Preceptor Resource - 2027

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Introduction

Thank you for supporting the development of future Maternal and Child Health (MCH) nurses undertaking postgraduate studies at Federation University and La Trobe University.

This guide has been developed collaboratively to provide a consistent and supportive framework for local councils and MCH services hosting students on clinical placement.

The following sections outline:

- The clinical placement requirements for students
- The roles and expectations of preceptors
- Guidance on using and completing the student's clinical workbook in PebblePad.

We encourage you to contact the relevant university educator if you have any questions, require clarification, or have concerns during the placement. Contact details for each university are listed at the front of this guide.

While each university may have specific requirements for certain components of the program, this guide aims to provide a standardised approach to clinical placements. For details on individual requirements—such as placement hours or subject structure—please ask the student or contact the course coordinator directly.

The clinical workbook is where students record their clinical learning, practice, and reflections. It may also be used by graduates as evidence of their experience when seeking employment.

Victorian MCH course requirements

Overview of programs

The Child and Family Health Nursing program is delivered by two Victorian universities: Federation University and La Trobe University. While each university offers a uniquely structured course (see Appendix A for individual course outlines), all programs lead to the qualification required to practise as a Maternal and Child Health (MCH) nurse in Victoria.

The Child and Family Health programs 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 practice in MCH
- function effectively as a member of a multidisciplinary team.

As part of their training, all students are required to undertake a clinical placement with a local council or MCH service provider. These placements are essential for students to complete most of their 300 hours of mandatory clinical practicum, which supports their development into competent, entry-level MCH practitioners.

The universities are committed to working collaboratively with local councils to ensure that students are well supported throughout their placements. During this time, preceptors play a critical role in guiding and assessing students' clinical competence and readiness for practice.

Curriculum

The Child and Family Health curriculum is comprehensive. The theory components include:

- Child development
- Primary health care
- Health promotion (of child, family and community)
- Maternal health and wellbeing
- Infant mental health
- Family violence/ MARAM
- Father inclusion
- Research, including critical thinking and analysis
- Reflective practice
- Communication
- Family assessment
- Professional practice

Clinical practice

Students must complete at least 300 hours (40 days) of clinical practice, and may cover the following areas:

- MCH universal service
- EMCH
- MCH line
- Early childhood education
- Lactation support
- Sleep and settling support
- Early intervention
- Community
- Specialist support services
- Early parenting centres (EPCs).

Clinical placement

There is a range of benefits for students undertaking clinical placements, including:

- Developing clinical competence in accordance with NMBA and VAMCHN professional standards
- Consolidating knowledge and skills
- Understanding documentation and policy requirements
- Gaining an understanding of and expertise in the role
- Developing a resource network
- Experiencing the diversity of the role.

Aims and objectives of clinical placements

Clinical placement, also known as Work-Integrated Learning (WIL), is a mandatory component of Child and Family Health nursing courses. The aim of clinical placement is to provide students with quality, diverse MCH practice experiences. It provides students with the opportunity to develop skills, meet unit

and course objectives, and integrate theoretical knowledge within their discipline. This enables the student to demonstrate the professional standards required to practise as a beginning MCH Nurse. Inquiry-based learning is a key educational philosophy of the programs offered by the Universities and requires students to engage in the learning process through problem-solving, critical thinking, reflection and taking responsibility for their own learning.

Overview of clinical experience in MCH

Students' clinical experience consists of:

- Key Ages and Stages Framework
- Sufficient assessments/interventions/activities to attain competence and confidence in practice
- Home visits (observation and participation)
- Groups (observation and co-facilitation)
- Enhanced MCH Service (up to 5 days)
- Lactation
- Sleep and Settling
- Attendance at other community agencies as per the educational institution requirements.

If competency is not achieved within the planned time, students will be required to negotiate additional MCH practice hours within a maximum stated timeframe to attain competency. Failure to reach competency within this time frame will result in a failure for the subject.

The University coordinator may arrange an additional assessment if this is required. Early recognition of concerns about the student's performance enables improved support for the student. This support may include implementing a learning plan targeting key aspects in need of improvement.

Preceptors should initially discuss any concerns with the student; however, if these are ongoing or cannot be resolved, they should be discussed with the MCH Team Leader/Coordinator and the relevant University coordinator. Preceptors are welcome to raise issues or concerns at any stage with the relevant University Coordinator.

Expectations

Early on in students' MCH clinical placement, it is expected that students will 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 in a range of ages
- Gain computer system/paperwork familiarity, including data entry requirements.

All students are currently registered nurses and midwives, so they will have an assumed level of competence in some aspects of clinical practice.

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

- Working with more complex families
- Being able to manage greater complexity, including risk assessment
- Should be able to conduct the consultation with limited support from the preceptor

- Competent and accurate documentation
- May carry out routine assessments under supervision
- Independent practice is encouraged
- Preceptor must always be available for clarification and guidance, and present for consultations.

Please refer to the clinical placement progress guidelines in Appendix C.

Target

Upon completion of their education, students have gained the necessary knowledge, skills, and attitudes to be competent beginning MCH practitioners, in accordance with the Nursing and Midwifery Standards for Practice and the VAMCHN Professional Standards for Practice (2024).

What is a preceptor?

