition to a new role. <i>Nurse Education in Practice</i> . 14, 106-111.	Yes
51.	Phillips, C., Kenny, A., Smith, C. & Esterman, A. (2012) .Pre-registration paid employment choice:	Yes

	The views of newly qualified nurses. <i>Nurse Education Today</i> . 32, 10-14.	
52.	Ramcharan, P. (2013). What is ethical research? In Liamuttong, P. (2 nd Ed.). <i>Research methods in health: Foundations for evidence-based practice</i> . Victoria, Australia: Oxford University Press.	Yes
53.	Roxburgh, M. (2014). Undergraduate student nurses' perceptions of two practice learning models: A focus group study. <i>Nurse Education Today</i> . 34, 40-46.	Yes
54.	Rush, K., Adamack, M., Gordon, A., Lilly, M. & Janke, R. (2012). Best practice of formal new graduate nurse transition programs: An integrative literature review. <i>International Journal of Nursing Studies</i> . 50, 345-356.	Yes
55.	Shacklock, K., Brunetto, Y., Teo, S. & Farr-Wharton, R. (2013). The role of support antecedents in nurses' intentions to quit: the case of Australia. <i>Journal of Advanced Nursing</i> . 70, 4, 811-822.	Yes
56.	Stayt, L. & Merriman, C. (2013). A descriptive survey investigating pre-registration student nurses' perceptions of clinical skill development in clinical placements. <i>Nurse Education Today</i> . 33, 425-430.	Yes
57.	Sundler, A. J. , Björk, M. , Bisholt, B. , Ohlsson, U. , Engström, A. K. & Gustafsson, M. (2014). Student nurses' experiences of the clinical learning environment in relation to the organization of supervision: a questionnaire survey. <i>Nurse Education Today</i> , 34 (4), 661-666.	Yes
58.	Tappings, J., Muir, J. & Marks-Maran, D. (2013). How first experiences influence newly qualified nurses. <i>British Journal of Nursing</i> . 22, 2, 102-109.	Yes
59.	Taylor, M.A., Brammer, J.D., Cameron, M., & Perrin, C.A. (2015). The sum of all parts: An Australian experience in improving clinical partnerships. <i>Nurse Education Today</i> . 35, 297-303.	Yes
60.	Teel, C., MacIntyre, R., Murray T. & Rock, K. (2011). Common themes in clinical education partnerships. <i>Journal of Nursing Education</i> , 50, (7), 365 - 372	Yes
61.	Walker, A. & Campbell, K. (2013). Work readiness of graduate nurses and the impact on job satisfaction, work engagement and intention to remain. <i>Nurse Education Today</i> . 33, 1490-1495.	Yes
62.	Williams B, McKenna L, French J, Dousek S. (2013). The clinical teaching preference questionnaire (CTPQ): an exploratory factor analysis. <i>Nurse Education Today</i> . 33, 8, 814-817.	Yes

APPENDIX 3: QUALITY CLINICAL PLACEMENT EVALUATION (QCPE)

Undergraduate Nurse Survey		Strongly disagree (0)	Disagree (1)	Neither agree nor disagree (2)	Agree (3)	Strongly agree (4)
S1.	I was welcomed to the unit					
S2.	I was introduced to staff and patients					
S3.	I felt accepted on the unit					
S4.	My prior experience was acknowledged during learning opportunities					
S5.	I accomplished my learning objectives during this practice experience					
S6.	I was encouraged to be an active learner					
S7.	The staff had an understanding of my learning needs					
S8.	I am more confident about my nursing practice					
S9.	I am more competent in practice					
S10.	This nurse assisted me to make decisions about my learning objectives and needs					
S11.	This nurse actively looked for opportunities to optimise my learning					
S12.	When asked, this nurse assessed my skills effectively					
S13.	I received constructive feedback from this nurse					
S14.	This nurse had an understanding of my learning					
S15.	I felt positive about working with this nurse					
S16.	My clinical facilitator assisted me to make decisions about my learning objectives and needs					
S17.	My clinical facilitator actively looked for opportunities to optimise my learning					
S18.	When asked, my clinical facilitator assessed my skills effectively					
S19.	I received constructive feedback from my clinical facilitator					
S20.	My clinical facilitator had an understanding of the needs of my learning					
S21.	I felt positive about working with my clinical facilitator					

