



MCH nurse preceptor workshop



I begin our workshop by acknowledging the Wurundjeri people, of the Kulin nation, the traditional custodians of the land where I live. I pay my respects to the Elders past and present, and I extend that respect to any Aboriginal and Torres Strait Islander people who may be listening today.

Agenda

8.30 - 10.00	Supporting students at different stages of experience PebblePad Promoting skill development - Catina
10.00 - 10.15	Short break
10.15 - 11.45	Giving formal and informal feedback using the competencies and the Bondy scale – Rayleen Monitoring clinical progress and identifying red flags - Leanne
11.45 - 12.00	Short break
12.00 - 1.00	Managing student challenges - Leanne and Rayleen

What do you want from today's workshop?

Write some notes in the Chat.



MCH education in Victoria

- 3 Universities in Victoria
- Graduate Diploma level
- May continue to higher degrees
- Nursing and Midwifery registration prerequisite, plus two years of clinical experience in both Nursing and Midwifery
- 1 year full-time (or 18 months or two years part-time).
- Mid-year entry available



Clinical placement

Approximately 300 hours of placement, the majority in Universal MCH settings.

Observational placements in childcare, early intervention, family support, and Early Parenting Centres.

Our goals for students

- develop
 - critical thinking and problem-solving skills
 - specialised clinical proficiency
 - effective communication skills.
- and be able to
 - make high-level independent judgements
 - plan, implement and evaluate practice in Maternal and Child Health
 - function effectively as a member of a multidisciplinary team.



Supporting
students at
different
stages of
experience

Course structure at Federation University

SEMESTER 1			SEMESTER 2		
HEALM6301	Child & Family Health Assessment 1 (120 Hours)	15	HEALM6304	Child & Family Health Assessment 2 (120 hours)	15
HEALM6302	Family & Community Studies	15	Elective	Choice of 3 courses	15
HEALM6303	Working in Partnerships with Families	15	HEALM6306	Infant & Child Nutrition (60 hours)	15
HEALP6202	Perinatal & Infant Mental Health 2	15	HEALM6307	Applied research for child and family health	15

Students can undertake the program full-time in one year, part-time over two years, or 18 months with course credits for RPL.

Mid-year entry is available for part-time applicants to complete over 18 months or two years with initial non-clinical courses with a secured clinical placement the following year.

Clinical experience will be undertaken in Local Council MCH services (240 hours) and speciality services that are closely associated with the role of the MCH Nurse (60 hours).

Course structure at La Trobe

Full-time (1 year)	Semester 1	Semester 2
Year 1	NSM4MCH (30 credit points) NSM5CAF (15 credit points) NSM4CCH (15 credit points)	NSM5COM (30 credit points) Elective (15 credit points) Elective (15 credit points)

Part-time (18-months)	Semester 1	Semester 2
Year 1	NSM4MCH (30 credit points) Elective (15 credit points)	NSM5COM (30 credit points) Elective (15 credit points)
Year 2	NSM5CAF (15 credit points) NSM4CCH (15 credit points)	mid-year graduation

Part-time (2 years)	Semester 1	Semester 2
Year 1	NSM4MCH (30 credit points)	Elective (15 credit points) Elective (15 credit points)
Year 2	NSM5CAF (15 credit points) NSM4CCH (15 credit points)	NSM5COM (30 credit points)

MID-YEAR INTAKE Part-time (18-months)	Semester 1	Semester 2
Year 1		NSM5COM (30 credit points)
Year 2	NSM4MCH (30 credit points) NSM5CAF (15 credit points) NSM4CCH (15 credit points)	Elective (15 credit points) Elective (15 credit points)

Course structure at La Trobe

NSM4MCH (semester 1)		
Universal MCH (UMCH) May include: Childcare centre (8) Early intervention agency (8) EPC Day stay/lactation (8)	140	May commence from week 14 (1 st April) EPC = Early Parenting Centre
Total subject hours	140	

NSM5COM (Semester 2)		
Universal MCH (UMCH) May include: Family support services (8) EPC or EMCH (24)	140	Mid-year entry – may commence from week 36 (26 th August) EMCH = Enhanced Maternal and Child Health
Total subject hours	140	

Course structure at RMIT

Semester 1	Semester 2
NURS1023 Child and Family Health Assessment	NURS1019 Child & Family Nursing in the Community
NURS2202 Families in Contemporary Society	NURS2182 Foundational Parent-Infant Mental Health
NURS2181 Child and Family Nutrition	NURS2183 Clinical Practice: MCH 2
NURS2203 Clinical Practice: MCH 1	Elective: NURS2184 Complex Parent-Infant Mental Health
Only one (1) elective required, others also available	Elective: PUBH1427 Elective: Indigenous Health (new)

Other Electives include: Context of Mental Health Nursing, Therapeutic Initiatives in Mental Health, Health Inquiry Critique (Research) or other courses approved by the Program Manager.