The preceptor model of clinical supervision empowers students and improves the quality of their problem-solving, learning and reflection in and on clinical practice. The preceptor model for teaching students aims to provide a supportive network that enables the preceptor to facilitate the student's professional, social, and physical transition to the graduate MCH role in different services. It is a means to build a supportive teaching and learning environment for students (preceptees). Clinical preceptors play an important role in the student's ability to achieve course and placement aims by ensuring that the educational experience is sound, and that the student is sufficiently supported to enable them to succeed.

What are the necessary characteristics for being a preceptor?

To be a successful preceptor, you do need to be clinically competent, but you do not need to be an expert in all areas of MCH or have years of experience behind you. It is preferable that you have some teaching and assessment skills, and completing a preceptor program, seminar, or short course can help you further develop them. Recordings of preceptor training webinars can be found on the MAV website – Preceptor Resources (password: mchvideos). You must be confident in your own practice, enjoy what you are doing, and have a genuine interest in teaching and supporting learners.

Preparation for having a student

Meeting with the student before commencing their clinical placement is recommended. This meeting enables you to:

- meet the student
- orientate the student to the employing organisation and to the MCH centre
- discuss your expectations and the student's learning objectives for this placement
- finalise placement dates, and determine times and opportunities for feedback
- complete any additional paperwork as required.

Who participates in this initial meeting depends on the LGA's structure and should be determined internally. However, we encourage both the MCH coordinator/team leader and the preceptor to meet with the student prior to the placement commencing.

Roles and responsibilities of a preceptor

The key roles and responsibilities of a clinical preceptor include:

1. Arrange orientation to the MCH Centre
2. Be familiar with student requirements for clinical placement.
3. Clearly communicate expectations and goals with the student
4. Select appropriate learning experiences based on
    a. Objectives to be achieved.
    b. Level of student development
    c. Learning opportunities available
5. Act as a role model for the student and demonstrate expert knowledge and skill.
6. Assess students' performance and be able to make clinical judgements about student competence/proficiency and be accountable for such decisions.
7. Demonstrate enjoyment of MCH practice as well as an enthusiasm for teaching.
8. Facilitate a teaching and learning culture and a commitment to evidence-based, quality MCH practice and lifelong learning.
9. Have a good understanding of the Victorian Maternal and Child Health Nurse (VAMCHN) Professional Standards for Practice, 2024
10. Provide constructive feedback on the students' level of clinical competence, knowledge, and professionalism relative to the students' level of experience and knowledge.
11. Apply theory to practice supporting student learning.
12. Empower students to undertake increased levels of responsibility under direct supervision and at their own speed and scope of practice.
13. Conduct regular debriefing sessions with students.
14. Enhance and reinforce students' level of clinical knowledge and skill.
15. Assist students with meeting their learning objectives and needs; Identify learning needs with each preceptee and topics for further learning.
16. Contribute to the students' organisational skills and prioritising of care.
17. Encourage students' critical thinking, problem-solving skills and self-confidence.
18. Consult and liaise with the University for that student's campus and relevant course co-ordinators regarding students' formative and summative progress (via PebbblePad), or if any concerns.
19. Present the opportunity for students to learn time management, organisational skills, and delegation.
20. Evaluation of the student experience.

Clinical preceptor vs. a mentor

Preceptorship:

- Short-term and structured
- Time-limited
- Focused on clinical skill development and competency
- Teaches, evaluates and supports
- Chosen by the employer and formal

Mentorship:

- Longer-term, holistic relationship
- Aimed at professional growth, career development and personal guidance
- Guides, shares expertise, supports growth
- Voluntary and personalised
- Chosen by the individual

Shefrin, H (2025) Preceptorship vs Mentorship in Nursing – key differences and choosing the right support
https://calledges.com/nursing/preceptorship-vs-mentorship

What makes an effective preceptor?

Preceptors are good at forging relationships

The student's transition from theory-based learning to skills that can be applied effectively in clinical practice will depend on the relationship between the preceptor and the student.

The preceptor will need to be good at communication, and they should be skilled at identifying the student's strengths and weaknesses.

A supportive preceptor possesses solid clinical expertise, organisational skills, a knack for teaching, and plenty of patience.

How can I prepare myself to become a preceptor?

Facilitating or supervising students on clinical placement is a significant investment, requiring your time, personal and professional resources, and juggling other work demands and responsibilities. Having time and space to think about and prepare for each student allocation will help shape a quality learning and teaching experience for students, yourselves, and other team members.

Novice to practitioner

Some characteristic behaviours of a new beginner (novice)

- Mainly focuses solely on the task at hand
- Neglecting other things happening simultaneously
- Following rules exactly as directed or learned
- Refusing to take shortcuts in procedures.

As opposed to the behaviours of an expert who:

- Expects the unexpected
- Thinks broadly and not in a step-by-step manner
- Responds promptly, automatically, and intuitively
- Focuses on the set goal and all the actions that need to be completed to achieve it.

Patricia Benner Novice to Expert Nursing Theory, https://sl.bing.net/dQmtJbqhMJg

Novice

Beginners are new to a circumstance and have had no experience of the situations in which they are expected to perform. "Just tell me what I need to do, and I'll do it.

Advanced beginner

Advanced beginners are those who can demonstrate adequate performance, have coped with enough real situations to note, or have pointed out to them by a mentor, the recurring meaningful situational components.

Competent practitioner

Competence develops when the student begins to see his or her actions in terms of long-range goals or plans that he or she is consciously aware. The competent person does not yet have enough experience to recognise a situation as an overall picture or in terms of which aspects are most important.

Proficient practitioner

The proficient performer perceives situations as wholes rather than as parts or aspects, and performance is guided by maxims.

