



Wintec nursing student placement within Waikato DHB

Waikato DHB works in partnership with Wintec to deliver quality clinical experience to grow the future nursing and midwifery workforce. This is a contractual arrangement with obligations on both parties.

This guideline outlines the process for arranging and managing student placement within the Waikato DHB and your role within this.

Student placement related roles and responsibilities

Wintec

Wintec's role is to ensure students are allocated to an appropriate area for learning for the module they are enrolled in.

Nursing and Midwifery Professional Development Unit

The PDU provides the link between the clinical area and Wintec. The Nurse Manager Clinical Education leads this, although functions can be delegated to Nurse Educators/Coordinators.

Nursing Managers from clinical services (CNM, NM, CND)

Determine in partnership with the Professional Development Unit numbers of students that a clinical area can accommodate. These managers also hold oversight of the provision of student experience including appropriately equipped and trained preceptors.

Nurse Educators / Clinical Nurse Specialists / RNs with student responsibility

Communication with student around roster expectations and orientation needs. This needs to occur at least two weeks before placement.

Clinical Tutors from Wintec

Tutors visit the clinical area to meet with the student weekly. Sometimes student rosters may mean the clinical tutor contact with the student is by telephone. Clinical tutors will aim to speak with the RN preceptor and /or CNM/Educator/CNS. Contact with the clinical tutor is via email. A list of tutors and their contact details can be found on the Student Placements intranet page or from the PDU by emailing studentplacements@waikatodhb.health.nz

Preceptors

It is an expectation that students will be assigned in advance to an RN preceptor. Integrated Practice students must have a qualified preceptor who has completed an approved preceptorship course. For other students, the preceptor should ideally have received preceptor training and understand the principles of adult learning. Preceptor development is facilitated by Nurse Educators in clinical practice.

Placements Logistics

Planning

Planning of placements is a partnership between Wintec and PDU in consultation with clinical services. The number and semester level of students for each placement area (circuit numbers) are determined in the last semester of the academic year. At the beginning of the calendar year each clinical area will receive a plan of student placements dates over the year. This will allow the area to plan student placements and identify preceptorship needs.

Student Allocation and Notification

Student allocation is managed through a web-based portal called Allocator. Nursing managers and educators are responsible for viewing 6 weeks prior to placement the students who have selected their clinical area. Wintec and PDU do not send out lists of students, unless there is a technical issue with Allocator. Student names and emails are confirmed in Allocator 3 weeks prior to placement start (6 weeks for IP). A guideline to gain access to and use Allocator is available on the Student Placements intranet page. If you are experiencing issues with Allocator, such as access to the application or obtaining student names, you can escalate these to wsa@wintec.ac.nz.

Changes to Circuit Numbers

At times of significant change in the clinical area changes to the agreed circuit numbers must be negotiated with the PDU. This must be done well in advance of the placement dates. Negotiation of any proposed changes to circuit numbers should be discussed in the first instance with PDU using the studentplacements@waikatodhb.health.nz address. This negotiation needs to take place before the following deadline: 3 weeks prior to start date for all placements apart from Integrated Practice where the deadline is 6 weeks. Any late issues caused by unpredicted events must be immediately escalated to the Nurse Manager Clinical Education on s 9(2)(a).

Non-Wintec students

These placements are negotiated in partnership between Wintec and PDU, in alignment with requirements from NETS (Nursing Education in the Tertiary Sector). If a clinical area is approached directly by another tertiary institute with a placement request then they are to be directed to the External Student Placement Request Process (document available on the Student Placements Intranet page).

Clinical Placements and Student Rosters

Overview of rostering patterns per semester

SEMESTER	PLACEMENT/S	DURATION	ROSTER PATTERN
3	1/ Mental Health/Dementia 2/ Long-Term Care/Rehabilitation	4 weeks	4 shifts /week Mon to Thu AM and PM
4	Acute Care	7 weeks	On weeks 1, 2, 4 & 6 Mon to Thu - 4 shifts /week On weeks 3,5 & 7 Mon to Sun - 5 shifts /week AM and PM
5	1/ Mental Health 2/ Primary Care	4 weeks	4 shifts/week Mon to Sun AM and PM
6	Integrated Practice	10 weeks	9 shifts /fortnight Mon to Sun All shifts incl. nights
Enrolled Nurse Students	3 rotations Acute Care Rehabilitation Mental Health	4 weeks	Mon to Fri 5 shifts/week AM and PM

Public holidays

Students cannot be rostered on public holidays. When a holiday is Mondayised students have the whole weekend off as per the Education Act. Also, the Tuesday after Easter is an education holiday, so students cannot be rostered on. Prior to a public holiday, students can be rostered mornings and afternoons, but not night shifts. Although Wintec closes at 1630 prior to a public holiday, the emergency out-of-hours number will be resourced.

Issues in Clinical practice

A standard approach to communication about and resolution of issues in practice is required. Early intervention can allow for significant improvement in practice during the placement. Early escalation of unresolved issues in practice is encouraged. The process is outlined in the "Managing Student Issues in Clinical Placement" document. This can be accessed from the Student Placements Intranet page. All emergency contacts numbers are in this document.

Your involvement in student placements is appreciated.

Thanks for your contribution to shaping a quality learning experience for students and developing our future nursing workforce.

If you have any further queries that are not covered in this guideline, please email:

StudentPlacements@waikatodhb.health.nz

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A guide to nursing student placement within Waikato DHB

The Waikato DHB works in partnership with Wintec to deliver quality clinical experience to grow the future nursing and midwifery workforce. This is a contractual arrangement with obligations on both parties. The process of managing over 25000 student days across the DHB requires significant planning and coordination. This document outlines the process for arranging and managing student placement within the Waikato DHB and your role within this.

Student Placement responsibilities

Wintec: Wintec's role is to ensure the student is prepared for the clinical placement. This includes information about the clinical area and appropriate contact details. Wintec works with the Professional development unit to plan the student placement calendar for the year.

Professional Development Unit: The PDU provides the link between the clinical area and Wintec. Overseeing our contractual obligations.

Nursing Managers: Determine numbers of students that the area can accommodate. Oversight of the provision of student experience including appropriately equipped preceptors.

Educators/ CNS/RN with student responsibility: Communication with student around roster, start date, time, uniform expectations. Provision of information to preceptor around module outlines, student details .

Models of Support

Dedicated Education Unit

We have five dedicated education units within Waikato DHB. Three based in Older Persons and Rehab service in OPR2, OPR 3 and OPR4 and the others in A4 an internal medicine ward and in the Orthopaedic areas at Waikato Hospital. These units are a collaborative partnership with Wintec to enhance clinical teaching and learning. Each area has a dedicated academic liaison and clinical liaison nurse to facilitate student learning and support the clinical staff through the RN- student partnership.

Clinical Tutors

Wintec assigns clinical tutors to students across the DHB. Clinical tutors will visit the clinical area to meet with the student weekly for 1.5 -2 hours. Sometimes student rosters may mean the clinical tutor contact with the student is by telephone. Ideally clinical

tutors will aim to speak with the RN preceptor and /or CNM/Educator/CNS . Contact with the clinical tutor is via email. A list of tutors and their contact details can be found on the intranet or via the PDU. Wintec will advise the clinical area if a tutor changes.

Preceptors

It is an expectation that students will be assigned in advance to an RN preceptor. Ideally the RN preceptor should have received preceptor training and understand the principles of adult learning. The DHB supports preceptor training and funds appropriate nursing staff to attend this training. The ideal preceptor allocation should give the student a consistent preceptor experience. It is an expectation that clinical areas will have a formal process for ongoing review of the preceptor and oversight of the RN student relationship. IP students must have a trained preceptor.

Understanding the BN Programme Wintec Curriculum

The BN nursing course is divided into 6 semesters.

Students will have clinical placements from semester 2-6

Placement lengths

Semester 2 (end of first year) 500 level papers HLBN522: students work in clinical practice area with a clinical tutor for 4 hours/week

Semester 3(start of second year) 600 level papersHLBN 612: 2 placements 4 weeks duration 4 days/week am and pm shifts Mon-Fri Placements. Areas Mental health, long term care, older perons

Semester 4 (end of second year) 600 level papers HLBN622 1 placement 8 weeks duration. On- Thursday for first two weeks then 7 days across am and pm shifts (no nights)

Semester 5 (beginning of 3rd year 700 level papers HLBN712

Placements 4 weeks duration

Semester 6 (end of 3rd year) 700 level paper HLBN722 integrated practice 9 week placement. Students work across all shifts

Enrolled nursing students 3 clinical roations for 4 weeks at the end of their course.

Planning for placements

Year plan

Determining the number and semester level of students for each placement area involves the clinical area determining the number of students they can accommodate and Wintec determining where the clinical placement experience fits in with the student's educational journey. Circuit numbers refer to an agreement between the clinical area, Wintec and the PDU about the number and semester level of students allocated at any one time to the clinical area.

Circuit Numbers are set well in advance of the placement dates (time frame) and will be confirmed with the clinical area

Semester Dates

At the beginning of the calendar year each clinical area will receive a plan of student placements dates over the year. This will allow the area to plan student placements. This includes setting dates for student orientation.

Changes to Circuit Numbers

At times of significant change in the clinical area changes to the agreed circuit numbers may be negotiated with the PDU. This must be done well in advance of the placement dates. Any proposed changes to circuit numbers should be notified in the first instance to the PDU using the studentplacements@waikatodhb.health.nz address.

Student Allocation

Student allocation is managed using an electronic process. Students are notified of the dates when they are able to select their clinical placements. The circuit numbers for each placement are entered and students are then prioritised to select their preferred clinical placement areas. Integrated practice students for example have priority over other students for placement access.

Nursing managers and educators may then view the students who have selected and been confirmed as having a placement in their clinical areas. Nursing managers and educators are required to request access to this software to have visibility of the student placements in their clinical area. Instructions for requesting access are in the document below.



Accessing Wintec student allocator(201

Notification of Student placement details

A calendar detailing placement dates for the year and dates when final placement names will be confirmed on student allocator will be sent out to clinical areas. Confirmed placements will be available three - four weeks prior to the placement beginning.

Placement details for integrated practice students will be confirmed 4-6 weeks prior to the placement beginning except between semester 1 and 2.

The placement calendar can be found on the intranet.

<https://intranet.sharepoint.waikato.health.govt.nz/Pages/PDU/Student-information.aspx>

Clinical practice

Communication with Students



Clinical arrangements for Wintec Students.

Student rosters

Students can not be rostered on public holidays. When a holiday is mondayised students have the whole weekend off as per the Education Act.

Orientation expectation

It is an expectation of the DHB and Wintec that students will have a formal orientation to the area on the first day of the placement. This may occur in the area or across a service.

Learning outcomes

Students will bring the module learning outcomes with them. Module outlines will be sent to clinical areas at the start of the year and be available with student resources on the intranet.

<https://intranet.sharepoint.waikato.health.govt.nz/Pages/PDU/Student-information.aspx>

Issues in Clinical practice

A standard approach to communication about and resolution of issues in practice is required. Early intervention can allow for significant improvement in practice during the placement. Early escalation of unresolved issues in practice is encouraged. The process is outlined in this document.



Issues in
practice.pdf

Placement Oversight

A regular meeting is held between Waikato DHB and Wintec to coordinate operational aspects of student placements.

Employee Partnership Group

Waikato DHB participates in regular meetings with Wintec and has an active role in providing input into the curriculum. If you would like to know more about this or participate in any discussions you can contact the Professional development unit or use the email address studentplacements@waikatodhb.health.nz.

Your contribution is appreciated.

Thanks for our contribution to shaping a quality learning experience for students

Contact for any queries

StudentPlacements StudentPlacements@waikatodhb.health.nz

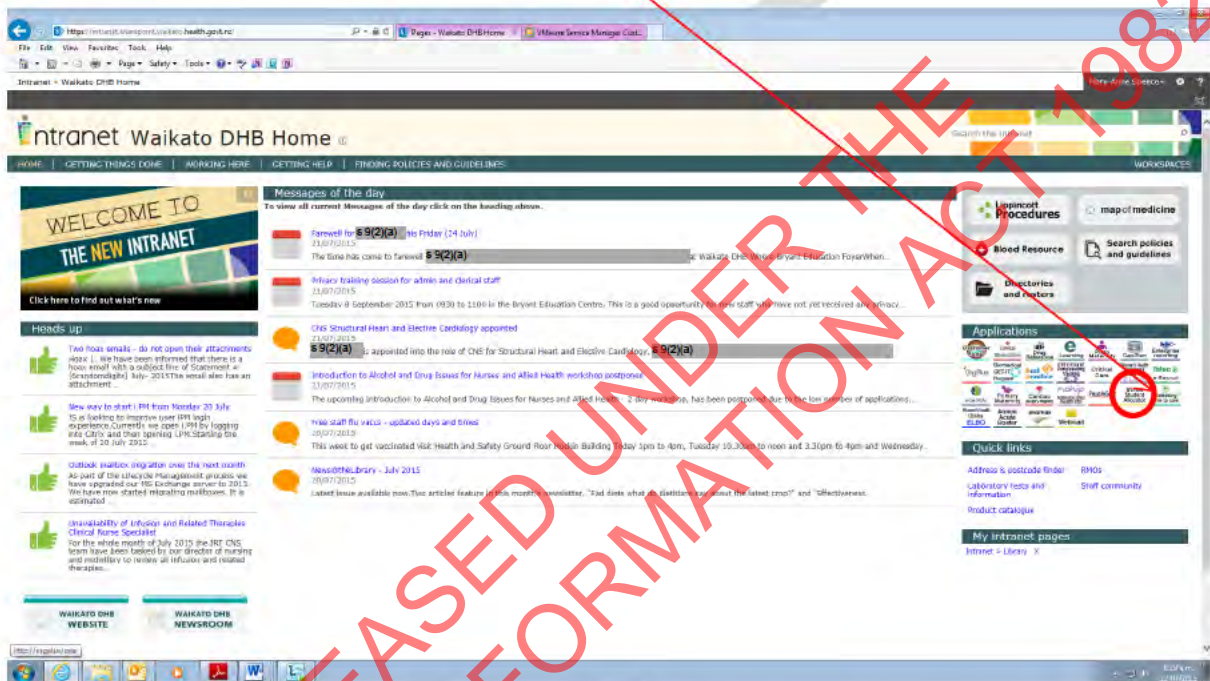
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Accessing Wintec student allocator

Finding allocator

Go to the intranet and click on the allocator icon



Student allocator uses a web- based access approach so you will need to have a way to access this. The site will give you an option to use a Wintec log in that we do not have or select others. Choose select others.

You will then have 3 choices as to how you are going to access the site.

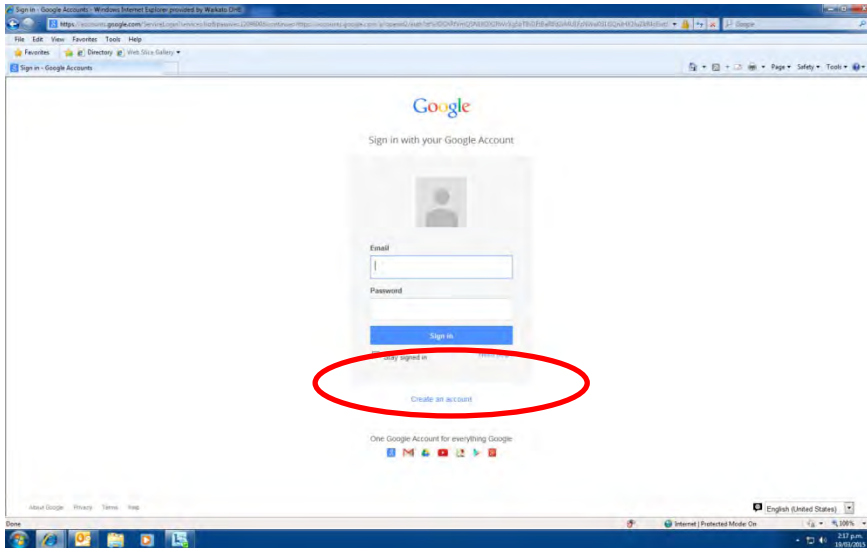
Wintec account

Windows live or g mail address

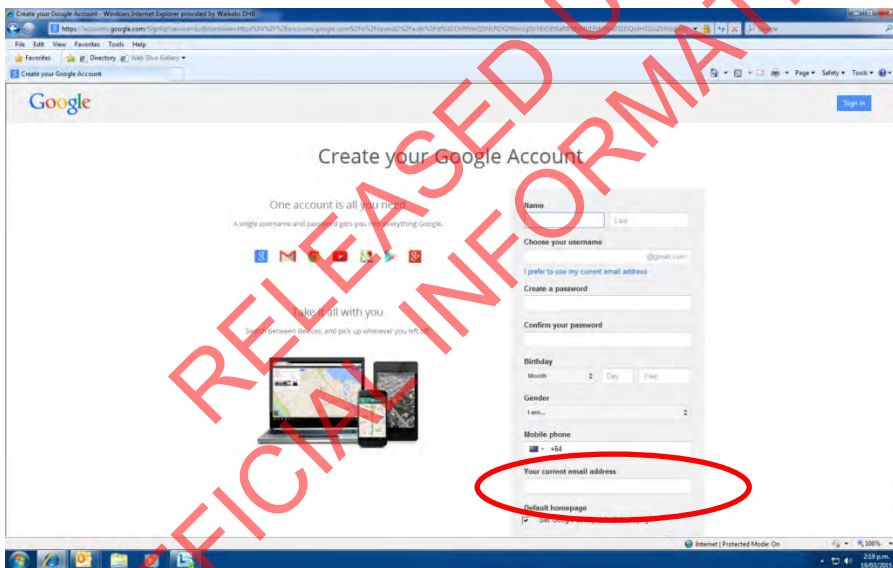
If you have a windows live or g mail address you can use this otherwise you will need to set up either a windows live or a g mail address.

Setting up a g mail account

Click on the g mail option and select create an account



To set up a new account and you will be directed to this page. You are creating a Gmail address for yourself. It is suggested that you record that address and remember the password so that you can access this at a later date if required. This is particularly important if you try to log in to the allocator site from a computer that others use as the default gmail address may be changed if others use their own gmail address. You will need your gmail address to access the student allocator again. If you have exclusive use of the computer you will not need to re- enter the gmail address. Your current email address is best recorded as your work address so that any communication regarding this can be dealt with at work.



Once you have created your g mail address you will be directed into the Wintec site

The following short video details the process from here

I recommend that you use your DHB email address when you are asked to enter your personal profile. You do not need the g mail address for this page

<https://wintecits.viewscencasts.com/6c055ac79e414f80b3672c7ec9cbb033>

Will logging in always take this long?

Once you have been granted access you will not need to use this long log in process again.

I need help!

The Professional development unit are happy to help. Your nurse educator will have access and can assist you.

Please contact us if you require further assistance

s 9(2)(a) | Nurse Manager Clinical Education Waikato District Health Board

s 9(2)(a)

e: s 9(2)(a)@waikatodhb.health.nz

or

studentplacements@waikatodhb.health.nz

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Clinical arrangements for Wintec Students: Communication about clinical placement

This document outlines the principles and time frames for communication with students who are due to commence clinical placement in an area.

Key Principles:

- Contact between the student and the clinical area should occur prior to the commencement of the placement.
- Early pre placement contact will help to facilitate a seamless student placement and identify any issues with allocation.
- Students will know time, location and uniform expectations for the first day of the clinical placement.
- Students will be provided with roster information before they start their placement.

Process for clinical area

Contact with students- pre placement.

On confirmation of clinical placement- as per Wintec Clinical placement calendar confirmation dates, clinical areas will email Wintec students with details of the placement. Ideally this should occur at least 1 week before the placement commences.

A request for response to the email can help the clinical area know the detail has been received, however the onus is on the student to access their Wintec email address. A sample email communication is attached. (will be)

Student contact details are provided on student allocator.

Process for students

If a student has not received communication from the clinical area at least a week prior to the placement beginning they should attempt to call the listed contact for the clinical area. Contact list available on the Wintec metasite. This list includes CNM/team leader, educator, CNS or key student contact for the clinical area. This should be at least 5 days before the placement is due to start.

Issues resolution

If a student has not been contacted and is unable to make contact with the clinical area they should contact the placement coordinator at Wintec.

Wintec and the Waikato DHB Professional development unit will work with the clinical area to establish contact.



Te Hanga Whaioranga Mō Te Iwi – **Building Healthy Communities**

If a student has not made contact with the clinical area to determine the placement details or makes a late attempt to contact then this should be notified to the Professional development unit via StudentPlacements@waikatodhb.health.nz. They will liaise with Wintec for follow up with the student.



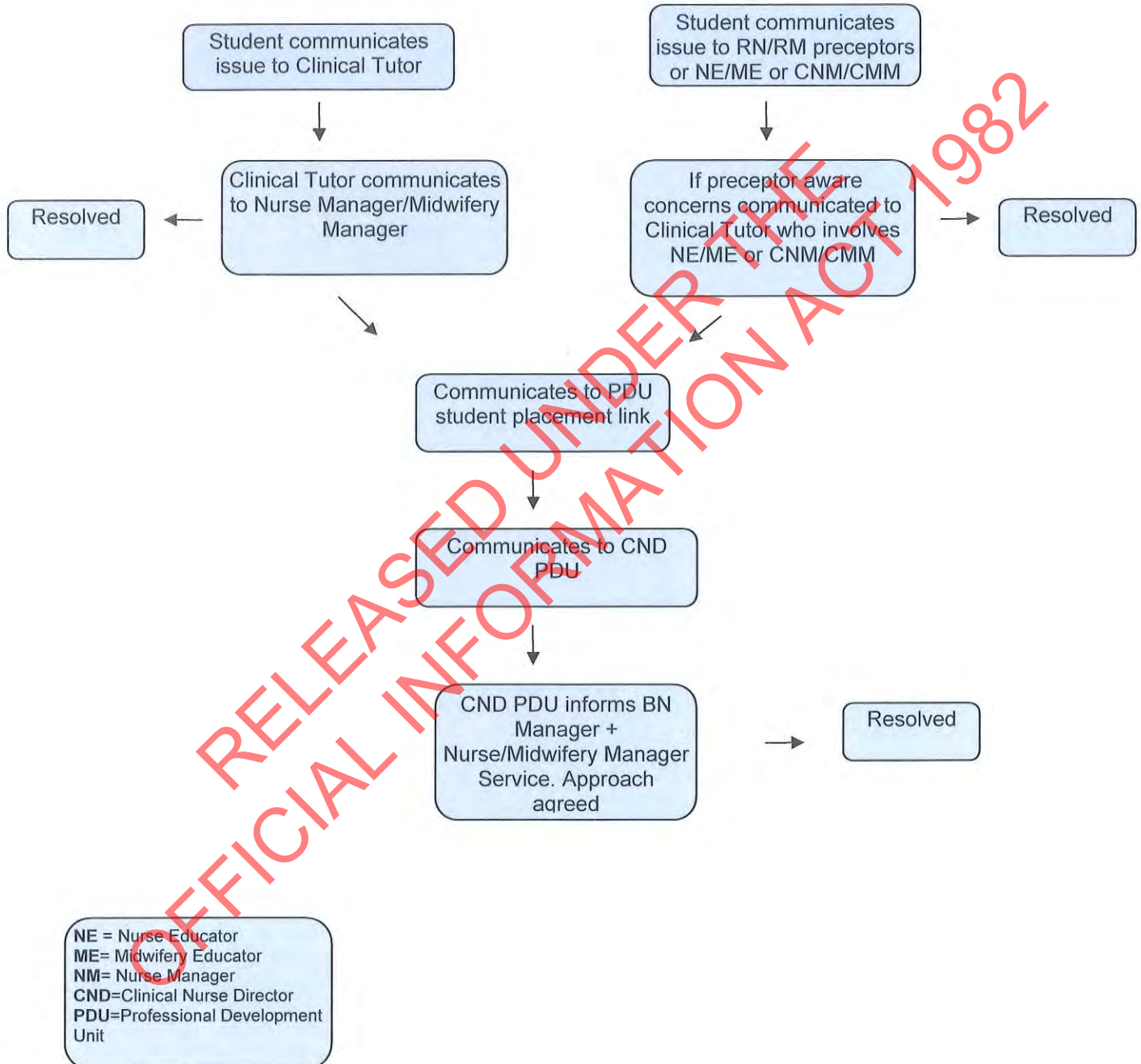
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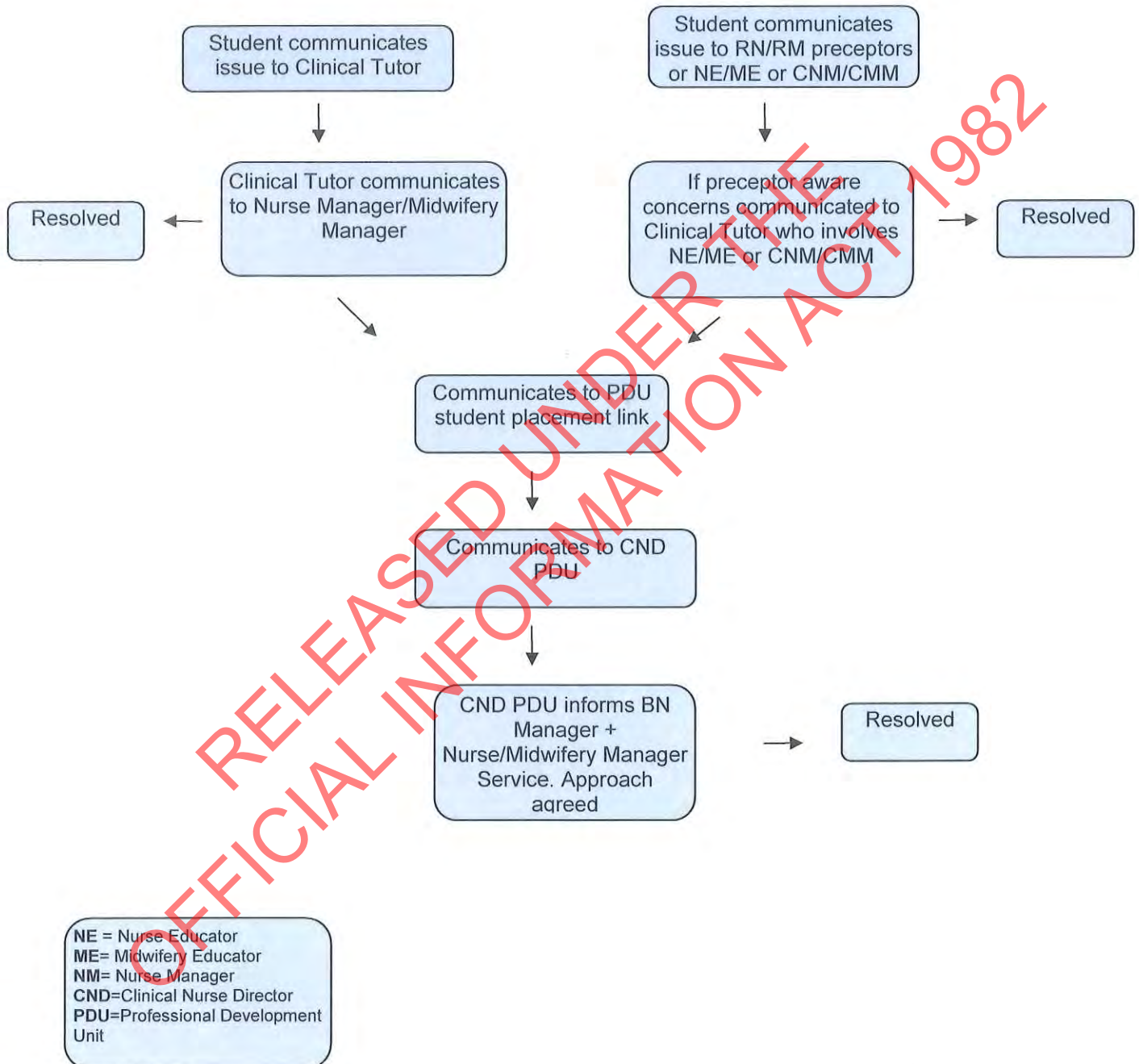
WINTEC/WAIKATO DISTRICT HEALTH BOARD

Issues in Practice: Communication and Resolution Process.



