A case study of factors influencing remote university nursing graduates and their decision to work in a remote hospital

Sally Clark
The University of Notre Dame Australia
Appendix A

Clinical Placement Site Sample Agreement
2005

THE BOARDS

AND

THE EDUCATIONAL INSTITUTION,
THE UNIVERSITY OF NOTRE DAME AUSTRALIA

AGREEMENT FOR THE EDUCATIONAL INSTITUTION STAFF AND NURSING
AND MIDWIFERY STUDENTS TO HAVE ACCESS TO THE PREMISES AND
FACILITIES CONTROLLED BY THE BOARDS FOR THE PURPOSES OF THE
CLINICAL PLACEMENTS PROGRAM

Prepared by:
Legal & Legislative Services Branch
Department of Health
189 Royal Street
EAST PERTH   WA   6004
THIS AGREEMENT is made on the __________ day of ___________ 2005

BETWEEN:

THE MINISTER FOR HEALTH in his incorporated capacity as:

a) the board of the hospitals formerly comprised in the Metropolitan Health Service Board;

b) the board of the hospitals formerly comprised in the Peel Health Service;

c) the South West Health Board; and

d) the WA Country Health Service;

under section 7 of the Hospitals and Services Act 1927 (WA), cl- 189 Royal Street, East Perth in the State of Western Australia

(individually “Board” (where the context requires) and collectively “Boards”)

AND

THE UNIVERSITY OF NOTRE DAME AUSTRALIA, being a body corporate established under section 4 of the University of Notre Dame Australia Act 1989 (WA) of 19 Mouat Street, Fremantle in the State of Western Australia (EI)

RECITALS:

A. The object of this Agreement is to ensure that Students studying at the EI have, as an essential part of their course work, adequate access to clinical and professional facilities, whilst maintaining proper standards of Patient care.

B. Accordingly, the parties have agreed that certain EI Staff and Students may have access to the Facilities situated on the Premises, as part of the CP Program conducted by the EI.

C. The Boards and the EI have now agreed to set out their respective rights and obligations in this Agreement.

D. It is the intention of the parties that entry into this Agreement should not hinder the Boards in their provision of efficient and high quality hospital and health services.

E. The Minister for Health is incorporated as the board of the hospitals formerly comprised in the Metropolitan Health Service Board under s7 of the Hospitals and Health Services Act 1927 (WA) and has delegated all the powers and duties as such to the Director General of Health.

F. The Minister for Health is incorporated as the board of the hospitals formerly comprised in the Peel Health Service under s7 of the Hospitals and Health Services Act 1927 (WA) and has delegated all the powers and duties as such to the Director General of Health.

G. The Minister for Health is incorporated as the South West Health Board under s7 of the Hospitals and Health Services Act 1927 (WA) and has delegated all the powers and duties as such to the Director General of Health.
H. The Minister for Health is incorporated as the WA Country Health Service under s7 of the Hospitals and Health Services Act 1927 (WA) and has delegated all the powers and duties as such to the Director General of Health.
THE PARTIES HEREBY AGREE AS Follows:

1. DEFINITIONS AND INTERPRETATION

1.1. In this Agreement, unless the contrary intention appears:

Clinical Co-ordinator means a person designated by the Board to co-ordinate clinical placements and clinical supervision of Students for a Health Service;

Clinical Instructor means a registered nurse or midwife designated by the EI to provide clinical supervision and assessment of Students;

Consenting Patients means the Patients who have consented to receive care and treatment from a Student in accordance with clause 9.1;

CP Program means the clinical placements program conducted by the EI whereby Students are permitted to have access to the Premises and Facilities for the purposes of their course work relating to the Education Program;

Designated Practice Areas means those areas within the Premises specifically designated by the Board as practice areas;

Education Program means the undergraduate, postgraduate or re-entry studies in nursing or midwifery at the EI;

EI Staff means the co-ordinators and supervisors employed or engaged by the EI;

Facilities means the facilities and resources located within the Premises;

Health Service means a Hospital and the health centres, schools, clinics and other places staffed by employees of the Board, which are under the management and control of the Board;

Hospital means a Hospital under the control and management of the Board pursuant to the Hospitals and Health Services Act 1927 (WA);

Minister means the Minister for Health;

Patients means the patients (of whatever description or type) currently receiving treatment or care from the Board, and where the context requires, includes Consenting Patients;

Preceptor means a registered nurse/midwife employed by the Board who provides supervision of a Student during the CP Program;

Premises means the land and buildings used by the Hospitals and the health centres, schools, clinics and other places staffed by employees of the Board, which are associated with the Hospitals;

Shift Co-ordinator means a registered nurse or midwife who manages daily operational concerns of a unit or ward of a Health Service;

State means the State of Western Australia;
Students means the Students enrolled in the Education Program at the EI, and who are also included within the CP Program and placed at the Premises.

1.2. In this Agreement, unless the contrary appears:

(a) words in the singular number include the plural and vice versa;
(b) words importing a gender include any other gender;
(c) where word or phrase is given a particular meaning, other parts of speech and grammatical forms of that word have corresponding meanings.

2. BOARD PERMITS ACCESS BY EI STAFF AND STUDENTS

2.1. The Board permits the EI Staff and Students:

(a) to have access to the Premises; and
(b) to use the Facilities located on the Premises,

provided that such access and use is:

(c) required for, and is part of, the CP Program; and
(d) in accordance with the terms and conditions set out in this Agreement.

2.2. The Board permits the EI Staff and Students, as and when it is necessary, to accompany their Clinical Instructor to places not on the Premises, provided that:

(a) the particular Clinical Instructor is acting in the course of their employment or duties as an agent of the EI;
(b) the particular Clinical Instructor consents thereto;
(c) it is required for, and is part of, the CP Program conducted by the EI; and
(d) it is in accordance with the terms and conditions set out in this Agreement.

2.3. The Board permits the EI Staff and Students access as above in clauses 2.1 and 2.2 provided that all EI Staff and Students individually complete and sign a separate and personal agreement, if required by the Board, in such form as the Board may require to take all reasonable measures to:

(a) maintain Patient confidentiality;
(b) comply with the rules and regulations and protocols of the Board, including the protocols and procedures applicable to the Premises and those relating to visiting Aboriginal communities; and
(c) obey directions and orders of the officers, employees and agents of the Board.

3. ADMINISTRATION OF THIS AGREEMENT

3.1. The Board and the EI shall each nominate representatives to co-ordinate the CP Program at the Premises and each party will provide notice to the other as to who the representatives are.

3.2. For the purposes of this Agreement, the respective representatives of the Board and the EI, nominated under the preceding clause, may:

(a) exercise a power specified in this Agreement as being exercisable by the Board or the EI, other than the power in the preceding clause;
(b) perform an act or do a thing specified in this Agreement as being required or permitted to be done by the Board or the EI;
(c) give an approval specified in this Agreement as being required or permitted to be given by the Board or the EI.

4. ACCESS

4.1. The EI Staff and the Clinical Co-ordinator shall agree on the Student/Patient ratio and on the selection of Consenting Patients for each Health Service.

4.2. The Clinical Co-ordinator at the Health Service and the EI shall agree the numbers of, and the times at which, Students may attend in or at the Designated Practice Areas on the Premises.

4.3. In reaching the agreement referred to in 4.1 and 4.2, the Clinical Co-ordinator at the Health Service and the EI shall have regard to the number of Consenting Patients and the effective and efficient operation of the Board, the Health Care Facility, and the CP Program.

4.4. The EI shall provide appropriately qualified EI Staff to supervise and assess Students, in consultation with the Clinical Co-ordinator at the Health Service, unless otherwise agreed by the parties.

4.5. Access to the Premises by EI Staff and Students will be limited to the Designated Practice Areas, unless otherwise agreed by the parties.

4.6. The EI shall provide the Clinical Co-ordinator at the Health Service with relevant details of Student allocations, including the names of Students, prior to the commencement of each semester.

4.7. Access to Consenting Patients will be dependent upon the discretion of the Clinical Instructor or Shift Coordinator and the Consenting Patient.

4.8. Access by EI Staff and Students to Patient information, including the medical record, is limited to those Consenting Patients for whom the EI Staff and Students are providing clinical care. Where a Student is required to make a notation in a patient’s permanent medical record, the entry will be discussed, or a draft checked, by the Clinical Instructor or Preceptor prior to entry unless otherwise permitted by the Clinical Instructor or Preceptor.

4.9. (a) The Clinical Co-ordinator at the Health Service shall inform the EI of any specific infection control policies, including policies relating to access to the Premises by persons with a communicable disease, with which compliance is required in relation to, or affecting, the clinical placements of EI Staff and Students.
(b) EI must take all reasonable measures to ensure that EI Staff and Students comply with any specific infection control policies of the Health Service.

4.10. (a) The Clinical Co-ordinator at the Health Service shall provide EI Staff and Students with access to copies of any policies, regulations, rules, procedure manuals, directions or other similar documents, which relate to or concern the use of the Facilities at the Premises.
(b) The EI must take all reasonable measures to ensure that EI Staff and Students read, understand and comply with any policies, regulations, rules, procedure manuals, directions or other similar documents.

4.11. The Board is to provide for the emergency care of EI Staff and Students, according to the facilities available, where they suffer an accident or illness whilst on the Premises, in accordance with the usual conditions relating to such visiting personnel at the Premises.

4.12. Access by EI Staff or Students to any conference room space, areas for discussion, or areas for interviewing, may be made available by the Clinical Co-ordinator at the Health Service, where possible, according to the Board’s usual booking procedures at the Premises.

4.13. The Board does not permit EI Staff or Students to drive vehicles leased by or under the control of the Board, unless the Board agrees otherwise in writing.

4.14. The Board will supply Preceptors to precept and supervise Students. The terms and conditions of this supply will be agreed by the parties, but any agreement will be subject to the prior approval of the General Manager and Director of Nursing Services of each Health Service.