Expert

The expert performer no longer relies on an analytic principle (rule, guideline, or maxim) to connect her or his understanding of the situation to an appropriate action. The expert, with an enormous background of experience, now has an intuitive grasp of each situation and zeroes in on the precise region of the problem without wasteful consideration of a large range of unfruitful, alternative diagnoses and solutions. The expert operates from a deep understanding of the total situation.

Reference: Benner, P. (1984). *From novice to expert: Excellence and power in clinical nursing practice.* Menlo Park: Addison-Wesley, pp. 13-34.

Exploring teaching and learning

Think back to when you were a student. Can you think of someone you consider a good teacher? What were they like? What were the characteristics that made them a good teacher? When we have asked groups of students about what they see as the characteristics of a good teacher, the following were suggested:

Characteristics of a good teacher

- Explained things well
- Knowledgeable
- Listened
- Interested
- Interesting
- Fair
- Supportive
- Patient
- Encouraging
- Flexible
- Constructive feedback.

What supports learning?

Reflect on when you were a student and identify the situations that helped you to learn. The following is a list of factors that people have identified as helping them to learn.

- Positive atmosphere
- Clear & friendly explanations
- Time to ask questions
- Friendly environment
- Feeling accepted/ welcome
- Observing others' techniques
- Approachable teacher
- Planned review time
- Feedback-constructive, balanced

How might you incorporate some of these situations into your clinical teaching?

It can be challenging when you have a heavy client load, but many of the items listed here do not require extra time.

Who are your students?

Student backgrounds are diverse. As a minimum, they are qualified as registered nurses and midwives. Apart from this, they may have a range of skills, experience and backgrounds. This may include:

- Rural and remote
- Younger and older
- Parents of young children or grown children
- Carers of elderly parents
- Recent bushfire and flood survivors

- COVID workforce
- Predominantly university-qualified
- SCN, Labour ward, antenatal, postnatal, MBU, Domiciliary midwifery or HITH
- Lactation consultants / Immunisation nurses
- Early Parenting Centres
- Post-grad quals in Paediatrics, Accident & Emergency, NICU
- CALD
- Aboriginal and Torres Strait Islander.

Education

Theory

The theory component of the course is taught in various modes. Most teaching is conducted online, including self-directed learning through an online learning system, as well as live online tutorial sessions and discussions. Each university also has face-to-face workshop components where active learning can take place.

Clinical experience

An essential part of the course, clinical experience enables greater depth of learning, linking the theoretical component of the course to practice and conceptualising what students have learned. It does this as it:

- Fits the active learning model
- Allows the learner to link theory and practice
- Allows detailed assessment of knowledge, skills and attitudes
- Enables practice in a safe, supported environment.

Reflective practice

Professional practice as a Maternal and Child Health (MCH) nurse requires continuous renewal of knowledge. Reflective practice is one aspect of this. Each student will have strengths in some areas, while other areas will require further development. Identification of these areas is a key component of the reflective practitioner. The role of the preceptor is to guide students in identifying their current learning needs, reflecting on what they have learned, and determining where to focus next.

Knowledge and practice should be grounded in research. Clinical practice enables the student to experience the link between research and practice, encouraging a continuous evaluation and reflection during their transition from being an expert in one field to a beginner practitioner in maternal and child health.

Critical analysis requires an understanding of research, reflection, and curiosity. Questioning activities and the rationale that guides them support the critical practitioner. The clinical evaluation tool incorporates principles of reflective practice and critical analysis to support student learning.

To make the most of their clinical experience, students are required to develop learning objectives before and during placement and to reflect on the experience afterwards. Reflection on practice is an important element of professional development.

Adult learning principles

There has been extensive research on the principles underpinning adult learning. The following list identifies commonly accepted principles of adult learning, as adults learn differently from children:

1. **Self-Concept** – Adults prefer to take control over their learning journey, wanting autonomy in choosing what, how, and when they learn, and the opportunity to make choices about their learning journey.
2. **Experience** – Adults bring a wealth of experience that serves as a rich resource for learning. They learn better when this is both acknowledged and used in the learning process.
3. **Readiness to Learn** – Adults are ready and motivated to learn when they perceive its relevance to their current roles or life situations.
4. **Orientation to Learning** – Adults prefer practical, real-world problem-solving approaches rather than abstract theories.
5. **Motivation to Learn** – Adults are motivated by internal drivers (growth, satisfaction, achievement) more than external rewards.
6. **Need to Know** – Adults want to understand why they should learn something before they commit time and energy to learning it.

Promoting adult learning

Enhancing learning through questioning

Questions can promote learning. These may focus on applying knowledge, analysing or synthesising information or evaluating practice. Here are some examples:

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 …?

Synthesis

- Given that the mother is worried, what do you plan to do in order to …?
- Think of a way you could talk the mother through her issues around …?
- In undertaking facilitation of a group, suggest a method to ensure …?

Evaluation

- Why do you think your plan is the best way to go?
- What was the basis for your decision to …?
- In your opinion, what is the most appropriate way to …?

Providing feedback

Feedback is an important part of teaching as it has a powerful effect on student learning. Feedback aims to

- Reinforce desirable behaviour
- Change problem behaviour
- Elicit new behaviour

Good feedback has the following characteristics:

- Timely
- Specific
- Descriptive
- Non-judgemental tone
- Directed toward objectives
- Distinguishes between the person and the behaviour

Strategies for providing effective feedback

Do:

- Choose an appropriate time & place
- Ask their thoughts about performance (what worked, what they would do differently).
- Listen actively.
- Underreact to negative information.
- Feedback your thoughts re what went well & what didn't work. Be specific.
- Let them work out what they will do differently.
- Be proactive. Agree on follow-up actions & time frames.