WINTEC/WAIKATO DISTRICT HEALTH BOARD

Issues in Practice: Communication and Resolution Process.



Clinical Tutor-Clinical Visits/Documentation

- Clinical tutors conduct weekly student visits of up to 1.5 hours/week for semester 3 and up to 1 hour for semester 4,5 and 6 students. If unable to visit, inform module coordinator and s 9(2)(a).
- Where possible meet with the RN preceptor *and* student to discuss student progress. Work with the preceptor and CNE to give feedback.
- Clinical tutors document student progress on the weekly clinical visit form (or “guidelines for clinical meetings” for semester 4 students), and review and sign goals and competencies.
- Complete formative and summative assessments in collaboration with RN preceptor.

Suggested prompts for weekly clinical visits: These will be guided by the module the students are currently enrolled in. Some ideas include:

- Feedback from RN partner/educator.
- Discuss clinical knowledge/progress. Safe practitioner i.e. assesses student’s understanding of their responsibilities regarding medication administration (see DHB Medicines Management Policy), emergency procedures/location of equipment.
- Check first aid certificate current and uniform standards are upheld (see student handbook).
- Communication with clinical tutor and channels of communication in the workplace.
- Attendance / sick leave and requirements for reporting sickness.
- Professionalism and reliability.
- Clinical skills.
- Initiative and independent thinking.
- Applying theory to practice.
- Review knowledge e.g. get a student to “handover” their patient to you and provide rationale for nursing management.
- Critical thinking-year three students.
- Interpersonal skills.
- Working within the MDT.
- Cultural safety.
- Discuss self- care and management.
- Review competencies/goals.

Competencies /Goals:

- Students are expected to write their weekly goals before tutor visits, these are reviewed weekly with the RN partner and Clinical Tutor.
- A complete set of competencies to be completed each placement by the last clinical visit, with 2 sets being completed during IP placement.

STUDENT ISSUES

Student Sick Leave

Students are required to notify ^{s 9(2)(a)} [REDACTED], Wintec Bachelor of Nursing administrator (**07 834 8800, ext ^{s 9(2)(a)} [REDACTED]**) and the clinical area before their shift starts if they are sick and unable to attend placement. As a courtesy they should also notify their clinical tutor.

Students are at risk of not meeting clinical hours if they are sick for more than 3 days during placement. Keep a record of student sick days and report to the module coordinator if they are sick for more than 3 days in total. Students need to obtain a medical certificate for 2 or more sick days in order to be eligible for make-up time (if required). Instruct to photocopy medical certificate, write student ID number on top and send to Student enrolment.

Gastro symptoms- Not to return to placement until clear for at least 48 hours

Please note: students/clinical tutors should NOT organize make-up clinical time as this is arranged between Wintec staff and the DHB according to availability

Clinical/ Disciplinary Concerns- All concerns are to be clearly documented and discussed with the student and RN partner. Following consultation with the module coordinator, a learning contract maybe written; this is a specific action plan for the student to support them to progress and meet competency.

Mobile Phones (students) no mobile phone on during placement hours.

Photocopying-Strictly forbidden to photocopy any DHB patient notes documents. No USB sticks allowed.

Bereavement Leave- contact Clinical Tutor. To take a copy of funeral service to Wintec.

Pregnancy- Medical certificate stating fit for placement from midwife initially monthly, and then weekly as pregnancy progresses

After Hours Emergency Contact for students: **0800 568 773**

Incident Forms -follow institutional guidelines in workplace. Also see front of clinical handbook for WINTEC procedural guidelines for needle stick injuries. Clinical tutors should always be informed when students are involved in incident reports and provide support. Inform Module Coordinator to confirm whether Wintec OSH form needs to be completed.



Waikato DHB/Wintec Dedicated Education Unit

Clinical Liaison Nurse (CLN) - Roles and Responsibilities

The Clinical Liaison Nurse (CLN) is a Registered Nurse from the Dedicated Education Unit (DEU) whose role is to support students during their clinical placement in conjunction with the Clinical Coordinator, Academic Liaison Nurse (ALN) and the Charge Nurse Manager (CNM).

The CLN acts as a liaison person:

- Between unit staff, CNM, students and ALN
- With unit staff regarding the student's role, function and progress within the DEU
- With the ALN in relation to student progress and completing clinical assessments
- Between education and service provider to assist with the integration of the theoretical and clinical component of the Bachelor of Nursing programme
- Monitoring student attendance

The CLN organises student experiences to meet their learning outcomes by being responsible for:

- Providing a structured on-site orientation for students in conjunction with the ALN
- Organising student day to day experiences
- Allocating students to RNs, student peers and patients/clients
- Arranging student rosters and liaising with the Clinical Coordinator and ALN
- Anticipating and organising extra experiences for students in relation to their patients/clients and learning outcomes
- Collaborating with RNs and Allied Health Professionals in other associated areas such as endoscopy clinic, theatre, radiology, plaster room, rehabilitation unit and other clinical areas that the student may access when assigned to a patient to gain experience and understanding of the interventions and diagnostics that are part of the patient's episode of care
- Working with students on a one-to-one basis as required
- Encouraging unit staff to participate in student teaching and take direct responsibility for the supervision and delegation of students as required
- Ensuring the competency of students in certain skills as required by the healthcare agency and in conjunction with the ALN

The CLN undertakes student assessments by:

- Providing ongoing feedback to students throughout the placement
- Assisting to complete student assessments working in partnership with the ALN and unit staff
- Working with the ALN to develop action plans to assist students to meet competencies



Waikato DHB/Wintec Dedicated Education Unit

Person Specifications

	Essential	Highly Desirable
Qualification	<ul style="list-style-type: none"> Registered Nurse 	<ul style="list-style-type: none"> Postgraduate qualification in progress
Experience	<ul style="list-style-type: none"> 3 years experience post registration Proficient/expert level PDRP Experience in clinical setting Proven skills as a Preceptor Experience in student assessment Ability to work autonomously and be a team player Knowledge of continuous quality improvement Proven leadership and organisational skills 	<ul style="list-style-type: none"> Certificate in tertiary teaching (or equivalent)
Work related skills	<ul style="list-style-type: none"> Proven ability to promote and facilitate evidence based clinical teaching and learning. Excellent interpersonal and communication skills Provision of a high standard of nursing care Experience working with people from diverse cultural backgrounds Innovative approach to nursing care and education A commitment to ongoing professional development Organisational skills Understands and works with the values of Tikanga Best Practice. 	

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Waikato DHB/Wintec Dedicated Education Unit

Academic Liaison Nurse (ALN): Roles and Responsibilities

The Academic Liaison Nurse (ALN) is a permanent member of Wintec lecturing staff who provides consistent support to the students during their clinical placement in conjunction with the Clinical Coordinator (CC), Clinical Liaison Nurse (CLN), Charge Nurse Manager and DEU staff.

The ALN organises student experiences to meet their learning outcomes by being responsible for:

- consultation with the CNM, CLN, and DEU staff before, during and after clinical placements
- maintaining a presence in the DEU for 2 hours per student per week
- providing a structured orientation for students in conjunction with the CLN
- assisting students in the transference of knowledge and skills from theory to practice
- development of student communication and clinical reasoning
- assisting students to recognise and discuss the complexity of interacting factors inherent in clinical decision making
- working with students on a one-to-one basis as required
- providing ongoing feedback to students throughout the placement
- completing student assessments working in partnership with the CLN and unit staff
- working with the CLN to develop action plans to assist students to meet competencies
- providing education and support to the CLN
- supporting unit staff to participate in student teaching and take direct responsibility for the supervision and delegation of students
- implementation of strategies for effective problem solving in collaboration with the CLN and CNM in relation to student learning experiences
- supporting collaborative research and quality activities

Adapted (with permission) from CMDHB/MIT DEU Guide to Practice (2011)

BACHELOR OF NURSING HANDBOOK

FEBRUARY INTAKE

2019

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Wintec
WAIKATO INSTITUTE OF TECHNOLOGY
Te Kuratini o Waikato

Centre for Health and Social Practice

Te Tari Hauora me Te Tari Tikanga-ā-Hapori

*A community of inter-professional learning and research
He hapori rapu i te taumata o te mātauranga, me te rangahau*

The Centre for Health and Social Practice at Wintec offers a breadth of entry to practice and postgraduate health and social practice programmes; including but not limited to: nursing, midwifery, counselling, occupational therapy, health care assistant, mental health and addictions support and social work.

We have successfully built strategic partnerships that benefit our local communities, allow our students to experience the diversity of health and social care available in our region, and advance research for the benefit and wellbeing of our communities.

With approximately 2,000 students within the Centre for Health and Social Practice, Wintec is the Waikato's largest educator of health and social care professionals. We recognise and appreciate the crucial role that our industry, government, non-government, and community partners play in helping to develop our students' skills and prepare them for the workplace. In line with government priorities for promoting and maintaining health and wellbeing, our research is focused on prevention and on improving quality of life of individuals and families. Our courses are rigorous, but they are also transformative and collaborative to ensure we deliver the best possible graduates.

Wintec students enjoy the benefits of our successful and diverse partnerships with local health and social service providers. We actively seek to increase participation of students from culturally and socially diverse backgrounds to build a health and social care workforce that reflects New Zealand's diversity. Currently we have students drawn from throughout our region and many countries worldwide. This diversity makes for a rich campus environment and also informs the way we teach and carry out our research. We celebrate this diversity.

Wintec graduates health and social care professionals who are outstanding practitioners, who are leaders in health and social care, and who have a local and international perspective. Wintec graduates are preferentially employed and are ready to make a difference.

THIS HANDBOOK IS TO BE READ IN CONJUNCTION WITH THE WINTEC STUDENT HANDBOOK

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Disclaimer

Every effort has been made to ensure the content of this handbook is correct at the time of printing however please check the Wintec website for the most current information.

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Haere Mai! Haere Mai! Haere Mai! - Welcome!

Welcome from the Centre Director – Dr Angela Beaton



E ngā kārangaranga maha, nau mai haere mai ki Te Kura Mō Ngā Mahi Tiaki i Hapori. Tēnei te mihi ki a koutou katoa i runga i ngā tini āhuatanga o te wā. Nau mai, haere mai, whakatau mai rā.

Welcome to the Centre for Health and Social Practice (CHASP), Wintec.

Wintec has a regional commitment to address the needs of our communities through the provision of high quality health education. With accreditation from the Nursing Council of New Zealand, Midwifery Council of New Zealand, Social Workers Registration Board, and the Drug and Alcohol Practitioners of Aotearoa New Zealand, Wintec makes a significant contribution to the provision of a highly-qualified workforce in the health and social care

professions.

You are part of a 2000-strong student body at Wintec studying in our health, wellbeing and social care programmes. Our graduates can be found across NZ and the globe in a wide range of organisations, providing leadership and actively influencing the health and social care of the communities they serve. Whichever programme you have chosen, your study with the Centre for Health and Social Practice will provide you with a solid foundation for your future practice and work in the health and social sector. There is strong demand for Wintec graduates because organisations need people who can use their skills and see the big picture to ensure New Zealand's future is a healthy one.

The staff of the Centre for Health and Social Practice welcome new and returning students and look forward to sharing this part of your journey. Welcome.

Dr Angela Beaton
Centre Director
Centre for Health and Social Practice

Welcome from the Wintec Kaumatua Tame Pokaia



*He Mihi
He hōnora he kororia ki te Atua
He maungarongo ki te whenua
He whakaaro pai ki ngā tāngata katoa
Kia whakapapapounamu te moana
Kia tere te karohirohi i tou huarahi
E mihi ana ki a Kingi Tuheitia
E pupuru ana ki te Mana Motuhake
Ki a koutou o ngā waka, ngā mana me ngā maunga kōrero
Nau mai haere mai ki Te Kuratini o Waikato no reira
Tēna koutou, tēna koutou, tēna koutou katoa*

Welcome from the Under Graduate Nursing Team Manager – Glennis Birks



Welcome to the world of nursing. As we start a new cohort of students, it is important to remember all our past and current students and colleagues and reflect on their wonderful achievements. It is also a time of excitement as we look to you as the future of the nursing profession.

We are mindful of our unique region of the Waikato, which has people and resources to support your learning as you prepare to play an important part in the daily lives of our people and communities.

A graduate of the Wintec Bachelor of Nursing will meet the Nursing Council of New Zealand (NCNZ) competencies for Registered Nurses. This means you will be able to 'utilize nursing knowledge and complex judgement to assess health needs and provide care, and to advise, and support people to manage their health'.

You face an exciting time on the Bachelor of Nursing programme. You will make use of the latest technology and blended learning environment. Our programmes for registered nurses deliver all the practical, social and academic skills you need to become a valuable member of any healthcare team, here or around the world. You will have clinical experience alongside registered nurses in dedicated teaching units in both hospital and community settings. You will apply your learning in real-world situations as an essential part of a healthcare team.

The staff in the nursing are both experienced registered nurses and educators. They will offer you the support you require to become a New Zealand Registered Nurse. The Bachelor of Nursing team wishes you every success in the programme and look forward to working with you.

He mihi ki ngā ākongā mai i ngā pouako Māori

*Ko Tainui te waka
Ko Waikato te awa
Ko Taupiri te maunga
Ko Potatau, Te Wherowhero te
tangata*

*Waikato taniwha rau
he piko he taniwha
he piko he taniwha
Tihei mauriora!*

He mihi mahana ki a koutou katoa, kua hāere mai nei, mihi mai, mihi mai.

Tuatahi, he wehi ki te Atua, te timatanga me te whakamutunga, nana nei nga mea katoa.

Tuarua, he mihi whakamaumaharatanga ki a rātou kua hāere ki tua o te arai. Moe mai moe mai koutou.

Tuatoru, Te Kingi hou, Kingi Tuheitia, e tu, e tu.

E pōwhiritia ana mātou ano ki a koutou e uru mai ai i te Kura o te Ora, haere mai, nau mai, kia kaha koutou.

Ko koutou hoki e urupare mai ana ki nga whakatara maha o tenei mahi, ara, te tohutohu pai rawa atu, te whakahuia o te maturanga nei.

*Whaia te iti kahurangi
ki te tuohu koe
me te maunga teitei*

No reira koutou, haere mai, naumai
*Kia marino te rangimarie
Kia whakapapapouramu te moana
Kia tere te karohirohi i tou huarahi*

(Translation of the greeting to students by the Maori Nurse Teachers)

Tainui is the canoe
Waikato the river
Taupiri the mountain
Potatau Te Wherowhero, te tangata
Waikato of a hundred taniwha of which at every bend of the river resides a chief (and therefore hospitality).

Breath of life!

A warm welcome to you all.

Firstly, a greeting to our creator, the beginning and the end of all things.

Secondly, we remember those who have died, may they be in peace.

Thirdly, an acknowledgement to the new Māori King, Kingi Tuheitia.

We welcome you all as the staff of the Centre for Health and Social Practice, we wish you every success in your studies.

You have aspired to an important educational vocation in the health field.
'Seek that which you treasure
Should you bow your head,
Be it before a lofty mountain'

Therefore, welcome.

May peace be widespread
the sea like greenstone
the shimmer of summer across your pathway.

This handbook contains important information, which you need to know from the start of your studies. To help you identify the importance of the content we have inserted the following icons to guide:



This is important information
you need to read NOW



You need to read this within
the next two weeks.

There may be times during your programme when you have questions or concerns about a component of the programme. In our experience, any difficulties are best resolved with those directly involved so please ensure you contact us early if issues arise.

- If you are worried about your studies or any issue relating to your programme please contact the relevant lecturer or module co-ordinator in the first instance.
- Your Year Leader is another key person who will follow your progress and offer advice as you move through your degree programme
- The Nursing Undergraduate Manager is always happy to meet with any student. Contact the Academic Administrator, Centre for Health and Social Practice to make an appointment.

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RECEPTION HOURS

CHASP reception is located on level 2 D Block.

Opening hours are :

Monday – Thursday	8.00am – 4.30pm
Friday	8.00am – 4.00pm

From time to time reception may be unattended. Please either ring the bell for assistance or use the phone on the wall to contact the staff member required

CONTACTING A STAFF MEMBER

Staff are available outside of class teaching hours via appointment to discuss programme related or pastoral care issues. Students are able to book appointments as individuals or in small groups. Appointments must be requested via email or phone (contact details are listed in this handbook). Staff will usually respond to appointment requests within two working days. However some staff work part-time and may take longer to respond.

The Programme Co-ordinator and Team Manager are available to meet with students. Appointments can be requested via email or phone.

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KEY DATES

2019 Undergraduate Nursing Calendar				
Monday	Week	Bachelor of Nursing Year One Feb 2019 intake 901		Friday
11-Feb-19	7	Induction /Theory		15-Feb
18-Feb-19	8	Theory		22-Feb
25-Feb-19	9	Theory		1-Mar
4-Mar-19	10	Theory		8-Mar
11-Mar-19	11	Theory		15-Mar
18-Mar-19	12	Theory		22-Mar
25-Mar-19	13	Theory		29-Mar
1-Apr-19	14	Theory		5-Apr
8-Apr-19	15	Theory		12-Apr
15-Apr-19	16	Study Week	Good Fri 19 April School Holidays	19-Apr
22-Apr-19	17	Study Week	Easter Mon/Tue Anzac School Hols	26-Apr
29-Apr-19	18	Theory		3-May
6-May-19	19	Theory		10-May
13-May-19	20	Theory		17-May
20-May-19	21	Theory		24-May
27-May-19	22	Theory		31-May
3-Jun-19	23	Theory		7-Jun
10-Jun-19	24	Theory		14-Jun
17-Jun-19	25	Study		21-Jun
24-Jun-19	26	Evaluation		28-Jun
1-Jul-19	27	Holiday		5-Jul
8-Jul-19	28	Holiday		12-Jul
15-Jul-19	29	Holiday Intake 904		19-Jul
22-Jul-19	30	Sem 2 Theory		26-Jul
29-Jul-19	31	Theory		2-Aug
5-Aug-19	32	Theory		9-Aug
12-Aug-19	33	Theory	Grp A Clinical	16-Aug
19-Aug-19	34	Theory	Grp B Clinical	23-Aug
26-Aug-19	35	Theory	Grp C Clinical	30-Aug
2-Sep-19	36	Theory	Grp A Clinical	6-Sep
9-Sep-19	37	Theory	Grp B Clinical	13-Sep
16-Sep-19	38	Theory	Grp C Clinical	20-Sep
23-Sep-19	39	Theory	Grp A Clinical	27-Sep
30-Sep-19	40	Study Week	School Holidays	4-Oct
7-Oct-19	41	Study Week	School Holidays	11-Oct
14-Oct-19	42	Theory	Grp B Clinical	18-Oct
21-Oct-19	43	Theory	Grp C Clinical	25-Oct
28-Oct-19	44	Theory	Grp A Clinical	1-Nov
4-Nov-19	45	Theory	Grp B Clinical	8-Nov
11-Nov-19	46	Theory	Grp C Clinical	15-Nov
18-Nov-19	47	Study		22-Nov
25-Nov-19	48	Evaluation		29-Nov

PROGRAMME PHILOSOPHY

WINTEC - Summary of Content Bachelor of Nursing Programme

	Yr 1	Yr 2	Yr 3
Semester 1	<p>Introduction to Nursing Development of nursing (Hx), nursing professionalism, ethics, law, policies, caring, Health structures, Philosophy of nursing, Models of care</p> <p>Developing the Professional Self Personal professional identity, theories of group process in nursing practice settings, nurse client relationships, culturally safe communication, reflection, relational practice</p> <p>Nursing through the Lifespan Human development, assessment –health history related to development stage</p> <p>Human Body For Nursing Introduction to integrated understanding of the anatomy, physiology and biochemistry of the organ systems of the healthy human body.</p>	<p>Nursing Practice 1 Theory: Integrated nursing care in disability, rehab, continuing care & care of the older person</p> <p>Clinical Practicum 1 Primary Health Care Placement with focus on continuing care and rehabilitation (120 – 150hrs)</p> <p>Mental Health & Addictions placement with a focus on long term mental health and addiction issues (120 – 150hrs)</p>	<p>Nursing Practice 3 Theory: Integrated nursing care in maternal, infant, child, adolescence & family health</p> <p>Clinical Practicum 3 Primary Health Placement on family and child health (120 – 150hrs)</p> <p>Mental Health & Addictions placement with focus on acute care and family health (120 – 150hrs)</p>
Semester 2	<p>Social Context of Nursing in New Zealand Treaty of Waitangi, colonisation impact on health, health inequities, political shifts, compare & contrast social arrangements internationally (internationalisation), social well being</p> <p>Promoting Health & Wellness Population health, community development, epidemiologic & demographic information, Quality & Risk, education, Maori Health</p> <p>Nursing Practice 1 Assessment, data collection, education, clinical reasoning/critical thinking, Skills</p> <p>Human Body and Introduction to Pharmacology Human biological principles: physiological concepts and introducing basic concepts of microbiology and pharmacology.</p>	<p>Nursing Practice 2 Theory: Integrated Nursing Care in Adult Health</p> <p>Clinical Practicum 2 Med- Surg Placement Caring for the Acutely Ill Adult (240 -300 hours)</p>	<p>Integrated Practice Integration of theory and practice in contemporary nursing practice (400 – 600 hours)</p>
Semester 3			
Semester 4			
Semester 5			
Semester 6			

Year 1, level 500 modules introduce basic concepts with an emphasis on personal and professional ways of being. These modules are compulsory for entry to level 600 modules.

Year 2, level 600 modules are compulsory for entry to level 700 modules. These modules and the year 3, fifth semester level 700 modules cover integrated nursing practice across the lifespan with a focus on population health, Treaty of Waitangi and cultural safety in Primary Health Care, Mental health and Inpatient contexts. Students have the opportunity to focus on a specific area of practice of their choosing in Semester 5 by undertaking a special topic.

Semester 6, students choose their practice area/s for the module Integrated Practice at the end of which they are required to meet NCNZ competencies for the Registered Nurse scope of practice.

Programme Content

The programme content covers all the requirements specified by the Nursing Council for accreditation of programmes leading to application for registration as a nurse (Refer Appendix 2: *Handbook for nursing departments offering programmes leading to registration as a registered nurse, Section 2.2 Content*). The content is specific to New Zealand and includes:

- the articles of the Treaty of Waitangi
- cultural safety
- Maori health
- professional nursing practice
- bioscience, social and behavioural science
- health systems and policy
- nursing assessment and nursing practice decision making
- therapeutic communication skills
- pharmacology
- pathophysiology, genetics and disease states
- health promotion
- ethics and law
- research and evidence based practice
- organisational and supervisory skills and leadership
- information technology

The Practice content includes:

- primary health care including:
 - maternal and infant health
 - child, adolescent and family health
 - adult health
 - elderly health
- medical and surgical nursing
- disability, mental health recovery and rehabilitation/continuing care
- mental health nursing

"The purpose of knowledge development and practice is compassionate action". This can be achieved in a number of ways working from differing world views, regardful of culture and diversity.

- Nursing is a relational health affirming profession with its own body of knowledge
- Nurses engage collaboratively with people in co-creating desired health outcomes
- In partnership with stakeholders we prepare nurses to be responsive to contemporary and future health care challenges
- Our academic culture is grounded in research and scholarship
- We facilitate an environment that encourages curiosity, critical thinking and life-long learning

- Teaching and learning is fostered through relationships which support the respectful interchange of ideas and sharing of knowledge
- Our graduates enter nursing practice valued for their professional knowledge and practice confidence

Hartrick Doane, G. and Varcoe, C. (2005), *Toward Compassionate Action*, *Advances in Nursing Science* Vol.28, No.1, pp 81-90

Tihei Mauri Ora Roopu for Students Who Identify as Maori

Tihei Mauri Ora Roopu for Students Who Identify as Maori

Wintec has a Tihei Mauri Ora (TMO) Roopu within the Bachelor of Nursing programme for students who identify as Māori. Learning is supported in a TMO roopu² where students develop through manaakitanga³ and whakawhanaungatanga⁴. TMO supports Māori students to achieve excellence in their chosen field of nursing.



The symbol of the Tihei Mauri Ora roopu signifies maturaanga or knowledge and learning, at the top, two people sitting in cultural safety centred on the base of hauora or health.

Māori terms defined in context

1. TMO: The breath of life- implying the start of a journey, the birth of learning. Phrase selected at the time of founding of TMO programme by the then Wintec Kaumatua, Hare Puke. Metaphor for students' academic growth in midwifery and nursing.
2. Roopu: group
3. Manaakitanga: support – eg peer, student, staff, institutional
4. Whakawhanaungatanga: Kinship- (of people, to place, to institution- eg TMO 'family', study 'family').

The Tihei Mauri Ora option integrates all relevant areas of knowledge from both the western and Maori worlds. It recognises the potential within a Maori paradigm and begins to address the needs of a minority community who are partners with non-Maori. It supports the pertinent articles of the Treaty of Waitangi (partnership, protection and participation) by implementation of a body of knowledge that is explicitly Maori.

Students selected for the Tihei Mauri Ora stream meet the same Learning Outcomes as other students within the Undergraduate Nursing Programmes. Lectures are with the non-TMO group of students and, where possible, tutorials are conducted by Maori lecturers for students enrolled in this roopu. Lecturers and other students create a safe whanau environment for students enrolled in this roopu.

TIHEI MAURI ORA STUDENTS are encouraged to form, and be a part of, whanau groups which will offer support by:

- Informal gatherings for networking
- Shared lunches
- Opportunity to meet with other Tihei Mauri Ora students
- Small teaching/learning groups
- Peer teaching
- Emotional support for each other

AIMS & OBJECTIVES

The programme aims to develop graduates meeting the requirements for award of the Wintec Bachelor of Nursing, and capable of satisfying the requirements for the registered nurse scope of practice.

Furthermore, the programme aims to deliver nursing education in ways that promote and model:

- the full range of student learning needs
- curiosity, critical thinking and reflective judgement, independence, leadership, and life-long learning
- professional, relational, committed, compassionate, and health affirming application of the body of health care knowledge
- respect, flexibility and collaboration in relationships and organisations to co-create desired consumer-centric outcomes
- responsiveness to ongoing health care developments and challenges through practice and engagement with the needs of society, nursing, nurse employers, and students
- strategies for building Treaty-based relations in accordance with the principles of partnership, protection and participation
- a knowledge and research base underpinning post-graduate study

These aims direct the programme delivery and the outcomes it achieves.

GRADUATE PROFILE

A graduate of the Wintec Bachelor Degree of Nursing will be capable of demonstrating the requirements of the Nursing Council of New Zealand standards for the Registered Nurse scope of practice. This means they will be able to 'utilize nursing knowledge and complex judgement to assess health needs and provide care, and to advise, and support people to manage their health' (NCNZ).

They will also have content-related theory and practice experience demonstrating the following requirements for the award of a Bachelors Degree:

- knowledge and skills related to the ideas, principles, concepts, research methods and problem-solving techniques of nursing
- the skills needed to acquire, understand and assess information from a range of sources
- intellectual independence, critical thinking and analytic rigour
- communication and collaborative skills
- the ability to engage in self-directed learning

NURSING COUNCIL OF NEW ZEALAND REQUIREMENTS

Nursing Council of New Zealand (NCNZ) sets and monitors standards for registration, provides guidelines for education, to administer the examination and to receive applications for registration.

The Council provides information to educational institutions with nursing schools in respect of legislative requirements and current Council policies.

The Council regularly audits nursing curricula to ensure that the implementation continues to meet the standards for registration

Nursing Council of New Zealand requirements are:

- Practice experiences must relate to the competencies for the registered nurse scope of practice.
- No student should be given more than two opportunities to enrol in a practice module.
- Students must complete the three year programme within 5 years of the start date.
- Students who take leave are required to demonstrate current knowledge and practice competency in order to identify the point of re-entry to the programme (this may incur a fee.)

Under the Health Practitioner Competence Assurance (HPCA) Act 2003, candidates for registration must:

- Complete the theoretical and practice requirements of an accredited programme.
- Demonstrate competency against the Nursing Council Competencies for the Registered Nurse scope of practice
- Pass the NCNZ examination for registered nurses
- Be fit for registration

Nursing Council of New Zealand State Final Examinations.

Examinations are held the third week of March, July and November each year.