4.15. Where the Board supplies Preceptors to precept and supervise Students, the EI will:

   (a) provide appropriate training for the Preceptors at no additional cost to the Board; and

   (b) reimburse the Board in the time and manner agreed by the parties for any costs, including salary (and on call payments if applicable), district allowance and all other allowances which are incurred by the Board as a result of the Preceptors being unable to perform the usual duties which the Preceptors are required to provide to the Board whilst precepting and supervising Students.

5. COURSE CONTENT/PROGRAMS/ASSESSMENT

5.1. The EI shall be responsible for:

   (a) the administration and development of course content;

   (b) clinical and practical programs;

   (c) the format of Student assessment;

   (d) informing the Clinical Co-ordinator at the Health Service of the specific learning objectives for Students;

   (e) the extent and nature of experience of Students which is required; and

   (f) all related matters.

5.2. The EI shall be responsible for Student assessment, unless it is otherwise agreed by the parties that the content of placements and assessment is to be conducted in collaboration with the Board’s staff.

5.3. The EI will be responsible for compliance with legislative and/or professional organisation’s requirements related to Student supervision and clinical placements.
6. **SUPERNUMERARY STATUS OF STUDENTS**

6.1. Students in the CP Program will be supernumerary to the Board’s staff at the Premises.

7. **RESOURCE MATERIAL**

7.1. EI Staff and Students may have access to the Board’s libraries and any other resource material on the Premises, provided:

   (a) the access is during EI Staff or Student's participation in the CP Program;
   (b) the access is for the purposes of EI Staff or Students' participation in the CP Program; and
   (c) reciprocal access to the EI library is negotiated for Board staff undertaking clinical supervision or preceptoring.

7.2. The terms and conditions on which EI Staff and Students may borrow items or material from the Board’s libraries, or from the Board generally, shall be as specified by the Board.

8. **REGISTRATION AND NOTIFICATION TO BOARD**

8.1. The EI must ensure that all EI Staff who provide treatment to Patients must:

   (i) have current, appropriate and adequate medical indemnity insurance or cover with an Australian, or with the prior approval in writing of the Board (which approval must not be unreasonably withheld) overseas, insurer or fund. If required by the Board, evidence of this must be produced to the Board on demand; and

   (ii) be registered with the Nurses Board of Western Australia and, if required by the Board, evidence of that registration must be produced to the Board within 1 month of each annual re-registration or on demand.

8.2. The EI must notify the Board as soon as it becomes aware:

   (a) in the case of the EI Staff who provide medical treatment to Patients, if:

      (1) they are fined or reprimanded by the Nurses Board of Western Australia, give an undertaking to be of good behaviour to the Nurses Board of Western Australia, or his or her Nurse's Board registration being made conditional, suspended, removed or lapsing;
      (2) their indemnity protection is removed or lapses;
      (3) any investigation by a relevant college or professional body is commenced against them;
      (4) any charges or convictions for an offence punishable by imprisonment being made against them;
      (5) any actual or potential conflict of interest involving them which is known to the EI;
      (6) any illness or disease that would interfere with their ability to treat Patients or that is communicable and presents a risk to Patients or other people;
and

(b) in respect of any Patient, any:

(i) adverse incident;
(ii) serious verbal, or any written complaints received;
(iii) threats of legal action or any writ, subpoena or summons received;
(iv) matter which a EI Staff member is obliged to inform his or her indemnity fund, organisation or insurer;
(v) referral to the Nurses Board of Western Australia or any such similar bodies in other jurisdictions; or
(vi) referral to the Office of Health Review.

8.3 The EI must carry out periodic enquiries to investigate whether any of the matters referred to in clause 8.2 have occurred.

8.4 The EI must take all reasonable steps to assist, and use all reasonable endeavours to cause any member of Staff to assist, the Board in inquiring into and resolving any matter arising under or in connection with any matter referred to in clause 8.2.

If requested by the Board, the EI must also provide and cause any member of Staff to provide as soon as reasonably practicable all relevant details of any matters of which the Board is advised under clause 8.2 or otherwise becomes aware.

Nothing however requires any member of Staff to disclose information to the Board where to do so would cause that person to be in breach of his or her obligations to any medical defence organisation, indemnity fund or insurer, or which may significantly prejudice any claim by that person under that indemnity cover or insurance. In any such circumstances the member of Staff must use their best endeavours to obtain the approval of the defence organisation, indemnity fund or insurer to disclosure of the information required by the Board, and must disclose the information to the Board in accordance with any approval given.

9. PATIENT CARE

9.1 At all times it is intended that the Students, under the direct supervision of the Clinical Instructor or Preceptor, with the Consenting Patient’s informed consent, will provide:

9.1.1 assessment of Consenting Patients;
9.1.2 care of Consenting Patients; and
9.1.3 professional services,

to the level of their learning.

9.2 The EI shall ensure that EI Staff acquaint the appropriate employees or agents of the Board at the Health Service (which includes the Clinical Co-ordinator) with the Students’ levels of learning or curriculum covered, and those aspects of total patient care or professional service for which the Students have not been prepared or are unable to perform.
9.3 The responsibility for Patient care lies with the Board, and the Clinical Co-ordinator of the Health Service can withdraw a Student from the clinical area to maintain Patient safety.

9.4 The EI shall ensure that EI Staff and Students abide by the Board’s decisions regarding the needs of, and the care for, Consenting Patients and Patients.

9.5 (a) Unless sub-clause 9.5(b) applies, the EI shall ensure that, at appropriate time intervals, the EI Staff and Students be screened for and vaccinated against the following vaccine preventable diseases – Hepatitis B, Measles, Mumps, Rubella, Varicella, Poliomyelitis, Diphtheria, Tetanus, Influenza, Pertussis, Tuberculosis – and any other disease or condition of health notified in writing by the Clinical Co-ordinator to the EI.

(b) If an EI Staff or Student refuses to be screened and/or vaccinated in accordance with sub-clause 9.5(a) on the basis of conscientious objection, the EI must notify the Clinical Co-ordinator of the name of that EI Staff or Student within 14 days of the refusal, and if the Clinical Co-ordinator forms the view that patient safety may be compromised by that refusal the Clinical Co-ordinator may invoke the provisions of clause 9.3.

9.6 The EI shall provide the Board with evidence that EI Staff and Students have a MRSA clearance if the EI Staff or Student has been a patient or student, or has worked, in any Hospital or residential care facility outside of Western Australia in the last 12 months.

9.7 The EI shall ensure that EI Staff and Students:

9.7.1 comply with the Board’s standing orders in relation to Patient confidentiality;

9.7.2 where appropriate, before commencing the CP Program, complete the Board’s “Declaration of Confidentiality” documentation, or any revised or updated version of that documentation; and

9.7.3 provide evidence of criminal record clearance to the Board.

9.8 The EI shall enforce the provisions of the “Declaration of Confidentiality” completed by an EI Staff or Student pursuant to clause 9.7.2 (hereafter referred to in this sub-clause as “the Declaration”) against that EI Staff or Student where that EI Staff or Student has breached the Declaration.

10. UNIFORMS

10.1 Where the Board determines that uniforms are required for EI Staff or Students, the EI shall be responsible for the selection of those uniforms, unless otherwise agreed by the Board and the EI.

10.2 The Board shall not be responsible for the supply or laundering of the uniforms required under the preceding clause, unless otherwise agreed by the Board and the EI.

10.3 Where uniforms are not required, the EI shall ensure that EI Staff and Students follow the Board’s dress standards.
11. RESEARCH PROJECTS

11.1 The EI shall ensure that Students do not undertake any research projects or surveys which involve the Board, or its officers, employees or agents, or Patients, without the prior approval of the Board, and, where relevant, the EI’s Human Research Ethics Committee.

11.2 The EI shall ensure that Students do not undertake any research projects or surveys which involve Patients of Aboriginal or Torres Strait Islander descent without the prior approval of the Board and the Western Australian Aboriginal Health Information and Ethics Committee.

12. DISCIPLINE OF STUDENTS

12.1 Unless otherwise agreed by the Clinical Co-ordinator at the Health Service and the EI, whilst Students are on the Premises:

12.1.1 the Students will be under the general direction of EI Staff; and
12.1.2 the EI shall ensure that the Students observe the appropriate by-laws and rules of the Board.

12.2 Any matters of Student discipline within the knowledge of the Board will be referred by the Board to EI Staff and will be dealt with by the EI according to its disciplinary policy and procedures.

12.3 Whilst a Student is on clinical placement, the EI shall enforce its disciplinary policy and procedures pertaining to academic and clinical programs against that Student if that Student breaches any such policy or procedure.

12.4 The Board reserves the right to withdraw or exclude individual Students from the clinical area. Any such exclusion shall be reported by the Clinical Co-ordinator at the Health Service to the EI.

13. ORIENTATION

The Clinical Co-ordinator and the EI shall arrange appropriate orientation for EI Staff and Students.

14. IDENTIFICATION

The EI shall ensure that EI Staff and Students wear identification badges at all times clearly identifying that EI Staff or Students are EI Staff or Students.

15. SECURITY AND FIRE SAFETY

15.1 The Clinical Co-ordinator at the Health Service shall be responsible for the induction of EI Staff and Students with respect to:

15.1.1 security;
15.1.2 emergency; and
15.1.3 safety, policies and procedures.
15.2 The EI must take all reasonable measures to ensure that EI Staff and Students familiarise themselves with the policies and procedures referred to in this clause.

16. PARKING

The Board and the EI shall negotiate any access by EI Staff and Students to the car parking facilities situated at the Premises, if available. If car parking facilities are available, the usual payment and terms of parking will apply.

17. CATERING

17.1 The meals and refreshments provided by the Board at the Premises will be available to EI Staff and Students.

17.2 The Board may charge EI Staff and Students for the meals and refreshments in accordance with the ruling rate in operation at the time.

18. RESOLUTION OF DISPUTES

18.1 If the two parties are in dispute on any matter under this Agreement, then each party will nominate a senior negotiator who will meet within 5 working days to resolve the problem.