This MCH program requires a minimum of 300 hours of clinical experience. Students are assessed against the Victorian MCH Nurse Competency Standards (VAMCHN, 2010/2023).

Approx. 230 hours are undertaken in a Council MCH service. Approx. 70 hours are completed as community visits or placement in various child health settings.

These may include Childcare, Early Parenting Centres, the MCH Line and Victorian Children's Court. Most of these are during semester 1.

Clinical preceptors

A preceptor is:

- a skilled & knowledgeable practitioner
- provides support and guidance to a novice by working with them for a set period, usually formalised
- professional role model and supervise experiential learning
- Usually chosen by the employer to work with a novice.

A mentor is:

- an experienced professional who facilitates the learning and growth of a novice
- not necessarily in a direct supervisory role
- usually chosen by the individual

Role of preceptors

- Support active learning
 - Relate clinical and theory
- Guide reflection
 - Questioning
- Provide timely feedback
 - Ongoing, but especially mid-way, and at the end

All preceptors have been students

Ask the student.

Where are you up to in your course?

Check their PebblePad

Is this their first or second placement?





<https://v3.pebblepad.com.au/login/latrobe/Login>

Bondy Scale (modified)

Scale label	Professional standards and procedures	Quality of performance	Assistance required
Independent (I)	Safe Accurate Effective each time Appropriate behaviour and demeanour each time	Proficient Coordinated Occasional expenditure of excess energy Performs within an expedient time frame	Without supporting clues
Proficient (P)	Safe Accurate Effective each time Appropriate behaviour and demeanour each time	Efficient Coordinated Confident Some expenditure of excess energy Performs within a reasonable time frame	Occasional supportive cues
Assisted (A)	Safe Achieves the intended purpose most of the time Appropriate behaviour and demeanour most of time	Skilful in parts of behaviour Inefficient and uncoordinated Expend excess energy Performs within a delayed timeframe	Frequent verbal and occasional physical directive cues, in addition to supportive cues
Supervised (S)	Safe, but not alone Performs at risk Lacks accuracy Occasionally Effective Behaviour and demeanour inappropriate at times	Unskilled Inefficient Considerable expenditure of excess energy Performs within a prolonged time period	Continuous verbal and frequent physical cues
Dependent (D)	Unsafe Unable to demonstrate behaviour	Unable to demonstrate procedure or behaviour Lacks confidence, coordination and efficiency	Continuous verbal and physical cues

Expectations

Students' background:

Rural and remote

Young and old

Parents of young children

Carers of elderly parents

Recent bushfire and flood survivors

COVID workforce



Expectations

Students' background:

Predominantly university qualified

SCN, Labour ward, antenatal, postnatal, MBU, Domiciliary midwifery or Hospital in the Home

Lactation consultants / Immunisation nurses

Post-grad quals in Paediatrics, Accident & Emergency, NICU

Antenatal care for at-risk adolescent mums

CALD background

Aboriginal and Torres Strait Islander background





The MCH programs are designed to enable students to develop:

- critical thinking and problem-solving skills
- specialised clinical proficiency
- effective communication skills.

The programs also prepare students to:

- make high-level independent judgements
- plan, implement and evaluate MCH practice
- function effectively as a member of a multidisciplinary team.

The maternal and child health curriculum is comprehensive.

Theoretical components include:

Child development

Primary health care, including health promotion

Maternal health and wellbeing

Communication, including family-centred practice

Working with diverse groups

Family assessment

Research, including critical thinking and analysis

Professional practice

What are the benefits of clinical placement?

Clinical
placement
enables
students to:

Gain an understanding of and expertise in the role

Develop a resource network

Experience the diversity of the role

Develop clinical competence following Nursing and Midwifery and MCH professional standards.

Consolidate knowledge and skills

Reflect on culture and attitudes

Understand documentation and policy requirements

University expectations of students

- They are punctual.
- Attire is appropriate for placement.
- Learning needs are communicated at the beginning of the day/week for adequate time to achieve goals.
- Students are actively working towards having skills signed off by promoting hands-on experience.
- Students are open and willing to receive respectful, helpful, and timely feedback from preceptors.
- Students should attend the entire clinical day unless alternative arrangements have been organised with the preceptor/MCH coordinator/MCH team leader.
- Students will notify the MCH coordinator/ MCH team leader if they are not able to attend placement.
- Students are attending placement for a minimum of 2 days per week.