Candidates will be contacted by the School approximately two months prior to the examination date to complete an admission to examination application and **Nursing Council examination fees are payable at this time**

Every person applying to sit the NCNZ State Final exam is required to fill out a form giving NCNZ authority to request a police check. This form will be given to you at the same time as the applications to sit State Final Exams.



Please be aware that if you have a criminal conviction the Nursing Council of New Zealand will meet, after results of the State Final exam are available, to make a decision on your registration. You may also be required to attend an interview with NCNZ. This will delay your registration as a nurse.

The results of this exam are sent to you by Nursing Council of New Zealand. Wintec do not have access to either the results or the date they will be available. Nursing Council of New Zealand will post them on their website as soon as they are released. (This is usually six weeks after the exam).

When you successfully complete the State examination you are eligible to apply to the suppliers for your nursing medal. Details of this process will be made available By Nursing Council.

Nursing Council of New Zealand offer **three** opportunities for candidates to sit the State Final Examination leading to registration as a Registered Nurse.

Please remember to keep Nursing Council of New Zealand AND Wintec advised of any changes of address.



www.nursingcouncil.org.nz

ATTENDANCE

Students are expected to attend **ALL** class, laboratory and practice sessions. Attendance records will be kept.



When absence is unavoidable students **MUST** notify the practice area before the expected start time AND the Centre for Health and Social Practice office (07 834 8800 extn 8357).

- | | | |
|-------------|----------------------|--------------------------------|
| giving your | 1. name | 3. clinical placement or class |
| | 2. Student ID number | 4. year and semester group |

Students are required to attend ALL Practice experiences.

It is the student's responsibility to see the lecturer(s) before anticipated absence, or immediately on return from unexpected absence, to discuss their learning needs.

- If nursing practice experience must be made up outside the planned time it will incur a fee and may be at the expense of the student
- Students are reminded that prospective employers usually require evidence of reliability in attendance.

Students are responsible for maintaining standards of professional behaviour consistent with the aims and goals of the programmes in the Centre for Health and Social Practice.

TEACHING AND LEARNING**Core-Parallel Modules**

The core parallel modules have been developed, written and delivered as parallel components for TMO/Non TMO students.

PRACTICE EXPERIENCE

Students have a variety of placements in institutional and community settings to gain practical experience. The choice of the placements takes into account student learning in relation to Nursing Council requirements for registration as a Nurse. The practice experiences will be negotiated with reference to support from practice staff, the resources available, the value of the experience as a whole and the learning needs of the student. Learning support for students is provided by the Registered Nurse Partners and Wintec lecturers within the practice setting.

INDEPENDENT LEARNING

The students take responsibility for their own learning. It is expected that students will utilise learning resources and reflect on their own experience and practice. The learning will be promoted through working on self assessment exercises, projects and assignments.

GROUP WORK

Students may self select or be assigned to small groups for group learning activities. It is expected that through group work students will develop interpersonal and team skills while gaining confidence to work in groups. The group work may include role play.

JOURNALING

A journal is personal to the author but is a useful way for knowledge development in the interpretive and critical paradigms. A journal is valuable as an ongoing record of personal and professional experience. Reflection on the journal gives the student the opportunity to examine the events and the context of an experience from a personal and client perspective. The student may choose to share some of the learning with peers. Because of the confidential nature of personal experiences a code of ethics should be observed when journals are used in learning (see Appendix I. Code of Ethics for Personal-Professional Journals).

EXPECTED LEVELS OF ACHIEVEMENT



Student achievements at the three levels (500, 600, 700) will allow students to progressively develop

- a body of nursing knowledge
- communication skills
- interpersonal skills
- practical skills
- professional responsibility
- research skills
- reflective practice/learning

For entry to any degree module, students must meet pre-requisite and co-requisite conditions.

Students who experience difficulty in meeting course requirements have a responsibility to seek assistance early.

Students identified as having difficulty in meeting Programme/Module requirements may be referred to the Student Learning Services.

PROCEDURE FOR RE-ENROLMENT



Students should re-enrol in a failed module, the next time it is offered. **If you fail a clinical module a re-enrolment in that module will be subject to availability of placements.**

Re-enrolment will incur a course fee.

Students will not be permitted to:

- enrol in modules worth more than **60 credits** in any one semester without approval from the Programme Committee
- **enrol in any one module more than two times**

Students are reminded that failures may result in changes to eligibility of student allowances.

HEALTH STATUS



At the commencement of your program you are required to provide notification from your medical practitioner that you have undertaken the required screening and are cleared for clinical practice placement. Your immunisation status can only be ascertained by a blood test arranged by your doctor/health provider, there will be associated costs. A form for health screening will be provided during programme induction.

Hepatitis B	Boostrix (Diphtheria/Tetanus/Pertussis)
MMR or Measles, Mumps, Rubella	Tuberculin
Varicella	MRSA

Evidence of annual Influenza Vaccination whilst in the programme

Wintec Health Services offer screening appointments to registered patients of Health Services and International students. To register, students must be a current Wintec student.

When students take leave from the programme for health reasons, they are required to supply a medical certificate to ascertain fitness to return to the programme. The form for this medical clearance is available from the Academic Administrator for Undergraduate Nursing.

MRSA - IF YOU HAVE A PLACEMENT AT HEALTH WAIKATO

If you come into one of the categories below please provide laboratory confirmation of your status before commencing clinical placement with Health Waikato Ltd. Swabs must be taken one week prior to placement, from both nostrils; any open skin lesions/wound (eg infected finger nails, or active areas of psoriasis or eczema).

Swabs must be taken if you have had:
a previous history of MRSA colonisation
suffers from hay fever or bronchiectasis

MRSA checks can be done at Wintec Health Centre, located in A Block and is open 8.00 am – 5.00 pm Monday to Thursday and 8.00 am – 4.30 pm on Friday.

VULNERABLE CHILDRENS ACT (2014)

In order to comply with the provisions of the Vulnerable Children's Act and Child Protection Policies for all 'specified organisations' providing a 'regulated service', all candidates/students will be subjected to safety checks.

While on placement the **Child Protection (Student Placements) Policy and Procedures** apply. Make sure you understand your obligations in relation to this policy.

You can access this policy on the Wintec website (Student Life section, Policies & Forms)
[https://www.wintec.ac.nz/student-life/policies-and-forms/policies/Child Protection \(Student Placements\) Policy Part B](https://www.wintec.ac.nz/student-life/policies-and-forms/policies/Child%20Protection%20(Student%20Placements)%20Policy%20Part%20B)

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UNIFORM FOR NURSING PRACTICE

Students must wear their uniforms at all times when in the practice ward or clinical placement, including HLBN523 Introduction to Nursing Practice.

The uniform for students in Nursing Practice will consist of:

- FEMALES:** Dark blue dress trousers or dark blue skirt (hem off the ground) or dark blue culottes.
- MALES:** Dark blue dress trousers
- TUNIC TOP:** Available from Fashion Uniforms Ph 0800 223 222 or Direct Group Uniforms Ph 07 847 6664
- FOOTWEAR:** Dark brown, dark blue or black lace-up shoes or closed in style, non porous, with a soft sole and a low heel.
Socks of a matching shade to shoe colour to be worn with trousers.
- CARDIGAN/JERSEY:** Dark blue. **May not be worn during client contact.**
- JEWELLERY:** Must be plain, professional and safe
A wedding ring with no stones and **one** set of earrings may be worn.
Earrings to be small studs.
For reasons of safety all other face (nose, tongue, eyebrow or other) studs or rings are to be removed.
No bangles or necklaces or other rings or jewellery are to be worn.
Wristwatches must be removed during client contact.
- HAIR:** Short or tied back and up.
- MAKEUP/PERSONAL HYGIENE/GROOMING:** are expected to be of a high standard, appropriate to a professional person. Discreet makeup, all clothing must be of a professional standard and suitable for carrying out nursing duties.
- FINGERNAILS:** Need to be short.
Nail polish, if worn, **must** be clear **and** unchipped. No acrylic or false nails.
- NAME BADGES:** **MUST** be worn in clinical practice.

If your culture requires that you wear additions to the prescribed uniform please discuss this with your Academic Programme Manager prior to attending clinical

Any student who reports for nursing practice in an incomplete, unsatisfactory or unprofessional uniform will not be permitted to begin a duty until appropriately attired.

Uniforms must ONLY be worn while on placement, and travelling to and from clinical environment.

Wintec Student Nurses uniform must NOT be worn while shopping or socialising or on the Wintec campus when not directly involved in clinical practice.

INDIVIDUAL CONFIDENTIALITY AGREEMENTS

Copy for your reference

CONFIDENTIALITY CONTRACTS

WINTERC STUDENT CONTRACT

This agreement is between Waikato Institute of Technology and myself.

I am a student at Wintec and declare that:

- I will not divulge any information that may come to my knowledge regarding clients or staff of any Health Agency or Hospital in which I study or undertake clinical practice experience.
- I understand that clinical practice placements will be a selection of am, pm and night duties throughout the programme.
- I understand that clinical practice placements may be out of Hamilton City or my home town and that transport to and from these placements, accommodation and any extra costs required, are my responsibility.

I also agree that:

- In my time on this programme if any personal issues arise that may interfere with my learning, I will notify the Team Manager of my programme. These may include but are not limited to:
 - Medical conditions
 - Any situation which causes stress to such a degree that it interferes with my learning
 - Mental illness
 - Disability
 - Substance abuse
 - Addictive behaviour
 - Criminal charges and/or convictions including any Protection Orders
 - Family violence
 - Dishonesty
 - Employment issues
- If any issues do arise that impair my ability to work consistently in my studies or during placement I may be asked to withdraw from study for the remainder of the semester.
- Failure to disclose relevant information (as above) at any time prior to or during my programme of study will lead to disciplinary action which may result in my dismissal from the programme.

I have read, I understand and I agree to be bound by the above provisions.



recruitment service

Access to Information Declaration:

Obligations for Employees, External Personnel, Volunteers, Students, Temps, Contractors and Locums

Waikato District Health Board (Waikato DHB) recognises the valuable, sensitive and confidential nature of the information on its computer system and hospital files. This information is protected by the law, ethical standards and Waikato DHB policies.

Such information may include:

- Information relating to individual health and/or disability and his or her treatment,
- Personnel information (such as salaries, employment records, disciplinary actions, etc.)
- Information relating to governance management and administration (such as financial and statistical records, strategic plans, internal reports, memos, contracts, peer review information, communications and passwords)
- Third party information (such as computer programmes, client and vendor proprietary information, source code, proprietary technology, etc).

The purpose of this document is to help you understand your obligations and responsibilities in using and managing such information.

Access and Use of Information

As part of your employment, voluntary or learning activities you are entitled to access relevant information on a "need to know" basis. Further, you may only access and use this information consistent with the purposes for which it was obtained and consistent with your role as an employee, volunteer, student, temp, contractor or locum within Waikato DHB.

You are responsible for safely managing the information consistently with the law, ethical standards and Waikato DHB policy.

Misuse of Access Right and Information

If you access or use information for purposes:

- Not associated with your role; or
- Inconsistent with the purposes for which the information was collected (without obtaining specific consent).

You may be:

- Denied access to Waikato DHB information; and/or
- Subject to disciplinary action, including termination of employment.

This is in addition to any action which may be brought under the law or by your professional body.

Misuse of information

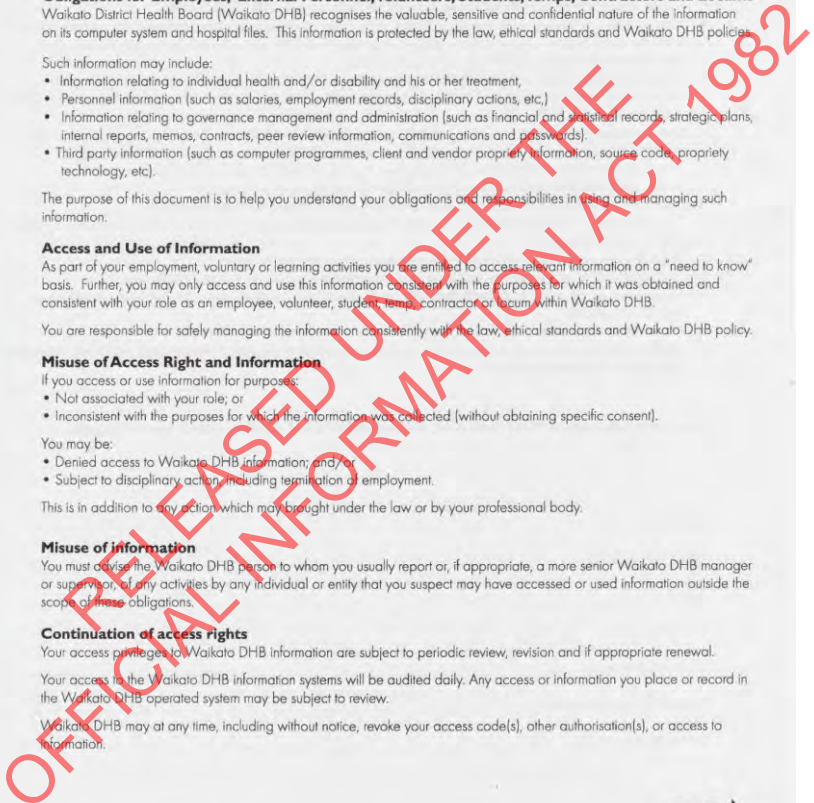
You must advise the Waikato DHB person to whom you usually report or, if appropriate, a more senior Waikato DHB manager or supervisor, of any activities by any individual or entity that you suspect may have accessed or used information outside the scope of these obligations.

Continuation of access rights

Your access privileges to Waikato DHB information are subject to periodic review, revision and if appropriate renewal.

Your access to the Waikato DHB information systems will be audited daily. Any access or information you place or record in the Waikato DHB operated system may be subject to review.

Waikato DHB may at any time, including without notice, revoke your access code(s), other authorisation(s), or access to information.



COPY

Your Confirmations

You confirm that:

- Your signature below and/or your access and use of the information indicates your agreement to and acceptance of your responsibilities regarding the safe management of Waikato DHB information.
- You have no rights or ownership interest in any information referred to in this document
- Your obligations will continue after termination of your role as an employee/volunteer/student/temp/contractor/locum.
- The information accessed through all Waikato DHB information systems contains valuable, sensitive and confidential patient care, business, financial and hospital employee information, and that you will not disclose that information other than to those authorised to receive it.

You undertake:

- To only access information which you have a need to know in your role with Waikato DHB.
- Not to in any way divulge, copy, release, sell, loan, review, alter or destroy any information except as properly authorised within the scope of your activities as an employee/volunteer/student/temp/contractor/locum with Waikato DHB.
- Not to misuse information or carelessly manage information.
- Not to knowingly include or cause to be included in any record or report, is false, inaccurate, or misleading entry.
- Not to divulge any information without proper authority to do so, and in particular any information which identifies a patient or person in the care of Waikato DHB.
- Not to seek personal benefit or permit others to benefit personally through the use of any information or equipment available through your work as an employee/volunteer/student/temp/contractor/locum at Waikato DHB.
- To only use information and Waikato DHB equipment strictly for Waikato DHB work purposes.
- To only use information for the purpose it was collected unless you have explicit consent.
- Not to make unauthorised copies of software or allow unauthorised persons to access software.
- To comply with all software and other licence and access terms imposed on Waikato DHB, and not to cause Waikato DHB to breach those terms.
- To follow the procedures established to manage the use of any information system.
- To comply with the requirements of the Copyright Act (available through the Waikato DHB library).
- To safeguard against or inadvertent disclosure any access code(s) or other information necessary for authorised access to information.
- Not to deliberately disclose such codes or information except as authorised by Waikato DHB.
- Not to attempt to circumvent, bypass, or make inoperable any security measure that Waikato DHB implements to safeguard information or computing resources.

By signing this, I agree that I have read, understand and will comply with these obligations.

COPY

BACHELOR OF NURSING PROGRAMME REGULATIONS

Bachelor of Nursing (Level 7)

WintecCode:	HL0902	MoE:	WK2342
Level:	Level 7	Credits:	360
Owner	Centre for Health and Social Practice	Effective Date:	January 2015

These regulations should be read in conjunction with the Institute's Academic Regulations and the current Nursing Council of New Zealand standards for pre-registration nursing programmes.

1. Admission and Entry

1.1. General Academic Admission

- a) Candidates are required to have:
 - i) University Entrance (UE) or equivalent is the minimum requirement to enter the Bachelor of Nursing programme. To qualify for entry you will need NCEA Level 3 comprised of 60 credits at NCEA Level 3 or above and 20 credits at NCEA Level 2 or above, including:
 - (1) 14 credits each at NCEA Level 3 in three approved subjects made up of:
 - (a) 14 credits in Biology, Chemistry, Physics or Science;
 - (b) 14 credits in an English language-rich subject (such as English, History, Art History, Classics, Geography or Economics, Media Studies); **and**
 - (c) 14 credits in one further approved subject.
 - ii) Literacy - 10 credits at **Level 2 or above**, made up of:
 - (1) 5 credits in reading
 - (2) 5 credits in writing
 - iii) Numeracy - 10 credits at **Level 1 or above**, made up of:
 - (1) achievement standards – specified achievement standards available through a range of subjects, or
 - (2) unit standards – package of three numeracy unit standards (26623, 26626, 26627- all three required).
 - b) Candidates who have studied on a Nursing Degree programme at another institution will need to meet the Bachelor of Nursing programme entry requirements or equivalent. They will also need evidence of a B grade average (i.e. above a B minus average) and a letter of recommendation and a confidential report on the student from the Head of School of the previous programme, before they will be considered for admission to the Bachelor of Nursing programme.
 - c) Applicants who have completed the Wintec Certificate in Introduction to Study (Health) (Level 4) or the Certificate of University Preparation (Level 4) with 60% or higher in all modules, and have a satisfactory reference from the Team Manager of these programmes will be considered for admission to the Bachelor of Nursing programme.

Programme Regulations for:

1.2. Special Admission

Domestic applicants aged 20 years or above who have not met the General Admission or entry requirements for a programme but whose skills, education or work experience indicate that they have a reasonable chance of success may be eligible for Special Admission. Special admission will be granted at the discretion of the relevant Head of School/Centre Director or designated nominee. Such applicants may be required to successfully complete a foundation, bridging or tertiary introductory programme as a condition of entry into higher level programmes.

1.3. Provisional Entry

Domestic applicants aged under 20 years who have not met the general academic admission and entry criteria for a programme but who can demonstrate a reasonable chance of success through other educational attainment and/or work or life experience may be eligible for provisional entry at the discretion of the relevant Head of School/Centre Director or designated nominee. Provisional entry places restrictions on re-enrolment to be lifted if the applicant's performance is deemed satisfactory by the relevant Head of School/Centre Director or designated nominee.

1.4. Selection Criteria

- a) Candidates are required in their application to indicate whether they have been convicted of, or are prosecuted for, a criminal offence. Candidates should be aware that, under the Health Practitioners Competence Assurance Act 2003 (HPCA Act (2003)) some types of criminal conviction may result in the Nursing Council of New Zealand refusing to allow a person to register as a Nurse.
- b) Candidates are required in their application to indicate whether they have had a mental or physical condition that may prevent them entering the Bachelor of Nursing programme. Candidates should be aware that, under the HPCA Act (2003) some types of physical or mental conditions may result in the Nursing Council of New Zealand refusing to allow a person to register as a Nurse.
- c) Before undertaking clinical practice within the programme, candidates will be required to provide a written health and immunity status assessment from their health practitioner.
- d) Candidates who do not have current registration as a Nurse must hold a current First Aid Certificate (covering NZQA Unit Standards 6400, 6401 and 6402) prior to undertaking clinical practice in the programme.
- e) All candidates are required to:
 - i) complete the standard Wintec application form
 - ii) provide two written references
 - iii) complete a declaration of criminal convictions
 - iv) complete a declaration of mental or physical condition
 - v) provide a Curriculum Vitae and personal statement
 - f) Candidates for the Tihei Mauri Ora stream will have a whānau interview.
 - g) Registered and Enrolled Nurses/Nurse Assistants are required to provide verified copies of qualifications and Annual Practising Certificates (APC).

1.5. English Language Requirements

Candidates who have English as a second language are required to have an International English Language Test System (IELTS) score of 6.5 across all bands; or equivalent.

2. Transfer of Credit

- 2.1. Every candidate with previous nursing qualifications will be able to apply for transfer of credit to determine their programme of study. Applications for transfer of credit (TOC) will initially be referred to the Bachelor of Nursing Programme Committee for approval.
- 2.2. Any applicant seeking formal transfer of credit will be expected to submit the proof of content and results of modules previously passed.
- 2.3. Any application for formal transfer of credit for Year Two, clinical papers, will be subject to approval from Nursing Council of New Zealand.
- 2.4. Nursing Council of New Zealand will not grant formal transfer credit for clinical papers in the third year of the programme if the candidate is currently not registered.
- 2.5. The evaluation of informal transfer of credit will be drawn from a portfolio showing evidence that the learning outcomes of a module have been achieved, confirmed as necessary by an interview, attestation process or demonstration of performance.
- 2.6. The maximum total of formal transfer credits and/or informal transfer credits which may be granted towards the Bachelor of Nursing programme shall not exceed 180 credits at levels 5 or 6.

3. Programme Requirement

- 3.1. Candidates with no prior nursing qualification will complete a programme of study for a period of not less than three years and no more than 5 years, totalling 360 credits. Candidates are required to complete, or receive transfer of credit for, all the modules listed in section 8.
- 3.2. Registered and enrolled nurses/nurse assistants who wish to complete the Bachelor of Nursing will normally complete a programme prescribed following the approval of transfer of credit applications.
- 3.3. No candidate shall be given more than two opportunities to achieve a successful pass grade in any module within the Bachelor of Nursing programme, except where there are extraordinary circumstances.
- 3.4. Candidates are required to successfully complete all Year 1 modules before proceeding to Year 2 and must successfully complete all Year 2 modules before proceeding to Year 3.

4. Completion of the Programme

- 4.1. The Nursing Council of New Zealand sets time-limits for completion of the various categories of candidate for the Bachelor of Nursing programme, as follows:
- A candidate with no prior nursing qualification will normally complete the Bachelor of Nursing within a minimum of three years and no more than 5 years.
 - Where five years has elapsed since first enrolment in the programme, approval must be sought from Council prior to any further enrolment in the programme.
 - Any reduction in the three year time frame must be in accordance with Nursing Council of New Zealand recognition of prior learning policy.
 - Candidates who take leave from the programme are required to demonstrate current knowledge and practice competency in order to identify the point of re-entry to the programme.
 - Candidates are required under the HPCA Act (2003) to demonstrate that they are fit for registration as they progress through the programme. Candidates should be aware that under the HPCA Act (2003), section 12, 15 and 16 some types of convictions, physical or mental conditions or professional or academic misconduct issues, may result in the Nursing Council of New Zealand refusing to allow a person to register as a Nurse.

5. Award of the Qualification.

- Candidates who successfully complete the requirements of these regulations will receive the award of the Bachelor of Nursing.
- Candidates for the Bachelor of Nursing should note that successful completion of the degree is not sufficient to confer registration. Once candidates have successfully completed the degree, they may seek registration from the Nursing Council of New Zealand, a process that will require them to succeed in Nursing Council state examinations and demonstrate that they are fit for practice as defined in the HPCA Act (2003).

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8. Schedule of Modules for candidates enrolled July, 2011 onwards

Year 1 – Level 5 Modules

Module Code	Module Name	Pre-requisites	Credits	Level
HLBN511	Introduction to Nursing		15	5
HLBN51 or HLTM512	Developing the Professional Self		15	5
HLBN513	Nursing through the Lifespan		15	5
HLSC514	Human Body for Nursing		15	5
HLBN521 or HLTM521*	Social Context of Nursing in New Zealand	HLBN512 or HLTM512*	15	5
HLBN522	Promoting Health and Wellness	HLBN513	15	5
HLBN523	Introduction to Nursing Practice	HLBN513 HLSC514	15	5
HLSC524	Human Body and Introduction to Pharmacology	HLSC514	15	5

Year 2 – Level 6 Modules

Module Code	Module Name	Pre-requisites	Co-requisites	Credits	Level
HLBN611B	Nursing Practice 1	All level 5 modules	HLBN612	30	6
HLBN612	Clinical Practicum 1	All level 5 modules	HLBN611B	30	6
HLBN621B	Nursing Practice 2	HLBN611B HLBN612	HLBN622	30	6
HLBN622	Clinical Practicum 2	HLBN611B HLBN612	HLBN621B	30	6

Year 3 – Level 7 Modules

Module Code	Module Name	Pre-requisites	Co-requisites	Credits	Level
HLBN711B	Nursing Practice 3	All level 6 modules	HLBN712	30	7
HLBN712	Clinical Practicum 3	All level 6 modules	HLBN711B	30	7
HLBN721	Integrated Practice	HLBN711B HLBN712		60	7

* Tihei Mauri Ora

Practice Facilities for Nursing Students



Waikato DHB (see DHB area map)
Private Hospitals
District Nursing Service
Public Health Nursing Service
Practice Nurses
Rest Home and Hospitals
Psycho geriatric Hospitals
Community agencies

Practice experiences for each student are negotiated in partnership with practice setting staff by the practice co-ordinator. Practice experiences are supervised by a clinical lecturer/clinical lecturer and practice setting staff.

You will at times, be required to attend a practice setting within the Waikato DHB area, sometimes at a distance from central Hamilton – costs of travel and accommodation are the students responsibility.



BOOK LIST

Books can be purchased from:

Bennetts Bookstores Ltd, Waikato University, Gate 5 Hillcrest Rd, Hamilton
Phone: 07 8566 813 Email: wkp@bennetts.co.nz Website: www.bennetts.co.nz

Textbooks rus Ltd available at a special student price. **Simply click** or enter:
<https://textbooksrus.co.nz/wintec/nursing>

Year 1 - Semester 1 – REQUIRED BOOKS

HLBN512

HLTM512

Wepa, D. (Ed.). (2015). *Cultural safety in Aotearoa New Zealand* (2nd ed.). Melbourne, Australia: Cambridge University Press.

HLBN513

Crisp, J., Douglas, C., & Rebeiro, G., Waters, D. (Eds), (2017). *Potter & Perry's fundamentals of nursing* (5th ed.). Chatswood, Australia: Elsevier.

HLSC514

KuraCloud Lt. Student Access. 36 month subscription \$195 Invoiced by Student Enrolment and Information Centre

Year 1 - Semester 1 – Recommended Books

HLSC514

Marieb, E. N., & Hoehn, K. (2016). *Human anatomy and physiology* (11th ed.). Essex, England: Pearson International.

2015 GLOBAL Ed EBOOK link: [EBOOK Human anatomy and physiology](#)

HLBN511

Readings will be provided online via the HLBN511 Moodle page

Year 1 - Semester 2 – REQUIRED BOOKS

HLBN521

Wepa, D. (Ed.). (2015). *Cultural safety in Aotearoa New Zealand* (2nd ed.). Melbourne, Australia: Cambridge University Press.

HLBN522

Clendon, J., & Munns, A. (2019). *Community health and wellness: Principles of primary health care* (6th ed.). Chatswood, Australia: Elsevier.

Wintec EBOOK link: check with Wintec Library (not currently available)

HLBN523

Lewis, P., & Foley, D. (2014). *Health Assessment in Nursing*. (2nd ed.). Sydney, Australia: Lippincott Williams & Wilkins.

Crisp, J., Douglas, C., & Rebeiro, G., Waters, D. (Eds), (2017). *Potter & Perry's fundamentals of nursing* (5th ed.). Chatswood, Australia: Elsevier.

HLSC524

KuraCloud Lt. Student Access. Subscription

Year 1 Semester 2 - Recommended Book

Bryant, B.J., & Knights, K. M. (2014). *Pharmacology for health professionals* (4th ANZ ed.). Chatswood, Australia: Mosby Elsevier.