18.2 If the problem cannot be resolved by the persons referred to in sub-clause 18.1 the dispute shall then be referred to the applicable Chief Executive for the Board and the Vice-Chancellor of the EI.

18.3 If the persons referred to in sub-clause 18.2 within 20 working days of the matter being referred to them are unable to resolve the dispute each party is free to take whatever steps it considers appropriate.

19. REVIEW OF TERMS OF AGREEMENT

19.1 This Agreement may not be varied except in writing signed by both parties.

19.2 The terms of this Agreement will be reviewed every two years or at other times by mutual agreement of the parties.

20. TERM OF AGREEMENT

Subject to Clause 22, this Agreement shall continue in force from the date of execution for such period, as the EI is responsible for operation of the CP Program.

21. TERMINATION

Either party may terminate this agreement by giving the other party no less than six months notice in writing, no later than six months prior to the commencement of the following academic year as published by the EI.

22. NOTICES

22.1 A notice, consent or other communication in connection with this Agreement:

22.1.1 must be in writing;

22.1.2 may be given by an authorised officer or representative of the Board or EI (as the case may be); and
22.1.3 must be:
(i) sent by prepaid ordinary post to, or left at the address of, the addressee at the following address:

Board Address: The Minister for Health
C/O Department of Health, Legal & Legislative Services
189 Royal Street
EAST PERTH WA 6004

EI Address: Dr Peter Tannock
Vice Chancellor
The University of Notre Dame Australia
19 Mount Street (PO Box 1225)
FREMANTLE WA 6959

or

(ii) sent by facsimile to the following facsimile number:

Board Facsimile: (08) 9222 4038
EI Facsimile: (08) 9433 0855

A notice, consent or other communication takes effect from the time it is received, unless a later time is specified in the notice or communication. For the purposes of this clause (22), a letter or facsimile is taken to be received:

(a) in the case of a letter sent by post, on the third business day after posting; and

(b) in the case of a facsimile, on production of a transmission report from the facsimile from which the notice or communication was sent which shows that the entire facsimile was sent to the facsimile number of the addressee set out in this clause.

23. GOODS AND SERVICE TAX

23.1 Definitions
Unless the contrary intention appears, in this clause:

GST means goods and services tax applicable to any taxable supplies as determined under the GST Act.

GST Act means A New Tax System (Goods and Services Tax) Act 1999 and where applicable includes the Regulations and the Commissioner of Taxation's Goods and Services Tax Rulings made thereunder and any other written law dealing with GST applying for the time being in the State of Western Australia.

Supply means the supply in any form of a good or service or other thing under this Agreement.

23.2 The EI must pay to the Board the amount of any GST the Board pays or is liable to pay on a Supply.

23.3 The EI must pay to the Board the amount of GST that the Board is liable to pay:
(a) at the same time; and
(b) in the same manner

as the EI are obliged to pay for that Supply.

23.4 The consideration for each Supply does not include GST on that Supply and the EI must pay the amount of GST in addition to the consideration for that Supply determined under this Agreement.

23.5 A written statement given to the EI by the Board of the amount of GST that the Board pays or is liable to pay is conclusive as between the parties except in the case of an obvious error.

24. GENERAL

24.1 This Agreement shall be read and construed according to the laws of the State of Western Australia and the parties hereby submit to the non-exclusive jurisdiction of that State.

24.2 If any provision of this Agreement is held by a court to be unlawful, invalid, unenforceable or in conflict with any rule of law, statute, ordinance or regulation the validity and enforceability of the remaining provisions shall not be thereby affected.

24.3 All stamp duties and governmental charges arising out of or incidental to this Agreement shall be the responsibility of and payable by the EI.

24.4 Nothing in this Agreement shall constitute the relationship or partnership, employment or agency as between the Board and:

(c) The EI; or
(d) EI Staff; or
(e) Students

and it is the express intention of the parties that any such relationships are denied.

24.5 Each party shall execute such agreements, deeds and documents and do or cause to be executed or done, all such acts and things as shall be necessary to give effect to this Agreement.

24.6 The EI may not assign or sub-contract its rights and obligations under this Agreement.

24.7 The Board may assign this Agreement to any entity, which assumes control of a Hospital without the requirement of consent from, or notice to, the EI.

24.8 In the event of a merger of an EI and another EI, the Board’s consent to the merger will not be necessary.
SIGNED by DR NEALE FONG, A/DIRECTOR GENERAL OF HEALTH as delegate of each of the Boards

Signed: ________________________________

Witness: ______________________________

THE OFFICIAL SEAL OF THE UNIVERSITY OF NOTRE DAME AUSTRALIA was hereunto affixed, in the presence of:

Witness Signature: ________________________________

Witness Name: ________________________________

Witness Address: ________________________________

Witness Occupation: ________________________________
Appendix B

Policy: Nursing Clinical Practicum
POLICY: NURSING CLINICAL PRACTICUM

Clinical practicum forms a fundamental part of the University of Notre Dame, Australia (Notre Dame) nursing programs. Students are required to sign the student declaration acknowledging that they have read and understood the following policy.

Clinical Placement Scheduling

The timing of a student’s practicum during allocated timetabled practicum period is dependent on the timing and length of placements allocated by agencies to the School of Nursing. This may result in students having their practicum split between different time periods. Students must not book holidays or other commitments until after the final practicum allocation list is released.

Students may be required to travel considerable distances to a clinical practice agency and are responsible for organising their own transport.

Funding

Accommodation for clinical placement is usually provided by the clinical placement site. This can mean there are restrictions on placement numbers. Students may incur some costs for accommodation if free accommodation cannot be secured. Students will be advised of this with confirmation of places. Reimbursement may be provided through the Combined Universities Centre for Rural health (CURCH) or from Notre Dame. These details will be provided to students.

Dress requirements

Students will be expected to wear their uniform in most health agencies, the exception may be when you are on a Community Practicum or working in a Mental Health agency. The uniform consists of specific Notre Dame top and dark blue trousers or long shorts, Notre Dame School of Nursing name badge and black closed toe shoes. Lanyards, for student ID and criminal screening clearance card, can no longer be worn, these must be pinned or students may purchase a retractable card holder.

While on practicum students must present themselves in a neat and professional manner, which includes hair tied back, clean nails and minimal jewellery according to local hospital/facility policy and the World Health Organisation.
Elbow Policy.

Employment while on practicum
Nursing students will be required to work rostered and rotating shifts while on practicum. This means that they must be available to work any shift (including night shift) across the seven days of the week. The agency with whom they are placed for the practicum will roster the student to work the same shifts as their mentor or to shifts where there is the most support and supervision for the student. Students must give their clinical placement requirements priority over part-time and/or casual employment. Students may continue to work part-time or casually, as long as it does not impact on their rostered clinical placement shifts.

Clinical Practicum Attendance
Bachelor of Nursing students are required to complete a minimum of 1240 hours of clinical hours during their course. Bachelor of Nursing students undertaking the conversion program complete 880 hours. Enrolled nursing students (Broome campus only) are required to complete a minimum of 600 hours during their course. These hours are divided between semesters with each student completing 160--240 hrs per practicum depending on the particular unit of study.
A student who is absent from clinical placement will need to make up the hours. A medical certificate is required if the student is absent for more than one shift.

Vaccinations/Immunisations
All nursing students are required to be vaccinated against key vaccine preventable diseases (VPDs) before attending clinical practicum. The current schedule of requirements is based on Department of Health immunisation requirements and will be provided by SoN (School of Nursing).

Health Record
On entry into the program all students must complete a health status questionnaire. Students may be required to provide a medical certificate deeming them physically and mentally fit to complete the requirements of clinical practicum during their course of study.

Criminal Clearance
All nursing students are required to complete a Working with Children check, a National Police Screening Certificate and a Department of Health Criminal clearance before attending practicum. Details of the application process will be provided by the
School of Nursing and Midwifery.

**Other Requirements**

All students must have a Current Senior First Certificate for the duration of the program; this requires annual recertification of the Basic life support component. Students must also maintain the Manual Handling certificate of completion. Evidence of completion must be forwarded to the SoN at the commencement of each academic year. Programs will be available on the Fremantle and Broome campus, with details forwarded to students.

Students must also sign a confidentiality statement prior to attending practicum.

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**Student Signature and Declaration**

“I declare that I have read and will abide by the above policy during my clinical placements.”

Signed________________ Date:________________
Appendix C

Information Sheet for Participants
Information Sheet for Participants

Dear potential participant

My name is Sally Clark. I am a student at The University of Notre Dame Australia and am enrolled in a Doctor of Philosophy degree. As part of my course I need to complete a research project.

Project title:
Nurses decisions to live and work in remote communities: A case study of graduates from a remote school of nursing.

The purpose of this research is to “Explore and describe the influences on decisions of nursing graduates, from the Broome campus pre-registration programs, to work within remote communities”. The findings of this research will have relevance to workforce strategies and policy makers in remote areas of Australia.

I would like to invite you to complete a questionnaire and to meet with me to gain your perspective on the project. It is proposed that the meeting will take place at a mutually convenient time and place. With your permission the meeting will be recorded and will last approximately sixty minutes with the possibility of a follow up meeting should there need to be some clarification and further questions. You will be offered a transcript of the meeting.

If you live in Broome we can meet face to face. However, if you live some distance away we can meet using web-conferencing or teleconferencing. Arrangements can be made once you have agreed to be involved in the study.

I would like to clarify that my role within this project is the lead researcher and PhD
candidate. My working role within the School of Nursing as Assistant Dean has no bearing on the research project and all data collected will be kept confidential and stored within a locked cupboard or in a password protected electronic database separate from School of Nursing resources. Data gathering, storage and analysis will be supervised by Doctor Carol Piercey to ensure confidentiality of materials. Further to this I will be on study leave and away from my role as Assistant Dean during the data collection phase of this study.

The protocol adopted by the University of Notre Dame Australia Human Research Ethics Committee for the protection of privacy will be adhered to and relevant sections of the Privacy Act are available at http://www.nhmrc.gov.au/. Information you provide will be stored securely in the University’s School of Nursing for five years. No identifying information will be used and the results from the study will be made freely available to you upon request. Unless there are legal requirements, information you provide will be strictly confidential and a code ascribed to you, to minimise the risk of identification.

