

# Nursing Student Orientation Manual



Integrity



Compassion



Accountability



Innovation

**Sunshine Coast**  
Hospital and Health Service



**Queensland**  
Government

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## Welcome to the Sunshine Coast Hospital and Health Service (SCHHS)

The Sunshine Coast HHS provides services at a variety of facilities including:

- [Sunshine Coast University Hospital \(SCUH\)](#)
- [Nambour General Hospital \(NGH\)](#)
- [Caloundra Health Service](#)
- [Gympie Hospital](#)
- [Maleny Soldiers Memorial Hospital](#)
- [Glenbrook Residential Aged Care Facility](#).

A range of acute, sub-acute, ambulatory, and extended care, community health, mental health, oral health, and aged care services are offered.

SCUH commenced services in March 2017. This tertiary teaching facility offers a range of new and expanded clinical services for the Sunshine Coast, along with state-of-the-art education and research services offered at the Sunshine Coast Health Institute (SCHI). SCHI also has a unique partnership with the University of the Sunshine Coast, Griffith University and TAFE Queensland.

Through the opening of SCUH and the transformation of existing facilities at Nambour and Caloundra, the SCHHS is investing to meet the growing healthcare needs of our community and deliver exceptional care into the future. In addition to offering clinical services, the SCHHS recognises and values the important contribution students on placements make to the care of patients and support of their families.

On behalf of the SCHHS workforce, we welcome you to your clinical placement. We look forward to working with you during your clinical placement and hope that it is both a challenging and rewarding experience.

Please use the information provided in combination with other SCHHS resources such as:

- Student Placement Orientation (eLearning module available through Sunshine Coast Learning Online [SC-LOL])
- [Student Hub Website](#)

### Our Vision

Health and wellbeing through Person centred care.

### Our Purpose

High-quality, cost-effective, innovative healthcare in collaboration with our communities and partners.

### Our Strategic Priorities and our Future

We will respect, protect, and promote human rights in our decision-making and actions.

## Our Values - I CAN



### Integrity

We are respectful, trustworthy, equitable and honest in everything we do.



### Compassion

We respect others, act with kindness, encourage and take time to listen to others.



### Accountability

We take responsibility for our performance and behaviours and celebrate our achievements.



### innovation

We embrace change and strive to know more, learn more and do better.

**Closing the Gap** - Aboriginal and Torres Strait Islander health – making it everyone's business.

We recognise that the provision of quality clinical placements and appropriate support is critical in the preparation for professional and competent graduate nurses. This orientation manual has been developed to facilitate your learning experience and give you foundational information that will help prepare you for your upcoming clinical placement.

## Student Placement Hub Contact Information

Student placements are coordinated and delivered in a collaborative manner, with our SCHI partners and other Education Providers (EPs).

The [Student Placement Hub](#) is responsible for the co-ordination, liaison, and support for student clinical placements from nursing, midwifery and allied health disciplines throughout the SCHHS. Clinical placements are then delivered throughout a wide range of different clinical environments.

## Clinical Placement Model - Collaborative Learning in Practice (CLiP)

The SCHHS facilitates vocational and undergraduate nursing placements through the CLiP model. This model ensures students achieve their learning goals by,

- Developing a sense of belonging
- Fostering learning, and
- Optimising engagement with staff and patients.

The model provides a safe, supportive learning environment for students. You will be supported each shift by your allocated student buddies and across your placement period by the unit Clinical Coach/s (CC).

Your assigned student buddy (Registered Nurse [RN], / Enrolled Nurse [EN]) will work alongside you on each shift. Buddy nurses have a patient allocation and will support you achieve your placement learning goals, by role modeling and working together with you to deliver safe patient care.

The CC's role is to facilitate learning within the clinical environment by acting as a clinical and educational resource, for both students and staff. The CC will induct students to their unit and seek student feedback from the nurse buddies to complete progressive (interim) and final (summative) assessments.

Students are encouraged to reflect on their own practice across each placement shift, use the feedback and the learning strategies identified and provided by nurse buddies and CC/s to continually improve their nursing practice.

### Minimum Pre-Placement Requirements

It is important that you read, understand, and comply with Queensland Health's policies, procedures, guidelines, and requirements before and during your placement at the SCHHS.

All students must complete the [QH Student Orientation Checklist](#) and the SCHHS [Student Minimum Pre-Placement](#) prior to commencement of placement, ensuring that you have 100% compliance in order to progress to your clinical placement. Failure to complete mandatory requirements prior to placement starting may result in your placement being cancelled.