Wintec EBOOK link: [EBOOK Pharmacology for health professionals](#)

GENERAL INFORMATION**STUDENT ASSISTANCE DIRECTORY**

Assistance with:	Where to go / Who to contact:
Enrolment	Student Enrolment and Information Centre – 0800 2 Wintec (0800 2 946832)
Fee information	Student Enrolment and Information Centre – 0800 2 Wintec (0800 2 946832)
Student Loans and Allowances	StudyLink (0800 889 900)
Programme details	Tutors / Programme Coordinator / Student Enrolment Centre / Centre Office
Health and Counselling Services	City: 0800 294 6832 Ext. 8869, Rotokauri: 0800 294 6832 Ext.8420, healthservices@wintec.ac.nz
Personal problems affecting your study	Student Support Advisor / Programme Coordinator / Wintec Counsellors / Te Kete Kōnae: tkk@wintec.ac.nz
Managing your workload	Programme Coordinator / Student Learning Services : 07 834 8815, sls@wintec.ac.nz
Moodle	Moodle is Wintec's online learning and teaching environment. Your tutors will put information on the site for each of your modules throughout the course of the module – for example: lecture notes, research material, practice tests, notices, change of rooms etc. If you have questions or issues, please contact the IT Student Helpdesk.
Timetables	MyLearning / Student Enrolment and Information Centre / Wintec WebSite / Programme Coordinator
Photocopying	Library: 07 834 8866
Student IT Helpdesk	0800 294 6832 Ext.7000, 0800 587 500, studenthelpdesk@wintec.ac.nz
Security	0800 294 6832 Ext. 4041 (Rotokauri), Ext.9000 (City), 0800852900
Careers support, scholarships	Student Life Office: careers@wintec.ac.nz, scholarships@wintec.ac.nz

Further information about the range of support services available to you can also be found on the Wintec website www.wintec.ac.nz

If you need assistance, your tutors, Programme Coordinator and the administration staff in the Centre in which you are studying will also be able to help you.

ACADEMIC MISCONDUCT

Cheating and plagiarism come under the heading of Academic Misconduct in Wintec's Academic Regulations.

Plagiarism is where another persons work or ideas are copied or paraphrased without acknowledgement. This relates to written, audio or visual material, text, tables or diagrams.

Examiners may decline to mark any module work that they are satisfied is the result of some dishonest or improper practice, or does not comply with instructions.

If a tutor suspects that cheating or plagiarism has taken place, they will advise the Team Manager, who will investigate and interview the student or students concerned.

Where cheating and/or plagiarism is found, the Centre Director will be informed, and provided with a recommended penalty. All penalties will be ratified by the Centre Programme Committee. Students will be notified by the Centre Director, in writing, of the penalty to be applied, and may be asked to sign a learning contract.

There are a range of penalties, depending on the severity of any misconduct. Further information can be found in the Academic Regulations.

The best way to avoid plagiarism is accurate and rigorous referencing (see below)

Wintec Academic Regulations state:

- Any work presented by a student must be their own work
- A student who is found to have cheated in the preparation or submission of a piece of work will be subject to disciplinary procedures
- Copying or paraphrasing someone else's work, be it published or unpublished, without clearly acknowledging it will be deemed dishonest
- Refer to <https://www.wintec.ac.nz/student-life/policies-and-forms/policies/academic-regulations> for more information

APA REFERENCING

Accurate referencing is an important academic requirement and is expected of all students. Every source used in an assignment must be acknowledged (see section on Academic Misconduct) and appropriately referenced both within text and in the reference list at the end. The Centre for Health and Social Practice uses APA (6th Edition) referencing system. A comprehensive APA reference guide is provided by the Wintec library and can be accessed through the following link. <http://www.wintec.ac.nz/library/Pages/copyright.aspx>

Please make sure that you read and apply these guidelines to all work submitted during the course of your studies at Wintec. If you have any concerns about referencing please seek assistance from Student Learning Services.

ASSESSMENT OF STUDENT LEARNING

The Academic Regulations and Manual can be viewed on the web: <https://www.wintec.ac.nz/student-life/policies-and-forms/policies/academic-regulations> in the Library or via MyLearning. Please read them

Assessment for each module usually consists of summative assignments and/or tests and summative assessments of practical/clinical skills. (Tests may include written tests and skills tests).

Details for assessment of each module will be included in the module outlines which will be available to students at the commencement of each semester. The assessment details will include:

- the type of assessment
- weighting of the assessment in relation to that required for the paper as a whole
- assignments and marking criteria for assignments as relevant
- date and time of tests
- due dates for assignments.

Practical work will be assessed at the end of each segment of practice placements using an assessment form which identifies the assessment criteria. The assessment form will be available to the students at the beginning of each practice placement.

Most modules will have more than one piece of assessment, in order to give students a fair assessment distribution.

All assessments in the assessment schedule for each paper must be undertaken. The assessments will take into consideration the Learning Outcomes of the individual module as well as the overall programme outcomes.

The primary focus of assessments is to ascertain the extent to which students are able to:

- obtain, organise and analyse information
- identify and solve problems
- exercise judgment
- utilise theoretical knowledge experiences and resources effectively
- consider relevant legal, ethical and cultural aspects
- discuss, defend and present views effectively
- select and assign priorities to meet deadlines
- present ideas through formal written language (in the written assignments)

In the case of Group Assignments the focus will extend to interpersonal skills needed for a professional career which requires team co-operation and participation and group decision making.

ASSIGNMENTS/ASSESSMENTS

On-line submission of assignments.

Most written work will be required to be submitted on-line to the drop box in the appropriate (module) Moodle site. Each item must be submitted by the stated date. These will be subjected to a Turnitin originality check to detect plagiarism. On-line submissions will be marked and returned on-line.



Hard copy assignments

Hard copy assignments should be submitted via the assignment box at Centre for Health and Social Practice Reception, Level 2 in D Block on the due date.

Cover sheets (required for all hard copy assignments and clinical handbooks)

1. Log into Mylearning page via: <https://mylearning.wintec.ac.nz>
2. Then click on the results panel on the page which will give a list of options
3. Click on Academic Grades and Details
4. Click on Assessment Details/Grades
5. Then a list of enrolled papers will then display
6. Select the paper by clicking on it and the PDF cover page will be present in the row
7. You will then be able to download it by clicking on PDF icon

Extensions Academic Manual 9.5.i

Short term extensions:

1. Must be sought from, and agreed to by, the module Tutor before the assessment due date/submission deadline;
2. Should be no longer than two working days past the assessment due date/submission deadline;
3. Are given at the discretion of the Tutor;
4. The Tutor should keep a record of extensions granted and the reason for the extension to ensure consistency and fairness in these decisions;
5. No short-term extension will be granted beyond the end of the semester in which the assessment is scheduled, unless authorised by the Dean.

NB Students will be required to submit work already completed at the time they make the extension request.

Retaining a Copy

Students must retain a copy of each assignment they submit for marking.

Return of Assignments

We aim to return marked work within 20 working days of submission – however we may encounter delays due to circumstances beyond our control.

All assessed work held by Waikato Institute of Technology will be destroyed six months after its presentation except where:

- that work is subject to appeal
- that work is subject to disciplinary procedure
- the student has freely given permission for the work to be held the Waikato Institute of Technology.

You must have your **student ID card** to collect your marked assignments from the **Centre for Health and Social Practice Reception D Block, Level 2, Monday – Friday 11.30am - 1.00pm.**

Late Assignments

Late Assignments will not be accepted unless an extension has been requested in writing and granted prior to the due date. This is in accordance with the Academic Regulation 4.2 (j) (ii) which states:

- j) Internal Assessments:
 - i) Students are required to submit their internally assessed assignments by specified dates.
 - ii) If an assignment is submitted after this specified date, unless an extension has been granted, an assessor may either:
 - (1) lower the grade; or
 - (2) after consulting with the Team Manager, not accept an assignment and automatically award a No Grade.

Clinical Assessments

Please ensure you keep a copy of these as you will require them for your portfolio at the end of year three.

Resubmission

At the discretion of the Programme Committee resubmissions may be available on the following basis:

No resubmissions will be available for Semester 5 or 6 modules.

Semester 3 and 4 modules will have one resubmission opportunity available across semesters as follows:

One resubmission available for one piece of work in HLBN611B or HLBN621B providing mark achieved in first submission is in 45-49% range. Pass mark for resubmitted work will be 60% - P(r).

Semester 2 will have one resubmission available across semester as per requirements below.

HLBN521 and HLBN522 – no resubmissions available. HLBN523 – one resubmission available for clinical summary providing mark achieved in first submission is in 45-49% range. Pass mark for resubmitted work will be 60% - P(r).

HLBN524: resit examination available providing overall mark achieved is in 45-49% range. Pass mark for resubmitted work will be 60% - P(r).

Semester 1: one resubmission available across semester as per requirements below:

HLBN511, HLBN513 and HLSC514: resit examination available providing overall mark achieved is in 45-49% range. Pass mark for resubmitted work will be 60% - P(r).

HLBN512 and HLTM512: Resubmission available for second assignment providing mark achieved in first submission is in 45-49% range. Pass mark for resubmitted work will be 60% - P(r).

BEHAVIOUR

Code of Conduct for Students (Full Policy - MyLearning)

Following enrolment at Wintec students are expected to:

- comply with all statutes, policies, regulations and procedures
- exercise responsible and safe use of Wintec's resources; and
- accept the consequences of non-compliance with statutes, policies and regulations of misuse of resources.

Respect for the rights of others.

All students are expected to respect the rights of fellow students, staff and the wider Wintec community.

Accordingly students are expected to:

- refrain from all forms of discrimination, intimidation and harassment of fellow students, staff and the wider Wintec community;
- respect the privacy of individuals at all times;
- ensure personal and confidential information is used only for the purposes for which it was intended, in accordance with the Privacy Act 1993;
- avoid behaviour which might cause disruption to the Wintec community.

Copies of the policies are available on the Wintec website, in the Library and at the Students' Association.

Nursing Council of New Zealand Guidelines for nurses on social media

<http://www.nursingcouncil.org.nz/News/New-guidelines-for-nurses-on-social-media>

CHANGES / WITHDRAWING FROM MODULES

Once you are enrolled, if you want to change the module/s that you are enrolled in, you need to let us know by completing a 'Change to Enrolment Form' (also referred to as an EDC2). A copy of this form on the Wintec website – just search 'forms' in the search bar, from the Student Enrolment and Information Centre, or from the Centre Office.

It is recommended that any changes are made prior to the start of each module, to ensure that you do not miss any classes or module content, and to avoid financial and/or academic penalties. An administration processing fee may apply.

Please be aware that if you wish to withdraw from any modules, there are specific timeframes at the start of each module that need to be met for you to be eligible for refunds and also avoid any academic penalties. The date of withdrawal will be the date that the completed form is received by the Wintec Student Enrolment and Information Centre.

A refund of tuition fees if the date of withdrawal occurs before the 10% point of the programme or course duration. After the 10% point of the programme of course, a refund will only be considered for medical or compassionate circumstances beyond your control – supporting documentation must be provided to the Centre Director. If you withdraw after the 75% point of a module you will receive a Fail grade for the module.

Please refer to the Wintec Academic Regulations and Policy on Student Fees and Refunds (both available on the Wintec website) for further details of the requirements around changes to enrolments and withdrawals.

Completed forms must be returned to the Student Enrolment and Information Centre or the Centre Office. Any changes will need to be signed off by the Programme Coordinator.

COMPLAINTS

If you have a concern or complaint make sure you follow the process set out in the Student Concerns, Complaints and Appeals Policy. This can be found on the website <https://www.wintec.ac.nz/about-wintec/contact-us/online-enquiry-compliments-complaints>

This covers:

- Student concerns and Informal complaints
- General Formal complaints and Appeals
- Review of an Academic decision and Appeal

CONTACT DETAILS

If your contact details change (address, mobile number, email) please let us know. This will ensure you do not miss out on important information about your studies. The details we have in our system will also be used for sending out your result notifications, certificates and information about graduation (where applicable).

You can update your details online (Student at Wintec) or by completing a Change to Details form and returning this to the Student Enrolment & Information Centre. A copy of this form can be found on the Wintec website – just search for 'forms' in the search bar, from the Student Enrolment & Information Centre or from the Centre office.

CONTACTING STUDENTS

Please ensure that you regularly check Moodle for news items and updates. From time to time, you may receive a text message from CHASP, for example, to advise that a class has been cancelled. Please ensure you advise SEIC of any change to your contact details (see above). If you do not have a mobile phone please ask one of your class colleagues to pass on any text messages received from CHASP so you do not miss out on important communications. CHASP will give as much advance notice as possible to any unexpected changes.

COPYRIGHT AND THE INTERNET

Articles and pages of a website are regarded as literary works under the Copyright Act and are therefore protected by copyright.

Often a website will include a copyright notice setting out what may be copied, downloaded or printed from the website. In certain instances, material may not be accessed without subscription or electronic payment.

Where no information on the use of website material is provided, use the following guidelines.

Copying purposes

For research and private study only.

Person making copy

Individual carrying out research or private study (lecturer, teacher, student), or prescribed library making copy on their behalf.

Amount of work to be copied.

- Insubstantial portion of website material (one item or section)
- Insubstantial portion of an electronic publication (one chapter or up to 10%)
- One article from an electronic journal freely available on website.

Number of copies allowed.

- One single copy only, which may not be copied further.
- Electronic copy can be made on hard or floppy disk for individual's private study and only one copy can be made from this electronic copy.

Fair Dealing

The following uses are not considered "fair dealing" on the internet, and any such use must first be cleared with the website owner.

- Copying of all website or all of electronic publication for permanent electronic storage
- Copying and pasting extracts from a website into your own work.
- Multiple copying of material downloaded from a website
- Using downloaded printouts for anything other than research or private study
- Using hyperlinks from your website to others, without permission
- Pasting of material from books, journals or periodicals to your own website.
- Uploading any copyright material to user groups or bulletin board.

EXAM REQUIREMENTS

Bring to exams

- Student ID Card – you may not be permitted to sit your exam if you are unable to prove your identity.
- Blue or Black ball point pen
- 2B Pencil for marking multichoice cards
- Eraser

IMPORTANT INFORMATION

Arrive 15 minutes before exam is due to start

No student shall be permitted to enter the examination room after 45 minutes has elapsed.

No student shall be permitted to leave the examination room during the final 15 minutes.

Written answers to be written in ink, MCQs in 2B Pencil or on Moodle

Electronic Devices are not permitted in exams.

Mobile telephones / pagers / personal computers or locator devices must be turned off for the duration of the exam.

You may not receive or make any telephone call during the exam.

You may not send or receive any text messages at any stage of the exam.

Candidates may not be accompanied during the exam

GRADUATION

Wintec Graduation Week is held during March/April each year.

Students who have completed the requirements of their qualification will have their qualification conferred in person or *in absentia*. Students can choose to graduate either the marae or at Claudelands Event Centre.



If you are having your degree conferred in person you are required to wear the correct regalia. You will be sent information on Graduation in January/February of the year you are to graduate.

There is a fee for the hireage of regalia. It is important that you notify the Student Enrolment & Information Centre or Centre for Health and Social Practice office of any change of address to enable us to send you graduation information. (0800 2 Wintec or info@wintec.ac.nz)

MESSAGES FOR STUDENTS

In accordance with the Privacy Act we are unable to confirm student availability. We will only pass on a message in case of life-threatening emergency.

MOBILE PHONES

Mobile phones **MUST** be turned off in class and **MUST NOT** be taken into any assessments (eg tests, presentations, exams)

In cases where you are expecting an urgent call – please advise the lecturer taking the session, set the telephone to silent alert, and sit close to the front of the room to ensure minimum disturbance to your peers.

Mobile phones **ARE NOT** to be used as a calculator in class.

MODERATION

All modules and assessments activities are internally and externally moderated. Moderation ensures that all assessments are fair, valid and consistent.

To meet internal and external moderation requirements a sample of students' assignments will be selected. Any assignments taken to external moderation will be photocopied and any identifying names, ID numbers etc. will be removed to ensure anonymity on the part of the students involved.

MOODLE - CODE OF CONDUCT FOR COMMUNICATION ACTIVITIES

Moodle discussion boards provide the opportunity for students, lecturers and programme administration staff to communicate with each other. The following guidelines (or Code of Conduct) sets out some guidelines for how we will relate to one another through a Moodle communication site.

Purpose of discussion boards

Academic discussion within the programmes offered by the Centre for Health and Social Practice, promotes the critical exploration of relevant ideas and opinions of students and staff about aspects of theoretical learning and experience in clinical practice. Discussion postings and requests for information should be respectful, perceptive and thoughtful.

Message titles

High volumes of messages can occur in some discussion boards, and as not all students or lecturers follow all of the discussion on a site, it is important to clearly address or title your postings so it will be seen by the person or people it is intended for.

Message response times

Centre for Health and Social Practice staff will attempt to respond to student requests for information or assistance posted on a discussion board within one working day (or 24 hours). Students who are enrolled in Centre for Health and Social Practice programmes need to ensure that they have access to, and participate in, the relevant communication sites for their programme of learning.

Contextual and ethical considerations

The material that is discussed on a discussion board belongs to the people who post it. This material should not be quoted out of context or used in another place without the author's permission. Private postings should remain private unless permission is gained from the original author to share private information on the open part of the discussion board.

Courteous postings

Students or staff who feel that any messages are offensive to them are asked to contact the lecturer for the module, or the programme coordinator where appropriate. Please mail the intended recipient of the information that is sensitive rather than using the discussion area to escalate any disputes.

Virus information

Take care with attachments. It may be preferable to copy material into a message rather than attach it as a file.

NOTICE BOARDS

Centre for Health and Social Practice programmes notice boards are on Level 1, D Block. Electronic Notice Board - All notices are posted on 'Moodle' or *MyLearning*– it is important that you access this daily to check for any updates.



Notices posted on Student Notice Board/MyLearning/Moodle will be deemed to have been read by students.

PERSONAL STUDENT FILES

Applications and scanned copies of all documentation submitted with your application are held by the Student Information and Enrolment Centre.

Information that is specific to the Centre for Health and Social Practice programmes is kept on a file in the Centre for Health and Social Practice.

You are able to access your file at any time during your enrolment in the programme. Please contact the relevant area depending on the file you wish to see.

Your student ID card is required as proof of identity when you wish to look at your file.

In accordance with the Principles 6 and 7 of the Privacy Act 1993, you have the right to correct information held about yourself.

Your file in the Centre for Health and Social Practice will contain specific programme documentation (where applicable):

- Copy of first aid certificate
- Wintec Declaration Form
- Completed Waikato Institute of Technology Centre for Health and Social Practice Confidentiality Form
- Waikato DHB Confidentiality Form in relation to clinical placements.
- Copies of Clinical Practice Assessments for Nursing Council of New Zealand
- Copies of file notes to demonstrate student assistance and academic counselling
- Copies of correspondence sent by Centre for Health and Social Practice.
- Copies of APL/Cross Credit applications and approvals

Documents held by the Centre for Health and Social Practice will be kept for **one year** after you have completed the programme. After that date they will be archived.

PRIVACY ACT

Under the constraints of the Privacy Act, staff at Wintec are unable to give out information relating to students.

If students have family and/or friends who need to know their whereabouts, students should ensure that these people know their timetable.

RECONSIDERATION OF MARKS

A student may apply to have the mark of an assignment reconsidered. A written application on the appropriate form is available from SEIC or <http://www.wintec.ac.nz/seic/Pages/forms.aspx>. The application for reconsideration of marks must be submitted within 10 working days of notification of the result and accompanied by the prescribed fee.

SCHOLARSHIPS

There are a wide range of grants and scholarships available to students. Many are listed on 'Moodle' and/or on an internet database called 'Breakout'.

Some specific scholarships are also available. Please check with the Student Enrolment and Information Centre and on 'Moodle'.

SPECIAL CONSIDERATION PROCESS

It is essential to recognise that you will likely experience occasional illness and perhaps other problems or events that coincide with the preparation of internal assessments, tests, exams, or meeting assessment dates. This is a part of everyday life and it is expected that students will manage these situations alongside their commitment to study. Such circumstances do not in themselves excuse failure or impaired performance, and do not automatically provide grounds for an Assessment Concession.

Events do not always run smoothly, and as such, you are expected to take this into account when managing your study by building in contingency for the unexpected. For example, by ensuring that assignments are completed in good time, or allowing sufficient time to revise for an exam. Wintec will however take account of **genuinely serious problems or exceptional circumstances beyond your control** which have adversely affected your performance in an internal assessment, test, or examination.

If you fail to meet an assessment deadline or feel your performance was impaired you may request for your circumstances to be taken into account by submitting an application for Special Consideration. <https://www.wintec.ac.nz/student-resources/policies-and-forms/forms>

Applications for Special Consideration should be made as soon as possible, and in advance wherever possible. At the latest they must be submitted within 5 working days of the illness/incident, and include all required supporting information and evidence. Applications will not be accepted after the results of the assessment item/s are released.

Wintec has an obligation to ensure all students are assessed against all Learning Outcomes for all modules. As such the approach used to determine the outcome of any Special Consideration case will ensure that a student will still be able to achieve the required Learning Outcomes of the module.

The following parameters will be taken into account when assessing applications for Special Consideration:

- Classification of impairment (e.g. Timing of illness / incident)
- Grounds (e.g. Personal illness / injury, Bereavement, Exceptional circumstances beyond your control)
- Type of assessment (e.g. Internal Assessment, Test)
- Impact of impairment (e.g. Unable to attend an assessment)

Depending on the combination of these parameters, the evidence provided, and overall performance, the outcome of the Special Consideration application may comprise any of the following Assessment Concessions: Extension, Alternative time / assessment, Re-submission / Re-sit, Learning Support, Aegrotat.

For further information please refer to the Academic Regulations and Manual found on the Wintec website. <https://www.wintec.ac.nz/student-resources/policies-and-forms/policies>

STUDENT HELPDESK

Wintec has a dedicated Student Helpdesk that provides direct technical and IT support to all Wintec students. ITS Student Helpdesk is focused on providing excellent customer support for walk-in and phone enquiries. If you decide to study at Wintec, you will be able to access this free service which includes:

- Resetting student user account passwords
- Help students with computer lab access; e.g. Student Hub
- Direct lost students to the appropriate Wintec facilities; e.g. computer labs
- Direct students to the appropriate IT training programs

STUDENT REPRESENTATIVES - STUDENT FORUM



To share information, concerns, suggestions, organizational issues and changes in order to maintain effective communication and work constructively to enhance the quality of programmes in the Centre for Health and Social Practice. A representative should be elected from each class.

Membership shall comprise

- Student Representative for each tutorial stream
- Centre Director
- Team Manager, Undergraduate Nursing
- Other guests as required including an independent chairperson
- Section Administrator to take minutes/notes

General

- Meetings will be held a minimum of twice a semester.
- Representatives are the voice of class. It is essential that student representatives check with class views before they are voiced in the forum.

Process

- Each person is offered chance to speak
- Listen and capture themes

TELEPHONE ACCESS

Telephones are situated in each building for student use.

Emergency telephones are located by L Block and in the student car park. These emergency phones are linked directly to Wintec Security.

TE RĒO MĀORI

Students have the right to undertake assessments in Te Rēo. Once enrolled, students who intend to present all or part of their assessments in Te Rēo Māori should provide written notice to the tutor responsible for the module no less than six weeks prior to the due date for the assessment. If less than six weeks' notice is given, marking and resulting processes for written assessments may be delayed, and oral assessments in Te Rēo Māori may not be able to be approved.

Wintec will take all reasonable steps to ensure all items of assessment presented in Te Rēo Māori, regardless of type (e.g. written/oral, theoretical/practical), are assessed by a tutor who is competent in both Te Rēo Māori and the required discipline/subject area.

WINTEC STUDENT PORTAL - MYLEARNING

Not sure about your timetable?
Want to check your email?
Time to find out your results?
Studying Online?

Login for everything you need online in one place! MyLearning is available at any time of the day or night AND you can access it wherever you are - whether it's on campus, at home or at work.

On Campus

Once you are logged in to the network, open a browser and your Mysite (your *personal* Wintec Student Portal page) will appear..

**FOR ASSISTANCE PLEASE CONTACT THE WINTEC STUDENT HELPDESK:
EMAIL STUDENT.HELPDESK@WINTEC.AC.NZ, OR PHONE (07) 834-8800 EXTN 7000 OR
0800 587 500**

SAFETY AND WELLBEING

At Wintec we work with our staff and student community to ensure we have a safe and healthy campus environment and promote a proactive safety culture. It is important that we comply with occupational health and safety laws, promote wellbeing, provide health and safety training and information, prevent accidents and have emergency procedures. We have specialist health and safety staff who represent employees and students, and who carry out reviews and audits on how we are doing in health and safety management. Further information about Safety and Wellbeing can be found on the Wintec website.

It is important that you follow health and safety procedures and guidelines.

All accidents and hazards that could cause accidents should be reported. In all cases, please advise your tutor. If you would like to contact the Wintec OSH Manager, please call the main Wintec phone number 0800 2 Wintec (0800 294 6832) and ask to be put through.

In the event of an emergency alarm, please follow the instructions of your tutor/s, and the emergency evacuation notices in each building.

If you don't feel safe in your learning environment, make sure you tell someone about it! Tell your tutor or your Centre Office immediately.

CAMPUS DEVELOPMENT AND CONSTRUCTION WORKS

Campus development, modernisation, and construction work will mean that contractors will be working on the City and Rotokauri campus throughout the year. Please take notice of safety barriers and follow advice on signage around construction areas.

DRUG AND ALCOHOL POLICY

Wintec has a Drug and Alcohol policy that covers students, staff, contractors and visitors to the campus. Make sure you read and understand this policy. It can be found on the Wintec website. <https://www.wintec.ac.nz/student-life/policies-and-forms/policies> Students suspected of being under the influence of drugs, alcohol or other substances will be removed from classes immediately for safety reasons and asked to meet with Team Manager prior to returning to class. Police may be asked to be involved.


EMERGENCY INFORMATION & FIRST AID

In case of emergency contact Emergency Services on 111 or Security on 0800 852 900 or Ext.9000

FIRE DRILL AND EMERGENCY PROCEDURES

Students are requested to read the evacuation notices in teaching rooms regarding emergency procedures. In event of emergency Floor Wardens will direct you to a safe place.

OCCUPATIONAL SAFETY AND HEALTH

All students must adhere to the Wintec general OSH policy and course safety information. The OSH policy can be found on  MyLearning.

SAFETY AND HEALTH ADVICE FOR STUDENTS WITH DISABILITIES OR HEALTH CONDITIONS

Students who have a health condition or disability which could be affected by some study activity are encouraged to discuss concerns, in confidence, with the Student Learning Services, your programme coordinator, or tutor.

If you fall pregnant, please inform your Programme Coordinator or tutor as early as possible so that we can help to keep you safe. You may be required to do activities or tasks that can be detrimental to the foetus and we need to ensure your safety and the safety of your unborn child. This will be treated in strictest confidence.

SMOKE FREE

Please support Wintec's smoke free policy by **not** smoking anywhere on Wintec campuses or car parks.

WINTEC FACILITIES – CENTRE FOR HEALTH AND SOCIAL PRACTICE

CLASSROOMS, LABORATORY AND PRACTICE SUITE

Lecture theatres, classrooms and convertible seminar rooms with audio visual and other teaching aids are available as a shared facility within the Institute.

The Centre for Health and Social Practice has:

- (a) A practice suite with:
 - one ward with 10 hospital beds, toilet and sluice room
 - bath and showers
 - 2 treatment rooms
 - a storage room with locked drug cupboard
 - a nurses' station
- (b) A demonstration and seminar room
- (c) A lockable double storage room for supplies and equipment

The practice suite is fully equipped with the resources required for hospital and community nursing practice teaching. It also has facilities for video recording and playback.

SCIENCE LABORATORIES

Science laboratories are shared with the science department. They meet safety regulations and have technician support.

RELEASED UNDER THE
OFFICIAL INFORMATION ACT 1982

STUDY GUIDE

This booklet has been prepared to help you to develop and maintain useful study habits, reading, writing and oral presentation skills to aid your progress throughout your Nursing/Midwifery Programme.

The guide is applicable to all courses in your programme. However, the sections on Assignments, Report Writing and Case Study, should be read in association with any requirements and restraints which may be set by the lecturer in charge of a particular course. For example, an assignment may have to be prepared within a particular format or within a word limitation.

Successful studying is a learned skill. There are no hard and fast rules about studying except perhaps that study habits, like ability in sport, improve with practice. Your own preferences on when to study and for how long will be central to your study programme. It is important that you identify your own preferences and needs early.