If you have any queries regarding the research, please contact me directly or Doctor Piercey my supervisor by telephone (08) 943302277 or by email at carol.piercey1@nd.edu.au.

The Human Research Ethics Committee of the University of Notre Dame Australia and the Western Australia Country Health Service (WACHS) Research Ethics Committee have approved the study. If you have any complaints regarding the manner in which this project is conducted, it should be directed to the Executive Officer of the Human Research Ethics Committee, Research Office, The University of Notre Dame Australia, PO Box 1225 Fremantle WA 6959, phone (08) 9433 0943 and/or WACHS Research Ethics Committee, 0417 068 594; or via email wachs.researchethicscommittee@health.wa.gov.au

Your participation in this study is completely voluntary and you are free at any time to withdraw from the project or withdraw any statements made during the interview process. However, should you agree could you please sign the attached consent form, complete the demographic questionnaire and return them in the reply paid envelope
within 2 weeks of receipt.

I thank you for your consideration and hope you will agree to participate in this research project.

Yours sincerely,

Mrs Sally Clark
Telephone: 0417184964
Email: sally.clark2@my.nd.edu.au
Appendix D

Participants Consent Form
Consent Form

If you agree to participate please tick the dot points and then sign and date in the area provided below

Project title:
Nurses decisions to live and work in remote communities: A case study of graduates from a remote school of nursing.

I, (participant’s name) hereby freely give my consent to participate in the above research project.

I am over 18 years of age
I understand and accept the nature of the study, which has been explained in the information sheet and Sally Clark has answered any questions to my satisfaction.
I understand that the interview will be audio-taped
I understand that I may withdraw from participating in the project at any time without prejudice or implication.
I understand that all information gathered by the researcher will be treated as strictly confidential, except in instances of legal requirements. I understand that a code will be ascribed to me to ensure that the risk of my identification is minimised.
I understand that the protocol adopted by the University of Notre Dame Australia Human Research Ethics Committee for the protection of privacy will be adhered to and relevant sections of the Privacy Act are available at http://www.nhmrc.gov.au/
I agree that any research data gathered for the study may be published provided my name or other identifying information is not disclosed.

<table>
<thead>
<tr>
<th>Participant’s name</th>
<th>Email address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant’s signature</td>
<td>Date</td>
</tr>
<tr>
<td>Researcher’s name</td>
<td>Sally Clark</td>
</tr>
<tr>
<td>Researcher’s signature</td>
<td>Date</td>
</tr>
</tbody>
</table>
If participants have any complaint regarding the manner in which a research project is conducted, it should be directed to the Executive Officer of the Human Research Ethics Committee, Research Office, The University of Notre Dame Australia, PO Box 1225 Fremantle WA 6959, phone (08) 9433 0943 and/or WACHS Research Ethics Committee, 0417 068 594; or via email wachs.researchethicscommittee@health.wa.gov.au
Appendix E

Participant Group 1 Demographic Questionnaire
Project title: Nurses decisions to live and work in remote communities: A case study of graduates from a remote school of nursing.

Dear participant, the researcher of this project, Sally Clark would like to invite you to complete this questionnaire. It will only take a few minutes of your time.

Please circle your response or write your answer in the space provided

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1: Since completing your nursing course at the University of Notre Dame, Australia were you registered with the Nurses Board of Western Australia or more recently with the Nursing and Midwifery Board of Australia? (Please circle)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>2: If yes, are you still registered? Yes No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3: Since completing your nursing course have you worked in an area outside a capital city? This could be in Australia or Internationally.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>4: If yes, can you please identify where this/these place(s) were eg. Karratha Western Australia.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5: If you have worked in an area outside a capital city did you have family members or friends already living there?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>6: Prior to studying on the Broome campus had you already lived in an area outside a capital city?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>7: If you answered yes to question 6. Where was this?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8: And how long did you live there for?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9: Did you attend primary school in an area outside a capital city?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
10: If you answered yes to question 9. Where was this? 

11: And how long did you attend? 

12: Did you attend secondary school in an area outside a capital city? 
   Yes   No 

13: If you answered yes to question 12. Where was this? 

14: And how long did you attend? 

15: Did you have family members or friends that lived in Broome when you were studying there? 
   Yes   No 

16: Do you consent to being contacted by the researcher (Sally Clark) for a follow up interview? 
   Yes   No 

Please complete the contact details below if you have consented to be interviewed:

   Email
   Mobile number

Thank you for your time and participation in this research project. If you have consented Sally Clark will contact you within 2 weeks of receipt of this questionnaire to arrange a suitable time for an interview.

Please return this questionnaire with your consent form in the prepaid envelope supplied.
Appendix F

Research Data Base
Screen shot of researcher’s data base
Appendix G

Information Sheet for Workforce Questionnaire
Information Sheet for Participants

Dear potential participant

My name is Sally Clark. I am a student at The University of Notre Dame Australia and am enrolled in a Doctor of Philosophy degree. As part of my course I need to complete a research project.

Project title:
Nurses decisions to live and work in remote communities: A case study of graduates from a remote school of nursing.

Insufficient numbers of nurses working in geographically isolated regional and remote areas has presented a unique challenge to the provision of health care services. Improving recruitment and retention through the provision of regionally based nurse education, including opportunities for clinical placements, has anecdotally been associated with positively influencing the local nursing workforce.

The purpose of this research is to “Explore and describe the influences on decisions of nursing graduates, from the Broome campus pre-registration programs, to work within remote communities”. The findings of this research will have relevance to workforce strategies and policy makers in remote areas of Australia.

I would like to invite you to complete a questionnaire and to meet with me to gain your perspective on the project. It is proposed that the meeting will take place at a mutually convenient time and place. With your permission the meeting will be recorded and will last approximately sixty minutes with the possibility of a follow up meeting should there need to be some clarification and further questions. You will be offered a transcript of the meeting.
If you live in Broome we can meet face to face. However, if you live some distance away we can meet using web-conferencing or teleconferencing. Arrangements can be made once you have agreed to be involved in the study.

I would like to clarify that my role within this project is the lead researcher and PhD candidate. My working role within the School of Nursing as Assistant Dean has no bearing on the research project and all data collected will be kept confidential and stored within a locked cupboard or in a password protected electronic database separate from School of Nursing resources. Data gathering, storage and analysis will be supervised by Doctor Carol Piercey to ensure confidentiality of materials. Further to this I will be on study leave and away from my role as Assistant Dean during the data collection phase of this study.

The protocol adopted by the University of Notre Dame Australia Human Research Ethics Committee for the protection of privacy will be adhered to and relevant sections of the Privacy Act are available at http://www.nhmrc.gov.au/. Information you provide will be stored securely in the University’s School of Nursing for five years. No identifying information will be used and the results from the study will be made freely available to you upon request. Unless there are legal requirements, information you provide will be strictly confidential and a code ascribed to you, to minimise the risk of identification.

If you have any queries regarding the research, please contact me directly or Doctor Piercey my supervisor by telephone (08) 943302277 or by email at carol.piercey1@nd.edu.au.

The Human Research Ethics Committee of the University of Notre Dame Australia and the Western Australia Country Health Service (WACHS) Research Ethics Committee have approved the study. If you have any complaints regarding the manner in which this project is conducted, it should be directed to the Executive Officer of the Human Research Ethics Committee, Research Office, The University of Notre Dame Australia, PO Box 1225 Fremantle WA 6959, phone (08) 9433 0943 and/or WACHS Research Ethics Committee, 0417 068 594; or via email
Your participation in this study is completely voluntary and you are free at any time to withdraw from the project or withdraw any statements made during the interview process. However, should you agree could you please sign the attached consent form, complete the demographic questionnaire and return them in the reply paid envelope within 2 weeks of receipt.

I thank you for your consideration and hope you will agree to participate in this research project.

Yours sincerely,

Mrs Sally Clark Telephone: 0417184964
Email: sally.clark2@my.nd.edu.au
Appendix H

Health Care Agency Personnel Questionnaire
Health Care Agency Personnel Questionnaire

Project title:
Nurses decisions to live and work in remote communities: A case study of graduates from a remote school of nursing.

Dear participant
I would like to invite you to complete this questionnaire. It has been designed to gain a small amount of information that can be expanded upon at interview to gain your thoughts on the factors that influence nurses decisions to live and work in remote communities. Please return this questionnaire with your consent form in the envelope supplied. Your participation in this project is much appreciated.

<table>
<thead>
<tr>
<th>Questions. Please circle your answer or provide detail in the area provided</th>
<th>CODING</th>
</tr>
</thead>
<tbody>
<tr>
<td>1: Please name the Health Service you currently work for. eg. Broome hospital</td>
<td></td>
</tr>
<tr>
<td>2: How long have you worked in this Health Service?</td>
<td></td>
</tr>
<tr>
<td>0---5 years</td>
<td></td>
</tr>
<tr>
<td>6---10 years</td>
<td></td>
</tr>
<tr>
<td>11---20 years</td>
<td></td>
</tr>
<tr>
<td>over 20 years</td>
<td></td>
</tr>
<tr>
<td>2: Please describe what attracted you to work in this health care service.</td>
<td></td>
</tr>
</tbody>
</table>
3: Do you consider that nursing graduates from a remote university would have the required skills to work in this health care service?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

There is some space here if you would like to expand on your answer.

4: Do you consider that this health service provides enough professional development and support opportunities to graduates so they can remain working in this remote region after their grad program.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

5: Do you consent to being contacted by the researcher for a follow up interview

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

Thank you for your time and participation in this research project. If you have consented Sally Clark will contact you within 2 weeks of receipt of this questionnaire to arrange a suitable time for an interview.

Please return this questionnaire with your consent form in the envelope supplied.
Appendix I

Laminated Poster for Study
Why do nurses live and work in remote areas?