Supervising Nurse Survey		Strongly disagree (0)	Disagree (1)	Neither agree nor disagree (2)	Agree (3)	Strongly agree (4)
N1.	The students were welcomed to the unit					
N2.	The students were introduced to staff and patients					
N3.	The students were accepted on the unit					
N4.	The students' prior experience was acknowledged to more effectively structure teaching and learning opportunities					
N5.	The students were assisted to make decisions about learning objectives and needs					
N6.	After this experience, the students have accomplished their learning objectives					
N7.	The students were encouraged to be active learners					
N8.	I supported the student to develop their competence in practice					
N9.	I assisted the student in finding strategies to meet his/her learning objectives and needs					
N10.	I actively looked for learning opportunities for the student					
N11.	I had an understanding of the students' learning needs					
N12.	Working with this student supported the development of my own knowledge of the undergraduate curriculum					
N13.	When asked, I felt confident assessing the students' skills					
N14.	I provided constructive feedback to the student					
N15.	Having the opportunity to support the students has contributed to my professional development					
N16.	I feel positive about working with students					
N17.	I am confident in my role supporting students					

Courtney-Pratt, Fitzgerald, Ford, Johnson & Wills. (2012). Development and reliability testing of the quality clinical placement evaluation tool. *Journal of Clinical Nursing*, 23, 504–514, doi: 10.1111/jocn.12158

APPENDIX 4: WORK READINESS SCALE

1.	Taking things personally
2.	Intolerance of critics
3.	Stress when managing many things
4.	Averse to criticism
5.	Comfort approaching senior people at work
6.	Difficulty starting tasks
7.	Dealing with competing demands
8.	Easily offended
9.	Unsure when appropriate to speak up/stay quiet
10.	Overwhelmed by challenging circumstances
11.	Don't like being told how to do things differently
12.	Upset if others change the way I have organised things
13.	Managing new social situations
14.	Difficulty understanding abstract ideas
15.	Don't think I will succeed with goals I have set
16.	Tendency to judge others
17.	Superiority over others who have less knowledge
18.	Difficulty establishing trust and rapport
19.	Juggling too many things at once
20.	Don't like the idea of change
21.	Don't like learning new things
22.	Learning from employees who have worked at an organisation for years
23.	Learning from long serving employees
24.	Understanding organisational processes
25.	Learning as much as you can about the organisation
26.	Respecting colleagues
27.	Keeping abreast of business affairs
28.	Taking responsibility for decisions and actions
29.	Respecting authority figures
30.	Impact of world issues on business
31.	Openness to opportunities to learn and grow
32.	Eager to throw myself into my work
33.	Always working on improving myself
34.	Organisation's values and beliefs forms part of its culture
35.	Thrive on completing tasks and achieving results
36.	Can't wait to start work and throw myself into a project
37.	Graduates need to be willing to start at the bottom
38.	Listening and learning is more important than showing your knowledge
39.	Confidence about learnt knowledge
40.	Solid theoretical understanding of field of work
41.	People approach me for original ideas
42.	Confidence in technical competency
43.	Awareness of strengths and weaknesses
44.	Remain calm under pressure
45.	Being successful at work is very important
46.	Coping with multiple demands
47.	Set high standards for myself and others
48.	Analysing and solving complex problems
49.	Passion about field of study/work
50.	Being the best in the field is very important
51.	Have an eye for detail
52.	Have a mature view of life
53.	Adapting to different social situations
54.	Developing relationships with people
55.	Open and friendly approach
56.	Can express myself easily
57.	Good at making impromptu speeches
58.	Adapt easily to new situations
59.	Reading body language

Tool details pending

Caballero, C., Walker, A. & Fuller-Tyszkiewicz, M. (2011). The Work Readiness Scale (WRS): Developing a measure to assess work readiness in college graduates. *Journal of Teaching and Learning for Graduate Employability*, 2(2), 41 - 54.



THE UNIVERSITY OF
NEWCASTLE
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Information Statement for the Research Project: Evaluation of the clinical placement quality and readiness for practice of undergraduate nursing students in a regional clinical placement partnership model.

Researchers:	
Dr Lynette Bowen (Lecturer, Site Convenor) Tel: (02) 6581 6297 Lynette.Bowen@newcastle.edu.au	Sue Creech (Nurse Educator) Tel: (02) 5524 2236 Sue.Creech@ncahs.health.nsw.gov.au
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Why is the research being done?