Don't

- Give feedback unless you are in an appropriate place & have enough time.
- Interrupt the person until they have finished what they want to say
- Be hostile
- Permit interruptions
- Do all the talking
- Wait for a problem before giving feedback

Teachable Moments

This strategy utilises small moments of time to capture small moments to:

- Teach something to your student or
- 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 out loud about what they are doing or observing.
- Ask Questions

Scaffolding

Vygotsky is credited with introducing the concept of scaffolding in child development. In clinical teaching, an example of scaffolding is supporting students as needed, then gradually reducing support and eventually fading it out when appropriate.

- Model activity while thinking out loud
- Giving prompts, links, and structures
- Fade when appropriate.

Definitions – from the NMBA supervision guidelines for nursing and midwifery (NMBA, 2021)

Direct supervision: **"**The supervisor takes direct and principal responsibility for the nursing or midwifery care provided, e.g., assessment and/or treatment of individuals. The supervisor must be physically present at the workplace, always observing when the supervisee (student) is providing clinical care." (p 4).

Telephone supervision is indirect and not permitted. The student must consult with the supervisor regarding nursing or midwifery care before delivering it. The MCH nurse must sign all documentation contemporaneously.

Indirect supervision: **"**The supervisor and supervisee (student) share the responsibility for the care of individuals. The supervisor is easily contactable and is available to observe and discuss the nursing or midwifery care the supervisee (student) is delivering." (p 4).

The student's clinical workbook

Each student keeps a record of their clinical placements and related activities in an online portfolio – the clinical workbook on the PebblePad platform. A key role of the preceptor is to assess the student's competency to practice as a Maternal and Child Health Nurse. This is done via the Clinical Assessment tool found in the clinical workbook. The student will share a link with their preceptor to provide access to their personal portfolio.

Using the Clinical Assessment Tool

The assessment of clinical practice (tabs 6 & 7 of the tool) is one aspect of the assessment for MCH nurse students. Satisfactory evaluation of skills, knowledge and attitudes for competent practice as an MCH nurse is required. Competence is assessed according to the Victorian Association of Maternal and Child Health Nurses (VAMCHN) *Victorian Maternal and Child Health Nurse Professional Standards for Practice* (2024), which are informed by the ANMC *National Competency Standards for Midwives* (2006a) and *Nurses* (2006b). (Please see Appendix B.) These are the minimum standards that maternal and child health students need to meet to achieve qualification.

Students gain the most from the assessment process when time is set aside for the student and preceptor to discuss the student's progress together. Timely feedback is most beneficial. It enables the student to spend as much time as possible addressing issues and improving their practice.

The Universal MCH placement assessment is based on the modified Bondy Scale (Bondy, 1983). The student and preceptor complete the assessment section and then discuss it. The preceptor then marks the student as satisfactory or not satisfactory. These assessments build on each other and inform the student's subsequent individual learning needs.

All competencies should be assessed as appropriate to the student's level of progress in the course.

The level of competence is expected to improve throughout a student's studies. As a beginner practitioner, the student will require a higher level of support than they will at the completion of their studies. As a general guide, halfway through their clinical experience, students will be working at the

'**assisted' (A)** level as a minimum. In some areas, such as those that also apply to general nursing and midwifery, they are likely to be at a higher level. On completion, students are expected to be competent in the core activities. This will be indicated by either a '**proficient' (P)** or '**independent' (I)** level assessment.

Validation of Clinical Experience

KAS assessments must be signed off by the MCH Preceptor to verify when the student has undertaken them several times and is at the proficient or independent stage.

The modified Bondy Scale

The following table is adapted from Bondy's (1983) design for clinical evaluation. It has been validated by Bondy (1983, 1984) and others (Hawly & Lee, 1991) and is widely used for clinical evaluation in both nursing and midwifery programs.

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 cues
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 Expends excess energy Performs within a delayed timeframe	Frequent verbal and occasional physical directive cues in addition to supportive cues
Supported **(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

Bondy, K. N. (1983). Criterion referenced definitions for rating scales in clinical evaluation. *Journal of Nursing Education 22*(9) 376-382; Hawly, R., & Lee, J. (1991). Standardised clinical evaluation using Bondy rating scale. *Australian Journal of Advanced Nursing*, *8*(3), 6.

Sections of the clinical workbook

In addition to assessment of student practice, the clinical workbook identifies a range of important skills required for MCH practice. The list is not exhaustive, and space is provided for the student to record other skills or professional development. The following describes how to use each section of the clinical workbook. Universal MCH preceptors will have input into some tabs.

Tab 1: Students identify their learning needs.

These pages are for students to develop their immediate and ongoing learning needs. Identifying learning needs supports and focuses student learning needs. It is helpful if you discuss these with the student and identify any learning needs they may have overlooked. They should be reviewed every 4 to 5 days. The terms objectives, achievements and further learning are defined below.

OBJECTIVES are usually specific statements with measurable outcomes. Objectives must be **SMART:**

- **S**pecific
- **M**easurable
- **A**greed
- **R**ealistic
- **T**ime constrained (Adapted from Wilson, 2005)

ACHIEVEMENTS recognise what has taken place and the learning that has occurred.