Student mandatory requirements can be found on the Sunshine Coast Learning Online (SC-LOL). Log-on details will be sent to your email address that has been provided to the SCHHS by your Education Provider (EP).

You must ensure that all the listed requirements are completed prior to starting your placement. This will ensure that your onboarding requirements are processed prior to placement. If you have not received this email one week prior to placement, check your inbox or junk mailbox before contacting your EP Placement Coordinator for further support.

Please note some of your mandatory requirements need updating annually, therefore ensure you are aware of these to maintain their currency.

Documents to bring on your first day:

- Queensland Health Student Orientation Checklist (completed and signed)
- Minimum Pre-Placement Requirements form (completed and signed)
- Transcript printed from SC-LOL
- Deed Poll (signed and witnessed)

## Roles Supporting Nursing Students

### Buddies

Student buddies are nurses (RN / EN) who work within your clinical area who will be “buddied” up with students to support their transition into the role as a nurse. Buddies are ideally positioned to provide support at the point of care across a 24hour-7day/week roster.

### Clinical Coach (CC)

The CC is a RN who will facilitate and supervise learning, assessing and evaluating students undertaking clinical placement within SCHHS facilities.

Part of the role of the CC is to:

- Act as a professional role model
- Induct students to each unit
- Assess student learning needs
- Educate / facilitate learning experiences and opportunities
- Evaluate learning performance, clinical skills, and behaviours
- Complete progressive (interim) and summative (final) assessments.

### Nurse Unit Manager (NUM)

- Student rostering (with support of roster builder and/or CC)
- Assist with allocation of suitable preceptors for students
- Liaise with CC as required
- Compliance with safety and wellbeing of students allocated to the clinical area
- Management of staff assigned as buddies
- Be supportive of continuing professional development of buddy nurses.

## Expectations During Placement

As a student on clinical placement within our hospital and health service, you are expected to adhere to the following requirements:

### 1. Scope of Practice

Our expectation is that all students demonstrate a clear understanding of the Nursing and Midwifery Board of Australia (NMBA) National Standards for Practice, your EP's supportive placement documents that outline placement expectations (e.g., University of Sunshine Coast's [UniSC] Clinical Practice Framework).

It is your responsibility to understand your own scope of practice. Therefore, seek clarification from your EP or CC if you are unsure about a skill, and whether you can practice that skill. If the skill is not covered in your theory/curriculum, it cannot be undertaken whilst on placement.

At the SCHHS we provide placement to many cohorts of students, all at different qualification levels (i.e., EN, RN) and from different EPs. Therefore, it may be necessary to prompt others and remind them of your scope of practice appropriate to your level of education.

If a staff member asks you to go outside your scope of practice, please inform them that you are unable to do this – TAKE 5 (further information provided later in this manual). If necessary, escalate your concerns to your CC or the Team Leader (TL) on shift.

### 2. Uniform - Professional Appearance

Students are required to wear the clinical uniform as per their EPs requirements when completing clinical placement. The uniform must always be worn in a professional manner i.e., clean, neat and tidy.

Consideration should also be given to:

- Wearing appropriate footwear
- Amount and type of jewelry worn
- How hair is worn.

The SCHHS has a 'closed shoe' and 'bare below the elbow' policy to reduce the spread of infection. This means closed in shoes (that cannot be penetrated by sharps) and no jewellery, false nails or nail polish. Please refer to the [SCHHS Uniform, dress standards and personal presentation procedure](#) (ID 000186) on QHEP's for more in depth information as required.



### 3. Identification

A photo identification badge (issued by the EP or by SCHI) is always to be visibly worn whilst on placement. Print on these badges is very small, so consider providing your own name badge (first name only).

When introducing yourself to SCHHS staff, patients and consumers always identify that you are a student to establish and support safe expectations.

### 4. Rosters

You will receive your roster from your EP prior to commencing clinical placement. Please check to ensure you are familiar with your shift times.

The roster is carefully written in accordance with Qld Health roster guidelines and [SCHHS Nurses and Midwives EB11 Procedures Manual](#) as such, there is very little opportunity for changes. Do not contact your CC prior to placement to discuss roster changes. This can only occur through your EP prior to placement. Extenuating, emergent situations will be considered on a case-by-case basis.