A Clinical Placement Partnership Model (CCPM) will commence in 2016 between the School of Nursing and Midwifery (SoNM) and Port Macquarie Base Hospital and associated services. The purpose of the research is to:

- To enhance undergraduate student experience, creating a sense of belonging and improved work readiness, supported by professional relationships through a mentoring framework.
- To facilitate collaboration between Port Macquarie Base Hospital (PMBH) and the University of Newcastle (UON) Port Macquarie campus, with potential to grow future workforce requirements for PMBH, that is sustainable over a 5-10 year period and deliverable in other contexts.
- To effectively utilise an assigned portion of available clinical placements at PMBH, thus reducing cancellation, the potential for over-booking and improve coordination between UON Port Macquarie and PMBH

Information gained from this study will inform educators, health service providers and policy makers, and has the potential to improve the clinical placement experiences of nursing students, support transition to professional practice and increase collaborative activities between education and health service providers.

Who can participate in the research?

Nursing students:

- We are seeking Bachelor of Nursing students enrolled in the first year course NURS1202: Clinical Practice 1B, Stream 1 or Stream 2 at the Port Macquarie campus.
- Only full time students are able to participate.

What choice do you have?

- Participation in this research is entirely your choice. Only those people who give their informed consent will be included in the project. Whether or not you decide to participate, your decision will not disadvantage you.
- If you decide to participate but later change your mind you can discontinue your participation part way through or at the end of any survey by selecting the '**Clear Form**' button (in Blackboard™) or have the option of withdrawing any data which identifies you.

What would you be asked to do?

Nursing students: If you agree to participate, you will be asked to:

- Complete an online anonymous survey which will be made available to you in Blackboard for the last week of your clinical placement periods. The quality clinical placement evaluation survey contains 21 items and will take approximately 5 minutes to complete. If you choose to complete the online survey, you are not obligated to agree to an interview.
- Complete a work readiness scale survey at the end of years 2, 3 and 6 months following professional practice commencement. The survey contains 164 items and will take approximately x time to complete.
- Attend a focus group interview which will be arranged on PMBH or UoN Port Macquarie campus at a time in the first week of the University examination period. This interview will be conducted by one member of the Research Team and light refreshments will be made available. You will be with no more than 8 peers and you will be asked to complete some additional information such as your age, gender and employment status within the health industry.

Interview schedule for students

1. Tell us about your experience on clinical placement.
2. What things worked well and why?
3. What did not work and why?
4. How do you think your clinical placement experience could be improved?
5. Tell us about your experience with your mentor.
6. How do you feel your clinical placement experience is preparing you for professional practice?

How much time will it take?

- The Quality Clinical Placement Evaluation (QCPE) will take you 5 minutes to complete.
- The Work Readiness Scale (WRS) will take approximately x to complete
- The focus group interview will take approximately 1 hour

What are the risks and benefits of participating?

- There are no foreseeable risks or benefits to you from participating in this research.
- You may receive up to 5 marks course credit for participation in this study, if you complete the surveys and interview each semester, as detailed in the Research Awareness Exercise section of the NURS1201 course outline. You will need to claim your bonus marks prior to the finalisation of results for the course, at the end of each semester.

How will your privacy be protected?

- All surveys will be completed anonymously online using Blackboard™. The anonymous online survey data will be held on a University server, not an outside server, and will be subject to the same data security as all other University held data.

- If you attend a focus group you will be requested to maintain the confidentiality of the group discussion and not divulge the specific content to outside parties.
- All survey data will be automatically de-identified and aggregated prior to being accessed by the researchers.
- While the study is underway survey data will be kept on a dedicated project computer and backed up on a USB drive that will remain in the chief researcher's possession. These files will be password protected and only the researchers will have access to this data.
- On completion of the study all computer files will be transferred to a USB drive and will be stored by the Chief Investigator in a locked cabinet in the School of Nursing and Midwifery at the University of Newcastle for a minimum of five years. At the end of the five-year period data on the USB drive will be erased.

How will the information collected be used?

The results/findings of the study will be reported in peer reviewed journal publications and conference presentations. Individual participants will not be identifiable in any of the resulting publications or presentations. As the interview contents will be audiotaped and transcribed, you will be given the opportunity to review the recording and/or transcript to edit or erase your contribution. A summary of the research findings will be available to students within a year of study completion and will be sent to them upon request.

What do you need to do to participate?