Finally, ask questions, of yourself, staff, and texts. Kipling summed it up nicely nearly one hundred years ago

*I keep six honest serving men,
They have taught me all I know,
Their names are: what? And why? And when?
And how? And where? And who?*

GOOD STUDYING!

LEARNING IN A TERTIARY INSTITUTION

Successfully undertaking a programme of learning in a tertiary institution is all about accepting responsibility for your own learning.

1. Motivation for Learning:

What are your motives for entering a programme of Nursing Education or Midwifery?
- skills and knowledge?
- career opportunities?
- self improvement?

List your goals Be honest with yourself.

You may like to discuss/compare your goals with those of a friend or colleague.

Take responsibility for your own learning.

Identify and list your weaknesses.

Consider as you read on how to make the best use of your strengths to enhance your learning.

What resources will you need to master the weakness?

What are your expectations of yourself?

What are your expectations of teachers/lecturers?

Discuss your responses with fellow students.

2. Getting Organised for Learning:

Students who are well organised are generally more successful than those who are not.

- take responsibility for your own learning
- know your strengths and weaknesses
- reduce likelihood of problems by planning.

Lifestyle

Is your lifestyle conducive to the demands of tertiary learning?

Being a nursing/midwifery student should be both stimulating and fun but it makes demands on your physical, emotional and social resources. Pay attention to your personal health needs: nutrition, relaxation, exercise and sleep.

What sort of place do you require to study?

A quiet room where you will be uninterrupted or a corner of the dinner table with the sounds of family, whanau, flatmates all around you?

Do you have a place to leave your study materials where they will not be eaten by the dog, turned into art nouveau by children or used as beer mats?

Timetabling

Timetable your out of class time so that you have REGULAR periods of time set aside for study. Your timetable should be flexible enough to meet special demands of tests and assignments. In making your timetable, be REALISTIC about family and social commitments and needs.

READING SKILLS

Effective reading means much more than recognising symbols. Knowledge is available in books but to learn successfully you need to read **actively** and find ways to interest yourself in what you are reading. If you are involved in what you are doing, if it is meaningful for you, you will enjoy reading.

FINDING INFORMATION IN A BOOK

There are two basic aids to finding information in a book:

TABLE OF CONTENTS - this is best used for finding general topics

To use the table of contents:

- a. decide what you want to read about
- b. read the chapter headings for that topic or words or phrases which may have a similar meaning. e.g. you may wish to find information about Library catalogues while here is listed a chapter on Information Retrieval.

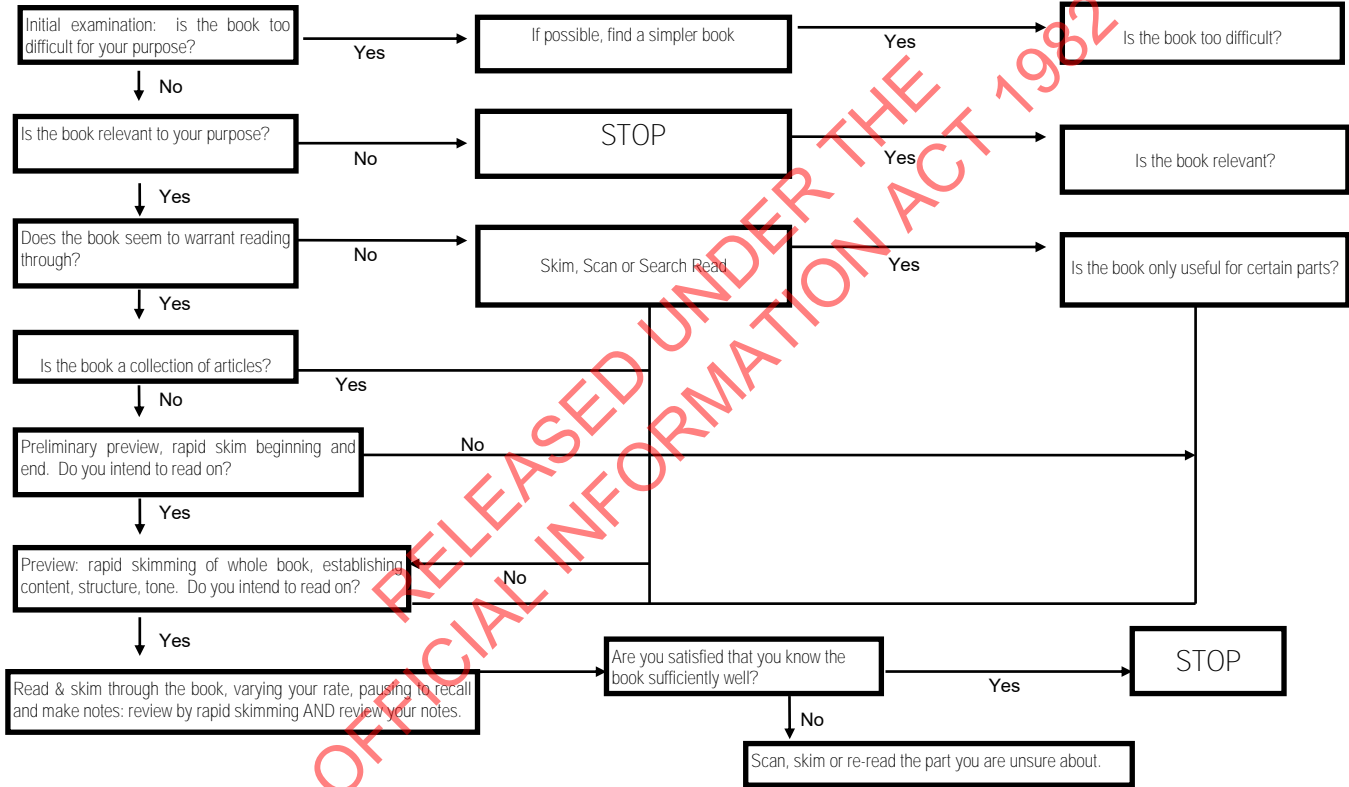


INDEX

This is usually found at the back of the book and gives an alphabetical listing of specific topics and the pages on which discussion of these is to be found. Again the word you have in mind may not be listed and you may have to consider words of similar meaning, e.g. You may wish to read about relaxation whereas the only entry is under rest or recreation.

The use of these aids is more effective than vaguely flipping through a book for something that may relate to your topic. Please, please browse for pleasure but not when you have an information search on hand.

HOW TO CHOOSE A REFERENCE BOOK



NOTE TAKING SKILLS

GUIDELINES FOR EFFECTIVE NOTE TAKING



1. Why take notes?

- to focus thinking
- to record salient information for later use
- to provide outline material as a basis for study
- to save time

2. When should one take notes?

When reading, listening or viewing new material that you wish to retain in summary. Notes can be made from books, from lectures, during discussions or when viewing material such as films.

3. Listening and Note Taking

The basis of effective note taking is listening and understanding. Do not compromise on **listening**. Note taking should NOT occupy most of your time in class - you should be doing more listening than writing.

Notes therefore should be brief and to the point - you cannot listen effectively while writing.

How to listen

- Preview the topic.** Whenever you get a chance preview what you can about the topic. If you have a little knowledge it may help you in understanding and picking up the main points.
- Be alert.** The more alert you are physically and mentally the better you are able to listen.
- Concentrate.**
- Think.** As you listen to what is said you should also be thinking about it. You should be weighing it up, comparing it with your present knowledge and seeing how it fits into the overall topic.

4. How should one take notes?

Think about what is being said. Ask 'Is it important? Do I need to remember it? know it?' It is best to use your own words - the more you use your own words to express ideas, the more you will learn.

5. The way in which you choose to record your notes depends largely on what is meaningful for you. For example what do you remember most effectively?

Lines of prose?

Columns of information?

Diagrams and pictures?

Highlighters to make important information stand out?

Set out below and on the following page are three sets of notes based on differing formats. All use the basic outline set out previously.

A Topic - Bed Sponge

1 Purposes

Client Comfort

- Hygiene - skin, mouth, hair, nails
- Therapy - medical treatments, massage
- Assessment, pressure areas, communication

2 Develop Nurse/Client Relationship

- (i) Trust
- (ii) Intimacy - Getting to know client & client's needs
- (iii) Co-operation

B Attitudes

1 Nurse Attitude

- (i) Willingness
- (ii) Interest } Respect for Client, Caring, Professionalism
- (iii) Consideration

2 Client Attitude

- (i) Willingness to participate - moving → self care
- (ii) Feels safe? - physically, psychologically

PROFESSIONAL ORGANISATIONS

Headings	Summary	Notes
2 NZ Nurses Organisation	Ind & Prof Issues Head Office - Wellington Mthly Journal - Kai Tiaki Membership Facilities	Local Branch Sec _____ Membership Fee \$ _____ Meeting Place _____ Time _____
3 College of Nurses of Aotearoa New Zealand	Prof issues Newsletter Membership Facilities	Local Branch Sec _____ Membership Fee \$ _____ Meeting Place _____ Time _____

E A Chambers 2001



Use highlighter pens to indicate main points and supporting points.

6. What should be included?

- a. **All the main points:** One of the skills you need to learn is to identify the main points. Practise listening for these and noting ONLY the main points. Identify whether what you have as the main points are what other students, the lecturer and texts also regard as main points. At the end of the class ask "Can I meet the objectives for this lesson? Have I the main points?" If you cannot answer yes or you do not know the answer - ask the lecturer at once. Do not wait - it is you who will lose out.

- b. Under main points include **information which expands the topic** use headings e.g.
- | | | |
|---------------------|----|------------|
| i. Assessment | OR | i. How |
| ii. Planning | | ii. When |
| iii. Implementation | | iii. Where |
| iv. Evaluation | | iv. Why |

Structuring your notes may be difficult at first, but you should aim to have notes which look something like the above example. All well planned lessons will have a similar structure.

You may find it useful in the beginning to set out your page before the class begins as a basis for organising your material. Space notes out so that you can add new information from texts or other sources.

- c. Diagrams, graphs or charts - use only if they will help explain a point to you. **DO NOT** spend time drawing diagrams that are to be found in any text.
- d. Include examples, again only if they will help you explain or make what is written, clear to you.
- e. Notes from books - do not waste time copying what you already own. If you wish to keep notes in books - underline in pencil (for resale value) the main points for review and number the points in the margin.

If you do not own the book, **DO NOT DEFACE IT**. Make notes - again of main points in brief. If you are tempted to copy large sections, think 'How much copied material do I have unused?' 'How will I identify the main points?'

- f. Avoid using complete sentences. They take too long to write and it is difficult to keep up if you try to do this. A key word or an idea expressed in a phrase is best. Do not attempt to write every word spoken - it wastes time, gives you no benefit and may even be harmful in that you may miss the next point.
- g. Develop a personal shorthand e.g. A & P, Nsg, IV, Ass. Plng. Int. Eval. (Remember though this is for your eyes only and it is unrecognisable to anyone else.)

7. Reviewing notes

If you do not look at your notes soon after writing them, you will probably find them difficult to understand. This may be due to poor handwriting, a shorthand you've forgotten or you may not have recorded central important points. Early editing, that is, checking for clarity, tabulating and clarifying and noting abbreviations, deleting unimportant points, will help avoid this problem.

8. Recopying notes

Aim to be skilled enough not to have to recopy notes. It is a waste of time. In nursing you do not need to know your notes by heart and you will spend time more profitably developing an interest in and reading around a topic once you have the central ideas about it. Ask questions about everything. The most effective questions to ask about any topic are How? When? Where? Why?

9 Expanding notes

Add to class notes as you read. However be aware that you have main headings. If you find new information that is important - add new headings. The only reasons for rewriting notes should be that you have a whole new view of the subject and wish to reorganise your information. **REMEMBER** this will take time. Ask "Is it worth it?"

Good note taking is a skill that requires practice. Keep practising and develop the style that best suits you.

ASSIGNMENT WRITING SKILLS

This section offers guidelines for ALL written assignments. For assignments which require a report or case study you should also refer to the sections on Report Writing/Case Study.

ASSIGNMENT PRESENTATION

Presentation Standards

- a Assignments should be **word processed - 1½ line spaced, A4 paper only.**
Font should be plain and the equivalent of Arial size 11.
- b Identify assignments by **ID number on top left corner of each page.**
Do not write your name on the assignment.
Leave a **5 - 7cm margin** on one side only for comments and **number all pages.**
- c Length of assignment must be within 10% either side of the stated word limit
- d **Proof read, Proof read, Proof read**
- e Electronic submission in the assignment drop box on Moodle by midnight on the due date.
Any variations to this type of submissions will be identified by the module co-ordinator.

THE PREPARATION OF ASSIGNMENTS

1. Organisation

Keep a calendar for recording when assignments are due. Use your timetable and plan your work so that you are not frantically writing at the last minute, several assignments which are due tomorrow!

Define each term used in the assignment question or topic and use these definitions as tentative headings for your research. If you are unclear about what is required you must ask your lecturer for clarification. A list of terms that are frequently used in assignment and examination topics is given at the end of this section.

2. Prepare Your Material

Use the library to gather your reading material. Gather books, periodicals and articles **relevant** to your topic. Do not overlook class notes and handouts and the popular media such as newspapers and magazines in your search for relevant information.



See that your reading is not too general. Actively assess the value of your material and prune steadily as you read.

Take **relevant** notes as you read.

In your notes distinguish clearly between what you have paraphrased and what you have copied with a view to quotation. Record your sources carefully.

3. Decide on Your Approach

Sort your material into a pattern that will best support your ideas or argument. You will be required to use techniques such as analysing - seeing interrelationships between ideas, distinguishing fact from hypothesis; synthesising - arranging ideas into a pattern or structure; evaluating - making judgments about the value of material.

It is your responsibility, not your reader's, to see that your material makes sense. In order to achieve this, use a basic framework.

a. Introduction

- comment on the subject you are going to write about (What do you understand by it?)
- introduce the points that you plan to discuss, stating your case in general terms and the opinions you are going to support in the rest of the piece.
- very **briefly** summarise your overall theme, indicating the main points to be made and perhaps the order in which they are to be presented. Thus giving the reader some idea of what to expect and increasing the reader's comprehension.
- do not simply restate the assignment topic and assessment criteria.

b. The Main Body

- develop your line of argument through several main ideas
- support each idea with examples and illustrations drawn from relevant literature and/or experience. Make sure you **acknowledge** the source of examples or illustrations.
- as you develop your theme, show how your arguments in one place relate to others that you have used or intend to use
- include pictures, diagrams and tables only if they are **essential** to your argument

c. Conclusion

- summarise the main ideas and draw a conclusion.
- form a tentative answer to the question; comment on the topic indicating wider implications, future trends and scope for further consideration.
- do not introduce new material which is not supported by your arguments and do not simply repeat content.

4. Make Your Writing Readable

When you write:

- use words that convey your intended meaning accurately and unambiguously.

Consider the following descriptions

A well built mature gentleman

A portly middle aged man

A 56 year old man of 85 kgs

Which has the most meaning?

- use simple rather than jargonistic or ornate words. For example, our clients may tell us.....; let us know.....; say.....; or state.....; they rarely verbalise!
- avoid slang and colloquialisms unless quoting
- use complete, straightforward sentences that convey one idea. Do not write assignments in note form
- group your sentences into paragraphs. A paragraph should contain one main idea with supporting ideas or illustrations. Its final sentence should lead naturally to the idea contained in the next paragraph.

- your writing should be free of spelling and grammatical errors. It is a good idea to have someone else read over your work before you hand it in. Use a dictionary and thesaurus for accuracy in spelling and choice of words.

NB. Both Collins and Oxford are good English Dictionaries. Webster's Dictionary is good for discovering word origins but it is American and uses American spelling which differs from English spelling.

- use quotations sparingly - paraphrase where possible and on **no** account copy material without acknowledgment.
- use quotations and paraphrased material only to support your own arguments and findings or to illustrate your ideas.
- avoid the use of etc (etcetera). If you need to say "and similarly....." or "and the like..." then say it.

5. Revise Your Work

Reread your draft after a day or two and be ruthless in your pruning. Redraft and if necessary rewrite. Very few people can rely on writing a major piece without at least one redraft.

As you revise, check to see that your writing does not contain meaningless trite phrases or ambiguous statements or unsupported value statements such as the following:

some descriptions of "The client"

"ATE WELL" - ate what?

"FUNCTIONING WELL" - mentally? physically?

"IN TOP FORM" - picked winning horse perhaps?

"CLIENT IS CHIRPY"



"CLIENT PLEASANT" - good looking? does as she's told?

"CHEEKY" - pinched your bottom? told jokes?

"HELPFUL" - made own bed? diagnosed room mate?

"SLEPT WELL" - did not disturb nurse?

"UNCOOPERATIVE" - refused medication? wouldn't answer your questions?

"COMFORTABLE" - 17 year old male with leg in traction and Bursary exams a week away.

Some Ambiguous statements:

"Only six years old the doctor was pleased with her progress."

"Having wired his mouth shut the dentist told him to relax."

"The client remembered his tablets walking to work."

"The waiter told the bar steward that he had confused the lemon juice with the cleaning fluid and an ambulance had been ordered."

Some Unsupported value statements:

"This workplace is dirty."

"The client is overweight."

"The large state housing area is surprisingly tidy."

Take care with punctuation and noun/verb agreement. A comma in the wrong place may entertain the reader but makes meaning less than clear.

"There were good reasons for delaying treatment for the child, which is attached as appendix 3".

Try not to confuse the following word groups:

Advice (noun) Nurses give advice on child care.

Advise (verb) The nurse advised the woman to have the child immunised.

Stationary - still, not moving

Stationery - writing materials.

Affect (verb) Attack with disease. The child was affected with mumps.

Effect (noun) a term used to denote an emotion associated with a set of ideas or feeling state.

Affecting (adjective) moving or touching (again associated with feelings.)

Effect (noun) result or consequence. A sore throat may be an effect of mumps.

Effect (verb) bring about. Regular study may effect a change in examination results.

Some common spelling errors and misuse of words that you should avoid.

WRONG

Definate Definite

Procede Proceed

Recieve Receive

Personel

Truely Truly

Develope

alot

RIGHT

Personnel

Develop

a lot

Outlined above are just a few of the problems which students have encountered. Arm yourself with a dictionary and a thesaurus. Remember that the best way to develop good writing habits is to read widely.

INTERPRETATION OF TOPIC

Ask yourself "What is the intent of this topic?"

What response is required?

Identify words that state the intent of the assignment. Make sure you know what they mean.

Here are some essay topics. Test your interpretation skills by underlining the key words that tell what type of response is required.



COMMENT: explain, illustrate or criticise meaning or significance of a subject

DESCRIBE: give a detailed account of the subject

DISCUSS: present the different aspects of a problem or question and draw a reasoned conclusion

REVIEW: survey and critically explore a subject

STATE: describe in precise terms, or reproduce a definition exactly

ANALYSE: break subject up into its main ideas and describe the relationships between them.

Adolescence is a twentieth century phenomenon. Comment on this statement.

Two types of family are the nuclear family and the Whanau. Describe the main characteristics of each

Discuss the development of social behaviour in the first five years of life and comment on factors that influence this development.

Review Havighurst's stage theory commenting on its relevance today.

State what measures you would implement to ensure client safety in drug therapy.

Analyse the significance of increasing numbers of women in the workforce since 1970 on child care patterns in New Zealand.

DEFINE: Give the meaning of work or term distinguishing it from closely related subjects, sometimes using examples.

EXPLAIN: Account for a subject's characteristics, causes, results, by stating and interpreting the relevant details

OUTLINE: Summarise the main points. You may use subheadings

SUMMARISE: Give a concise account of a topic, omitting details and illustrations

COMPARE: Examine objects with a view to demonstrating their similarities.

CONTRAST: Examine objects with a view to demonstrating their differences.

CRITIQUE/CRITICISE: Examine the merit and deficits of object in question, discuss its limitations and good points, its strengths and weaknesses

EVALUATE: Estimate the value of something, to some extent on explained personal opinion.

Define Kohlberg's third stage of moral development

You are a 16 year old arriving home after a party having bent the car. Explain your behaviour to your parent.

Outline the measures you would implement to minimise pre-operative stress in a client about to undergo major surgery

Briefly summarise Erikson's psychosocial theory of human development

Compare and contrast any two qualitative Research methods.

Critique the ethical aspects of a study.

Evaluate your own performance in the design and delivery of an ante natal education session.

REFERENCING SKILLS



All sources of facts, opinions other than your own, ideas expounded by others and exact quotes must be acknowledged. To do this use the suggested format below.

Indication in your text

The author's surname, date of publication and the page numbers should be cited in your text. For example:

"Research is an important tool in the rapidly changing practice of nursing" (Langford, 2001, P73).

Full details of your references must be included at the back of your work in a reference list.
Eg: Langford, R.W. (2001). *Negotiating the maze of nursing research*. St Louis: Mosby.

Reference List.

A **reference list** should include **only** material referred to in your text.

A **bibliography** is used to indicate further reading on the subject that you wish to draw to the reader's attention.

It is not essential in every piece of written work to have a **bibliography**.
When used however, it follows the same format as a **reference list**.

NB: The American Psychological Association (APA) referencing style should be used in your assignments. You are urged to familiarise yourself with the APA publication manual available in the library page of the website. <https://www.wintec.ac.nz/student-life/academic-services/library/copyright/>.



PLAGIARISM

Plagiarism is the dishonest use of someone else's words, facts or ideas without proper acknowledgment. In much of the work you hand in, you will need to use ideas and information from others. Such material may be either quoted verbatim, or read for understanding and paraphrased (ie referred to). You should note that direct quotation should be used only when absolutely necessary. Your own interpretation analysis and synthesis is most important. In either case acknowledgment is essential. This means in-text citation and inclusion in the reference list.

This may be monitored electronically through a programme such as "Turnitin" or similar.

All material from other sources that you refer to in your assignments MUST appear in your Reference List.

APPENDICES

NB: Singular - Appendix

Appendices may be attached at the end of an assignment/report/case study.

They are used to contain relevant supplementary material to which you have referred in your text.

Appendices should include only supporting data necessary to support your argument or to corroborate your findings.

Supporting material which may be appended includes: letters, samples of forms eg consent forms, sets of statistics, sections of Acts of Parliament, detailed client assessments, questionnaires, maps and the like. Highlight the section of the appendix to which you wish to draw your reader's attention.

Each appendix should be clearly set out and given a number and label or title, eg Appendix I Privacy Act: Section 1.

Each appendix should be listed by number and title on your contents page.

Appendices should be numbered and arranged in the order in which they are referred to in your assignment.

Appendices must be clearly related to the purpose or topic of the assignment and must be referred to within it.

REPORT WRITING SKILLS

A written report is essentially a factual document that contains a record of what has been learned by observation or investigation. The report may include conclusions about the information it contains and sometimes recommendations.

A report is usually written in order to provide accurate information or informed insights which will assist in decision making process or in providing solutions to problems.

It is very important that the format of a report is clear and simple as it should give the reader immediate guidelines and allow the reader to find the information required quickly.

During the course of your programme, you will have the opportunity to write a number of reports. Some examples are:

- Reports on Nursing Practice
- Report on Community Study
- Report on Family Study
- Report on Marketable Product

Report writing is an essential Nursing/Midwifery skill. The welfare of clients is to a large extent dependent upon the accuracy and readability of the information that nurses pass on to other care givers in their written reports.

The following rules should be applied to all written reports.

1. The correct use of headings is essential.
2. Facts should be accurately and plainly presented.
3. Use simple and concise language that conveys your meaning clearly
4. Do not be verbose. Say only what you need to say.
5. Use full sentences. Do not write in note form
6. All points can be enumerated.

Individual lecturers may supply you with a particular format for the reports that they require. In general, however, one would expect the following points to be covered, whatever the subject of the report.

1. Why was the report written? (Sometimes referred to as The Terms of Reference.)
2. What procedures or means of investigation did you use to compile the report?
3. What are your findings? A summary of your major findings.
4. Your recommendations, based on your findings.

Your report should have:

a title page
a table of contents
a synopsis (summary of procedures and main findings)
a text
appendix or appendices. They include material such as maps, tables or other data which are not essential to the reader's understanding of your report but may be of interest to the reader or required as a part of your assignment. If you are given a word limit, find out whether or not this includes appendices.

Your report may also have Some or All of the following:

acknowledgments
a statement of limitations
an introduction
a list of tables or diagrams
a reference list
A complete bibliography is rarely necessary in report writing. It may be appropriate for a report on a sizeable piece of research.

Planning a Report involves Five Main Steps:

- 1 Determine your AIM or PURPOSE. Whenever you are starting on a long piece of writing, it is a good idea to sum up your purpose in a single sentence. An AIM statement helps to make sure that you gather only **relevant** information.
- 2 Consider the NEEDS OF YOUR READERS. Why have you been asked to write the report? Consider your reader's interest. Consider also the course learning outcomes to which your report relates.
- 3 Collect your INFORMATION. Ask yourself, What information do I need? Where can I find it? How can I get it?
 - a) Primary Sources: These include:
personal observation; interviews with people involved; surveys and questionnaires that you conduct; experiments.
 - b) Secondary Sources: These include:
Newspapers; journals; books; radio and television reports.
Secondary sources are useful for background reading, establishing a framework and for validating information from Primary sources.

- 4 **EVALUATE** your information and your results.
Before you start writing your outline, you need to critically evaluate your information and your findings.

Ask yourself the following questions:

- Is the information that I have collected accurate in all details?
- Is the information that I have collected relevant to my purpose?
- Are my findings soundly based on my information?
- Are my findings logical?
- Have I clearly distinguished between fact and opinion?
- Do my findings seem reasonable in the light of my readings from the literature?
- If you answer "NO" to any of the above questions, you probably need to undertake further research, check your objectives or seek advice from your lecturer.

- 5 **Prepare an OUTLINE** for your report.
Now that you have gathered your information and evaluated your information and findings you are ready to outline your report.
- What format will you use?
 - List your headings.
 - How will you organise the body of your report?
 - What will be included in the report and what will be appended?
 - Check your assignment objectives. Does the content of your report contain evidence that you have met the objectives?

Now you are ready to write your report. If you have followed the steps outlined and kept your **OBJECTIVES** and your **AIM** in mind it will be a worthwhile report.

JOURNALING AND REFLECTION IN CLINICAL PRACTICE

JOURNALING

Journaling is a reconstruction of an experience. It is a detailed description of an event with a reflective component, and contains both objective and subjective information about the experience. It is a risk free format for formulating thoughts and opinions, and for application and integration of knowledge. The content is personal to the author.

A journal provides data for reflection: 'ie an opportunity to explore the event, associated personal thoughts and feelings, and develop self awareness. It should be used for analysis similar to 'the process recordings'. Processing may be viewed as a dialogue between the journal and the author and becomes the essence of learning. Journaling should be seen as a process and not a product.

WHAT CAN BE INCLUDED

Important elements of the event

- what preceded
- what occurred (the event)
- what followed

The context

- Setting
- client surroundings
 - staff
 - time (morning/evening) and care
 - interruptions
 - interactions
 - circumstances leading to the event
 - flow of events

Writer (nurse) 's role in the situation

- what did I do?
- what did I feel about the situation?
- what did I feel about what I did and why?
- what were my thoughts?

Client's perception of the event from writer's point of view

- client responses as observed and interpreted

ETHICS OF JOURNALING

A journal is a personal record maintained by the author. The author owns the information and may choose to use it in a discussion to illustrate or highlight some aspects of reflective practice. The author may choose only to discuss some parts of the content.

The content of a journal is confidential and should not be viewed as a document that is to be read by others.

REFLECTION

Reliving the experience in mind

- deepens awareness
- broadens the perspective
- increases understanding

A later look provides a perspective outside the situational context and allows better examination of the context and the factors that influenced.

It allows movement from a descriptive to exploratory, introspective and inquiry mode.

In a learning situation collegial discussion (sharing ideas and thoughts) within a safe environment brings a different perspective.

(The group should be aware of the confidential nature of the discussion)

The students can draw parallels with prior experiences (of self/family/significant others) to reflect on the experience. This process generates new knowledge (discovery learning).

The discussion should be student driven.

The teacher can support the discussion to integrate a wide range of concepts and skills.

Reflection promotes self directed learning.

Learning from reflection is an ongoing process over the total programme i.e. knowledge generated from practice needs to be applied in future placements. This ensures an ongoing reflective process.

Reflective learning should take place within the week while the experience is fresh in the student's memory (preferably the day after the experience).