### 5. Absence from Clinical Placement

If you require emergent (sick) leave while on placement, you must contact the clinical unit's TL, your CC (when in their working hours) and your EP. A medical certificate is required as soon as possible in accordance with the relevant EP process, along with submitting the certificate in the required manner (e.g., uploading to database or submitting to the relevant staff member).

### 6. Privacy and Confidentiality

SCHHS places very high importance on maintaining patient confidentiality and protecting privacy. A patient's trust is critical to providing high quality care, and this is a legal and ethical obligation ([SCHHS Patient information, access and handling for privacy and confidentiality procedure \(ID 000009\)](#))

Students who have access to identifying information need to be familiar with the relevant confidentiality and privacy requirements outlined below:

- Personal information is provided by patients on the understanding that it will not be mishandled or inappropriately disclosed (see above procedure)
- ieMR - Students who do not get their own ieMR access must not use their buddy's log-in and must only interact in this platform with their buddy/CC present. If you are unsure, please speak with your CC
- Under no circumstances is a student allowed to access information relating to her/himself without going through the correct channels
- Under no circumstances is a student allowed to access information relating to friends/relatives.

## 7. Learning Goal

Students need to identify to their Buddy Nurse a **daily learning goal**, using the Check In Check Out (CICO) process.

It is important that student's check in - setting realistic goals for themselves at the beginning of the shift.

Goals should be -

- Specific
- Measurable
- Achievable
- Realistic
- Timely

Checking out is equally important, reflecting on your shift and asking - have I learnt what I need to know? If not, what do I still need to know? (University of Sunshine Coast).



## 8. Medication Administration

All nursing students are only to administer medications under the **DIRECT SUPERVISION** of an RN who is authorised, educated, and assessed as competent to perform the same medication activity.

Undergraduate nursing students may administer Schedule 8 medications under the direct supervision of a RN, if it is within their scope as outlined by their EP. The student is not to sign for the medication and there **must** be a third registered practitioner in the checking process.

A student must not interact with an intravenous (IV) pump - change rates or bags, remove an intravenous cannula (IVC) or flush any IV lines/bungs without direct supervision. All medications / fluids must be double checked with your RN buddy or Clinical Coach.



Medication administration without an RN present is outside the student scope of practice and may result in clinical placement being paused to support patient safety. **This includes application of oxygen and ointments/creams with active medication ingredients.**

## 9. Feedback

Constructive feedback is important to help you achieve / assess your professional and personal goals, and to help create and consolidate learning experiences. Without effective and appropriate feedback, you will have little or no knowledge of your performance and

progress. Feedback is therefore an essential communication tool between your buddy nurse, CC, and yourself.

Within the SCHHS feedback is provided through an online feedback tool. This should be completed daily and is an opportunity for you to discuss with your buddy nurse any areas of strength or improvement.

### 10. Student Documentation

Students are encouraged to complete patient documentation as it is an essential communication skill. Students must have their buddy nurse review all documentation and countersign. It is your responsibility to ensure this is done in a timely manner (before the end of your shift and prior to going home).



**ieMR** - The SCHHS use integrated electronic Medical Records (ieMR). Depending on your year level you may be provided with a QH computer (Novell) account. Your Novell username and password are required for ieMR access. You will be required to document your clinical tasks and interventions under your own ieMR login.

When provided with your Novell login details, please keep these in a secure place as you will have the same Novell details on every placement within the SCHHS and will need to remember them.

For those students who do not receive ieMR access, you will always interact with ieMR alongside your buddy or CC. At no time should you accept and use your buddy's Novell access without them present, as this is a breach of policy and sits outside your scope of practice.

### 11. Clinical Assessment and Teaching Tools (CATTs) & TIPS

These documents are to support skill acquisition, used as a self-directed learning resource, for peer review or as a checklist or prompt for clinical assessment. They are underpinned by current evidence including clinical guidelines and procedures and are developed by the SCHHS Nursing and Midwifery Practice Development team.

The CATTs and TIPS can be accessed via the [Nursing and Midwifery Practice Development page on QHEPS](#) or given to you by your Nurse Buddy or CC to support your learning whilst on placement.