If you would like to participate, please:

- Please read this Information Statement and be sure you understand its contents before you consent to participate.
- If there is anything you do not understand, or you have questions you may contact one of the researchers.
- If you would like to participate, please click on the link: provided in Blackboard > NURS1201
- If you accept the conditions of consent listed below and submit the surveys this will be taken as your indication that you are willing to take part in this research.
- If you accept the conditions of consent to participate in a focus group interview, please complete the attached Consent Form and return in the reply paid envelope provided. A member of the research team will then contact you to arrange a time and location for the interview.

Further information

If you would like further information please contact a member of the Research Team detailed at the front of this Statement.

Thank you for considering this invitation:

Dr Lynette Bowen: _____ [Signature]

A/Pro Pamela van der Riet: _____ [Signature]

Sue Creech: _____ [Signature]

Complaints about this research

This project has been approved by the University's Human Research Ethics Committee, Approval No. H- TBA. Should you have concerns about your rights as a participant in this research, or you have a complaint about the manner in which the research is conducted, it may be given to the researcher, or, if an independent person is preferred, to the Human Research Ethics Officer, Research Office, The Chancellery, The University of Newcastle, University Drive, Callaghan NSW 2308, Australia, telephone (02) 49216333, email Human-Ethics@newcastle.edu.au.



THE UNIVERSITY OF
NEWCASTLE
AUSTRALIA

Dr Lynette Bowen
School of Nursing and Midwifery
Faculty of Health
University of Newcastle
Widderson Street, Port Macquarie, NSW 2444

Information Statement for the Research Project: Evaluation of the clinical placement quality and readiness for practice of undergraduate nursing students in a regional clinical placement partnership model.

Researchers:	
Dr Lynette Bowen (Lecturer, Site Convenor) Tel: (02) 6581 6297 Lynette.Bowen@newcastle.edu.au	Sue Creech (Nurse Educator) Tel: (02) 5524 2236 Sue.Creech@ncahs.health.nsw.gov.au
A/Prof Pamela van der Riet (Dept. Head of School: Student Experience) Tel: (02) 4921 6599 Pamela.VanDerRiet@newcastle.edu.au	Alan Pretty (ADON) Tel: (02) 5524 2101 Alan.Pretty@ncahs.health.nsw.gov.au
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Why is the research being done?

A Clinical Placement Partnership Model (CCPM) will commence in 2016 between the School of Nursing and Midwifery (SoNM) and Port Macquarie Base Hospital and associated services. The purpose of the research is to:

- To enhance undergraduate student experience, creating a sense of belonging and improved work readiness, supported by professional relationships through a mentoring framework.
- To facilitate collaboration between Port Macquarie Base Hospital (PMBH) and the University of Newcastle (UON) Port Macquarie campus, with potential to grow future workforce requirements for PMBH, that is sustainable over a 5-10 year period and deliverable in other contexts.
- To effectively utilise an assigned portion of available clinical placements at PMBH, thus reducing cancellation, the potential for over-booking and improve coordination between UON Port Macquarie and PMBH

Information gained from this study will inform educators, health service providers and policy makers, and has the potential to improve the clinical placement experiences of nursing students, support transition to professional practice and increase collaborative activities between education and health service providers.

Who can participate in the research?

Clinician Partners (supervising Registered Nurses)

- We are seeking Registered Nurses who directly supervise Bachelor of Nursing students during their clinical placements

Mentors:

- We are seeking PMCPPM site appointed clinical mentors for student nurses at Port Macquarie Base Hospital for the three year period of their study enrolment.

What choice do you have?

- Participation in this research is entirely your choice. Only those people who give their informed consent will be included in the project. Whether or not you decide to participate, your decision will not disadvantage you.
- If you decide to participate but later change your mind you can discontinue your participation at any time by notifying the Chief Investigator. You may withdraw part way through the project with the option of withdrawing any data which identifies you.

What would you be asked to do?

If you agree to participate, you will be asked to:

Clinician Partners (supervising Registered Nurses)

- Complete an anonymous Quality Clinical Placement Evaluation (QCPE) survey at the completion of student clinical placement period.

Mentors:

- Participate in mentor activities including education sessions, support meetings and maintain mentee contact throughout their three year enrolment.
- Attend a focus group interview which will be arranged for a mutually convenient time and location. This interview will take approximately 15-20 minutes and light refreshments will be made available.