FURTHER LEARNING builds upon what has been achieved and guides the identification of new objectives or reinforces the need to focus on past ones.

The following examples were developed by previous MCH students.

Example 1
Objective - To identify strategies to keep toddlers content and engaged during consultations

Achievement - Observed strategies used by MCH nurses, these included:
- *engaging with mum first,*
- *always keeping parent close,*
- *leaving any potentially distressing activities last*

Further Learning - Practise these in next few consultations.

Example 2
Objective: improve routine of visits to ensure no elements of consultation are missed

Achievement: routine improving, but still occasionally missing elements

Further learning: continue to consolidate routine through practice in future placements.

Tab 2: Consultations and competence record:

Students complete this section of the clinical workbook but should discuss it with the preceptor as they progress. They will document their clinical experience for each KAS visit in a range of MCH skills and activities, including:

- Developmental and physical assessment
- PEDS and Brigance (where appropriate)
- Other screening assessments or intervention
- Health promotion activities.

The Preceptor confirms when the student is proficient or independent by discussing the student's progress.

- Feedback about the student's progress is an important part of learning. If you disagree with their assessment, this should be part of your discussion with them. The student will record discussion notes in each section, including what went well and what needs improvement.
- The criteria may all be met at a single time point, particularly if the student has prior experience in the area (for example, if they are a lactation consultant and are discussing breastfeeding, they are likely to be competent in that criterion from the start).
- The area for an assessment may also be completed over several assessments.
- Some students will need more experience in particular areas than others.
- All students should be given as many opportunities as possible to become competent in carrying out Brigance Screenings. Strategies to support this might include, where possible, using typically developing children for practice, booking screens when the student is next scheduled to attend placement or 'dummy scoring' during a KAS visit. Students are also encouraged to use the Department of Health's online video resources to build familiarity with the Brigance tool.

Tab 3: Other activities

Students are expected to observe the full range of activities undertaken by the MCH nurse in the community, including centre administration, Brigance screenings, referrals, First Time Parent Groups, and other activities. This tab provides a space to identify when these activities have been observed or undertaken.

Tab 4: Reflections

Students will complete several observational community placements, which vary depending on the university program they are enrolled in. Students will record separate learning objectives for each placement, then describe and reflect on their experience and learning for the placement. These may include:

Enhanced MCH Service experience

Students will record separate learning objectives for the Enhanced MCH Service experience. These should be recorded in advance and discussed with the EMCH nurse.

Early Parenting Centre reflective activity

Students complete a personal reflection on their attitudes to parenting before and after placement in an Early Parenting Centre.

Community (non-Universal MCH Experiences)

For each community experience, students record their learning objectives, describe the experience, and document their reflection on how it relates to their future MCH practice. These placements may include, but are not limited to: Breastfeeding support, MCH Line, Sleep & Settling support, Early Intervention support, Neighbourhood house.

Tab 5: MCH Workforce Training

This is a space for students to record the completion of mandatory workforce training as required by the Department of Health.

Tabs 6 & 7: Evaluation of Clinical Performance in Universal MCH Service

Assessments are completed four times during the clinical placement in universal MCH. Students and the preceptors will both complete assessments using the Bondy scale and record reflective comments. This is followed by a discussion held between the preceptor and the student about the student's progress – the most valuable part of the assessment process. Assessments take place at around 60 hours, 120 hours, 180 hours and on completion of the total hours required, or when proficiency and/ or independence have been achieved in all areas on the Bondy scale.

Feedback about the student's progress is an important part of learning. If you disagree with their assessment, this should be part of your discussion with them. You can record discussion notes for each assessment, including what went well and areas for improvement.

Ideally, both the student and preceptor know well in advance when this is to occur, and a time has been set aside in the centre diary. This could be organised when arranging the placement dates for the semester. (For further information on this evaluation, see the 'How to use the clinical workbook' section above.

Tab 8: Tally of hours.

Each day's attendance must be documented in the clinical workbook. Students are asked to complete full days wherever possible, ideally arriving and leaving with the nurse. Depending on the university, the student may also be required to have the preceptor sign a paper copy of the Tally of Hours for verification.

Students should take a meal break of at least 30 minutes after 5 hours. This will be assumed and deducted from their placement time, even if it has not been recorded. Even if you do not normally take a meal break in your practice, we request that you encourage the student to take time away from the clinic to 'recharge'. Having a break will enhance the student's learning and is also an important OH&S requirement.

Tab 9: Learning support plan

This tab includes a template for a learning support plan to be used if concerns are raised about the student's progress. Please see further information below under *Managing issues*.

Tab 10 & 11: Feedback on the clinical workbook – for preceptors and students.

These tabs offer an opportunity for both preceptors and students to provide feedback to the universities on how they are experiencing using the clinical workbook. This information can then be used for continuous improvement to optimise the experience for both preceptors and students.

Managing issues

Occasionally, issues may arise with students on clinical placements. Some general guidelines for managing these situations are provided below.

Issues are initially best managed between the affected parties. If unsuccessful or inappropriate, contact the MCH Coordinator and/or the University course coordinator for support/resolution. Review of placement may be appropriate.

Students may be required to complete additional hours to demonstrate competency if deemed necessary.

Learning support process for students not meeting learning expectations

The three universities have developed a common learning support process to address concerns about students who are not meeting learning expectations. This has been discussed with the Universities and MCH Services group, including Safer Care Victoria and MAV representatives, and shared with the MCH Coordinator group. **(Please see Appendix D for the Learning Support Process and Appendix E for the Template for the Learning Support Plan).** Early intervention and support optimise outcomes.