Basic Life Support (Adult)		Practice Development	
<p><small>Clinical Assessment Tools are criterion-based assessment tools designed for diagnosis, for formative, and summative assessment. If a CAT is being used for summative assessment of competency it must be administered by a clinical coach, clinical educator, or experienced assessor (e.g., Clinical Nurse Consultant or Nurse Practitioner). The CAT may also be used informally as a self-directed learning tool or peer review tool. Successful CAT completion = 100% of criteria met.</small></p>			
Performance Criteria	Observed	Assessed	Signature/Date
<p><b>Identifies</b> indications (refer to page 2)</p> <p><b>Observes</b> vital signs/indications (refer to page 2)</p> <p><b>B - Danger</b></p> <p><b>Assesses</b> risk for danger (e.g., looks for environmental and infectious hazards)</p> <p><b>Performs</b> transmission-based risk assessment, <b>don</b> non-sterile gloves (as a minimum), and any other Personal Protective Equipment (PPE) as appropriate for transmission-based precautions (refer to page 3)</p> <p><b>B - Safer</b></p> <p><b>Assesses</b> patient response by asking patient to open eyes or state their name</p> <ul style="list-style-type: none"> <li>If no response to voice, applies <b>sniff</b> and <b>assesses</b> for response to pain by squeezing the patient's trapezius muscle. If no response to pain, <b>calls</b> for assistance</li> </ul> <p><b>B - Safe for help</b></p> <p><b>Seeks</b> staff assistance using local processes (e.g., presses emergency button if available), presses patient alarm 3 times, uses staff extend call bell, or verbally asks for help (in relevant to location)</p> <p><b>States</b> required emergency number for relevant facility and calls / sends others to call Code Blue Team and/or Queensland Ambulance Service (QAS) (in relevant to location) using location and type of emergency (e.g., Code Blue adult, Ward 3F, bed 12)</p> <p><b>Ensures</b> ambulance staff member is sent to obtain Code Blue trolley (if available) or Automated External Defibrillator (AED)</p> <p><b>A - Airway</b></p> <p><b>Assesses</b> airway by tilting head backward, placing hand on top of head/forehead and using other hand to provide chin lift (head tilt / chin lift manoeuvre) (refer to Supporting Information page 3 for alterations for suspected spinal injury patients)</p> <p><b>Visualises</b> oral cavity and removes any obvious obstructions using available resources such as suction, Magill forceps, or tongue tip. For tracheostomy or laryngectomy patient, visualises and opens space of obvious obstruction</p> <p><b>B - Breathing</b></p> <p><b>Assesses</b> breathing for no more than 10 seconds by placing hand on lower chest while simultaneously placing ear several centimetres from mouth. Looks, listens, and feels for movement of lower chest / upper abdomen and for escape of air from nose and mouth, tracheostomy, or stoma. Undertakes one of the following strategies based on assessment:</p> <ul style="list-style-type: none"> <li>If breathing is normal, utilises strategies to maintain open airway (refer to page 3)</li> <li>If breathing is absent or gasping (agonal), commences chest compressions</li> </ul> <p><b>C - Chest Compression</b></p> <p><b>Performs</b> chest compression by positioning self beside patient with shoulders directly over patient's sternum (refer to page 2)</p> <p><b>Locates</b> the lower half of the sternum, and places heel of hand on the lower half of sternum with other hand on top arms straight and elbows locked</p> <p><b>Compresses</b> sternum by approximately one third of the depth of the individual's chest, maintaining constant hand contact with sternum, delivers compressions that are rhythmic and crisp, with equal time for compression and relaxation, ensuring complete recoil of chest after each compression</p> <p><b>Performs</b> compressions at a rate of 100 to 120 per minute. 30 compressions should take no less than 15 and no more than 18 seconds</p> <p><b>Provides</b> 2 effective breaths, ensuring equal rise and fall of chest using pocket mask-to-mouth method or bag-valve-mask (BVM) device. (Note: Uses BVM device as the preferred option. If available and the responder is trained in its use, avoids hyperventilation of patient for intubated or tracheostomy patient, refer to page 3)</p>			

### 12. Student Debriefs

Debrief is available to students across each placement period. These provide opportunities for students to discuss and learn from each other's experiences and are a part of reflective

practice process. These are held regularly, and you will be notified of dates and times by your CC.

### 13. Assessments

Each EP has developed tools aligned to the legislative requirements of their program to assess student's competence. Assessment focuses on the student's overall performance, that is, the extent to which each criteria/learning objective has been met overall for the clinical placement. Its' purpose is to rate the level of achievement reached on completion of the placement.

**Undergraduate nurse student cohorts** will have to complete a progressive and summative assessment. The following process will be completed for each assessment:

- 1 x progressive (halfway) and 1 x summative (end of placement)
- The date and time of your assessment will be scheduled by your CC. Self-assessments must be completed **prior** to this meeting.