The aim is that students will undertake sufficient assessments/
interventions/activities to attain the competence and confidence necessary for independent practice.

Students need to be hands-on as early as possible, so they can Observe, Try, and then Undertake Key Ages and Stages assessments and consultations.

Expectations

Early in the students' MCH clinical placement, it is expected that they would be:

- Becoming accustomed to the role, learning the 'normal'
- Completing parts of assessments, e.g. physical assessments & measurements, discussing KAS health literature
- Then, conduct some assessments under supervision
- Observe children of a range of ages
- Gain familiarity with computer systems/paperwork, including data entry requirements.

Expectations

As the student progresses through the program, they would be expected to:

- Conduct some assessments under supervision
- Gradually assume more responsibility for the consultation, with supervision
- Reflect on their learning achievements and identify further needs
- Consolidate familiarity with computer systems

Expectations

Toward the end of their placement, students are expected to be WORK READY. This would be demonstrated by:

- Working with more complex families
- Being able to manage greater complexity, risk assessment
- Being able to conduct the consultation with limited support from the preceptor
- Competent and accurate documentation
- Carrying out routine assessments without direct supervision if the preceptor feels that is appropriate.

Expectations

Expectations

If competency is not achieved within the planned time, students must negotiate additional MCH practice hours.

Preceptors should discuss any concerns primarily with the student; however, if these are ongoing or unable to be resolved, they should be discussed with the responsible MCH Team Leader/Coordinator and the relevant University course coordinator.

Preceptors are welcome to raise issues or concerns with the relevant University course coordinator.

Students at different stages

Start of the first placement (approx. 30 hours completed)

Communicates respectfully with preceptor and families

Observing KAS appointments and perhaps attempt a KAS with support

Attempting components of the KAS, i.e. completing aspects of the physical assessment

May be scoring “assisted” or “supervised” on the Bondy scale

Performing within a delayed timeframe



Students at different stages

Mid-point of first placement (approx. 60 hours completed)

The student may seek to complete the KAS consult independently; however, they require frequent verbal and occasional physical directive cues.

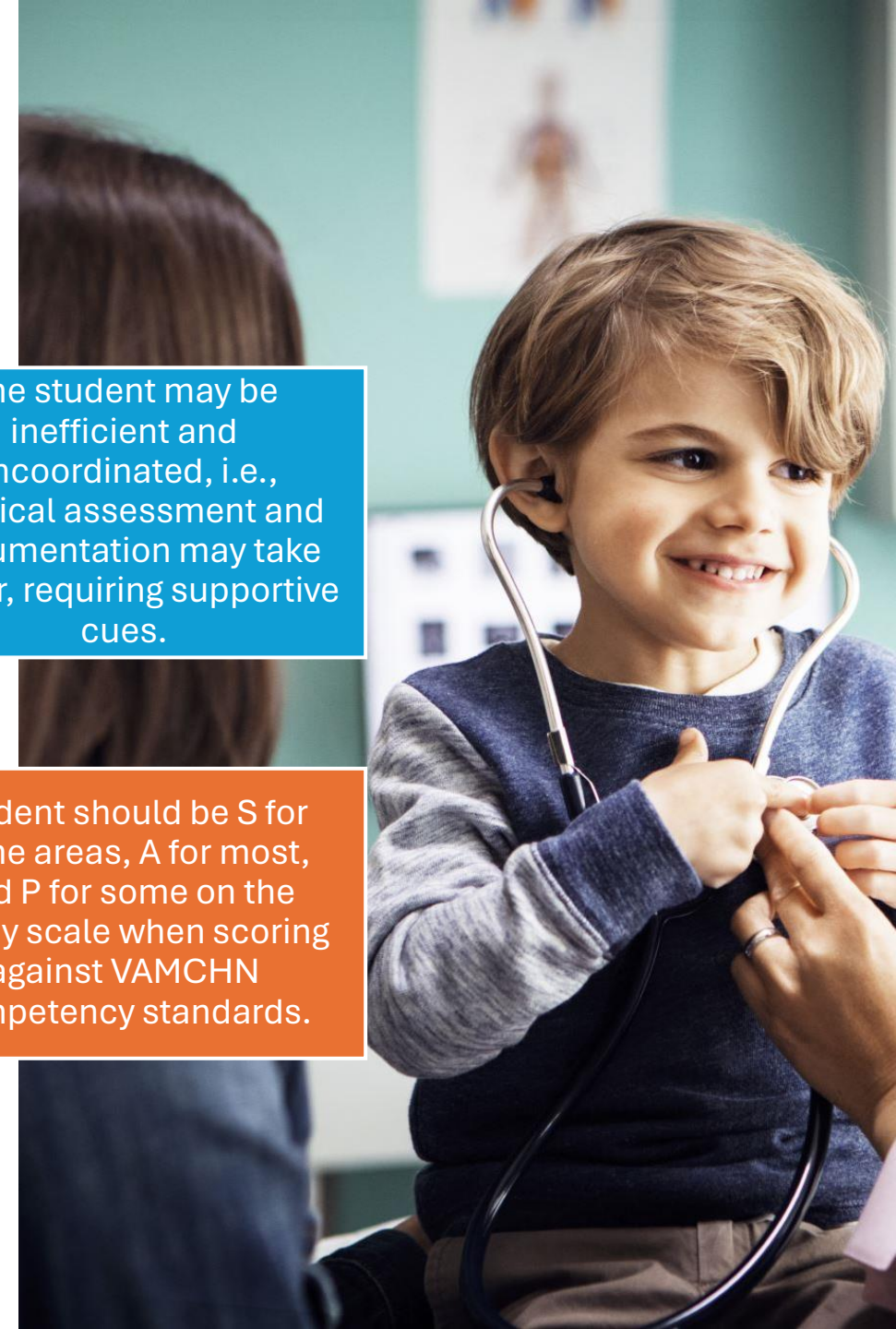
Students should be requesting feedback from the preceptor about the interaction with families.