Dilemmas

Occasionally, student behaviours may present dilemmas for preceptors. Some examples, together with suggested strategies for resolution, include the following:

Student acting unprofessionally

- This can include things like turning up late (or not at all), dressing inappropriately, making inappropriate comments or interrupting you during a consultation.
- Address the issue with the student.
- Document.
- Try to resolve but contact the MCH or University Coordinator promptly.

Beginner practitioner with expert knowledge

- Sometimes a student may have more expertise in a particular area than you do. Eg IBCLC, NICU or cardiac trained nurse.
- They are colleagues as well as students.
- If it is relevant and sits within the standards of practice, their knowledge may be beneficial to you and the families you are working with.
- It may be useful to set guidelines for their contribution in the early stages of the placement, e.g. invite input in some areas.

Concerned about student safety/competence

- Address the issue with the student. Document.
- Try to resolve but contact the MCH or University Coordinator promptly.
- Students can be removed from placement if there is a safety concern.
- Document all discussions with the student and Coordinators. Record descriptions of specific concerns, dates, times and outcomes.

Support for MCH Preceptors

Several 2025 videos are available on the MAV website to support preceptors. The recorded sessions and PowerPoints are on the following topics:

1. MCH Nurse Preceptor Workshop (39 mins)
2. Teaching Physical Assessment (48 mins)
3. Monitoring Clinical Progress and Identifying Red Flags (22 mins)
4. Monitoring Clinical Progress and Identifying Red Flags cont. (14 mins)
5. Pebble Pad (32 mins)
6. Managing Student Challenges (51 mins)
7. Supporting students with Family Violence Assessments (PowerPoint)

These can be found at: MCH Nurse Preceptor Resources

Videos are password-protected – the password is: mchvideos

Appendices

Appendix A – University course outlines

Federation University

Students can undertake the program full-time over one year, or part-time over two years or 18 months. Mid-year entry is available for part-time applicants to complete over 18 months or two years with initial non-clinical units within their first semester.

SEMESTER 1			**SEMESTER 2**		
Unit code	Unit Title	Credit points	**Unit code**	Unit Title	Credit points
HEALM5001 *150 hours clinical placement*	Foundations in Child and Family Health	30	**HEALM5002** *150 hours clinical placement*	Advanced clinical practice in child and family health	30
HEALM6302	Family & Community Studies	15	**HEALM6306**	Infant & Child Nutrition	15
HEALP6202	Perinatal & Infant Mental Health 2	15	**HEALT5000**	Applied Health Research and Evidence Based Practice	15

La Trobe University

Students can undertake the program full-time over one year, or part-time over 18 months or two years. These are the requirements for the two clinical subjects and the 20-hour MCH client follow-through.

NSM4MCH (semester 1)	**HOURS**	
Maternal and Child Health Universal	116	May commence from 31/03/2025, may include 4 hours MAV/DHHS conference
Childcare	8	Self-sourced
Early intervention agency	8	Self-sourced
EPC Day stay/Parenting Support	8	Self-selected via InPlace, in an Early Parenting Centre (EPC), or can be self-sourced
Total	**140**	

NSM5CAF (semester 1)	**HOURS**	
MCH client follow-through	**20**	Self-sourced

NSM5COM (semester 2)	**HOURS**	
Maternal and Child Health Universal	116	May include 4 hours MAV/DHHS conference
Early Parenting Support	24	Self-selected via InPlace, in an Early Parenting Centre.
Total	**140**	

Appendix B – VAMCHN Standards of Practice

Maternal and Child Health Professional Standards for Practice

Standard 1. Promotes health and wellbeing through evidence-based Maternal and Child Health practice
1.1 Provides primary healthcare 1.2 Promotes the health, wellbeing and development of all children 1.3 Promotes maternal health and wellbeing across the reproductive life cycle 1.4 Promotes the health and wellbeing of fathers, partners and carers
Standard 2. Engages in ethical, professional, therapeutic relationships and respectful partnerships
2.1 Engages in ethical, professional, therapeutic relationships and respectful partnerships 2.2 Provides cultural safety and inclusion for First Nations people 2.3 Promotes and provides equitable access to Maternal and Child Health Services
Standard 3. Demonstrates the capability and accountability for Maternal and Child Health practice
3.1 Practices in accordance with Maternal and Child Health legal, ethical and professional frameworks 3.2 Participates in Maternal and Child Health professional development 3.3 Fosters nursing leadership and promotes the Maternal and Child Health nursing profession
Standard 4. Uses Nursing, Midwifery and Maternal and Child Health knowledge and skills to conduct screening and assessments
4.1 Assessment of child health and wellbeing, development and growth 4.2 Assessment of mothers' health and wellbeing 4.3 Assessment of family health and wellbeing
Standard 5. Plans and monitors Maternal and Child Health care responding to family and child needs from birth until school age
5.1 Collaboratively plans care with mothers, children and families
Standard 6. Provides safe, quality care and excellence in Maternal and Child Health practice
6.1 Safeguarding children for optimal health, wellbeing and development
Standard 7. Evaluates outcomes to inform and improve Maternal and Child Health practice
7.1 Engages in research, quality improvement and innovation 7.2 Critically reflects on clinical and professional practice

(VAMCHN, 2024)