BIBLIOGRAPHY

Atkins, S & Murphy, K. (1993). Reflection: a review of the literature. *Journal of advanced nursing*, 18, 1188-1192.

Benner, P. (1985). Quality of life: a phenomenological perspective on explanation, prediction and understanding in nursing science. *Advances in nursing science*, 8 (1), 1-14

Johns, C. (1995). The value of reflective practice for nursing. *Journal of clinical nursing*, 4, 23-30

REFLECTIVE PRACTICE

1 Choose a situation on your placement

Ask yourself:

- What was my role in this situation?
- Did I feel comfortable or uncomfortable? Why?
- What actions did I take?
- How did I and others act?
- Was it appropriate?
- How could I have improved the situation for myself, the patient, my mentor?
- What can I change in future?
- Do I feel as if I have learnt anything new about myself?
- Did I expect anything different to happen? What and Why?
- Has it changed my way of thinking in any way?
- What knowledge from theory and research can I apply to this situation?
- What broader issues, for example ethical, political or social, arise from this situation?
- What do I think about these broader issues?

Stephenson (1993)

2 Reflective Practice in Nursing

Core question - What information do I need access to in order to learn through this experience?

Cue questions

- | | |
|-------------------------------|---|
| 1.0 Description of experience | |
| Phenomenon | - Describe the 'here and now' |
| Causal | - What essential factors contributed to this experience? |
| Context | - What are the significant background actors to this experience? |
| Clarifying | - What are the key processes (for reflection) in this experience? |

2.0 Reflection

What was I trying to achieve?

Why did I intervene as I did?

What were the consequences of my actions for:

- Myself?
- The patient/family?
- For the people I work with?

How did I feel about this experience when it was happening?

How did the patient feel about it?

How do I know how the patient felt about it?

3.0 Influencing factors

What internal factors influenced my decision making?

What external factors influenced my decision making?

What sources of knowledge did/should have influenced my decision making?

4.0 Could I have dealt better with the situation?

What other choices did I have?

What would be the consequences of these choices?

5.0 Learning

How do I now feel about this experience?

How have I made sense of this experience in light of past experiences and future practice?

How has this experience changed my ways of knowing:

- empirics?
- aesthetics?
- ethics?
- personal?

Model of structured reflection Johns (1992) and Carper (1978).

From: Palmer, A. Burns, S. & Bulman, C. (Eds), (1994). *Reflective practice in nursing. The growth of the professional practitioner*. Oxford. Blackwell Scientific Publications.

USE GENDER NEUTRAL LANGUAGE

Gender neutral language is language which does not make assumptions about whether the person referred to is male or female.

The following suggestions may assist students to write in a gender-neutral way without resorting to awkward or repetitive expression.

- 1 English has no singular pronoun to cover both sexes, but does have a plural one. Use it when you do not know whether the person or people referred to are male or female.

For example, a statement like

"When a nurse meets his/her client for the first time, he/she should greet him/her by name."

Could become

When nurses meet their clients for the first time, they should greet them by name."

- 2 Avoid using words or phrases, which indicate gender when gender is not relevant.

"I attended a seminar on ethics and the law given by the famous lady judge"

- 3 Avoid constructions which use a diminutive to imply the female.

Hostess – host

Manageress - manager

- 4 Be careful with words that contain the syllable "man"

Many words like management, to man a boat, manumission are acceptable words which derive from the Latin "manus" which means "hand"

- 5 As students of nursing it is as well to remember that, despite the gender specificity in some of the literature, nurses are not inherently female nor medical practitioners, inherently male.

6. Finally when writing about a particular individual or group of individuals of the same gender,

Eileen Chambers.

THE CLINICAL CASE STUDY

These notes should be used in conjunction with case study assignment guidelines which will be supplied at the appropriate time. They do NOT replace assignment guidelines or objectives.

During the course of their practice, nurses collect a great deal of data related to client care. Some examples of data include: initial assessment, routine recordings, observations, and insights into client perceptions of their health status often based on client statements and non-verbal behaviour. These latter, while they may influence the practice of the nurse, often go undocumented.

Conducting a clinical case study provides an opportunity for the nurse to study in detail a subject for investigation.

Subjects for case studies may be, for example, individual clients, a client family or group, a caregiver or caregiver group.

A case study is essentially a narrative. In describing your subject you should give enough information for the reader to gain a mental impression of your subject's appearance, physical environment and characteristics. You should, however, disguise any information that could disclose the identity of your subject unless you have your subject's specific, written permission to do otherwise. (Be sure to read the section, "Ethical Considerations" which follows.)

At all stages of your case preparation and presentation, you should bear in mind the following factors.

A case study is carried out under natural conditions which may not be manipulated for the purposes of assignment writing.

Most of the data collected are gained from face to face interactions with the subject(s) and from the nurse's observations. The circumstances under which such data are obtained frequently involve relatively long term and close association between nurse and subject(s). The possibility that investigator bias may influence data analysis, findings and conclusions is heightened

ETHICAL CONSIDERATIONS

NB The following applies to all situations where the experience of specific clients/groups is presented.

- 1 In general the degree of success which you enjoy in doing your case study will depend not only on your dedication and scholarship but, to a large extent, on your interpersonal skills. As a nursing or midwifery student you will be involved in the experience that you study. Your personal and professional skills will be important both to the establishment of trust between you and your subject(s) and to gaining access to relevant data collected by, or on behalf of, other caregivers and agencies. Your commitment to maintaining a pool of data in an organised manner is essential.
- 2 Clinical case studies inevitably involve people who are the subjects of nursing/midwifery intervention. Many of these people are already under stress as a result of a life event, disease process and illness or because a family member is ill. It is nevertheless essential that such people be fully informed and their consent to participate obtained before you commence your study. It is important to remember that while recipients of health care may acquire certain obligations, they retain all the rights and freedoms accorded by society to individuals and groups.
- 3 Where a subject of a case study is a recipient of health care from a hospital, community or other agency, it will be necessary to obtain the consent of the agency before beginning the case study.
- 4 The patient has "THE RIGHT" to clear, complete and accurate information about the nature and purpose of any proposed examination, test, treatment or procedure and whether this is for research, education or treatment purposes before being asked to consent." (from "Patients' code of rights and responsibilities" The New Zealand Nurses' Organisation.
- 5 Midwifery and Nursing have a proud tradition of client advocacy and ethical practice and generally enjoy the trust of clients. Please make sure that your clients are aware of your student status, and that you seek their consent to their participation in your learning activities.

PLANNING YOUR CASE STUDY

Before commencing your study, you should consider the following:

- willingness and suitability of client to participate in study
- availability of records
- the types and sources of literature which you will need to explore
- how you intend to meet ethical requirements
- how you propose to collect your data
- analysis and presentation of findings.

You should keep in mind the objectives of the case study at all stages.

After determining the subject of your case study and familiarising yourself with the assignment objectives, it is a good idea to review the **relevant** literature.

If your aim is to gain insight into a disease process or life event and/or client experience of it, use the literature to outline relevant pathophysiology, psychosocial, epidemiological and demographic data.

Outline the findings of other writers who have done studies similar or relevant to yours. Such findings may provide useful comparisons with your own.

Published studies related to your proposed study may provide models and ideas for data collection and analysis.

It is important to choose sources that are up to date. Journals containing recent research findings are generally more useful than standard text books.

While you must of course refer specifically to the literature, **direct quotation** should be used **sparingly** and scrupulously **accurately**. **Correct referencing is essential**.

A literature review may be of any length and the number of sources referred to is dictated by the nature of the subject to be studied.

GATHERING INFORMATION FOR YOUR CASE STUDY

Existing Records

These may include: nursing/midwifery and medical records, clients' assessments. In choosing data from existing records you may need to be selective. Existing records have usually been compiled for purposes other than yours and will contain some material which is not relevant to you.

Direct Observation

- observational records are a useful means of gathering data especially when the focus of study is human behaviour or attributes. Polit and Hungler (1995) suggest a number of areas which lend themselves to observation. The list is by no means exhaustive.

- a. Characteristics and Conditions of Individuals. These may include relatively permanent traits such as physical appearance and more temporary states caused by physiological processes. Observation may be directly through the senses or assisted by apparatus such as a sphygmomanometer
- b. Verbal Communication Behaviours. The kinds of communication that you may observe and analyse include nurses' information given to clients and conversations with relatives.
- c. Nonverbal Communication Behaviours. These may include touch, gestures and facial expression. You may also include paralinguistic behaviours such as voice tone, pace and volume.
- d. Activities. Some activities may give insight into a client's physical or emotional health status. For example, bowel function in post surgical clients, eating habits, sleeping habits.
- e. Skill Attainment and Performance. Clients are often required to develop a new skill such as testing their urine or caring for a colostomy or breast feeding. Observation of client performance is important to evaluation of nursing/midwifery input and may give insight into clients' feelings about their care.
- f. Environmental Characteristics. These may have a marked effect on the client or client group. Relevant environmental attributes to be observed could include such things as: architectural barriers in clients' homes, the layout of a hospital ward, colour or noise levels.

In case study construction, the observer is usually a participant in the phenomenon observed. It is important to record the effect of your own behaviour on the subject.

REPORTING YOUR FINDINGS/CONCLUSIONS

You must not introduce any new material or ideas at this stage.

Make sure you clearly distinguish opinion from fact.

Be careful to distinguish your perceptions from those of your subject(s).

E. Chambers 2001

REFERENCE:

Polit, D.F., Beck, C.T., Hungler, P. (2001). *Essentials of nursing research*. (5th ed). Philadelphia: J B Lippincott Company

TESTS AND EXAMINATIONS

Tests and examinations are simply further means by which your progress in the Nursing/Midwifery Programme is assessed. They are neither more nor less important than your other assignments. Tests help to prepare you for State examinations at the end of your programme.

Some General Comments About Preparing For and Sitting Examinations.

Near the beginning of each semester you will be given an examination timetable. During the course of classwork, lecturers will tell you which subjects will be covered in any particular examination paper.

You will have copies of the learning outcomes for each part of the course. The purpose of examinations is to assess the extent to which you are meeting those outcomes.

If you have organised your study time effectively you will take examinations in your stride.

"Cramming" is not good for three reasons:

1. You are unlikely to retain much of what you need.
2. You may not have time to cover all relevant material.
3. You will be fatigued when you sit the test.



SITTING THE TEST

- 1 Read carefully any instructions that accompany the test.
- 2 Look over the whole test to determine what has to be done.
- 3 Apportion the time you can devote to each question.
- 4 Allocate some time for review.
- 5 Determine the order in which you will answer questions.
- 6 Read questions carefully. Underline key words.
- 7 Answer easier questions first. Thinking inspired by these may give you clues to harder questions.
- 8 While working on one question, jot on scrap paper any idea for another question that pops into your head.
- 9 After you have finished, check your paper for completeness - did you answer all questions required? Check for accuracy of answers and that your answers convey your intended meaning.



Above all approach tests with the confidence that comes from regular study and early review.

PLANNING YOUR PRESENTATION



"COMMUNICATION IS THE ACT OF THE RECIPIENT" Drucker (1981)

From time to time your assignments will take the form of a Presentation to your class or to a small group. For many of us, the ability to communicate effectively does not come easily. You will be given detailed guidance at the time you receive your assignments but there are a few general rules which apply to all oral presentations and ease the process of communication with groups.

Oral presentations provide opportunities for you to develop your creativity and your confidence.

As well as content you need a good plan.

Some suggestions follow which will help you to develop a plan.

a. Define Your Objectives:

What information do you want your audience to have as a result of your presentation?

What action do you want your audience to take as a result of your presentation?

b. List Your Objectives:

e.g. the members of the audience will be able to describe the relationship between the level of Rubella in the community and the incidence of Rubella in pregnancy.

The members of the audience will demonstrate that they value Rubella Immunisation by having their children immunised.

c. Assess Your Audience:

In order to meet your objectives, your presentation must be appropriate to your audience's knowledge, educational level, attitudes and needs. Before making your presentation, think about your audience in terms of:

composition - who are the members?

- are they members of a group that shares a common interest?

knowledge - what does the audience know about or expect from you or the organisation that you represent?

- what do you expect to be the general educational level of your audience?

- does your audience have general or specialised knowledge about your topic?

attitudes - what do you know about your audience's attitudes toward your topic, you, health in general.

needs - what do you know about your audience's needs as perceived by you, by the audience, by others.

d. Plan Your Presentation

Plan your introduction

- I will introduce myself by saying.....

Preview your presentation

- the problem to be addressed is

- the main points to be made are

- areas to be covered include

- x amount of time will be spent on each area

- the total presentation will take y amount of time.

e. Develop Your Presentation

- what is your basic message or theme?
- list the major ideas that must be communicated to your audience
- list supporting ideas and examples

f. Conclude Your Presentation

- reinforce by briefly restating the main points
 - conclude on a forceful note leaving your audience motivated to take some action e.g. to have children immunised; to change a behaviour or to question an attitude.

g. Powerpoint Presentation

Need to be clear and well structured. The font size must be large enough for the audience to see.

Remember audiovisual aids should be an integral part of presentation. Be sure to allow time for your audience to take in the material presented. If you expect your audience to make notes, you must give time for this before continuing with the next part of your presentation.

h. Questions From the Audience

You must decide whether you will take questions from the audience during your presentation or after it. Both strategies have their advantages and disadvantages. Dealing with questions during the presentation has immediacy and direct relevance but you run the risk of losing control and failing to adequately cover later material. When you answer questions after the presentation you can control the flow and sequence of questions but some questions may seem a little remote. In general, unless you are experienced and confident, state clearly at the outset that you will take questions at the end of your presentation. Allow time for this. You may invite your audience to jot down any questions that occur to them while you are presenting. After inviting questions, give your audience time to think.

Remember that some members of your audience, like some of you, may feel diffident about speaking in a group situation. If it becomes apparent that there are no questions, thank your audience, gather up your notes and leave the speaking area.

i. Answering Questions

Avoid behaving defensively

Interpret the question accurately

Paraphrase complicated questions back to the questioner to make sure that you have interpreted it correctly

Limit your answer to that which is relevant to your topic

If you have an especially difficult or sensitive question, gain time to think by:

- repeating the question eg "You would like to know how to convince your Mother-in-law who is very much opposed to having her grandchildren immunised?"
- turning the question back to the questioner. eg "How have you approached the problem so far?"
- turning the question over to the group. eg "How would the group deal with this problem?"
- writing the question down - write down points on an overhead transparency as you think of them
- reflecting eg "That's a good question. Let's think about it for a moment."

IF YOU REALLY DO NOT HAVE ANY IDEAS FOR AN ANSWER, THEN SAY SO.

You may volunteer to find the answer later if this is practical.

j. Do not

Panic

Gabble or swallow your words

Pace up and down

Play with your information cards

Read your lines

Repeat verbatim everything you have written on OHT, board or chart

Speak to your audience while you are turned toward chalk board

Do

Relax for five minutes before your presentation

Look at your audience. Smile even!

Make sure that your gaze includes those people at the edges of the audience as well as those directly in front of you

Speak clearly and at a moderate pace

Listen to yourself. This CAN be done and will supply you with valuable feedback

- either much needed encouragement or it will alert you to the need to make changes

Place your information cards on a lectern or table. Only hold them in your hand if you can avoid fiddling with them.

Number your information cards and make sure they contain key ideas only.

Use large clear print on information cards, OHTs, boards and charts.

k Evaluate Your Presentation

Now that your presentation is behind you and you have breathed a sigh of relief, celebrated or torn up your student discount card, now is the time to evaluate your presentation. Be constructive. What can you learn from this experience that might be useful on future occasions? You should evaluate your presentation both in terms of your objectives and in terms of your own development as an oral communicator.

To what extent have your objectives been met?

How do you know?

What feedback do you have from audience, peers, lecturer, yourself?

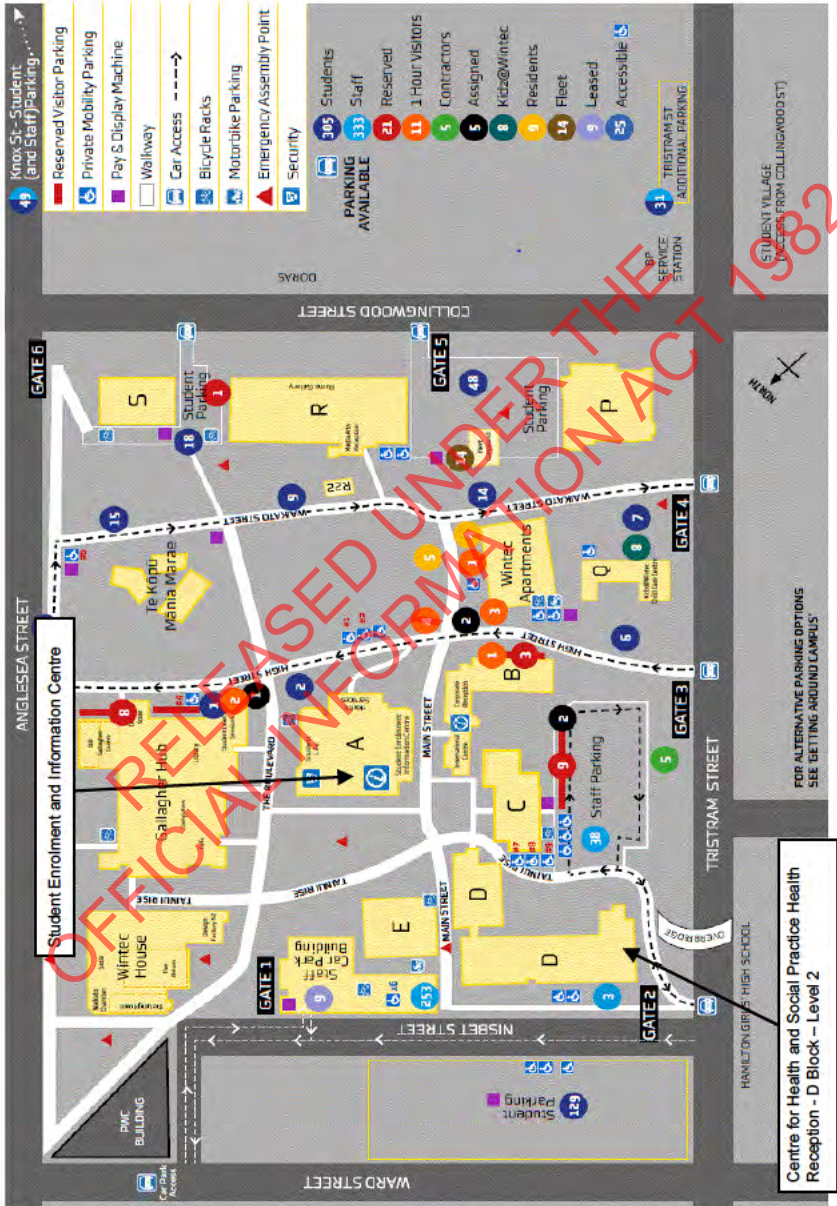
What does this feedback tell you?

USE THE FOLLOWING CHECKLIST BOTH BEFORE AND AFTER YOUR PRESENTATION

- Have you defined your information objective(s)?
- Have you defined your action objective(s)?
- Have you assessed your audience in terms of composition, knowledge, attitudes, needs?
- Do your audiovisual aids really aid your presentation?
- Is your basic theme spelled out in a limited number of points, clearly made?
- Do you have an effective conclusion?
- Have you transferred your information to easily read cards?
- Is your presentation well practised?
- Have you checked the final arrangements?

Now is the time to relax.

HAMILTON CITY CAMPUS MAP





Access to Information Declaration:

Obligations for Employees, External Personnel, Volunteers, Students, Temps, Contractors and Locums

Waikato District Health Board (Waikato DHB) recognises the valuable, sensitive and confidential nature of the information on its computer system and hospital files. This information is protected by the law, ethical standards and Waikato DHB policies.

Such information may include:

- Information relating to individual health and/or disability and his or her treatment,
- Personnel information (such as salaries, employment records, disciplinary actions, etc),
- Information relating to governance management and administration (such as financial and statistical records, strategic plans, internal reports, memos, contracts, peer review information, communications and passwords).
- Third party information (such as computer programmes, client and vendor propriety information, source code, propriety technology, etc).

The purpose of this document is to help you understand your obligations and responsibilities in using and managing such information.

Access and Use of Information

As part of your employment, voluntary or learning activities you are entitled to access relevant information on a "need to know" basis. Further, you may only access and use this information consistent with the purposes for which it was obtained and consistent with your role as an employee, volunteer, student, temp, contractor or locum within Waikato DHB.

You are responsible for safely managing the information consistently with the law, ethical standards and Waikato DHB policy.

Misuse of Access Right and Information

If you access or use information for purposes:

- Not associated with your role; or
- Inconsistent with the purposes for which the information was collected (without obtaining specific consent).

You may be:

- Denied access to Waikato DHB information; and/or
- Subject to disciplinary action, including termination of employment.

This is in addition to any action which may be brought under the law or by your professional body.

Misuse of information

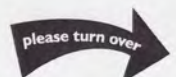
You must advise the Waikato DHB person to whom you usually report or, if appropriate, a more senior Waikato DHB manager or supervisor, of any activities by any individual or entity that you suspect may have accessed or used information outside the scope of these obligations.

Continuation of access rights

Your access privileges to Waikato DHB information are subject to periodic review, revision and if appropriate renewal.

Your access to the Waikato DHB information systems will be audited daily. Any access or information you place or record in the Waikato DHB operated system may be subject to review.

Waikato DHB may at any time, including without notice, revoke your access code(s), other authorisation(s), or access to information.



Your Confirmations

You confirm that:

- Your signature below and/or your access and use of the information indicates your agreement to and acceptance of your responsibilities regarding the safe management of Waikato DHB information.
- You have no rights or ownership interest in any information referred to in this document.
- Your obligations will continue after termination of your role as an employee/volunteer/student/temp/contractor/locum.
- The information accessed through all Waikato DHB information systems contains valuable, sensitive and confidential patient care, business, financial and hospital employee information, and that you will not disclose that information other than to those authorised to receive it.

You undertake:

- To only access information which you have a need to know in your role with Waikato DHB.
- Not to in any way divulge, copy, release, sell, loan, review, alter or destroy any information except as properly authorised within the scope of your activities as an employee/volunteer/student/temp/contractor/locum with Waikato DHB.
- Not to misuse information or carelessly manage information.
- Not to knowingly include or cause to be included in any record or report, a false, inaccurate, or misleading entry.
- Not to divulge any information without proper authority to do so, and in particular any information which identifies a patient or person in the care of Waikato DHB.
- Not to seek personal benefit or permit others to benefit personally through the use of any information or equipment available through your work as an employee/volunteer/student/temp/contractor/locum at Waikato DHB.
- To only use information and Waikato DHB equipment strictly for Waikato DHB work purposes.
- To only use information for the purpose it was collected unless you have explicit consent.
- Not to make unauthorised copies of software or allow unauthorised persons to access software.
- To comply with all software and other licence and access terms imposed on Waikato DHB, and not to cause Waikato DHB to breach those terms.
- To follow the procedures established to manage the use of any information system.
- To comply with the requirements of the Copyright Act (available through the Waikato DHB library).
- To safeguard accidental or inadvertent disclosure any access code(s) or other information necessary for authorised access to information.
- Not to deliberately disclose such codes or information except as authorised by Waikato DHB.
- Not to attempt to overcome, bypass or make inoperable any security measure that Waikato DHB implements to safeguard information or computing resources.

By signing this, I agree that I have read, understand and will comply with these obligations.

Signature _____

Printed Full Name _____

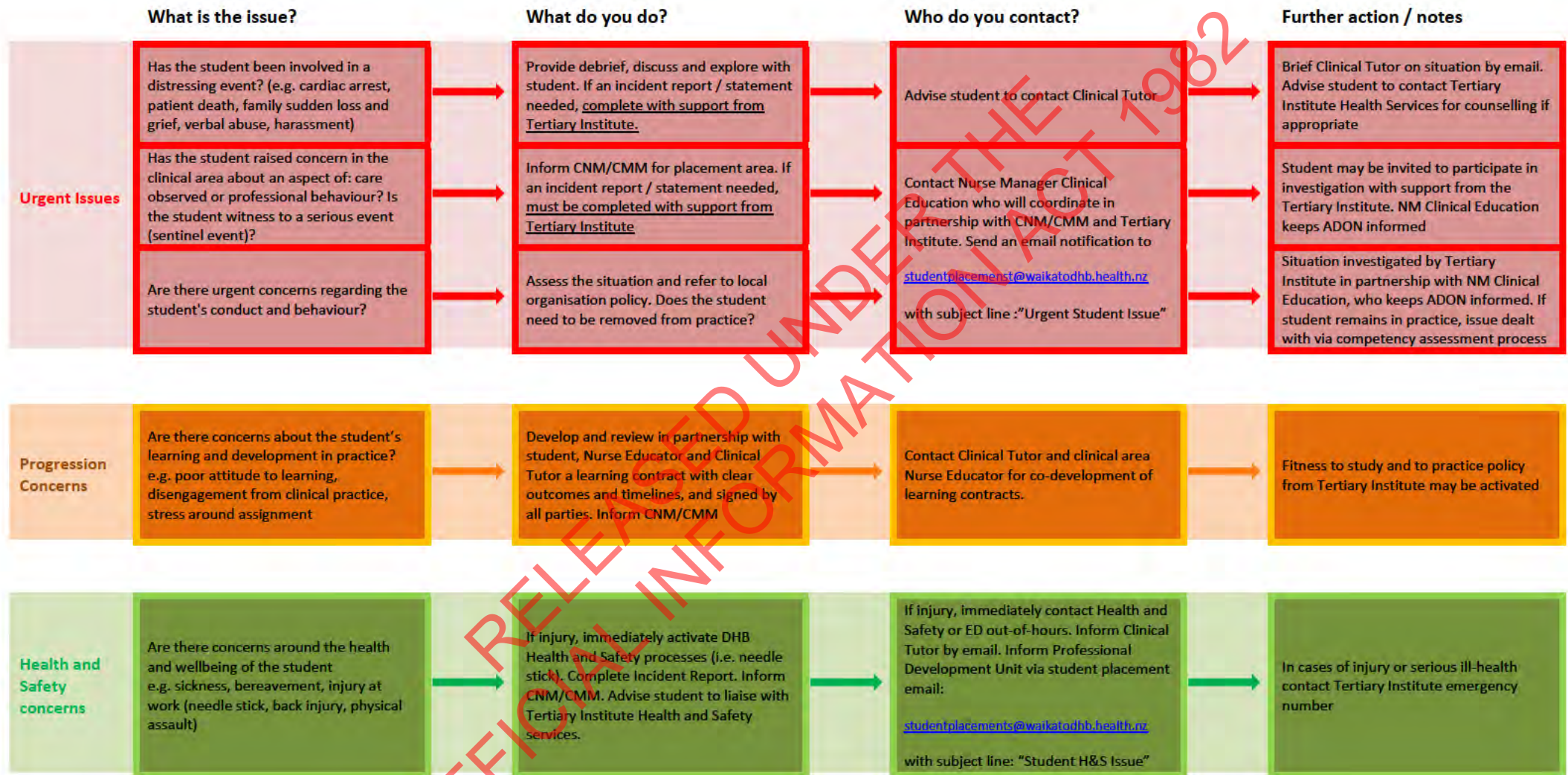
Date _____

Witness Signature _____

Printed Full Name of Witness _____

Contact Number _____

Managing Student Issues in Clinical Placement



Nurse Manager Clinical Education: § 9(2)(a) | Email: studentplacements@waikatodhb.health.nz /

Wintec emergency contact - business hours (0800-1630): 078348800 Ext. 8357 – Out-of-hours: 0800 5 NURSE (0800 568773)

Nursing and Midwifery Professional Development Unit - Leading Education for Quality Care

PEOPLE & CULTURE

Subsidiary Policy & Procedure:



Accident & Incident Reporting

Document Control			
Policy Manager:	Safety & Wellbeing Manager	Date First Approved:	June 2019
Policy Owner:	Executive Director, People & Culture	Authorised by:	People & Culture Council Committee
Category:	Operational	Date Last Revised:	N/A
Sub category:	Workforce	Next Review Date:	Transitioning to Te Pūkenga
Relates to NZQA Tertiary Evaluation Indicator(s):		4. Governance & Management 5. Compliance	

Te Pūkenga is currently creating their national policy framework. As per the [grandparenting policy](#) any gaps in policy while the framework is being formalised will be addressed by the existing policy at this business division (Te Pūkenga ki Waikato). Unless a policy or procedure is identified as a risk to ākonga, kaimahi and Te Pūkenga, all existing Te Pūkenga ki Waikato policy will remain current until they are replaced or reformed under Te Pūkenga's policy framework. Where risk is identified the policy and or procedure will be reviewed by the appropriate business division policy manager.

