

Guidance on embedding good practice in health practitioner education:

clinical placements, simulation-based
learning and virtual care

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Introduction

Context

This document provides good practice guidance on three elements of learning in the initial stages of student health practitioner education by the health professions regulated in the National Registration and Accreditation Scheme (the National Scheme).¹

1. **clinical placements**
2. **simulation-based learning**
3. **virtual care**

The purpose of the *Guidance on embedding good practice in health practitioner education: clinical placements, simulation-based learning and virtual care* (the guidance) is to provide an overview of evidence-based strategies for the continuous improvement of student learning in these settings and activities.

These are important and necessary components of every health practitioner's education, as they help ensure graduates are equipped with the capabilities required for safe and contemporary practice, free of racism.

The primary audience for this guidance is the National Scheme entities, in particular the National Boards and accreditation authorities. Accreditation authorities can use this guidance when undertaking their accreditation functions. For example, when developing and reviewing accreditation standards, when assessing programs of study against those standards or providing guidance to education providers on good practice curricula and program design. National Boards can also use this guidance when approving accreditation standards and accredited programs of study.

Clinical placements provide students with opportunities to turn theoretical learning into practice and experience a range of workplace settings. They help students practise their skills and meet required learning outcomes in a supportive environment, with levels of supervision appropriate to the stage of their professional education. Clinical placement is defined by the Accreditation Committee (the committee) as 'the component of a program of study, undertaken with supervision, in a clinical or professional practice environment, which assists students to put theoretical knowledge into practice'².

Healthcare is rapidly evolving. Health practitioner education must also evolve to reflect changing community needs and expectations. Clinical placements, simulation-based learning and education in virtual care are central to a student health practitioner's education to ensure they have the capabilities required for future practice.

The independently chaired Accreditation Committee

The guidance was developed by the independently chaired [Accreditation Committee](#) (the committee), which was established by Ahpra Board in 2021, consistent with [Ministerial Council Policy Direction 2020-1](#). The committee provides independent and expert advice on accreditation reform and other National Scheme accreditation matters to the [National Boards](#), [accreditation authorities](#) and Ahpra.

The intent of the Ministerial Council Policy Direction is that all National Scheme entities including Ahpra, National Boards and accreditation authorities are accountable for considering the committee's advice when exercising their functions for the purpose of the [National Law](#) as enacted in each state and territory. The policy direction states Ahpra, the National Boards and accreditation authorities are to document the outcomes of their considerations. Other external entities performing accreditation roles as part of the National Scheme, such as specialist colleges and postgraduate medical councils, must also consider the committee's advice where relevant.

At the time of its creation, one of the priority issues referred to the committee by ministers was the development of advice to support good practice. Specifically, for clinically relevant placements in a variety of settings, geographical locations and communities, evidence-based technological advances, and innovations in the delivery of programs of study.

What is 'good practice'?

The committee considered how best to describe the statements in this guidance, including whether the guidance was 'good practice' or 'best practice', as these terms are often used interchangeably, along with the terms 'evidence-based practice' and 'emerging practice'.

'Best practice' suggests that one strategy / approach, proven by research / evaluation, is most effective at achieving a desired outcome¹. 'Good practice' includes many strategies / approaches that have been proven to work well, are flexible and adaptable, and achieve good results. However, these terms are still being formally defined from a healthcare perspective¹.

For the guidance, when the committee uses the term 'good practice' it means a strategy / approach that is:



The committee acknowledges that there are areas of research that are emerging and ongoing which could not be included in this version of the guidance. The *Information paper: good practice approaches to embedding clinical placements, pedagogical innovations and evidence-based technological advances in health practitioner education* (information paper) outlines the evidence the committee has used to develop this guidance and is available on the ['publications' section of the committee's webpage](#). The information paper may be a valuable resource to support implementation of the guidance.

While the guidance focuses on initial health practitioner education, the committee recognises it may also be useful to support continuing professional development and advanced health practitioner education.