Appendix C – Guidelines for Clinical Placement Progress

Guidelines for Clinical Placement Progress

Postgraduate Child & Family Health Nursing Students

These guidelines relate to MCH students completing 250 hours (30 days) of MCH-specific placement. Students will progress at varying rates according to their individual learning needs, learning styles, and available opportunities, so these guidelines are meant to serve as a guide. ***If a student seems to be a little behind the stage indicated, please contact the University Lecturer to discuss. Early support usually avoids the need for additional time later.***

Assessment Guidelines
Include in Progress Review: • Identify strengths and areas for improvement in MCH knowledge and skills • Address areas for improvement with specific learning goals and strategies • How the student can be supported to have increasing independence and confidence in undertaking MCH practice. **Review Progress with Specific MCH Activities and Skills** • Developmental assessments • Brigance secondary screens • Making referrals • Facilitating group sessions • Facilitation of home visits • Liaise re Enhanced MCH placement. **Note**: If there are concerns about a student at any stage, please contact the University Co-ordinator so supportive strategies can be put in place. This may include extra skill/tutorial sessions on campus. Early support enables best outcomes. • See the Combined Universities Learning Support Plan for Students not meeting Learning Expectations

Time Period	**Description of Student Activities**
4 to 8 hours	**Observation & Commence Appropriate Involvement Day 1** Observe the MCH Nurse in all aspects of practice, including: • Key Ages and Stages, telephone and other consultations • Developmental screening • Referrals, home visits, group work, administration, liaisons. With the support and guidance of the MCH nurse, the student can undertake: • Physical examination of the infant/child • Documentation in the Child Health Record (measurements and growth charts) • Discussion and feedback re observations and physical assessment.

Time Period	Description of Student Activities
8 to 60 hours	**Engage in aspects of MCH Practice** Observe the MCH Nurse in all aspects of practice (as above). With the support and guidance of the MCH nurse, the student can complete: • Physical examination of the infant/child, and gradually undertake: • Health promotion discussions • Facilitate aspects of group programs • Participate in professional or team meetings • Other activities as appropriate to the stage of the course • Observation of activities not yet covered at the university Discussion and feedback regarding practice.
50-60 hours	**Structured discussion about progress** **Completion of 1st assessment in Clinical Workbook** Discuss / Plan: • Facilitation of Parent Group Sessions & Home visits if not already organised. • EMCH placement if required (please contact the university coordinator if assistance is required)
60-120 hours	**Increasing engagement in aspects of MCH Practice** With the support and supervision of the MCH nurse, the student can undertake: • Physical examination of the infant/child • Health promotion discussions • Assessment of maternal wellbeing • Complete facilitation of group programs • PEDS screening (following training session) • Brigance screening (following training session) • Documentation of consultations, flags, assessments and activities in CDIS • Make referrals in collaboration with the MCH nurse • Attend and initiate phone consultations as required • Discussion and feedback re practice Conduct simple/routine consultations with the support of the MCH nurse
100-120 hours	**Structured discussion about progress** **Completion of the 2nd assessment in the Clinical Workbook** Confirm EMCH Placement (if being undertaken)
120-180 hours	**Further engagement in aspects of MCH Practice** While still under the supervision of the MCH Nurse Preceptor, the student should be conducting more routine consultations with the support of the MCH nurse and becoming increasingly skilled with: • Physical examination of the infant/child • Health promotion discussions • Assessment of maternal wellbeing • Facilitate aspects of group programs • Administer & interpret PEDS screen (following training session) • Administer & interpret Brigance screen (following training session) • Documentation of consultations, flags, assessments and activities in CDIS • Respond to birth notifications • Participate in professional or team meetings

Time Period	Description of Student Activities
	• Make referrals in collaboration with the MCH nurse • Attend and initiate phone consultations as required Discussion and feedback re practice.
180 hours	**Structured discussion about progress** **Completion of 3rd assessment in Clinical Workbook**
180-200 hours	**Increasing Involvement with MCH Practice** While still under the supervision of the MCH nurse, the student should be becoming *increasingly independent* with conducting multiple consultations, including: • Physical examination of the infant/child • Health promotion discussions • Assessment of maternal wellbeing • Administer & interpret PEDS screen • Administer & interpret Brigance screen • Documentation of consultations, flags, assessments and activities in CDIS • Respond to birth notifications • Participate in professional or team meetings • Make referrals in collaboration with the MCH nurse • Attend and initiate phone consultations as required • Discussion and feedback re practice • Complete (or arrange to complete) facilitation of group sessions Build up MCH consultations to the level of completing blocks of consultations
	Increasing Independence with MCH Practice While still under the supervision of the MCH nurse, the student should be becoming even more *independent* with consultations, and requiring only minimal prompts: *Under the supervision of and with the support of the MCH nurse:* • Assume the role of the MCH nurse and undertake a range of home, centre or phone consultations. • Continue undertaking all aspects of MCH practice as above. • Over time, less guidance from Preceptor should be required. • Continue ongoing discussion and feedback re practice.
200-250 hours	**Recommendation that the end of the final placement be completed as a block of 3-5 days per week.** Under the supervision of and with the support of the MCH nurse: • Assume the role of the MCH nurse and undertake a range of home, centre or phone consultations. • Continue undertaking all aspects of MCH practice as above. • Gradually, only minimal or occasional guidance from Preceptor should be required.
240-250 hours	**Structured discussion about progress** **Completion of 4th assessment in Clinical Workbook** **Achieve competencies for a beginning practitioner as outlined in the clinical workbook.**

Appendix D – Learning Support Process for Students not Meeting Learning Expectations

Discussion at the November 16, 2023, Victorian Universities and MCH Coordinators Workshop identified a need for a Common Learning Support Process for Students not meeting Learning Expectations. The universities have collaborated to prepare the following process.