1. Purpose & Scope

This policy is about how we report and manage accidents and incidents at Wintec. It sets out our procedures for reporting, recording, investigation and monitoring of all accidents and incidents that may or may not result in:

- a work-related injury or illness suffered by any member of staff
- a personal injury to any student, contractor or visitor while on or using Wintec property.
- damage to Wintec owned property or plant
- a notifiable event.

The policy applies to all Wintec staff, students, contractors and visitors.

2. Policy Statement

We are a complex and varied business which produces a range of potential risks to staff, students, contractors and visitors. We have a responsibility to ensure all accidents, incidents, near misses and observations are identified and formally recorded. We do this by using an electronic safety management system ([Vault](#)).

- We are all required to record and report incident, accident, near misses and opportunities for improvement in a timely and accurate manner. We do this to: achieve or surpass the requirements of the [Health and Safety at Work Act 2015](#) legislation.
- provide an opportunity for Wintec to undertake an investigation and find root cause using the agreed investigation process.
- provide us with a timely opportunity to assist the person and manage the incident effectively to mitigate any additional harm to the person and the organisation
- ensure that all events are recorded in [Vault](#) and are suitably assessed for actual and potential severity and likelihood of frequency.
- identify mitigation controls in reported events which could reduce the likelihood of people, environment, assets or reputation being adversely affected and to prevent the potential of a similar event from reoccurring.

Accident & Incident Reporting

- ensure continuous improvement, so that we can learn from events, and share these learnings across Wintec in a timely and helpful manner.
- enable us to act in a morally responsible and highly effective manner which supports the person, affected staff and the organisation.

Wintec is committed to ensuring that no persons are affected adversely, because of sub-standard event notification management.

RELEASED UNDER THE
OFFICIAL INFORMATION ACT 1982

Accident & Incident Reporting

3. Key Roles & Expectations

This subsidiary policy and related procedure are managed by the Safety and Wellbeing Manager and owned by the Executive Director, People and Culture. Whilst staff from the Safety and Wellbeing team are primarily responsible for its successful implementation, there is a requirement on all Wintec staff to familiarise themselves with the contents of this policy, particularly around accurate and timely reporting.

There are several roles referred to specifically in this policy. They are:

- | | |
|---|---|
| All Staff | <ul style="list-style-type: none">• Are responsible for ensuring all events are reported which have the potential to cause harm to fellow staff, students, contractors or visitors• ensure they participate in and agree with the corrective actions put in place post incident to mitigate the risk to themselves and their peers• raise any concerns regarding incident management with their manager and/or Safety and Wellbeing Representative. |
| All Students | <ul style="list-style-type: none">• Are responsible for actively participating in the accident, incident reporting process• ensure they participate in and agree with the corrective actions put in place post incident to mitigate the risk to themselves and their peers• raise any concerns regarding incident management with their tutor, other Wintec staff members and/or their Student Representative. |
| Manager | <ul style="list-style-type: none">• Responsible for promoting the use of accident, incident reporting and support staff within their areas of responsibility to accurately report events which have the potential to cause harm. |
| Head of School/
Centre Directors | <ul style="list-style-type: none">• Responsible for ensuring that they are informed of and actively address any data from the Safety and Wellbeing team which identifies trends or spikes in type of incidents being reported within their programmes.• responsible for ensuring accident investigations have been assigned to trained people and support is provided to ensure the investigation team is given the appropriate level of support and authority to accurately determine root cause. |
| Safety and
Wellbeing
Manager | <ul style="list-style-type: none">• Responsible for monitoring compliance with this policy and reporting any breaches to the Executive Director, People and Culture. |
| Executive
Director, People
and Culture | <ul style="list-style-type: none">• Responsible for ensuring that Wintec meets its statutory and accountability obligations concerning this policy• responsible for conducting an annual assessment of this policy, the objectives and progress made toward achieving them. |
| People and
Culture Council
sub-committee | <ul style="list-style-type: none">• approves the Accident & Incident Reporting policy through the Wintec council and ensures that Wintec meets its statutory and accountability obligations• monitors progress on objectives. |

Accident & Incident Reporting

Key roles are expanded upon in *Section 5. Supporting Information*.

4. Measuring Success

The measurements of successful accident, incident reporting and root cause investigation at Wintec are:

- Timely and accurate reporting of any event which has or may have the potential to cause harm to people, environment, asset and reputation.
- Evidence of formal investigation of the event which results in the creation of and effective implementation of agreed suitable corrective actions.
- Evidence that corrective actions have successfully been implemented and the risk associated with the environment in which the event had occurred cannot be replicated in the current environment.
- Evidence of students and staff being trained in basic accident, incident reporting processes using Vault.
- Up-to-date records are available for Vault accident, incident reporting training undertaken
- The safety and wellbeing management system (Vault) has data which can be trended and provided to managers.
- Managers and Heads of School / Centre Directors can see the benefits of timely and accurate accident, incident reporting and root cause investigation in their areas of responsibility.
- Staff, students, contractors and visitors understand their roles and responsibilities in the accident, incident and injury reporting process.

5. Supporting Information

5.1. Key Roles Expanded

All Staff

In the event of a work-related accident or incident, staff members are responsible for:

- a. informing their manager of the accident or incident as soon as practicable
- b. completing the [Vault event reporting form](#) within 24 hours of the accident or incident or as soon as practicable
- c. co-operating fully with any investigation.

All Managers

All managers are responsible for:

- a. taking all practicable steps to ensure that staff in their areas of responsibility are aware of the procedures for reporting events in Vault and have completed safety and wellbeing training within our online training platform [Evolve – Kia Tupu](#).
- b. ensuring that any event they are aware of is reported through [Vault](#).
- c. taking all reasonable steps to ensure that a site within their area of responsibility where an accident or incident has occurred is not disturbed until authorised to do so by the

Accident & Incident Reporting

Health and Safety Manager, a WorkSafe New Zealand inspector or other regulatory authority; non- disturbance of an accident scene does not preclude action to:

- i. assist an injured person
 - ii. remove a deceased person
 - iii. make the site safe or minimise the risk of a further accident or incident.
- d. co-operating fully with any accident or incident investigation.
- e. conducting investigations of all accidents or incidents within their areas of responsibility assessed by the Safety and Wellbeing Manager as having a high, very high or extreme risk outcome.
- f. liaise with the Safety and Wellbeing Business Partner and Safety and Wellbeing Representatives regarding accidents or incidents with a low risk outcome.
- g. taking appropriate corrective or preventative action in response to any outcomes or recommendations following an investigation into any accident or incident.

Safety & Wellbeing Manager

The Safety and Wellbeing Manager is responsible for:

- a. ensuring that procedures for the reporting of accidents and incidents are communicated to staff, students, contractors and visitors.
- b. acting as the 'responsible person' in relation to the reporting of notifiable events to [WorkSafe New Zealand](#).
- c. ensuring that a record is kept of all accidents and incidents reported through [Vault](#).
- d. liaising with staff to investigate accidents or incidents where required and advising on appropriate risk minimisation actions.
- e. monitoring and reporting on trends in incident causation, location and injury type which may indicate the need for action and advising Wintec Officers of recommended action
- f. ensuring that appropriate levels of confidentiality are maintained with respect to work-related accidents and incidents, consistent with our [Privacy and Personal Information policy](#) and the principles of the [Privacy Act 1993](#).
- g. the provision of Safety and Wellbeing training to staff, students and contractors, as required
- h. responsible for monitoring compliance with this policy and reporting any breaches to the Executive Director, People and Culture.
- i. Depending on the seriousness of the breach, if you are found to have breached this policy we will:
 - a) talk with you to make sure you know the terms of the policy you have breached, including what appropriate support we can offer
 - b) make sure you know the required behaviour expected from now on
 - c) take disciplinary action if necessary.
 - d) See the [Principles of Professional Practice](#) and the 'Serious misconduct' clause of your employment agreement for more information about what behaviour is expected and what action may be taken for breaches.

For more information, refer to our [Staff Discipline](#) and Employee Complaints Management policies.

Accident & Incident Reporting

6. Procedures

There are four parts to highly effective accident, incident and injury reporting management. They cover: timely reporting of events; incident investigation; effective injury management and timely communication of lessons learned.

IMPORTANT – If you are the initial responder to an event or incident:

Always ensure that your health and safety and that of others is protected.

If necessary and able, provide aid to any injured persons involved in the incident; call emergency services; take action to make the site safe and to prevent further incidents.

6.1. Timely reporting of the event/incident

- a) Staff, Students, or Contractors, whether they are the victim, a witness or bystander should report the event/incident through [Vault](#) within 24 hours or as soon as practicable; the report may be completed by the person involved, or, if they are unable to complete the report, their manager, safety and wellbeing representative or any member of staff. Wintec is committed to ensuring all staff and students have access to the event reporting forms.
- b) Individuals who do not have access to Vault must report the accident or incident to a staff member or to Wintec Security who will record the event in Vault on their behalf.
- c) Immediate actions identified as part of the event reporting must be either completed prior to or as soon as practicable after reporting the event in Vault.
- d) If there is the potential for a notifiable event or incident, the Safety and Wellbeing Manager must be notified immediately, and the event site preserved until advised by the Safety and Wellbeing Manager, a WorkSafe New Zealand inspector or other regulatory authority such as the Police that site remediation can be actioned.
- e) All notifications to WorkSafe shall be done by the Safety and Wellbeing Manager.
- f) Any event with the potential to require urgent medical treatment requires the incident scene to be isolated immediately and phone and email notification made to the Safety and Wellbeing Manager.

6.2. Incident investigation

- a) The safety and wellbeing team will determine the process for the identification, scope, and selection of the investigation team. The Safety and Wellbeing Manager will ensure that all reported events are investigated, and appropriate action taken, which may require corrective or preventative action to change:
 - I. behaviour
 - II. procedure
 - III. training
 - IV. supervision
 - V. equipment and materials
 - VI. the work environment.

Accident & Incident Reporting

Note: Investigations can take an informal or formal approach depending on the seriousness of the accident/incident. Where an investigation determines that the accident or incident is the result of a staff member's negligence, the [Staff Discipline policy](#) shall also be followed. If the accident or incident results in a complaint made against a staff member, the [Employee Complaint Management policy](#) shall be followed.

- b) On receipt of the event report being input into the Vault system, Wintec will determine the level of investigation required for the event. The type of the investigation which is required will be determined by the parameters below:
- i. Potential severity of the event
 - ii. Peoples exposure time to the risk
 - iii. Peoples risk to health and wellbeing
 - iv. Risk to organisation
- c) The following table shows the level of investigation required for an event:

Level of incident	People	Environment	Plant/ Equipment	Reputation	Investigation required
Near miss	nil	nil	nil	nil	Incident report
Level 1	1 st aid	Minor spill	Minor damage	Minor complaint	Standard investigation
Level 2	Medical treatment	Spill to drain	Moderate damage	Formal complaint	Formal investigation
Level 3	Lost time injury	Spill to waterway	Major damage	Regulatory intervention	Formal investigation
Level 4	Single or multiple fatality	Major environmental excursion	Loss of asset	Significant negative media coverage	Formal investigation led by independent qualified investigator

- d) Those undertaking the investigation must be competent and have the relevant skills to determine root cause of event.
- e) Where a specific skill-set or experience is required as part of the investigative team the Safety and Wellbeing Manager will determine the appropriate person to be involved.

6.3. Effective injury management

- a) All individual harm will be managed in accordance with the Wintec Illness, Injury and Rehabilitation Policy. The key points in the policy are:
- i. All injuries are notified immediately. Contractors report injuries through to their Wintec contact person
 - ii. The person who the injury is reported to must ensure it is logged in the Vault system as soon as practicable
 - iii. All documentation relevant to the injury must be emailed through to the Wintec Safety and Wellbeing team at Safetyandwellbeing@wintec.ac.nz within 48 hours
 - iv. Injured persons are required to participate in the rehabilitation process to ensure the best outcome for all parties.

Accident & Incident Reporting

6.4. Timely communication of lessons learnt

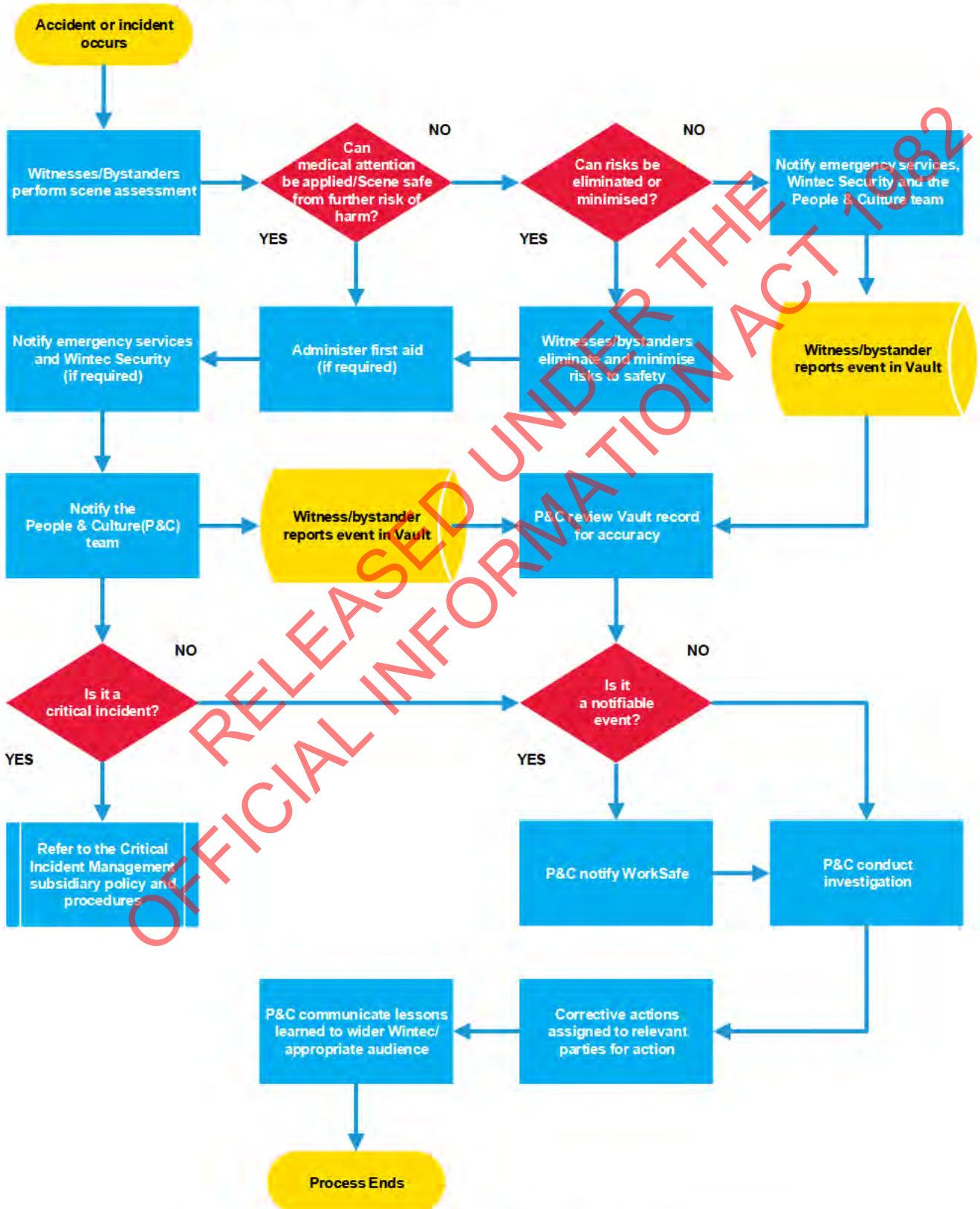
- a) We are committed to the accurate and timely sharing of the lessons learnt from incident investigations. This ensures we have investigated and communicated investigation findings out to the wider organisation in a timely manner to improve risk awareness and treatment.
- b) Lessons are presented in various ways including:
 - i. Mandatory safety and wellbeing online learning in [Evolve](#)
 - ii. Governance reporting
 - iii. Team meetings
 - iv. Staff newsletters ([This week at Wintec](#))
 - v. Use of Safety and Wellbeing Committee to present lessons learnt

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Accident & Incident Reporting

7. Processes

7.1. Accident & Incident Reporting



Printed Copies are not Controlled. Please refer to Wintec's Policy Web for the most current version.

Accident & Incident Reporting

8. Related Legislation, Policies, Guidelines, and Forms

Applicable Legislation	Related Policies & Guidelines	Forms
Building Act 2004 Health and Safety at Work Act 2015 Resource Management Act 1991 Privacy Act 1993 Health and safety at Work Regulations 2016	Coordinated Incident Management Policy Information & Records Management Policy Bullying & Harassment Policy Safety & Wellbeing Policy Staff Complaints Policy Staff Discipline Policy Principles of Professional Practice Employee Complaint Management Policy Prevention of and Response to Family Violence Policy Prevention of and Response to Sexual Harassment Policy	Job Safety Analysis sheet Vault Reporting <ul style="list-style-type: none"> • Accidents • Observations • Near Misses • Incidents • Illness
Copies of New Zealand Legislation can be found on the New Zealand Legislation Website . You can view Wintec's Policies and Procedures on the Policy Web . This is not an exhaustive list of policies, procedures and legislation.		

9. Key Definitions & Glossary

Accidents	An unforeseen and unintended event resulting in injury to a person or damage to property.
Events	Groups together all reporting categories being accident, illness, incident, near miss and observations.
Incident	An unforeseen and unintended event which might have resulted in injury to a person or damage to property, i.e. 'a near miss'.
Job Safety Analysis (JSA) sheets	A Job Safety Analysis (JSA) is a procedure which helps integrate accepted safety and wellbeing principles and practices into a task or job operation. In a JSA, each basic step of the job is to identify potential hazards and to recommend the safest way to do the job.
Near Miss	A near miss, "near hit", "close call", or "nearly a collision" is an unplanned event that has the potential to cause, but does not actually result in human injury, environmental or equipment damage, or an interruption to normal operation a near miss as an incident in which no property was damaged and no personal injury was sustained, but where, given a slight shift in time or position, damage or injury easily could have occurred.

Accident & Incident Reporting

Notifiable event	Defined by the Health and Safety at Work Act 2015: In this Act, unless the context otherwise requires, a notifiable event means any of the following events that arise from work: <ul style="list-style-type: none">(a) the death of a person; or(b) a notifiable injury or illness; or(c) a notifiable incident.
Notifiable incident	An incident that exposes any person to a serious risk of harm to health or safety arising from an immediate or imminent exposure to: <ul style="list-style-type: none">• an escape, a spillage, or a leakage of a substance• an implosion, explosion, or fire• an escape of gas or steam• an escape of a pressurised substance• an electric shock• the fall or release from a height of any plant, substance, or thing• the collapse, overturning, failure, or malfunction of, or damage to, any plant• the collapse or partial collapse of a structure.
Notifiable injury or illness	An injury or illness resulting in admission to hospital for immediate treatment or medical treatment within 48 hours of substance exposure occurring, and includes: <ul style="list-style-type: none">• the amputation of any body part• a serious head injury• a serious eye injury• a serious burn• a spinal injury• the loss of a bodily function• serious lacerations• an injury or illness that requires, or would usually require, the person to be admitted to a hospital for immediate treatment• an injury or illness that requires, or would usually require, the person to have medical treatment within 48 hours of exposure to a substance• any serious infection (including occupational zoonosis) to which the carrying out of work is a significant contributing factor, including any infection that is attributable to carrying out work.
Personal injury	A physical or psychological injury suffered by a person or caused to a person by an accident, incident, a gradual process, disease or infection
Individual/Person	Any person undertaking work, study or duties on behalf of or under the guidance of Wintec. This includes but is not limited to staff, students, and contractors. Also includes “worker” as defined by the Health and Safety at Work Act 2015 , including employees of Wintec, employees of a controlled entity of Wintec, Council members, independent contractors or consultants

Accident & Incident Reporting

engaged by or working at Wintec, volunteers and any other person providing services to or at Wintec.

Vault

Wintec’s staff event reporting platform. Used to record and monitor all injuries, illnesses, incidents, near-misses, hazards, observations, corrective actions and hazardous substance management. All staff members can use Vault, while the Safety & Wellbeing Manager and some People & Culture staff have greater access to assist with the management, reporting and rehabilitation of various safety and wellbeing related events.

Work-related illness

a disease or condition contracted by a staff member, primarily as a result of an exposure to hazards and risk factors arising from work activity

Work-related injury

a personal injury that a staff member experiences in the workplace

Workplace

A reference to a workplace or site means all places including international where a worker undertakes or performs Wintec activities, including in a company vehicle, including any premises or place:

- occupied for the purposes of employment
- to which a person has access because of his or her employment
- attended by a person for a course of education or training for the purposes of his or her current employment, if he or she receives earnings from that employment for his or her attendance.

10. Records Management

In line with the Public Records Act 2005, Wintec is required to provide a records management programme to ensure that authentic, reliable, and usable records are created, captured and managed to a standard of best practice and to meet business and legislative requirements. All records relevant to a specific policy need to be listed in every policy in the following format:

Record	Minimum Retention Period	Disposal Action	GDA Reference #
This policy	7 years after date of last action	Destroy	5.1.2
Incident investigation reports (including Vault Accident reports, Observation Reports, Near Miss Reports, Incident Reports and Illness Reports)	10 years after date of last action or when all conditions have been met and administratively no longer required for reference purposes	Destroy	10.6.2
Job Safety Analysis (Operational)	7 years after work completed	Destroy	10.6.2
Job safety analysis (significant)	10 years after date of last action or when all conditions have been met and administratively no longer required for reference purposes	Destroy	10.6.3
Risk Register	7 years after last action	Destroy	10.6.2

Accident & Incident Reporting

11. Version History

Version	Date Approved	Details
1	June 2019	First Published in October 2019. Specific policy relating to Accident and incident reporting that replaces the <i>Employee Accident, Injury and Illness Rehabilitation Management policy (EXA 5/97)</i>

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STUDENTS & STUDENT SUPPORT

Subsidiary Policy & Procedure:



Student Voice

Document Control			
Policy Manager:	Quality and Academic Unit Director	Date First Approved:	September 2018
Policy Owner:	Dean	Authorised by:	Academic Approvals Committee
Category:	Academic	Date Last Revised:	November 2019
Sub Category:	Students	Next Review Date:	Transition to Te Pūkenga
Relates to Tertiary Education Indicator:		3. Student Engagement	

Te Pūkenga is currently creating their national policy framework. As per the [grandparenting policy](#) any gaps in policy while the framework is being formalised will be addressed by the existing policy at this business division (Te Pūkenga ki Waikato). Unless a policy or procedure is identified as a risk to ākonga, kaimahi and Te Pūkenga, all existing Te Pūkenga ki Waikato policy will remain current until they are replaced or reformed under Te Pūkenga's policy framework. Where risk is identified the policy and or procedure will be reviewed by the appropriate business division policy manager.

1. Purpose & Scope

We will ensure the Student Voice truly lies at the heart of the Wintec Student Experience. To achieve this, we make accessible a collection of tools and opportunities to students to provide Wintec with their 'Student Voice'. We aim to provide a range of tools and opportunities that are accessible, inclusive and empower students to speak. We encourage student engagement with these tools and aim to inform them how their voices are influencing change and improvement at Wintec. This policy applies to students.

2. Policy Statement

Wintec aims to provide students with varying levels, tools and opportunities to share their Student Voice with Wintec. Wintec uses five levels of engagement to share their voice. The five levels are to ensure the right people hear students at the right time. The five levels are:

2.1. Quick Resolution

- Can range from the everyday conversations students have with staff to get advice, seek clarity, and address concerns through to feedback and / or issues raised via Student Forum or Student Voice 24/7.
- Quick resolution can be resolved immediately or within a short time frame.

2.2. Unpack

- Core to the student engagement experience – these are the more complex conversations between students and appropriate staff working through the details of an issue to enable the student to find their own solution.
- Usually a conversation to enable questions and clarification to understand the actual issue and co-determine options for the student to select the appropriate solution.
- Unpack can be resolved within a short time frame.
- Staff need to self-assess to determine if they are the right person to help the student unpack.

Student Voice

2.3. Investigate

- A formal complaint where the student details their dissatisfaction with an incident or issue and expects a formal investigation and response.
- Students might be encouraged to 'unpack' with staff if it is appropriate.
- Academic Appeals are not formal complaints. Refer to the Academic Regulations.

2.4. Appeal

If students are not satisfied with the outcome of their formal complaint they can appeal the decision.

Submissions will be checked and directed through the appropriate appeal level.

2.5. Remedies outside of Wintec

- If students are not satisfied with the outcome of the internal Wintec processes, then they are able to submit a complaint to the New Zealand Qualifications Authority (NZQA). Alternatively, they submit a complaint to the Ombudsman.
- Please refer to the [NZQA website](#) or the [Ombudsman website](#) for the process to follow.
- International students who are not satisfied with the outcome of the internal Wintec processes may also submit a complaint to iStudent. Please refer to the [iStudent website](#).
- Students and staff must act with honesty and integrity within all Student Voice tools and opportunities:

2.6. Wintec students will:

- Be open to and use the tools and opportunities to provide feedback and opinions.
- Familiarise themselves with the different processes related to each tool within the Student Voice and use each tool appropriately.
- Encourage other students to engage with Student Voice and direct them there when appropriate.
- Understand that the Student Voice tools are there to support you to share your stories, not a tool to bully, harass or discriminate against, members of the Wintec community.
- Be constructive with feedback and not be inflammatory or derogatory with language or intent.
- Understand that destructive behaviour will be a breach of this code of conduct.

2.7. Wintec staff will:

- Be open to and use the tools and feedback provided through the Student Voice.
- Familiarise ourselves with these tools and opportunities and engage with students about them.
- Encourage students to engage with Student Voice and direct them there when appropriate.

Student Voice

- Understand that the Student Voice tools are there to support students share their stories, and while some feedback may be confronting, all feedback should be considered and addressed as appropriate.
- Engage with student feedback provided through Student Voice and, where appropriate:
 - Provide real-time feedback to students,
 - Tell students how we are dealing with the feedback.
- Listen to students who come to us with concerns and issues and, where possible, attempt to resolve issues and concerns before they escalate to a formal complaint.
- Tell students how their voices have informed change and improvement to programmes, processes and services.

2.8. Wintec will

- Provide tools and opportunities for students to provide feedback and opinions.
- Provide staff with capability development related to dealing with student feedback.
- Identify trends and themes across Student Voice tools and opportunities and make recommendations for interventions or improvements and/or publish success stories for Wintec to celebrate.

3. Key Roles & Expectations

This policy is owned by the Dean and managed by the Quality and Academic Director. Tools and opportunities have their own core staff as detailed below. Wintec students and staff are responsible for the successful implementation of this policy.

The following roles have key responsibilities in relation to Student Voice:

Student Voice

All Students

- Understand the five levels of student engagement
- Familiarise yourself with the tools and opportunities of Student Voice
- Use the tools and opportunities of Student Voice with honesty and integrity
- Abide by the code of conduct within this policy
- Talk to staff – we are here to help
- If you are not comfortable talking directly to staff involved consider the following:
 - The Student Association at Wintec (SAWIT)
 - Student Advisors
 - Te Kete Konae / Pasifika
 - Student Learning Advisors
 - Counselling
 - Student Voice 24/7.