If indicated, an informal assessment(s) can be completed to provide formal feedback to students and to support individual learning requirements. This may include the development of an individualised learning plan when needed.

**Vocational TAFE nursing students** also complete an interim (halfway) and final assessment (end of placement) and are encouraged to discuss their placement goals and review their Vocational Placement booklets with their CC during the first few days. At this time your CC will organise a date and time to support you in your completion of your booklet as required by TAFE.

All TAFE students are accountable for skills being signed off, please ensure that you ask your RN buddies to sign off your learning requirements in a timely manner, this will support your learning goals and experiences.

If you have any questions about your assessment/workbooks or your nurse buddy has any questions that you are unsure of, please contact your CC for assistance.

### 14. Social Media

Students are required to be aware of their responsibilities under the Code of Conduct regarding social media. Prior to posting any comments or photos on social media, students are to consider the likelihood of damage to the reputation or brand of the SCHHS, a person, or themselves. No photos are to be taken in any clinical areas and posted on social media.

Content posted on a social media site is immediately in the public domain and no longer deemed controllable. Social media posts can be **detrimental to a person's career, registration and employment**. For more information refer to the [SCHHS Social media use in the workplace guideline \(ID 001022\)](#).

## 15. Clinical Incidents

A clinical incident is an event or circumstance (not reasonably expected as an outcome of health care) which could have, or did, lead to unintended harm to a person. Clinical incidents include near misses as well as adverse events.

In the event you are involved in an incident whilst on clinical placement, please notify your nurse buddy / CC on shift or as soon as practicable so a Riskman (integrated information system) entry can be completed. This will inform the NUM of the unit and the Nurse Educator Student Placements that the incident has occurred, and they can follow up as required. For more information refer to [SCHHS Clinical incident management procedure](#) (ID 000564)

If your EP has a specific incident form, this must be completed as well. Whilst there is a “no blame policy” within Queensland Health, all incidents will be reviewed to determine how to avoid any recurrence.

## 16. Raising Professional Issues During Placement

It is our expectation that all students demonstrate a professional standard of behaviour in accordance with the NMBA Code of Conduct and Code of Ethics, as well as the EP’s and SCHHS Code of Conduct.

As part of demonstrating our commitment to uphold the Code of Conduct, we need to identify, and report conduct that is not consistent with this Code. We will support all students who report genuine concerns of wrongdoing and will manage any reports of suspected wrongdoing in a fair, transparent, and consistent manner. If you find yourself involved in a difficult situation that involves a conflict, harassment, bullying or other unacceptable behaviour, please be aware that your Nurse Educator, CC, your Course Coordinator, and your EP’s Student Wellbeing Services are available for support.

In less severe circumstances, you would generally, be expected to initially approach the situation/individual yourself to see if it can be resolved, in an amicable and timely fashion.

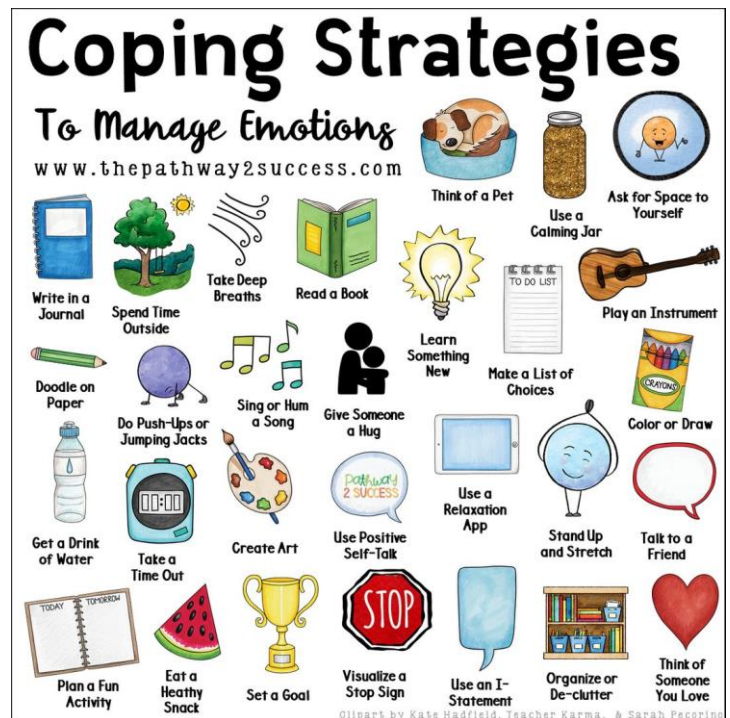
## Coping Strategies

The demands of shift work, complex patients and acquiring new knowledge and skills are just a few of the challenges you will face during your placement. There will be times where you may feel overwhelmed, confused and lost. It is important to know that you are not alone. Please don’t be afraid to reach out and ask for help or support.