1. The Preceptor / MCH Coordinator to advise the student's university coordinator of concerns about a student's learning. *This should be done at an early stage to allow support strategies to have time to take effect.*
2. The university coordinator responds promptly to discuss and clarify the preceptor/ coordinator's concern.
3. The university and council staff will explore the specific concern and develop a management plan according to the needs of the situation.
4. Learning support process. This may include one or more of the following options, as appropriate:

   4.1 *Discussion/counselling***.** Initially, the university coordinator will discuss the situation with the student, either alone or with the preceptor/MCH coordinator. This may occur via telephone, online Teams meeting or in person. The purpose is to clarify the concerns and allow each party to express their views. This discussion may address learning support or include one or more of the learning activities listed below.

   4.2 *Learning activity.* These activities are designed to support specific learning needs, for example, to review communication skills, physical assessments, growth, PEDS screening, professional role or similar. An activity may involve reading, writing or a practical activity. These would be arranged and reviewed by the relevant university.

   4.3 *Learning Support Plan*. This involves creating a structured, individualised learning plan to address learning concerns, detailing specific objectives, strategies, and evaluation methods. These identify for students, preceptors and the university what is required to enhance skills. The Learning Support Plan is prepared in conjunction with the university coordinator, the preceptor/MCH coordinator and the student. This is so it is collaboratively owned by the three parties. These are used for a limited period (e.g. up to 2 weeks), and progress is reviewed each 2-4 days by the student in consultation with the preceptor or university coordinator. Progress is reviewed at the end of the designated period against the identified evaluation strategy. (See Appendix C - Learning Support Template).

   4.4 *Clinic visit***.** The university coordinator may visit the student at the MCH Clinic by arrangement to meet with the student and preceptor, explore the student's progress, and discuss concerns. The meeting would develop an action plan to support the student and preceptor and address identified concerns.

   4.5 *Observation of student consultations***.** The university coordinator may visit the student at the MCH clinic by arrangement to observe and assess the student's clinical skills regarding strengths and areas for development. The observations are used to formulate a Learning Support Plan in collaboration with feedback from the student and preceptor. (See Learning Support Plan details above).

4.6 *Extension of clinical time.* An extension of clinical time is a last-resort management strategy. The aim is to identify students at risk early in the clinical placement period so that intervention and Learning Support strategies can be implemented promptly, providing enough time for the Learning Support to take effect. This also optimises student learning and skill development.

An extension of clinical time may not always be feasible. It is only possible if both the council and the university can accommodate this. It should allow sufficient time for the student to realistically achieve the required skill level, while remaining time-limited to avoid an excessive burden on placement and education providers beyond the usual clinical experience period. Previously, in practice, this has been 5 to 15 days.

A student who is still not achieving the required clinical level after an extension of clinical time would need to be reviewed together by the preceptor/MCH coordinator and the university coordinator. Management options may include the student failing the clinical experience and repeating the clinical the following year.

LEARNING SUPPORT PLAN

Student Name:		**Student #:**	
Course Code:		**Enrolment Status:**	Part-time / Full-time
Council:			
Preceptor Name:		**MCH Centre:**	
Start Date of LSP:		**Completion Date of LSP:**	
University:		**University Coordinator Contact:**	
Preceptor Signature:		**Student Signature:**	

A Learning Support Plan (LSP) is a structured, individualised learning plan used to address specific learning concerns a preceptor has for a student during clinical placement. It includes distinct objectives, strategies, and evaluation outcomes to address each area of concern, based on the Victorian Association of Maternal and Child Health Nurses (VAMCHN) Standards of Practice. The LSP is prepared in conjunction with the preceptor / MCH coordinator / MCH team leader, the student, and the university coordinator to allow for collaboration and transparency, and will be integrated into the student's PebblePad. This LSP is indicated for a limited period (e.g., up to 2 weeks), and the student must review progress frequently during this timeframe in consultation with the preceptor or university coordinator. Competency is reviewed at the end of the designated period against the identified evaluation strategy.

An LSP is based on clinical observations and developed to support the student in achieving competency in the key areas identified. It is anticipated and advised that achieving competency in these areas may require additional clinical placement days and private study.

Satisfactory completion of the LSP will support the development of clinical competence. If concerns about the student's competency persist, these are to be communicated to the university coordinator at the earliest instance.

Area of Concern	Objective	Strategies	Evaluation	Completion Date

On Completion of Learning Support Plan

Preceptor Name and Signature:		
Student Name and Signature:		
University Coordinator Name and Signature:		
Date:		
Achieved:	☐ YES	☐ NO
Action Required:	• • • • • • • • •	

Further reading

Cobb, J (2025) *What is adult learning theory and how to apply its principles*. https://www.learningrevolution.net/adult-learning-theory/

Cogni-IQ (2025) *Adult education theory* https://www.cogn-iq.org/learn/theory/adult-education/

Pease, S (2025) *What is adult learning theory? Principles and workplace application* https://www.articulate.com/blog/what-is-adult-learning-theory/

Feedback

We are interested in your feedback on this guide to help us further refine it to better meet your needs.

Please forward any ideas or suggestions to either:

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