1. Embedding good practice in clinical placements

Clinical placements help students translate the theoretical knowledge and skills they learn into practical and professional behaviours that they can safely apply in the workplace.

Students value clinical placements that:

- enable them to immerse themselves in the clinical environment and learn by actively participating in aspects of patient care. Depending on the learning outcomes of the placement, this could include spending time with patients, undertaking patient assessments and observing other health practitioners at work
- facilitate interactions with students and health practitioners from other professions, and
- enable them to gain independence, confidence and develop skills in communication, critical thinking and reflective practice.

Together, these aspects of clinical placements help students develop an understanding of real-world clinical practice and collaboration, and their role within it.

Clinical placements should help students meet the required learning outcomes of their program of study. For example, these could include clinical skills, communication skills and student confidence and resilience³. Providing placements in diverse settings and using a placement model that suits the work context may enhance student learning from clinical placements. It is also important that students can continue to engage in external activities (e.g. part time work, family / religious requirements, etc.) so they can support themselves personally and financially throughout their placement.

Clinical placement governance and arrangements should require placement providers and education providers to collaborate when developing and delivering clinical placements. The quality of clinical supervision and student health and wellbeing support while on placement are key to enhancing student learning. Thorough, contemporary and independent assessment of placement providers by education providers is also recommended to ensure student wellbeing will be well supported, is culturally safe and free of racism.

Guiding principles for clinical placements

Learning from clinical placements is likely to be maximised when students:

1. Experience variety in their placements throughout the program of study, where possible and appropriate. This could include, for example:	a. Diverse practice settings (such as primary care, private and public hospitals, residential aged care, prisons, ACCHO, schools, patient transport, interhospital transfer services, specialised transfer and retrieval units, local area assessment, referred units, disability centres, family violence centres, etc.)^{6,7,8} b. a variety of placement models e.g. block placements, dedicated education unit, longitudinal integrated clerkship, etc.⁴ c. a diverse range of patients and patient presentations (clinical issues, populations, ages, cultures, etc.)⁹, and d. in diverse geographic locations (rural, remote, regional and metropolitan)^{6,5}
2. are provided, where possible, with clinical placement experiences in each setting that are:	a. of a longer duration b. where they can experience continuous patient care and observe the outcomes of treatment, and c. gain feedback over a prolonged period of time, if benefits to student learning outcomes and wellbeing are likely⁶
3. are provided time to participate in clinical placements throughout their program of study to achieve the capabilities they need for safe practice ⁷	

Learning from clinical placements is likely to be maximised when students:

4. are prepared for their clinical placements before they start. For example, by receiving:	a. preparation activities to ensure they have the necessary foundational theoretical knowledge, skills and learning behaviours b. orientation to the placement provider and placement context (e.g. a rural primary care placement vs a placement in a metropolitan teaching hospital)⁹ c. orientation and induction to the workplace, including key work, health and safety policies, procedures and systems d. information on clinical placement expectations^{9,8} e. key information on education provider contacts, clinical environment expectations, resources, etc. f. information on the core clinical skills and professional behaviours they should know before placement g. training on cultural safety, including how to report on racism in the workplace, and h. an introduction to their clinical placement supervisor/s
5. are well-supported by, and well-connected to their peers, clinical placement supervisors, colleagues, Aboriginal and Torres Strait Islander cultural support initiatives, and education provider staff during their placement. This could include, for example, establishing peer support groups, formal check-ins with clinical placement supervisors and the education provider, etc ⁹	
6. are provided with, and are encouraged to seek opportunities to participate in clinical placement learning activities that:	a. resemble activities they would perform in the workplace as registered health practitioners¹⁰ b. are appropriate to their level of knowledge, skill and stage of education and learning outcomes^{6,15} c. require active student participation d. provide opportunities for skill learning, progression and growth⁶, including assisting students to develop communication skills, clinical reasoning and decision-making skills¹⁶ e. align with the learning outcomes of their program of study⁶ f. are set up to enable the monitoring of their progress g. support students to develop resilience⁶ h. enable students to collaborate and communicate with students and health practitioners from other professions⁶ as well as with patients, families and carers⁶
7. are supervised by appropriately qualified professionals who have undergone cultural safety and anti-racism training	
8. seek feedback from clinical placement supervisors, patients and education providers ¹¹ and take the opportunity to consider the feedback, reflect on their practice and improve their skills	
9. are empowered to feel confident in providing feedback to and raising concerns about the placement, the placement provider, and / or clinical placement supervisors and peers, if required	
10. participate in peer-assisted learning activities that complement their clinical placement activities ^{12,13}	
11. have their outcomes and clinical placement performance measured and assessed in a manner appropriate to their learning needs, against clear, fair and equitable assessment criteria using rigorous and consistent assessment methods and assessors and validated assessment instruments, where available for the relevant health profession ^{11,14}	
12. clinical placement programs are reviewed and evaluated to maintain currency, and ensure quality of student learning	
13. attend placements in facilities with organisations that:	a. have the appropriate accreditation, licensing and / or registration for the services they provide, where required by relevant government authorities b. can facilitate support for, and respect of students' personal needs (e.g. family / religious / cultural requirements, childcare, travel and work requirements, social, mental health and wellbeing, adjustments to meet the needs of students with disabilities, etc) where possible, and provide a safe learning environment that is culturally safe and free of racism c. where the risks to student safety can be managed, as far as reasonably possible d. are clear on student clinical placement learning needs and expectations e. have access to training facilities, clinical supervisor training programs and clinical assessors that are quality assured using relevant mechanisms, where required by relevant authorities f. align to relevant national, state and territory guidelines and vocational training standards, and reflect best practice clinical learning frameworks (e.g. Best Practice Clinical Learning Environment framework, General Practice Clinical Learning Environment framework, etc.).

Clinical placement supervision:

Clinical placement supervisors are critical in supporting the development of student health practitioners.¹⁵ Supervisors must be suitably qualified and experienced, both in providing good clinical practice to patients, and in teaching, supervising and mentoring students in a culturally safe way that is free of racism. Their professional behaviours, as well as their clinical knowledge, skills and ability to observe students and provide feedback, are crucial in shaping a student's learning experience from the placement and their attitudes towards clinical placements and their future profession.

To support student learning, clinical placement supervisors should:	
1.	have undertaken professional development in clinical teaching, cultural safety and anti-racism, leadership and engagement, providing feedback, student support, mentoring, assessment and professional behaviours, attitudes and attributes of clinical placement supervisors (as appropriate to their profession and the placement context). This includes having the training made available to them, and being able to undertake the training without unreasonable toll on their workload and current responsibilities ^{6,10,11,14}
2.	have opportunities to participate in ongoing professional development in clinical education / work-based learning, mentoring, assessment and professional behaviours, attitudes and attributes of clinical placement supervisors throughout their career
3.	have the clinical experience required to effectively teach and support students
4.	are able to be educated and familiarise themselves with the clinical placement provider and education provider policies, procedures and systems, including those related to work, health and safety
5.	be allocated time, resources, and teaching support to ensure they can be good clinical placement supervisors and support student learning needs and outcomes ¹⁵
6.	have support with clinical placement administration from education provider staff and health practitioner staff
7.	demonstrate a willingness and ability to⁷: a. establish positive, supportive, personable and interactive relationships^{9,10,14,15,16} b. show respect, patience, kindness and empathy towards students^{10,14,15} c. communicate clearly, effectively and professionally so students can easily understand instructions and feedback d. foster a culturally safe environment that is free of racism, and actively call out racism e. work closely with education providers, and where required contact the education provider early if concerns arise f. be a positive role model to students in all areas, including professionalism, presentation, collegiality, safe practice, and patient interactions g. proactively ensure the student's personal, physical, emotional and mental, gender and cultural safety throughout their placement h. understand their influence and power on students and use this influence in a respectful, measured and fair manner i. actively participate in training to further develop their clinical supervision capabilities j. maintain professional and ethical standards of practice that are free of racism
8.	provide clinical education and mentoring that aligns to both the students' learning goals ¹⁵ and program learning outcomes
9.	provide progressive and structured learning opportunities that appropriately challenge the student and encourage suitable levels of independence ¹⁵
10.	identify opportunities for students to participate in peer-assisted and interprofessional learning, where possible
11.	understand external pressures that might impact the student during their placement (e.g. work, study, culturally unsafe environments, caring responsibilities, family responsibilities, cultural and religious responsibilities, financial pressures, etc.). ¹⁵
12.	be prepared to support the student, where possible. For example: a. providing information ahead of time, including schedules and structured rotations b. being familiar with student learning objectives and expected outcomes from the placement, and c. being able to direct students to learning resources and needs for disability and neurodivergence, etc.).¹⁵
13.	where possible, and if beneficial to student learning, support the same student throughout an entire clinical placement experience, and coordinate other supervisory relationships / co-supervision relationships with the student and team ⁶
14.	understand the expectations and manage student assessment and evaluation ¹⁵
15.	provide constructive, regular and timely feedback to students on performance and behaviour, either in-the-moment or formally, and be open to receiving feedback from students and education providers ^{15,17}
16.	foster a collaborative learning environment between themselves, students and other staff that encourages interprofessional learning opportunities ¹⁵