Student Voice

- | | |
|---|---|
| All Staff | <ul style="list-style-type: none">• Understand the five levels of student engagement• Familiarise yourself with the tools and opportunities of Student Voice• Use the tools and opportunities of Student Voice with honest and integrity• Be open to student feedback, listen and attempt to help. |
| Student Voice Administrator | <ul style="list-style-type: none">• Provide an analysis of Student Voice to the Quality and Academic Director. |
| Quality and Academic Unit Director | <ul style="list-style-type: none">• Report any trends, themes or insights to appropriate committees and executive members to inform strategy and planning. |

The following roles have key responsibilities in relation to Student Voice 24/7:

Student Voice 24/7

- | | |
|------------------------------------|--|
| Students | <ul style="list-style-type: none">• Use the Student Voice 24/7, available via Moodle, to post the feedback• Understand:<ul style="list-style-type: none">○ While Student Voice 24/7 is accessed through your Moodle portal, all posts are published anonymously○ All posts are moderated○ There is a one working day turnaround between posting and response○ Posts will be published to allow other students to view the feedback and response○ Inappropriate or offensive content and/or language, names, or details that may identify a specific person will be removed from posts before publishing○ The Terms of Use. |
| Student Voice Administrator | <ul style="list-style-type: none">• Manage the day to day operation of the Student Voice 24/7 system• Liaise with appropriate subject matter experts [staff] to form a considered response to the student• Respond to the student within one working day – and, where appropriate follow up with the student with updated information• Collate staff responses and build a repository of responses• Provide a monthly report of Student Voice 24/7 interactions to the Quality and Academic Director• Provide quarterly analysis of Student Voice 24/7 data to the Quality and Academic Director |
| Student Voice 24/7 Liaisons | <ul style="list-style-type: none">• Student Voice 24/7 liaisons are established in high profile units (e.g. Faculty, Facilities, IT) to enable the quick and informed response expected within Student Voice 24/7. Student Voice Liaisons will: |

Student Voice

- Work with the Student Voice Administrator to form a considered response to the student within one working day
- Where a solution cannot be found within one working day staff must construct a timeline and plan detailing how a solution will be found
 - Staff will follow up with the Student Voice Administrator with the outcome of the plan within 2 – 3 working days
 - Student Voice Administrator will escalate to Quality and Academic Director any cases where the plan is not received within 2 – 3 working days
 - Director will escalate to the appropriate Executive member any cases where the plan is not received within 5 working days.

The following roles have key responsibilities in relation to Evaluation Kit:

Evaluation Kit

Students

- Engage with the formal surveys conducted through Evaluation Kit via their Moodle log-on or email
- Students will understand:
 - Evaluation Kit survey is a formal opportunity to provide feedback on the module, teaching, programme and Wintec
 - Surveys are conducted three times per module delivery¹
 - The frequency and scheduling of the surveys is in line with student feedback on when students wanted to hear from Wintec and ask them questions
 - If tutor specific questions are asked, when you select your tutor², only that selected tutor will be able to see satisfaction ratings you give them
 - All other feedback included in the free text fields for the open questions can be seen by all teaching staff assigned to the Moodle page
 - While Evaluation Kit is accessed through your Moodle log-on, all entries are anonymous once submitted and teaching staff and Faculty will not connect any feedback to the student, unless the student chooses to type in their personal details
 - Feedback is not moderated – what students enter is what goes to the teaching staff. Students need to keep this in mind when responding and try to engage with the issues involved, not name and debate the person involved
 - Inappropriate or offensive content and/or language and/or feedback is not acceptable and extreme and/or repetitive submissions can be:
 - Removed by the System Facilitator

¹ Module delivery means per semester or per year dependant on the length of the module. Programmes with multiple unit standard based modules will be surveyed three times for the programme.

² All tutors assigned to the module will display in the menu – select the tutors appropriate to your delivery of the module.

Student Voice

- Processed under Student and Academic Misconduct regulations
- Feedback that can be construed as bullying, harassment or discrimination is also not acceptable and can be processed under Student and Academic Misconduct regulations
- In these instances, the Survey Facilitator has the ability to interrogate the system and connect entries back to the student in order to:
 - Discuss the inappropriate behaviour with the student
 - Warn the student
 - Process the student under Student and Academic Misconduct regulations.

Teaching Staff

- Allow students class time to complete the survey
- Engage with, review and reflect on student feedback provided through Evaluation Kit
- Understand the survey results hierarchy:
 - Teaching staff are assigned to modules and will be able to view feedback for those modules
 - Team Managers and Centre Directors are assigned teaching staff in their area and will have access to survey results for their direct reports
 - The Dean has access to run Faculty-wide reports
 - The Survey Facilitator has system wide access
- Evaluation Kit works on the principle that teaching staff will own their feedback and determine:
 - Feedback that requires immediate resolution
 - Feedback that requires escalation to programme / team leader
 - Feedback that informs and influences practice (but does not require immediate resolution)
- Where feedback requires immediate resolution teaching staff must determine if the solution is something they can implement as part of their practice, or whether it is part of a formal process, e.g. Changes to Programmes and Modules (Change Request) process
- Communicate and demonstrate to students how student feedback informs and influences practice
- Reflect on any changes that have been made and what impact, if any, has occurred and use this reflection within the programme self-assessment and My Plan cycles
- Understand this is a point in time opinion and should be triangulated with your own assessment of your professional practice and your programme / team managers assessment of your professional practice

Student Voice

- Understand that opinions on colleagues made within the free text fields should be kept confidential and staff should always be treated collegially and respectfully
- While feedback can be confronting it should not make staff feel bullied, harassed or discriminated against. Teaching staff should escalate examples of this behaviour to their Programme / Team Manager through the Evaluation Kit system
- The Programme / Team Manager can make a recommendation to the Survey Facilitator to remove entries that make the staff member feel bullied, harassed or discriminated against
- Make use of the capability development opportunities available related to dealing with confronting feedback and / or Employee Assistance Programme (EAP) tools.

Programme / Team Leaders

- Monitor teaching staff engagement with student feedback provided through Evaluation Kit and ensure expectations are being met
- Work with teaching staff on feedback that has been escalated or requires immediate resolution as appropriate
- Will work through feedback reports and look for trends, themes, recurring issues and areas that require improvement and implement the appropriate change process. This could include (but is not limited to):
 - Changes to Programmes and Modules process
 - MyPlan process – e.g. professional development
- Report to Programme Committee:
 - The analysis reports provided and discuss as appropriate
 - A summary of outcomes and impacts of changes made from student feedback
- Report to Centre Director any risks, trends or themes that require Centre-wide consideration and action
- Incorporate student feedback outcomes into programme self-assessment cycle and recommend actions as appropriate.

Centre Directors

- Review Centre-wide reports to inform self-assessment processes
- Work with Centre staff on feedback that requires Centre-wide attention and implement changes as appropriate
- Report to Strategic Programme Oversight Committee:
 - The analysis reports provided and discuss as appropriate
 - Trends and themes across the Centre to determine if Centre-wide improvements should be made.

Dean

- Review Faculty-wide reports to inform strategy and annual planning.

Survey Facilitator

- Manage and conduct the Evaluation Kit surveys within the planned timeframe

Student Voice

- Monitor and spot check each survey run to ensure processes are being met
- Provide organisational analysis to the Dean and Quality and Academic Director on cross organisational themes, trends and recurring issues and impact analysis of student feedback outcomes on organisational effectiveness
- Maintain oversight of the Evaluation Kit process and ensure Wintec expectations are met.

Quality and Academic Unit Director

The following roles have key responsibilities in relation to Student Voice Polls:

Student Voice Polls

Students

- Use Student Voice Polls to provide their opinion on trending questions that may inform improvements at Wintec
- Post via Student Voice 24/7 any recommendations for Student Voice Poll questions.

Student Voice Administrator

- Publish outcomes of poll within two working days of the close of the poll
- Notify the related unit of the outcomes of the poll and ask for feedback on outcome to communicate back to students.

Key Managers

- Provide the Student Voice Administrator with feedback on the outcomes of the Student Voice Poll
 - This includes how the poll results will be integrated into future work plans, improvements or change.

The following roles have key responsibilities in relation to Student Forum:

Student Forums and Student Representatives

Students

- Engage in the process to elect your Student Representative
- Inform your Student Representative of any concerns, issues, feedback to enable your Student Representative to take class feedback to the Student Forums
- Understand the boundaries of the Student Representative.

Student Representatives

- Participate in training and access the training resources for the Student Representative role
- Consult with students and help put their views forward at Student Forums
- Help create solutions alongside staff to student concerns

Student Voice

- Feed forward to your classmate and let them know what was raised and the outcomes of the Student Forum.
- Teaching Staff**
- Support Student Representatives and Student Forums
 - Allow Student Representatives class time to consult with students and feed forward as appropriate.
- Student Advisors**
- Provide training to Student Representatives
 - Support Student Forums and help facilitate student-centred solutions to issues raised.
- Centre Administrators**
- Provide administrative support to the Centre Director
 - Manage Student Representative contact list
 - Connect Student Advisors and Student Representatives
 - Engage in review process to ensure Student Representative system remains fit for purpose.
- Centre Directors**
- Facilitate Student Forum meetings and help facilitate student-centred solutions to issues raised
 - Report to Programme Committees Student Forum outcomes, trends and themes as appropriate
 - Engage in the sharing of best practice, e.g. through peer review, community of practice.

The following roles have key responsibilities in relation to Formal Complaints and Appeals:

Formal Complaints and Appeals

Please refer to the Te Pūkenga national [Ākonga Concerns and Complaints policy](#)

Please refer to the Te Pūkenga national [Ākonga appeals policy](#)

4. Measuring Success

The measurements of success for Student Voice at Wintec are based on the principle that it is student choice to engage with Wintec and Wintec's role to provide access to engage:

- Student Voice tools and opportunities are accessible:
 - Initial coverage is 90% of the student population
 - Student cohorts that are not covered are identified and plans put in place to include in coverage by end of 2019.
- There is visible evidence that Student Voice outcomes are used in Wintec's self-assessment cycle:
 - Student Voice analysis reports are drafted annually reflecting current and long-term trends and themes
 - Programme Committee minutes provide evidence of discussion and outcomes of Student Voice

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Student Voice

- Strategic Oversight Programme Committee minutes provide evidence of discussion and planned improvements based on Student Voice analysis reports
- Programme Health Checks site evidence of engagement with Student Voice.
- There is visible evidence of the impact of Student Voice:
 - The percentage of informal feedback is higher than formal complaints
 - Changes made as a direct consequence of student feedback are explicitly linked to Student Voice and tracked for impact analysis.

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Student Voice

5. Procedures

5.1. Quick Resolution and Unpack

- a) Understand these are the regular conversations between students and staff and these steps are here to help avoid escalation.
- b) Student approaches staff member.
- c) Staff member listens to the student.
- d) Staff member pauses and does a quick reflection:
 - I. Is this issue part of my everyday work?
 - II. Does it sound like there has been unfair treatment or a process not followed?
 - III. Is this actually a formal complaint? Can I contain this to prevent escalation to a formal complaint?
 - IV. Do I have the capacity and capability to help this student? Am I the right person?
- e) Staff member then decides to:
 - I. Treat as BAU as it is a normal part of your role.
 - II. Unpack the issue with the student.
 - III. Refer on.
- f) If the staff member decides to unpack then:
 - I. Seek to understand without judgement:
 - i. Ask 'what else' (or similar questions) at least 5 times.
 - II. Ask the student what they want to happen.
 - III. Explore the options and help the student to decide.
 - IV. Agree who will do what, when and how?
- g) Follow through / follow up.
- h) Always use a common-sense approach.

Student Voice

5.2. Student Voice 24/7

- a) Student submits a post to Student Voice 24/7.
- b) The Student Voice Administrator monitors Student Voice 24/7 for new posts.
- c) The Student Voice Administrator checks the repository for the appropriate response:
 - I. If no response exists, the Student Voice Administrator works with the relevant liaison to formulate a response.
- d) The Student Voice Administrator moderates posts and amends to meet the Terms of Use.
- e) The Student Voice Administrator publishes moderated posts and responses within one working day.
- f) Students cannot comment on posts but can 'like' or 'dislike' responses.
- g) The Student Voice Administrator may update posts with follow-up information if appropriate.
- h) The Student Voice Administrator publishes monthly updates to inform students on trends, themes, usage and outcomes of the Student Voice 24/7 for that month.

5.3. Evaluation Kit

- a) Three surveys are scheduled each module delivery and the schedules are published on Moodle, Student Voice 24/7 and appropriate social media sites.
- b) A standard schedule will be:

Wk. 1	Wk. 2	Wk. 3	Wk. 4	Wk. 5	Wk. 6	Wk. 7	Wk. 8	Wk. 9	Wk. 10	Wk. 11	Wk. 12	Wk. 13	Wk. 14	Wk. 15	Wk. 16	Wk. 17
		Survey					Survey						Survey			

- c) Before the first day of class Faculty staff check their Moodle pages and reassign the roles of inactive or non-teaching staff to "non-editing". Note that any staff on that Moodle page will become part of the survey.
- d) The Survey Facilitator downloads classes, 'editing role' teaching staff and students from Moodle or Arion to Evaluation Kit each semester.
- e) The Survey Facilitator will apply logic rules to determine the main class to assign the programme and organisational level questions to and then create the survey instance.
- f) The Survey Facilitator opens each survey as scheduled for at least two weeks duration.
- g) Students and tutors receive the following notifications:

Students

- | Initial email when survey opens
 - Will list all modules that are being surveyed
- | Reminder email one week before survey closes

Staff

- | Initial email when survey opens
 - Will list all classes you have the Moodle role 'editing'
- | Reminder email one week before survey closes
 - Will provide response rate to date
- | Final email when survey closes with request to review feedback

Student Voice

- h) The Survey Facilitator closes the survey as per the schedule.
- i) Teaching staff manage responses to feedback including:
 - I. Feedback that requires immediate resolution.
 - II. Feedback that requires escalation to programme / team leader.
 - III. Feedback that informs and influences practice (but does not require immediate or any resolution).
- j) Teaching staff work with Programme / Team Leaders on escalated feedback responses.
- k) Staff will inform students how their feedback has influenced and informed practice or changes.
- l) Tutors utilise evaluation results for identifying strengths and forward planning through lesson planning, MyPlan discussions and goal setting.
- m) The Survey Facilitator provides appropriate level reporting to Centre, Faculty and Wintec management.

5.4. Student Forums

- a) The Centre should determine how many forums should exist based on their provision and student cohort.
- b) Each forum should hold a minimum of two meetings each semester.
- c) The Centre Director or designated Team Manager chairs the forum with Centre administrative staff to take the minutes and follow-up on action points.
- d) Student representatives from each year/programme and/or stream are invited to attend. Alternatively, student cohorts may contribute representation.
- e) A representative from the Student Experience team and, if required, an ITS team member are invited to attend so they can answer queries or share information relating to facilities, student learning etc.
- f) Dates for student forums are set at the beginning of each year, and published through student noticeboards, Moodle and social media networks.
- g) A meeting agenda is finalised and distributed to student representatives by email one week prior to each meeting. Items for the agenda should include:
 - I. Present and apologies.
 - II. Minutes/feedback on actions from last meeting.
 - III. Student reports or feedback discussion.
 - IV. Faculty themes provided by Dean's office.
- h) Minutes are taken for each meeting and include a list of actions and persons responsible:
 - I. Minutes are emailed to all student representatives and those in attendance as soon as possible but no later than five working days after the meeting.
 - II. Centre Directors may use the feedback to liaise individually with specific staff members to rectify any issues that have been brought up by the student representatives.
 - III. The minutes are not to be distributed with all staff.
- i) Timely responses to action points are fed back to students via email within two weeks of the meeting.
- j) A summary of the meeting notes are reported to the Programme Committee.

Student Voice

- k) The Dean provides at the end of the year a letter of appreciation and recognition of the student representative and provide a summary of student forum action plans.

5.5. Student Complaints

Please refer to the Te Pūkenga national [Ākonga Concerns and Complaints policy](#)

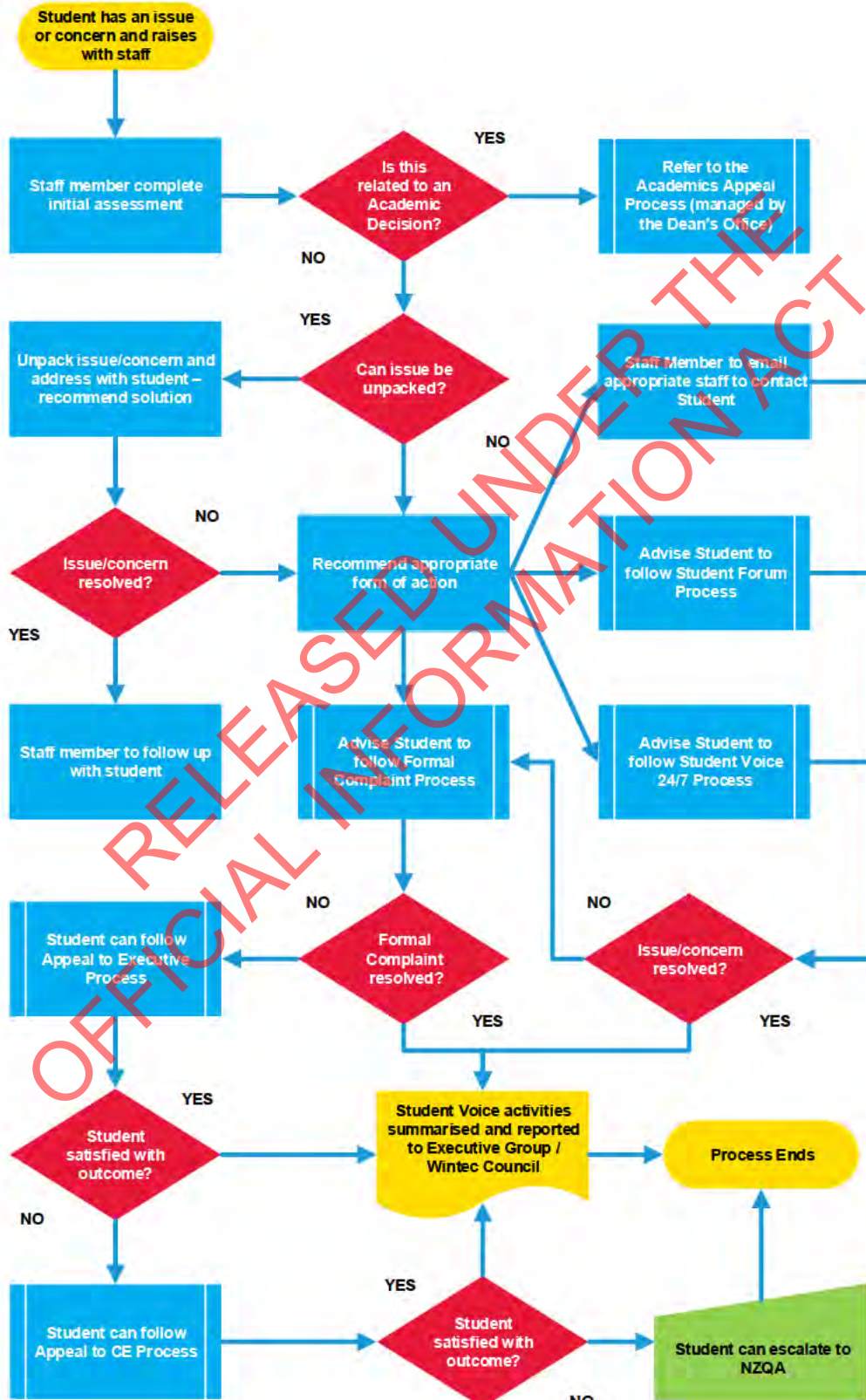
Please refer to the Te Pūkenga national [Ākonga appeals policy](#)

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Student Voice

6. Processes

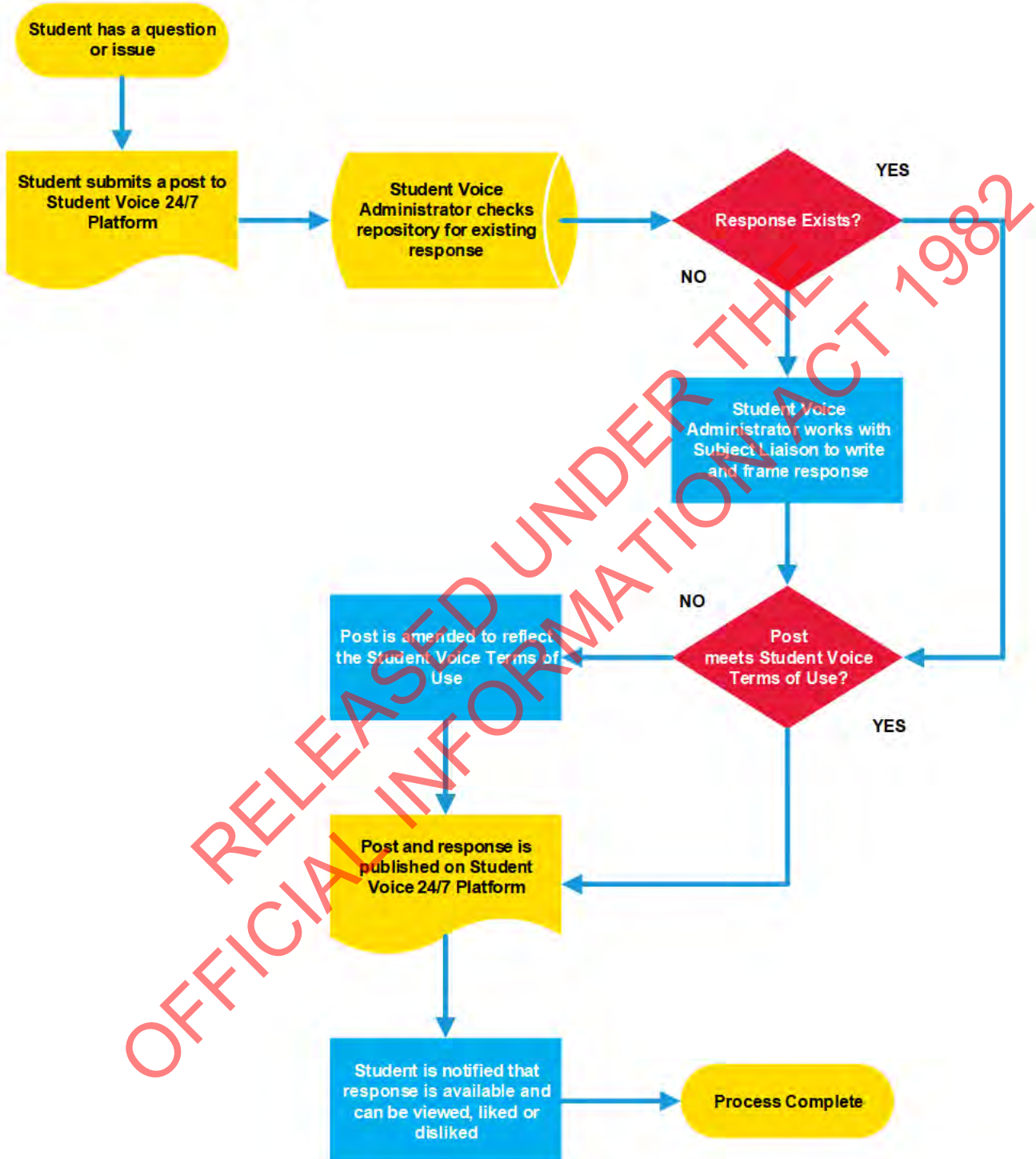
6.1. Student Voice



Printed Copies are not Controlled. Please refer to Wintec's Policy Web for the most current version.

Student Voice

6.2. Student Voice 24/7



Student Voice

6.3. Evaluation Kit



Student Voice

6.4. Student Forum



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Student Voice

6.5. Formal Complaint

Please refer to the Te Pūkenga national [Ākonga Concerns and Complaints policy](#)

6.6. Appeals

Please refer to the Te Pūkenga national [Ākonga appeals policy](#)

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Student Voice

7. Related Legislation, Regulations, Policies, Guidelines, and Forms

Legislation/Regulations	Policies	Guidelines/Forms
Education Act 1989 Consumer Guarantees Act 1993 Human Rights Act 1993 Code of Practice for the Pastoral Care of International Students	Anti-bullying & Harassment policy Wintec's 2019 Academic Regulations Programme Regulations Ākonga Concerns and Complaints policy Ākonga Appeals policy	Formal Complaint Form Ākonga Appeals Form
Copies of New Zealand Legislation can be found on the New Zealand Legislation Website . You can view Wintec's Policies and Procedures on the Policy Web . This is not an exhaustive list of policies, procedures and legislation.		

8. Key Definitions & Glossary

Academic Appeals

Academic Appeals are related to issues students have with Academic Decisions. Academic Appeals are NOT managed through this policy – please refer to the Academic Regulations for information related to Academic Appeals and Academic Decisions.

Appeal

Refer Levels of Engagement below

Delegated Authority

The person who has been assigned a task, e.g. to investigate a claim, by the Dean, Director, or manager on their behalf

Levels of Engagements

Quick Resolution

- Can range from the everyday conversations' students have with staff to get advice, seek clarity, and address concerns through to feedback and / or issues raised via Student Forum or Student Voice 24/7.
- Quick resolution can be resolved immediately or within a short time frame.

Unpack

- Core to the student engagement experience – these are the more complex conversations between students and appropriate staff working through the details of an issue to enable the student to find their own solution.
- Usually a conversation to enable questions and clarification to understand the actual issue and co-determine options for the student to select the appropriate solution.

Student Voice

- Unpack can be resolved within a short time frame.
- Staff need to self-assess to determine if they are the right person to help the student unpack.

Investigate

- A formal complaint where the student details their dissatisfaction with an incident or issue and expects a formal investigation and response.
- Students might be encouraged to 'unpack' with staff if it is appropriate.
- Academic Appeals are not formal complaints. Refer to the Academic Regulations

Appeal

- If students are not satisfied with the outcome of a formal complaint they can appeal the decision.
- Any submissions that are not based on a formal complaint will be deescalated.

Final Appeal to CE

- If students are not satisfied with the outcome of an appeal they can submit a final appeal to the CE.
- Any submission that have not been through the formal complaint or appeal process will be deescalated to the appropriate level.

Manager

Head of School, Centre Director, Support Service or Business Unit Manager.

New Zealand Qualifications Authority (NZQA)

NZQA quality assures secondary and tertiary qualifications and education providers, evaluates overseas qualifications and administers the New Zealand Qualifications Framework (NZQF) and Directory of Assessment Standards.

Support Person

Person/s (internal or external to Wintec) chosen by the student to provide support or advice. May accompany the student to any interviews on agreement with all parties involved.

Student Voice

The collection of tools and opportunities accessible by students to provide Wintec with their voice.

Student Voice 24/7

Online tool accessible via Moodle. Students can post anonymous feedback. Wintec will respond within one working day.

Evaluation Kit

Formal feedback system – online surveys accessed via Moodle.

Student Voice

Student Forums Collection meetings for Student Representatives to meet and share insights

Formal Complaints Student submit complaint following the Te Pūkenga Ākonga Concerns and Complaints policy

9. Records Management

In with the Public Records Act 2005, Wintec is required to provide an Information and Records Management programme to ensure that authentic, reliable and usable records are created, captured and managed to a standard of best practice, and to meet business and legislative requirements. All records relevant to a specific policy need to be listed in every policy in the following format:

Record	Minimum retention period	Disposal Action	GDA Reference #
This policy document	10 years after date of last action	Retain as a public archive	5.1.1
Notes on Student Voice feedback and responses (Note: this does not cover those records resulting from a disciplinary hearing)	7 years after date of last action	Destroy	5.1.8
Student Complaint Form	7 years after date of last action	Destroy	5.1.8
Appeal to Executive Form	7 years after date of last action	Destroy	5.1.8
Student complaint, issue or appeal letter (minor)	7 years after date of last action or when no longer legally required to be retained	Retain as a public archive	5.1.5
Student complaint, issue or appeal letter (significant)	10 years after event resolved and all legal and administrative requirements completed	Retain as a public archive	5.1.4

10. Version History

Version	Date Approved	Details
1	September 2018	First Published. Replaces the Student Concerns, Complaints and Appeals policy, and the Survey's Policy.
2	November 2019	Combined <i>Appeal to Executive</i> and <i>Appeal to Chief Executive</i> to avoid confusing students. Both processes still exist but Wintec will manage correct avenue for complaints made. Minor changes to ensure compliance with <i>The Education (Pastoral Care of International Students) Code of Practice</i> and other minor changes. Removed Poll flowchart as no longer required.