Sally Clark is undertaking a research project for PhD studies and would like to invite Registered and Enrolled Nurses to participate in her study.

This study only requires a small amount of your time and participant numbers are very important to get a comprehensive representation of opinions.

There are information envelopes on the ward and in A&E but if you would like the information emailed to you directly please email sally.clark2@my.nd.edu.au or telephone Sally directly on 0417184964.

This study has received UNDA and WACHS ethics approval as well as WACHS director’s approval.
Appendix J

Synopsis, Background and Literature Review
Nurses decisions to live and work in remote communities: A case study of graduates from a remote school of nursing.

Author: Sally Clark sally.clark2@my.nd.edu.au

Synopsis

Insufficient numbers of nurses working in geographically isolated regional and remote areas has presented a unique challenge to the provision of health care services. Improving recruitment and retention through the provision of regionally based nurse education, including opportunities for clinical placements, has anecdotally been associated with positively influencing the local nursing workforce.

The number of graduates that seek employment and the factors that have influenced their decision to work in the remote nursing workforce has yet to be determined.

The findings of this study will assist policy makers in developing strategies to improve recruitment and retention into the remote health care nursing workforce

Background and literature review

Maldistribution of the health care workforce in regional and remote areas has been identified both in Australia and overseas (Buchan & Aiken, 2008; Bushy, 2002; Duffield & O’Brien-Pallas, 2002; Dussault & Franceschini, 2006). The limited numbers of medical personnel in these areas has led to nurses becoming a principal part of the health care workforce (Australian Government Department of Health and Ageing [DoHA], 2008). As such, a strategy to provide a secure and stable nursing workforce in regional and remote areas has become essential (Lenthall et al. 2011; Preston, 2009). Population growth within regional and remote areas and an ageing workforce are factors that will continue to have an increasing demand on the employment of nurses. Retention and recruitment from outside the area can provide short term relief to these shortages, but there is growing evidence that providing nursing education within regional and remote areas may well provide a more sustainable workforce.

In the mid-1990s, studies demonstrated that providing undergraduate pre-registration nursing students with clinical placements in regional and remote sites, improved the likelihood of students practicing in these areas following graduation (Murphy, McEwan & Hays, 1995). More recent studies by Courtney, Edwards, Smith and Finlayson, (2002), Neill and Taylor (2002), Lea, Cruickshank, Fialadelis, Parmenter, Sanderson and Thornberry (2008), Playford, Larson and Wheatland (2004), confirm these findings.

In the late 1990s and early 2000s, a number of regional and satellite campuses were established to increase access to nursing education for people living in
regional areas of Australia (Bambrick, 2002; Playford et al., 2010). A longitudinal study conducted to determine the type of undergraduate education most related to rural recruitment for nursing graduates was undertaken in Western Australia. The study compared two cohorts, one from an urban nursing program (with an established rural placement program), and one from a rural nursing program. Findings from the study suggested that rural nursing schools that teach all the undergraduate program, are more effective in terms of influencing workforce recruitment than those that provide limited rural clinical placement from an urban based nursing school (Playford et al., 2010).

Clearly, there is some Australian evidence that suggest students who have opportunity to study or attend clinical placement in regional and remote areas, are more likely to work in a regional or remote area after registration. There is, however, limited information on the conversion to employment. Studies located did not differentiate between what was considered a regional or remote campus, clinical placement, or student origin. There is some discussion available from regional/metropolitan providers of pre-registration courses, but little information on remote pre-registration nursing program providers, or their impact on the local community in terms of the health care workforce.

This proposed study would be the first in Western Australia, which focuses on nursing graduates from a remote university school of nursing. Whilst other studies in Australia have focused on the effect of attending clinical placement in a regional area, they have not differentiated between regional, rural and remote settings, or whether students from urban backgrounds attending study or clinical placement, have been recruited into the local nursing workforce. There could be significant implications for health care agencies and their recruitment strategies, in identifying what has influenced graduates from the Broome campus to seek employment in the local areas, following graduation, and how they have impacted on the nursing workforce.

Further, this study has relevance to other remote areas where nursing workforce shortages are evident and remote nursing schools exist, or could exist. Additionally, it will provide relevant information to policy makers for improved funding for existing remote nursing schools and the development of future schools.

References


Dussault, G., & Franceschini, M. C. (2006). Not enough there, too many here:


Lenthall, S., Wakeman, J., Opie, T., Dunn, S., MacLeod, M., Dollard, M., ... Knight, S. (2011). Nursing workforce in very remote Australia, characteristics and key


Appendix K

Contact Details Form
1. Please provide me with your first name and last name
   First name
   Surname

2. Please provide me with the name of the health service that you are currently working in.
   [Blank]

3. If you would like me to provide information to your mailing address please provide details below
   Postal address
   Town
   Postcode

4. If you would prefer the information to be emailed to you please provide your email address below.
   [Blank]

5. If you would prefer me to contact you by telephone to discuss the project please provide your telephone number below.
   [Blank]

6. Your involvement with this project will only require you to complete a very short questionnaire and to be involved with an interview. Your assistance will be greatly appreciated as I value your thoughts on this topic. If you would like to contact me directly please email me at sally.clark2@my.nd.edu.au or telephone 0417184964

☐ Thank you
Appendix L

Workforce Presentation
Nurses decisions to live and work in remote communities: A case study of graduates from a remote school of nursing.

- Insufficient numbers of nurses work in geographically isolated regional and remote areas.
- Recruitment and retention strategies
  - Few have been researched for efficacy
  - Findings suggest that nursing graduates from rural campuses and nursing graduate who have had exposure to rural clinical areas are more likely to seek employment in the rural workforce.
- No evidence to date
  - To show whether they do or the factors that influence their decisions to seek employment in the remote nursing workforce

Schools of Nursing

- Bachelor of Nursing graduates since 2003 (10 yrs)
- 74 graduates
- Diploma graduates since 2008 (5 yrs)
- 25 graduates
- 29% (29) currently working in the Kimberley
- 35% (35) have worked in the Kimberley since graduating

AIM of my study

- To explore and describe the factors that influence remote school of nursing graduates in their decision to work in a remote nursing workforce.

Case study

Study question: What influences graduates from a remote nursing school to seek employment in a remote community?

- Graduates from UNDA Broome
- Nursing workforce throughout the Kimberley
- UNDA Broome SoNM
Appendix M

Cover for Hard Copy Packs
WHY DO NURSES LIVE AND WORK IN REMOTE AREAS?

Sally Clark is undertaking a research project for PhD studies and would like to invite Registered and Enrolled Nurses to participate in her study.

THIS STUDY ONLY REQUIRES A SMALL AMOUNT OF YOUR TIME AND PARTICIPANT NUMBERS ARE VERY IMPORTANT TO GET A COMPREHENSIVE REPRESENTATION OF OPINIONS

Please complete the enclosed contact details sheet and using the enclosed pre-paid envelope post directly to Sally Clark
Alternatively you can email sally.clark2@my.nd.edu.au with your contact details or telephone Sally directly on 0417184964

This study has received UNDA and WACHS ethics approval as well as WACHS director’s approval
Appendix N