To support student learning, clinical placement supervisors should:

17. maintain compliance with professional standards for clinical placement supervisors, relevant to their profession
18. be registered as a health practitioner where required by law and endorsed where required by their profession
19. declare themselves as ineligible to supervise if they have any conditions on their registration, either currently or in the preceding twelve months

Cultural safety for Aboriginal and Torres Strait Islander Peoples in clinical placements

Ahpra, the National Boards and accreditation partners are committed to a health system that is both culturally safe and free from racism.¹ Cultural safety is a fundamental objective of the National Scheme. The National Law now includes the objective 'to build the capacity of the Australian health workforce to provide culturally safe health services to Aboriginal and Torres Strait Islander Peoples that are free of racism'.¹

Cultural safety is not new. There is already content in accreditation standards and in health practitioner education. Cultural safety must be embedded in clinical placements to ensure all students have culturally safe experiences that are free from racism. This will help students understand the foundations of providing culturally safe care to Aboriginal and Torres Strait Islander Peoples.

Clinical placements demonstrate cultural safety and elimination of racism when¹:

1. students undertake cultural safety training, that is developed and delivered by Aboriginal and Torres Strait Islander Peoples, before and during their clinical placement
2. culturally appropriate communication is discussed between education providers and healthcare providers before student placement starts
3. supervision provided to students is culturally safe, inclusive and free of racism
4. clinical placement supervisors take immediate action when students experience racism from patients, and other staff
5. students are believed when they raise concerns about cultural safety and racism, and the placement provider takes decisive action to address and seek to resolve these issues at an organisation-wide level¹
6. they facilitate support for, and respect Aboriginal and Torres Strait Islander students' cultural load and enable them to take care of their community
7. placement providers foster collaboration and culturally safe learning environments that are free of racism

2. Use of simulation-based learning

Education and placement providers are employing new and innovative teaching methods to deliver learner-centred training. As a result of enhanced technology and growing demands of students, providers have become more adaptive and are employing a wider variety of teaching methods.

Simulation-based learning has become a common tool used in health practitioner education, driven by advances in technology and increasing awareness of patient safety. [Simulation-based learning](#) (also known as simulation-based education and training (SBET)) is defined as 'interactive educational methods or clinical experiences that evoke or replicate real-life characteristics of an event or situation as the basis for developing skills, confidence and problem-solving abilities in a safe, controlled and monitored environment'.

Simulation-based learning can help prepare students for real-world practice situations and provide consistent learning experiences in a safe environment^{30,18}. It can also offer students greater flexibility and opportunities for higher levels of engagement in their learning.