The student may be inefficient and uncoordinated, i.e., physical assessment and documentation may take longer, requiring supportive cues.

The student is beginning to familiarise themselves with running the MCH centre, i.e., restocking, monitoring birth notifications if applicable, and scheduling returning clients.

Can identify the appropriate referral pathway for clients- may not yet be able to complete process.

Student should be S for some areas, A for most, and P for some on the Bondy scale when scoring against VAMCHN competency standards.



Students at different stages

End of first placement (approx. 120 hours completed)

Students should be P and I for most areas when using the Bondy Scale to score against VAMCHN competency standards.

The student can run most KAS consults with minimal supportive verbal or physical cues.

The student is conscious of the centre's everyday housekeeping and requires minimal support in running this aspect of the day.

The student is actively trying to rectify knowledge deficits by communicating with preceptor.

The student is aware of and participates in referral processes with minimal support



Students at different stages

Second placement (approx. 120 - 240 hours to be completed)

Students should be 1 for most areas when using the Bondy Scale to score against VAMCHN competency standards.

The student can run a full day of KAS consults with minimal support.

The student is conscious of the centre's everyday housekeeping and requires minimal support in running this aspect of the day.

The student actively tries to rectify knowledge deficits by identifying learning needs and communicating with preceptor.

The student is aware of and participates in referral processes with minimal support



Skill development

Family health and wellbeing

Infant physical assessment

Developmental assessment

PEDS screen

Brigance assessment

Nutrition

Immunisation discussion

Health promotion activities

Assessment of risk and vulnerability



Questions to promote learning

Application

- How would you carry out...?
- What would you need to consider in ...?
- What explanation would you give the mother to ...?

Analysis

- What does the mother seem to believe about ...?
- What are your reasons for ...?
- What did the mother say in the consultation that indicated ...?



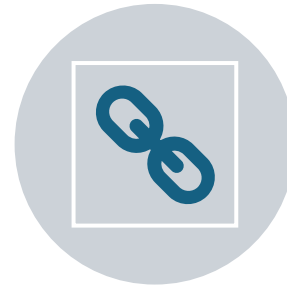
Teachable Moments

- Capture small moments to teach something to your student
- Explore or extend their understanding, for example
 - Give a commentary on what you are observing in a head-to-toe examination.
 - **When appropriate, ask the student to talk about what they are doing or observing.**
 - Ask questions

Scaffolding (Vygotsky)



Supporting learning that is presently outside the student's area of knowledge.



Giving prompts, links, and structures.



Model activity while thinking out loud



Stand back when appropriate.

Consultation & Documentation Progression



Physical assessment & measurements



Intro to CDIS to record notes



Screening tests



Health Promotion & Education



Focus on Documentation & Writing notes

Placement starts on Day 1

Day 1	Physical assessment & measurements Introduction to computer to record notes
20 Days +	Screening tests Health Promotion & Education
30 Days +	Focus on documentation & writing notes Part & Full consultations with support
35 Days +	Consultations with minimal support Time management
40 Days+	Independent consultations Completion of consolidating block

Clinical practice

Enables students to:

- Gain an understanding of and expertise in the role
- Develop a resource network

Students will:

- Experience the diversity of the role
- Develop clinical competence per NMBA and MCH professional standards.
- Consolidate knowledge and skills
- Understand documentation and policy requirements

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