Sample Data Spreadsheets for Graduates and Workforce
<p>| Code | Gender | Age at time of interview | Time to course | Family and friends in Broome | Lived outside city prior to starting course | Place of study | Remote score | High school outside city | Secondary school outside city | Registered | Grad program outside city | Grad program in city | Worked outside city | Where outside | Family or friends there | Worked in Kimberley | Worked in the north | Other notes |
|------|--------|--------------------------|---------------|-----------------------------|-------------------------------------------|---------------|-------------|----------------------|-----------------------------|----------------|-----------------------|------------------|----------------|----------------|-----------------|-----------------|-----------------|
| BN1  | Male   | 30s                      | yes           | yes                         | yes Derby                                 | no             | no          | yes                  | no                          | yes           | yes                   | Kimberley        | yes            | yes             | yes             | no              | yes             | no              |
| BN2  | Male   | 20s                      | yes           | yes                         | yes Lake Eradale                         | yes            | yes         | yes                  | yes                         | yes           | yes                   | Armidale         | yes            | yes             | yes             | no              | yes             | no              |
| BN3  | Male   | 30s                      | yes           | yes                         | yes Broome and Fitzroy                    | no             | no          | yes                  | yes                         | yes           | yes                   | Kimberley        | no             | yes             | yes             | no              | yes             | no              |
| BN4  | Male   | 20s                      | yes           | no                          | no                                        | no             | no          | yes                  | no                          | yes           | yes                   | Murdoch SJ       | yes            | yes             | yes             | no              | yes             | no              |
| BN5  | Male   | 20s                      | yes           | yes                         | yes Essex and Lancashire, Keats           | yes            | no          | yes                  | no                          | yes           | yes                   | Osborne Park     | no             | yes             | yes             | no              | yes             | no              |
| BN6  | Male   | 30s                      | yes           | yes                         | no                                        | yes            | no          | yes                  | no                          | yes           | yes                   | RPH Greylands    | yes            | no              | yes             | no              | yes             | no              |
| BN7  | Male   | 30s                      | yes           | yes                         | yes Derby                                 | yes            | yes         | yes                  | yes                         | yes           | yes                   | Kimberley        | yes            | yes             | yes             | no              | yes             | no              |
| BN8  | Male   | 30s                      | yes           | no                          | no                                        | no             | no          | yes                  | no                          | yes           | yes                   | PMH             | yes            | no              | yes             | no              | yes             | no              |
| BN9  | Male   | 20s                      | yes           | no                          | no                                        | yes            | yes         | yes                  | yes                         | yes           | yes                   | Albany          | no             | yes             | yes             | no              | yes             | no              |
| BN10 | Female | 30s                      | yes           | yes                         | yes Major city and inner regional         | yes            | yes         | yes                  | yes                         | yes           | yes                   | Yagan Gaif GC    | no             | no              | yes             | no              | yes             | no              |
| BN11 | Male   | 30s                      | no            | PCA                         | No                                        | No             | No          | No                   | No                          | No            | No                   | SCGH            | no             | no              | yes             | no              | yes             | no              |
| BNWF1| Female | 30s                      | yes           | yes                         | yes Broome and Bunbury                     | yes            | yes         | yes                  | yes                         | yes           | yes                   | Bunbury          | yes            | yes             | yes             | yes             | yes             | yes             |
| BNWF2| Male   | 20s                      | yes           | yes                         | yes Manoher                                | yes            | yes         | yes                  | yes                         | yes           | yes                   | Kimberley        | yes            | yes             | yes             | yes             | yes             | yes             |
| BNWF3| Male   | 20s                      | yes           | yes                         | yes Experience, Tonga, Blackstone remote community in WA                   | yes            | yes         | yes                  | yes                         | yes           | yes                   | Kimberley        | yes            | yes             | yes             | no              | yes             | no              |
| BNWF4| Female | 40s                      | yes           | yes                         | yes Geelong                               | yes            | yes         | yes                  | yes                         | yes           | yes                   | Kimberley        | yes            | yes             | yes             | no              | yes             | no              |
| BNWF5| Female | 40s                      | no            | no                          | no                                        | no             | no          | no                   | no                          | no            | no                   | Kimberley        | yes            | yes             | yes             | yes             | yes             | yes             |
| BNWF6| Female | 30s                      | No            | No                          | No                                        | No             | No          | No                   | No                          | No            | No                   | Kimberley        | yes            | yes             | yes             | yes             | yes             | yes             |
| EN1  | Male   | 40s                      | yes           | yes                         | yes Eleni Baroody, Fitzroy Crossing, Hue Vietnam and Tole Mosambique      | no             | no          | no                   | no                          | no            | no                   | Kimberley        | no             | yes             | yes             | no              | yes             | no              |
| EN2  | Male   | 40s                      | yes           | no                          | no                                        | no             | no          | yes                  | no                          | no            | no                   | Kimberley        | no             | yes             | yes             | yes             | yes             | yes             |
| ENWF1| Female | 40s                      | yes           | yes                         | yes Meckering                             | yes            | yes         | yes                  | yes                         | yes           | yes                   | Bunbury          | yes            | yes             | yes             | yes             | yes             | yes             |
| ENWF2| Female | 30s                      | yes           | yes                         | yes Geraldton                             | yes            | yes         | yes                  | yes                         | yes           | yes                   | Kimberley        | yes            | yes             | yes             | yes             | yes             | yes             |
| ENWF3| Female | 30s                      | yes           | yes                         | yes Broome and Nauru                      | yes            | yes         | yes                  | yes                         | yes           | yes                   | Kimberley        | yes            | yes             | yes             | yes             | yes             | yes             |
| ENWF4| Female | 30s                      | Yes           | Yes                         | Yes Broome                               | Yes            | Yes         | Yes                  | Yes                         | Yes           | Yes                   | Kimberley        | Yes            | Yes             | Yes             | Yes             | Yes             | Yes             |
| ENWF5| Female | 30s                      | no            | no                          | PCA                                       | yes            | yes         | yes                  | no                          | yes           | yes                   | Bunbury          | yes            | yes             | yes             | yes             | yes             | yes             |</p>
<table>
<thead>
<tr>
<th>Workforce data</th>
<th>Date of first registration with AHPRA</th>
<th>Year since rego</th>
<th>male</th>
<th>female</th>
<th>Length of time in work place</th>
<th>UNDA grads have skill</th>
<th>PD enough for grads</th>
<th>Transcribed</th>
</tr>
</thead>
<tbody>
<tr>
<td>WFRN1</td>
<td>1990</td>
<td>23</td>
<td>x</td>
<td></td>
<td>x</td>
<td>yes</td>
<td>yes</td>
<td>No</td>
</tr>
<tr>
<td>WFRN2</td>
<td>1978</td>
<td>35</td>
<td>x</td>
<td></td>
<td>x</td>
<td>yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>WFRN3</td>
<td>1991</td>
<td>22</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>yes</td>
<td>x</td>
<td>C</td>
</tr>
<tr>
<td>WFRN4</td>
<td>2010</td>
<td>13</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>WFRN5</td>
<td>1987</td>
<td>26</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
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Interviewed
not interviewed

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| WFRN10         | 1986                                 | 27              | x    | x      | x                             | x                     | x                 | x           |
| WFRN11         | 1976                                 | 37              | x    | x      | ?                             | ?                     | ?                 | ?           |
| WFRN12         | 2005                                 | 8               | x    | x      | x                             | x                     | x                 | x           |
| WFRN13         | 1976                                 | 37              | x    | x      | x                             | x                     | x                 | x           |
| WFRN14         | 2009                                 | 4               | x    | x      | x                             | x                     | x                 | x           |
Appendix O

Transcription Confidentiality Agreement
CONFIDENTIALITY AGREEMENT

It is understood and agreed that Sally Clark may disclose confidential information to Carol Mastick that is and must be kept confidential. To ensure the protection of such information, Carol Mastick agrees not to disclose the confidential information obtained from Sally Clark to anyone unless required to do so by law. All files received and created for the transcription process will be digitally destroyed or shredded by Carol Mastick upon successful receipt and notification by Sally Clark.

Carol Mastick
153 Park Place Drive Petaluma, CA USA 94954 707-290-4737

Date
11/15/2012
Appendix P

First Round Codes
### First round codes

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Appendix Q

Code of Conduct for Research
POLICY:
CODE OF CONDUCT FOR RESEARCH

Purpose: This policy outlines the Code of Conduct which binds all staff, students and researchers at the University.
Responsible Executive: Provost
Responsible Office: Research Office
Contact Officer: Manager, Research Administration
Effective Date: March 2006
Last edited: 25.10.07 (MF)
Campus Applicability: All Campuses
Rationale

The University of Notre Dame Australia is committed to the highest standard of integrity in research. The responsibility for research quality and integrity is shared by the University – its Academic Council and Ethics Committees (and their sub-committees), Research Management Office, the School Research Committees, research supervisors, principal researchers/project directors and research students.

The Code of Conduct ("the Code") binds all staff, students and researchers at the University and failure to comply with the Code may be a ground for disciplinary action.

Principles

The Code is based on the following general principles:
1. the fundamental goal of all research is the pursuit of truth.
2. in the pursuit of such truth all researchers at the University should:
   - maintain high ethical standards and comply with the University’s procedures and policies for ethical clearance;
   - maintain high standards of professional conduct and ensure that their work enhances their profession and the good name and Mission and Goals of the University;
   - respect people, their privacy and ensure the safety of those associated with the research;
3. respect non-human participants in research;
4. only participate in research which conforms to the ethical standards approved by the University and which they are competent to perform;
5. ensure validity and accuracy in the collection and reporting of data;
6. make research methods and results open to scrutiny and debate by colleagues and the profession at large;
7. ensure confidentiality;
8. guarantee that research data is not used for their personal advantage or that of a third party; and
9. disclose any situation that could lead to real or apparent conflict of interest.

CODE OF CONDUCT FOR RESEARCH

This code of conduct for research addresses the following issues:

1. DATA STORAGE AND RETENTION
2. AUTHORSHIP
3. PUBLICATIONS
4. CONFLICT OF INTEREST
5. ETHICS CLEARANCE
6. RESEARCH MISCONDUCT

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1 The following Code of Conduct for Research is adapted from the Joint NHMRC/AVCC Statement and Guidelines on Research Practice1, the University of Melbourne Code of Conduct for Research2 and Edith Cowan University’s Guidelines on the Responsible Conduct of Research and Scholarship3.
Data storage and retention

1. Research data and records obtained by staff, students and researchers in research projects conducted under the auspices of the University must be held in a durable, secure and registered place in the School in which they were generated.

2. Stored data must be appropriately referenced and kept for sufficient time to allow claims made in publications to be verified and to honour any confidentiality and intellectual property agreements. The minimum period for retention is at least five years from the date of publication, but for specific types of research, such as clinical research, fifteen years is required. [Research data refers to primary data obtained through observations, measurements, interviews, surveys and tests. Clinical research means research obtained through clinical trials which are pre-planned, usually controlled, clinical studies of the safety, efficacy, or optimum dosage schedule (if appropriate) of one or more diagnostic, therapeutic, or prophylactic drugs, devices, or interventions in humans selected according to predetermined criteria of eligibility and observed for predefined evidence of favourable and unfavourable effects]

3. Each School or research unit must establish procedures for retention of data. Data management should comply with relevant privacy protocols, such as the Australian Federal Privacy Legislation and associated National Privacy Principles. Researchers must comply with these retention procedures.

4. Individual researchers may hold copies of the data for their own use. Retention solely by the individual researcher provides little protection to the researcher or the University in the event of an allegation of falsification of data.

5. Data related to publications must be available for discussion with other researchers. Where confidentiality provisions apply (for example, where the researchers or the University have given undertakings to third parties, such as the participants of the research), it is desirable for data to be kept in a way that reference to them by third parties can occur without breaching such confidentiality.

6. Confidentiality agreements to protect intellectual property rights may be agreed between the University, the researcher and a sponsor of the research. Where such agreements limit free publication and discussion, limitations and restrictions must be explicitly agreed.

7. The Dean of the School should inform researchers of their obligations with respect to these provisions. All confidentiality agreements should be made known at an early stage to the Research Administration Office.

8. The location of all research data must be recorded on the relevant Ethics Clearance form which contains information on ownership of data, location of data, access to data, right of access to data and confidentiality agreements. It is the researcher's responsibility to ensure any changes to the location and/or status of research data is notified to the Ethics Committee.

9. Only persons specified in the original ethics application should have access to confidential data. Should others wish to have access to the data, this will be subject to an application to the Research Administration Office.

10. When data are obtained from limited access databases, or via contractual arrangements, written indication of the location of the original data, or key information regarding the database from which it was collected, must be retained by the researcher or research unit.

11. Where a copy of the data is stored in a researcher’s office or otherwise, researchers are responsible for ensuring appropriate security for any confidential material, including that held in computing systems.
12. Where Schools have established computing systems holding research data which are accessible through networks, particular attention to security of confidential data is required. Security and confidentiality must be assured in a way that takes account of multiple researchers and the departure of individual researchers.