Simulation-based learning can enhance students' clinical and non-clinical knowledge^{19,20,21} and skills, critical thinking^{20,22} psychomotor skills²⁰, communication³⁰, teamwork³⁰, self-confidence^{19,20,21}, interprofessional skills and self-efficacy²⁰. It can also support the development of pre-clinical skills and may be more valuable to students if they already have some real-world clinical exposure²³.

Evidence suggests that simulation-based learning activities for students can be enhanced by a number of factors. These include:

- training and engagement of educators^{24,28}
- briefing, debriefing and evaluation of student performance^{21,23,28}
- providing realistic, active and appropriately challenging learning experiences in a safe, high-quality environment^{21,24,28}
- opportunities for repeated practice, and
- student satisfaction with simulation-based learning experiences²¹.

Simulation-based learning can also be used to support the delivery of programs of study and complement traditional teaching methods^{29,25}.

Guiding principles for simulation-based learning:

Simulation-based learning experiences demonstrate good practice and enhance student learning when they:
1. are realistic ^{21,26} . That is, they: a. prepare students for real world practice b. have enough realism (or 'fidelity'²⁷) to achieve the learning outcomes (e.g. if the student is to learn suturing, then a low-fidelity part-task trainer may be sufficient)²⁴ c. increase students' exposure to diverse clinical presentations (e.g. chronic disease, urgent or emergency situations^{30,28} etc.) which students may or may not be able to experience in a real-world setting d. are used to support the delivery of programs of study and complement traditional educational approaches, such as clinical placements²¹
2. are tailored to the student's level of knowledge, and appropriate to their needs and expected outcomes ^{21,29,30,31,32,33}
3. are demonstrated to result in greater student satisfaction when compared to traditional learning approaches ²¹
4. include various techniques, modalities and clinical scenarios involving simulated patients, where possible, and are applied purposefully across their program of study, enabling them to progress through more complex and more emergent patient presentations ^{26,30,44}
5. are provided in a culturally safe manner, including the use of culturally appropriate communication, practice scenarios, resources, briefing and debriefing etc.
6. integrate briefing and debriefing by all participants and educators, student self-reflection and evaluation ^{21,28,44,45}
7. provide tailored feedback to students
8. provide assessments to students that consist of multiple simulation-based learning scenarios and are combined with other assessment methods ³⁰
9. encourage students to actively provide feedback to ensure quality is maintained
10. ensure the principles of equity, diversity and inclusion are incorporated in all experiences ⁴³

Simulation-based learning experiences demonstrate good practice and enhance student learning when they:

11. promote active learning experiences, for example:
 - a. requiring students to actively participate and observe simulations^{21,26,34}
 - b. enabling students to collaborate with health practitioners and students from other professions^{27,30,45,35}
 - c. enabling simulations to be replicated and repeated to offer additional deliberate practice opportunities, where possible^{21,28,30}
12. are delivered using quality training, facilities and learning resources, including:
 - a. faculty who are educated and equipped to design, deliver, provide feedback on and evaluate simulation-based learning activities^{28,29,30,43,44,45}
 - b. activities that are developed by professionals with experience in simulation-based learning and / or the relevant profession
 - c. appropriate facilities (including training rooms and equipment)^{27,45}
 - d. safe and accessible practice environments^{21,43}
 - e. the use of virtual simulation, and other virtual approaches (e.g. virtual patients, immersive virtual reality), where required to ensure students have access^{43,36,37,38,39}
13. are evaluated and assessed to maintain quality, including:
 - a. using evidence-based tools, that are aligned with national standards^{43,44}
 - b. establishing quality-assured approaches to accrediting, credentialing and certifying simulation-based learning programs and educators⁴³

3. Inclusion of virtual care learning experiences

Virtual care^{40,41} aligns with a key objective of the National Scheme to improve access to services, particularly for regional and remote communities, including Aboriginal and Torres Strait Islander communities. Virtual care has been a regular part of rural and remote healthcare in Australia for decades, but more recently, it has been progressively introduced and expanded in other healthcare settings, particularly during the COVID-19 pandemic. Effective virtual care delivery, not only relies upon technology enablement, but very heavily on the practitioner's skills and ability to undertake assessment and deliver care in a more empathetic manner in remote settings. Virtual care is now part of mainstream healthcare and health practitioner graduates are expected to have the necessary skills to safely provide it. Therefore, it is important that students understand the emerging technologies they could⁴² access as registered health practitioners and that health practitioner education programs equip students with the capabilities required for this type of practice.