Caring for complex patients can be stressful and exhausting. Even the most experienced nurses can feel overwhelmed with the stress of caring for patients with serious health concerns. As a student nurse, you must accept that you cannot know everything, and understand it is impossible to be prepared for every scenario. Utilise your nurse buddy/s

and/or CC to ask questions to improve your learning experiences. Don't feel embarrassed to ask questions or discuss patient situations with them. Use their knowledge and experience to guide you. Make the most of your placement by embracing all the learning opportunities offered to you.

Nursing is a very rewarding career, but it can also be challenging; emotionally, mentally and physically. It is crucial that you understand that it takes time to become competent and confident in any new role, regardless of your experience. **Seek support when needed.** Speak up when necessary to advocate for yourself and your patients.



These are some strategies you could implement to help you through your placement:

- Network and develop relationships with your fellow students as they are going through the same journey as you and can relate to how you feel
- Use the TAKE 5 – student safety initiative to support your learning experiences (see below)
- Don't be too hard on yourself. Set SMART (Specific, Measurable, Achievable, Realistic, and Timely) goals
- Look after yourself – eat well, exercise and get enough sleep
- Develop a strong support network with your preceptor/buddy, CC and colleagues. Ask them questions and use their knowledge and experience to guide you
- Be organised and aware of the expectations of completing your placement
- Recognise other factors that may be impacting on your placement and try to reduce these stressors (see Appendix A).

**If you feel like you are not coping, PLEASE speak up and ask for help.**

## Student Safety – TAKE 5

This initiative is to support students who are on placement within the SCHHS who need to stop, step away and take time to reflect on some of the following to ensure safe practice, patient safety and their own wellbeing.

### 1. Patient safety

Patient safety is the prevention of harm to patients through care delivery that:

- Prevents errors
- Learns from the errors that do occur
- Has a culture of safety that involves patients, health care professionals, students and the organisation.

### 2. Scope of Practice

At all times, student nurses should demonstrate that they have the knowledge, skills and abilities necessary to perform a specific task/nursing intervention.

Student nurses must also adhere to their EP's scope of practice, and should there be discrepancy, the lesser scope should be followed. It is the student nurse's responsibility to be accountable for their actions and ensure they are working within the appropriate scope of practice.

### 3. Seek Clarification

In communication, clarification involves offering back to the nurse buddy the essential meaning, as understood by the student, of what they have just said. Thereby checking that the students understanding is correct and resolving any areas of confusion or misunderstanding leading to unsafe practice.

### 4. Wellbeing

Is the state of being comfortable, healthy and happy. We want to focus on the four dimensions of wellbeing to support students whilst on placement– mental, social, financial and physical for students.

### 5. Communication

The importance of communication in providing safe and quality healthcare is evident from research and clinical practice. This is a key element that students should feel empowered to deliver in a safe manner that is supported by their buddy/preceptor.



## Facility Information

[Click here](#) to be taken to the SCHHS internet page for information on carparking, transport and maps at each facility.

## Evaluations

Your feedback is important to us; we can only make changes if we know where improvements are needed. We would very much like to hear how your clinical placements went on the ward or unit, so please take the time to give us your valuable feedback via the survey sent out by your EP.

## References

Clinical Facilitator Manual, (2020). Student Hub, Sunshine Coast Hospital and Health Service, Queensland Health.

Hallinan C, Omaye L, 2020. SCHHS Graduate Nurse/Midwifery Program Information Booklet, Sunshine Coast Hospital and Health Service, Queensland Health.

Nursing Clinical Placement (2020) Orientation Manual Townsville Hospital and Health Service, Queensland Health

Sunshine Coast Hospital and Health Service webpage, Queensland Health Access on 15072020; <https://www.health.qld.gov.au/sunshinecoast>

The Check In Check Out Process: Engaging in teaching and learning in a collaborative learning space. University of Sunshine Coast