13. Where the research entails the use of name-identified data, said data must not be removed from a secure location on campus. Please also refer to the guidelines document *Code of practice for name-identified data*.

14. In an event a researcher leaves the University, and the researcher continues to use the material, the original data must remain at the University in a secure, registered place in the School in which they were generated, the researcher taking a copy only of the data. Any subsequent research publications and other outcomes must acknowledge the University. Similarly if any University researchers wish to continue with the data generated at the University, any subsequent research publications and other outcomes must acknowledge the original researcher.

**Authorship**

1. The minimum requirement for a person to be attributed as an author of a publication should accord with the 'Vancouver Protocol'. For a person to be attributed as author, he or she must have substantially participated in the creation of a publication and must satisfy all of the following conditions:
   a. participation in the conception and design, or analysis and interpretation, of data;
   b. drafting the article or revising it critically for important intellectual content; and
   c. giving final approval of the version to be published.

2. Participation solely in the acquisition of funding or the collection of data does not justify authorship. General supervision of the research group is not sufficient for authorship. Any part of an article critical to its main conclusion must be the responsibility of at least one author. An author's role in a research output must be sufficient for that person to take public responsibility for at least that part of the output in that person's area of expertise. No person who is an author, consistent with this definition, must be excluded as an author without his or her permission in writing.

3. "Honorary authorship" (i.e. inclusion based on status, seniority or credentials) is an unacceptable practice.

4. Where a student is the primary author of research, his/her name must be recognised as the senior author in any publication.

5. Authorship of a research output should be discussed between researchers at an early stage in a project, and reviewed whenever there are changes in participation. Any disputes about authorship should be referred to the Provost, who will decide on a course of action.

6. When there is more than one co-author of a research output, one co-author (by agreement amongst the authors) should be nominated as executive author for the whole research output, and should take responsibility for record-keeping regarding the research output.

7. Where there is more than one co-author, the order of authorship should be a joint decision of the co-authors.

8. A publication must contain appropriate acknowledgment of the contributions made by all participants in the relevant research, including the work of research students, research assistants and technical officers who have made a contribution to the research. Courtesy demands that individuals and organisations providing facilities should also be acknowledged.
Publications

1. Publication of multiple papers based on the same set(s) or subset(s) of data is not acceptable, except where there is full cross-referencing within the papers (for example, in a series of closely related work, or where a complete work grew out of a preliminary publication and this is fully acknowledged).

2. Author(s) who submits the same or substantially similar work to more than one publisher should disclose that fact to the publishers at the time of submission.

3. As a general principle, research findings should not be reported in the public media before they have been reported to a research audience of experts in the field of research - preferably by publication in a peer-reviewed journal, except where there is a contractual arrangement. However, where there is public interest in research findings, occasionally reporting to the media before peer reviewing of findings may be justified but the unreported status of the findings must be disclosed at the time.

4. Where there is private reporting of research that has not yet been exposed to open peer-review scrutiny, especially when it is reported to prospective financial supporters, researchers have an obligation to explain fully the status of the work and the peer-review mechanisms to which it will be subjected.

5. Publications must include information on the sources of financial support for the research. Financial sponsorship that carries an embargo on such naming of a sponsor should be avoided.

6. Deliberate inclusion of inaccurate or misleading information relating to research activity in curriculum vitae, grant applications, job applications or public statements or the failure to provide relevant information, is a form of research misconduct. Accuracy is essential in describing the state of publication (in preparation, submitted, accepted), research funding (applied for, granted, funding period), and awards conferred, and where any of these relate to more than one researcher.

7. All reasonable steps must be taken to ensure that published reports, statistics and public statements about research activities and performance are complete, accurate and unambiguous.

Conflict of interest

1. A conflict of interest arises in circumstances where that person has a real, perceived or potential opportunity to prefer their own interests, or those of any other person or organisation, to the interests of the University such that an independent observer might reasonably question whether the individual's professional actions or decisions are determined by considerations of personal gain, financial or otherwise. A conflict of interest depends on the situation, and not on the character or actions of the individual.

2. Examples of conflicts of interest in research include-
   a. Where the research is sponsored by a related body;
   b. Where the researcher or a related body may benefit, directly or indirectly, from any inappropriate dissemination of research results (including any delay in or restriction upon publication of such results);
   c. Where the researcher or a related body may benefit, directly or indirectly, from the use of University resources; and
   d. Where the researcher conducts a clinical trial which is sponsored by any person or organisation with a significant interest in the results of the trial.
3. A related body is any person or body with which the researcher has an affiliation or a financial involvement.
4. A financial involvement includes a direct or indirect financial interest, provision of benefits (such as travel and accommodation) and provision of materials or facilities.
5. An indirect financial interest is a financial interest or benefit derived by the researcher’s relatives, personal or business associates, or research students.
6. A researcher must make a full disclosure of a conflict of interest as soon as reasonably practicable to the Dean of the School, except that where the researcher is a Dean of a School, the disclosure must be made to the Provost.
7. The officer in receipt of the disclosure referred in paragraph (b) above must discuss the matter with the staff member concerned and determine a procedure for the management or elimination of the conflict of interest. The procedure must be documented and the researcher advised in writing.
8. Researchers must disclose any conflict of interest to editors or journals, to the readers of published work and to external bodies from which funds are sought.

Ethics Clearance
Researchers must ensure that they have gained ethics clearance from the appropriate ethics committee of the University before commencing the research.

Research Misconduct
1 Definition of research misconduct
   (a) "Misconduct" or "scientific misconduct" is taken here to mean fabrication, falsification, plagiarism, or other practices that seriously deviate from those that are commonly accepted within the scientific community for proposing, conducting, or reporting research. It includes the misleading ascription of authorship including the listing of authors without their permission, attributing work to others who have not in fact contributed to the research, and the lack of appropriate acknowledgment of work primarily produced by a research student/trainee or associate. It does not include honest errors or honest differences in interpretation or judgements of data.

   Examples of research misconduct include, but are not limited to, the following:
   (i) Misappropriation: A researcher or reviewer shall not intentionally or recklessly plagiarise (which shall be understood to mean the presentation of the documented words or ideas of another as his or her own, without attribution appropriate for the medium of presentation), make use of any information in breach of any duty of confidentiality associated with the review of any manuscript or grant application, or intentionally omit reference to the relevant published work of others for the purpose of inferring personal discovery of new information.
   (ii) Interference: A researcher or reviewer shall not intentionally and without authorisation take or sequester or materially damage any research-related property of another, including without limitation the apparatus, reagents, biological materials, writings, data, hardware, software, or any other substance or device used or produced in the conduct of research.
(iii) Misrepresentation: A researcher or reviewer shall not with intent to deceive, or in reckless disregard for the truth, state or present a material or significant falsehood, or omit a fact so that what is stated or presented as a whole states or presents a material or significant falsehood.

7.2 Procedures for dealing with allegations of misconduct

(a) Protection of interested parties

(i) Protection of interested parties is essential when handling allegations of research misconduct. Adequate protection of the person(s) bringing the allegation and the person(s) against whom the allegation is made must include absolute confidentiality and reasonable speed in the conduct of any investigation.

(ii) Other interested parties in an allegation of misconduct might include:
   • Staff, students and trainees working with persons making the allegation, or with persons against whom the allegation is made.
   • Journals and other media reporting research subject to suspected, alleged, or found research misconduct.
   • Funding bodies that have contributed to the research.
   • The public.

(iii) Protection of other interested parties should not violate the confidentiality of the complainant or the accused in a case of alleged misconduct. Where disclosure is deemed necessary, the Vice-Chancellor should make the decision.

(b) Complaint

(i) An allegation of research misconduct is to be made to the Dean of the School within which the research is taking place or to the Provost.

(ii) A Dean who has received a complaint must inform the Provost of the complaint as soon as practicable, and provide the Provost with all available information relevant to the complaint.

(iii) On receipt of an allegation, the Provost shall inform the Vice-Chancellor of the nature of the allegation.

(iv) Should the Provost receive a complaint under this section, the Provost must inform immediately the person against whom the complaint is made.

(v) There will be a preliminary investigation of cases in which a charge of research misconduct has been made and it will be conducted under the direction of the Provost. Such preliminary investigation will make provision for a written statement of any allegations to be provided to the person(s) against whom such allegations are directed, and for a written response from that person to be received and considered. A preliminary investigation will be limited to determining whether a prima facie case exists that research misconduct may have occurred.

(vi) If a person about whom allegations of research misconduct have been made ceases to be an employee or student of the University, the investigation shall continue, in order to establish the facts of the matter.

(vii) If a case for consideration of research misconduct is found to exist in the preliminary investigation, a formal investigation shall proceed.

(viii) Where the Provost is satisfied that a complaint cannot be sustained, the Provost must advise the Vice-Chancellor to dismiss the complaint and inform the person making the complaint accordingly.
(ix) Where the Provost is satisfied that there is no reasonable basis for a complaint, the Provost must advise the Vice Chancellor to determine if it is appropriate to take disciplinary action against the person making the complaint.

(c) Formal Investigation

(i) An enquiry established under the Code must be completed as expeditiously, and with such confidentiality, as the circumstances of the complaint permit.

(ii) The Vice-Chancellor must inform the person who is the subject of the complaint in writing of the terms of the complaint, the decision to undertake an enquiry, and the person or persons appointed to undertake the enquiry.

(iii) The Vice-Chancellor must also provide the person who is the subject of the complaint with (1) an opportunity to respond in writing to the complaint within thirty days of notification, and (2) an opportunity to make oral submissions to the person or persons appointed to undertake the enquiry during the hearing of the complaint.

(iv) The person or persons appointed to undertake an enquiry must provide the Vice-Chancellor with a report of the enquiry and advise the Vice-Chancellor whether, in their opinion, the person who is the subject of the complaint is guilty of misconduct.