Virtual care is defined as 'any interaction between consumers / patients / clients and / or members of their care team occurring remotely, using technology with the aim of facilitating or maximising the quality and effectiveness of consumer / patient / client care'.

Evidence suggests several strategies that support student education in virtual care, including:

- having an evidence-based, standardised and staged curriculum
- using a variety of teaching methods and technologies
- providing active learning experiences, opportunities for 'hands-on' practice and experiences with real patients
- using virtual care learning activities to complement traditional teaching methods
- providing virtual care training to educators, and
- ensuring education and healthcare providers work collaboratively to design virtual care learning activities for students.

Guiding principles for virtual care learning experiences

Virtual care learning experiences demonstrate good practice when:	
1. they align to:	a. the National Board's code of conduct ⁴³ b. Ahpra and National Boards' Information for practitioners who provide virtual care c. state and territory legislative and policy requirements, and d. any other profession-specific standards or guidelines. ^{44,45}
2. they are provided to students throughout their program of study ⁴⁶	
3. they expose students to a variety of virtual care technologies, processes, experiences, patients and patient presentations ³⁵	
4. they use participative and interactive virtual care learning activities ⁴⁷	
5. they provide opportunities for students to collaborate virtually with other professions and practise delivering virtual interprofessional collaborative care to patients ^{48,49}	
6. students are encouraged to actively provide feedback on simulation-based learning activities to ensure quality	
7. educators receive training in the delivery of virtual care learning experiences ³	
8. education providers work collaboratively with healthcare providers and patients / clients, where possible, to design virtual care learning activities ^{35,3}	
9. they incorporate online and simulation-based activities to reinforce student learning and support integration of theoretical knowledge / skills where possible ³	
10. they are evaluated and assessed to maintain quality experiences for students	
11. they are delivered through a staged curriculum linked to clear standards ^{50,51,52} that includes learning modules on:	a. the fundamentals of safe and quality virtual care ⁵⁷ b. assessing when it is / is not appropriate for virtual care to be used ⁵⁷ c. virtual care technology and equipment d. legal and ethical requirements of virtual care, including privacy, confidentiality, obtaining informed consent and maintaining health records ⁵⁷ e. analysis of data / data management ³⁵ f. professionalism ³⁵ g. communicating with patients and health practitioners through virtual care ⁵⁷ h. developing rapport with remote patients and staff and considering people's culturally, socially and linguistically diverse needs ³⁵ i. translating clinical care skills to virtual care ³⁵ j. coordinating the patient journey through the health system ³⁵ k. obligations and risks of using artificial intelligence, applications and chat bots to support virtual healthcare delivery l. delivering culturally safe care virtually m. prescribing medication virtually

Endnotes

- 1 The National Scheme regulates 16 professions, including Aboriginal and Torres Strait Islander health practice, Chinese medicine, chiropractic, dental, medicine, medical radiation practice, nursing and midwifery, occupational therapy, optometry, osteopathy, paramedicine, pharmacy, physiotherapy, podiatry and psychology.
- 2 Clinical placements are often called different terms, including work-integrated learning (WIL), work-based learning, professional experience placement (PEP), professional placement, professional experience, work placement, midwifery practice experience (MEP), clinical experience, clinical attachments, practice placements, clinical internship, clinical rotation, clinical observation or experiential learning. For the purpose of this guidance the term clinical placement is used to encompass all of these. For definitions of terms included in the committee's guidance, see the committee's Glossary of accreditation terms.
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- 26 Kim YJ, Yoo JH. Effects of Manikin Fidelity on Simulation-Based Nursing Education: A Systematic Review and Meta-Analysis. *Journal of Nursing Education*. 2022 Feb 1;61(2):67–72.
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