Suggested questions for clinical mentors

1. Tell us about your experience with the Port Macquarie Clinical Placement Partnership Model (PMCPPM)
2. What things worked well with this model and why?
3. What did not work with this model and why?
4. How could this model be improved?
5. Tell us about your experience with your mentee.
6. How do you feel the clinical placements are preparing students for professional practice?

How much time will it take?

- The Quality Clinical Placement Evaluation (QCPE) will take you 5 minutes to complete.
- The focus group interview will take approximately 1 hour
- Mentor activities would take approximately 12 days per year.

What are the risks and benefits of participating?

- There are no foreseeable risks or benefits to you from participating in this research.
- Certificates of attendance will be provided for education sessions and a certificate of thanks will be provided at the completion of the project for inclusion in personal professional portfolios.

How will your privacy be protected?

- If you attend a focus group you will be requested to maintain the confidentiality of the group discussion and not divulge the specific content to outside parties.
- All survey data will be automatically de-identified and aggregated prior to being accessed by the researchers.
- While the study is underway survey data will be kept on an office computer and backed up on a USB drive that will remain in the chief researcher's possession. These files will be password protected and only the researchers will have access to this data.
- On completion of the study all computer files will be transferred to a USB drive and will be stored by the chief researcher in a locked cabinet in the School of Nursing and Midwifery at the University

of Newcastle for a minimum of five years. At the end of the five-year period data on the USB drive will be erased.

How will the information collected be used?

The results/findings of the study will be reported in peer reviewed journal publications and conference presentations. Individual participants will not be identifiable in any of the resulting publications or presentations. As the interview contents will be audiotaped and transcribed, you will be given the opportunity to review the recording and/or transcript to edit or erase your contribution. A summary of the research findings will be available to students within a year of study completion and will be sent to them upon request.

What do you need to do to participate?

If you would like to participate, please:

- Please read this Information Statement and be sure you understand its contents before you consent to participate.
- If there is anything you do not understand, or you have questions you may contact one of the researchers.
- If you would like to participate, please click on the link: provided in Blackboard > NURS1201
- If you accept the conditions of consent listed below and submit the surveys this will be taken as your indication that you are willing to take part in this research.
- If you accept the conditions of consent to participate in a focus group interview, please complete the attached Consent Form and return in the reply paid envelope provided. A member of the research team will then contact you to arrange a time and location for the interview.

Further information

If you would like further information please contact a member of the Research Team detailed at the front of this Statement.

Thank you for considering this invitation:

Dr Lynette Bowen: _____ [Signature]

A/Pro Pamela van der Riet: _____ [Signature]

Sue Creech: _____ [Signature]

Complaints about this research

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Dr Lynette Bowen
School of Nursing and Midwifery
Faculty of Health
University of Newcastle
Widderson St, Port Macquarie, NSW 2444

Consent Form for the Research Project:

Evaluation of the clinical placement quality and readiness for practice of undergraduate nursing students in a regional clinical placement partnership model.

Researchers:	
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Document Version 1: dated 12/11/2015

I agree to participate in the above research project and give my consent freely.

I understand that the project will be conducted as described in the Information Statement, a copy of which I have retained.

I understand I can withdraw from the project at any time and do not have to give any reason for withdrawing.

As a **nursing student** I consent to:

- Completing an online Quality Clinical Placement Evaluation (QCPE) questionnaire Yes No
- Completing an online Work Readiness Scale (WRS) questionnaire Yes No
- Participating in an interview and having it recorded Yes No
- Having my student identification photo displayed as a PMCPPM participant Yes No

As a **Registered Nurse** I consent to:

- Completing a Quality Clinical Placement Evaluation (QCPE) questionnaire Yes No
- Participating in an interview and having it recorded Yes No

I understand that my personal information will remain confidential to the researchers

I have had the opportunity to have questions answered to my satisfaction.

I have the option to receive a copy of the study results.

Print Name: _____

Add **Contact Details** if you would like to be contacted to arrange for the focus group interview. _____

Signature: _____ **Date:** _____

APPENDIX 8: STUDENT PARTICIPANT FLYER

PORT MACQUARIE CLINICAL PLACEMENT PARTNERSHIP MODEL

BACHELOR OF NURSING STUDENTS 2016-2018



1 Photo	2	3	4
Name			
5	6	7	8
9	10	11	12

These students will be completing Bachelor of Nursing clinical placements within the PMBH and associated services from 2016 – 2018 supported by PMBH mentors and UoN facilitators.

Please welcome them.