(v) The Vice-Chancellor must inform the person who is the subject of the complaint and the person making the complaint of the finding of the person or persons appointed to undertake the enquiry.

(vi) Where the person or persons appointed to undertake an enquiry is or are satisfied that the person who is the subject of the complaint is guilty of misconduct, the Vice-Chancellor must determine whether it is appropriate to take disciplinary action against that person.

(vii) Findings of research misconduct must be reported to any funding agency that supported work in respect of which such misconduct occurred, or which is currently supporting the person found to have engaged in research misconduct, and to journals and other media through which the research in question was reported. Distortions of the research record must be rectified, whether or not the persons involved remain in the institution.

(viii) Where the person or persons appointed to undertake an enquiry is or are satisfied that there is no basis for a complaint, the Vice-Chancellor must determine whether it is appropriate to take disciplinary action against the person making the complaint.
FOOTNOTES AND LINKS TO SUPPORTING DOCUMENTATION


Appendix R

Cultural Awareness
NSP 101 AND CLINICAL PRACTICUM 1
UNIT OUTLINE, SEMESTER 1, 2012

SCHOOL OF NURSING AND MIDWIFERY
BROOME CAMPUS

UNIT DESCRIPTION
This unit will give students an overview of the clinical learning expectations to be achieved whilst on practicum. The unit will explore strategies for the students to utilise that will enhance communication within the multidisciplinary team. There will also be a focus on building reflective practice skills that will enable the students to maximise opportunities to develop the skills and knowledge that underpin quality practice. The aim is to prepare students to appreciate the clinical environment and the learning experience that this provides.

The unit will also offer an opportunity for students to consolidate the skills, knowledge and clinical competencies learnt in previous nursing skills units.

OUTCOMES OF THE UNIT
At the completion of this unit, a student will:

• Identify their own learning objectives for the practicum context they will be undertaking;
• Describe and demonstrate the strategies they will utilise to meet their learning objectives for the practicum they are undertaking;
• Self appraise how well they have been able to achieve their learning objectives during their clinical practicum experience;
• Demonstrate competency in each of the 45 ANMAC competency elements of the core competency standards as described by the ANMAC National Competency Standards for Registered Nurses (RNs) http://www.anmc.org.au;
• Be able to utilise the Nurses and Midwives Board of Australia Scope of Practice when implementing a nursing intervention.

Scope of Nursing Practice: Decision Making Framework
This unit is informed by or contains where appropriate the concepts outlined in the Scope of Nursing Practice – Decision Making Framework (SONP-DMF). Please go to http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines.aspx

LECTURE AND TUTORIAL TIMES FOR THE UNIT

<table>
<thead>
<tr>
<th>Lecture:</th>
<th>Week One (1 hour) 1330-1430</th>
<th>Week Five (4 hours) 0830-1230</th>
<th>Attend all Lecture sessions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tutorial</td>
<td>Week Two (1 hour) 1330-1430</td>
<td>Optional attendance</td>
<td></td>
</tr>
<tr>
<td>Laboratory</td>
<td>Week Eight (4 hours) TBC</td>
<td>Attendance compulsory</td>
<td></td>
</tr>
<tr>
<td>Practicum</td>
<td>14th May 2012 to 22rd July 2012</td>
<td>Attend 200 hours clinical practicum</td>
<td></td>
</tr>
</tbody>
</table>
ATTENDANCE

Clinical Practicum Attendance
The total clinical placement hours for this unit = 200 hours. At no time is a student to organise their own clinical placement. All placements are coordinated through the clinical coordinator. Placement details will be available on Blackboard. All students are required to complete a clinical practicum request form (available on Blackboard) or they will be placed at the discretion of the clinical coordinator. See Clinical placement priorities later in this unit outline.

UNIT PROGRAM OUTLINE

<table>
<thead>
<tr>
<th>WEEK</th>
<th>Date</th>
<th>LECTURE TOPIC</th>
<th>TUTORIAL/WORKSHOP/LAB TOPIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>27th February 2012</td>
<td>• Introduction to clinical practicum unit</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Review unit outline</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Review pre practicum requirements and unit assessment</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>5th March 2012</td>
<td>Q&amp;A regarding prac packs</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>16th March 2012</td>
<td>Complete CUCHR cultural awareness package</td>
<td>See Blackboard for details</td>
</tr>
<tr>
<td>4.</td>
<td>23rd March 2012</td>
<td>Complete the hand hygiene SDLP</td>
<td>See Blackboard for details</td>
</tr>
<tr>
<td>5.</td>
<td>30th March 2012</td>
<td>• Clinical Practicum Assessment Tool [CPAT]</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Reflective practice &amp; objective setting</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Scope of nursing practice: Decision making framework</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Working in the aged care context</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Maximising learning opportunities</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Introduction to emergency procedures &amp; online quiz</td>
<td></td>
</tr>
</tbody>
</table>

ASSESSMENT DETAILS

| Item 1: | Complete CUCHR cultural awareness package | Pass/Fail |

- Students are asked to review the Interactive Ochre learning tool (available in Blackboard) and then complete the CUCHR cultural awareness package. Once complete please follow the prompts to download your certificate, attach it to an assignment coversheet and submit to the School of Nursing in the assessment box downstairs in the academic program centre. Students can also upload this to the digital dropbox prior to the end of week.
Extract for purpose of appendix only

**NSP 102 CLINICAL PRACTICUM 2**
**UNIT OUTLINE, SEMESTER 2, 2011**

**SCHOOL OF NURSING AND MIDWIFERY**
**BROOME CAMPUS**

**UNIT DESCRIPTION**

This unit will give students an overview of the clinical learning expectations to be achieved whilst on practicum. The unit will explore strategies for the students to utilise that will enhance communication within the multidisciplinary team. There will also be a focus on building reflective practice skills that will enable the students to maximise opportunities to develop the skills and knowledge that underpin quality practice. The aim is to prepare students to appreciate the clinical environment and the learning experience that this provides.

The unit will also offer an opportunity for students to consolidate the skills, knowledge and clinical competencies learnt in previous nursing skills units.

**OUTCOMES OF THE UNIT**

At the completion of this unit, a student will:

- Identify their own learning objectives for the practicum context they will be undertaking;
- Describe and demonstrate the strategies they will utilise to meet their learning objectives for the practicum they are undertaking;
- Self appraise how well they have been able to achieve their learning objectives during their clinical practicum experience;
- Demonstrate competency in each of the 45 ANMAC competency elements of the core competency standards as described by the ANMAC National Competency Standards for Registered Nurses (RNs) [http://www.anmc.org.au](http://www.anmc.org.au);

**Scope of Nursing Practice: Decision Making Framework**


**LECTURE AND TUTORIAL TIMES FOR THE UNIT**

<table>
<thead>
<tr>
<th>Lecture: Fridays</th>
<th>Week One 0830-1030</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Week Five 0830-1030</td>
</tr>
<tr>
<td></td>
<td>Week Seven 0830-1230</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Practicum:</th>
<th>Hours dependent upon allocation</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>ATTENDANCE</th>
<th>Attend all lectures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total 160 - 240 hours</td>
<td></td>
</tr>
</tbody>
</table>

**Clinical Practicum Attendance**

The total clinical placement hours for this unit will be between 160 and 240 hours depending upon allocation and clinical requirements. A student who is absent from clinical placement will need to
UNIT OUTLINE

NSP301
Clinical Practicum 5
2013 Semester One
1. Unit Description

This Nursing Practice Unit is the first in the series of 6 clinical practice units that introduces the student to the essential nursing skills of the profession. This practicum complements the first year curriculum of a patient-centred, wellness model. The focus of this practicum is the application of essential nursing skills, beginning communication skills as a health professional, and the essentials of documentation within the aged care setting. To prepare students for this initial placement 8 hours of lecture content are provided. This will focus on building reflective practice skills that will enable the students to maximise opportunities to develop the skills and knowledge that underpin quality practice. Students are guided in their learning by both work place mentors and a university clinical facilitator. Student assessment for this unit is through the completion of the Clinical Practicum Assessment Tool (CPAT) and both a pre and post reflective paper. A total of 200 clinical hours is required, this occurs over a variety of nursing shifts throughout the week to provide a reality of practice to the nursing profession.

4.2 Clinical Practicum Attendance

The total clinical placement hours for this unit = 200 hours. All placements are coordinated through the clinical placements coordinator wally.clark@nd.edu.au and placement details will be available to students at least 4 weeks prior to the placement. Students have opportunity to request clinical placements and further details will be provided in NSP classes, in the Student Clinical Handbook (2013) and on Blackboard.

2. Unit Program

<table>
<thead>
<tr>
<th>Week</th>
<th>Session topics</th>
<th>Times</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Post NSP202 clinical feedback introduction to clinical practicum unit</td>
<td>Wednesday 1330-1530 (all students)</td>
</tr>
<tr>
<td>4</td>
<td>Complete Interactive Ochre online cultural awareness</td>
<td>Available through Blackboard</td>
</tr>
<tr>
<td>5</td>
<td>Manutension practical</td>
<td>Monday 1330-1530 (on campus students)</td>
</tr>
<tr>
<td>5</td>
<td>CPR updates for students with a Srn First Aid from 2012 or before</td>
<td>Wednesday 1330-1530</td>
</tr>
<tr>
<td>6</td>
<td>Cultural awareness workshop and reflective exercises</td>
<td>Wednesday 1330-1530</td>
</tr>
</tbody>
</table>

Item 3: Complete cultural awareness program

““There are consistent and complementary themes identified in the literature to working effectively as Mental Health practitioners with Aboriginal and Torres Strait Islander people, such as adopting a community development approach and using primary care models, and the crucial role of cultural competence. A case is made for the importance of practitioners providing cultural safety and care (as well as culturally responsive and appropriate services) for Aboriginal and Torres Strait Islander clients, their families and communities. Equally important is the need to develop strategies for self care and support such as mentoring, journaling, peer support and counseling and engaging in self reflective, transformative practice.””


Students will attend a workshop with guest speakers and then complete reflective practices exercises.