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Published
2004

Conference Title
Australian Association for Research in Education Conference papers

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AARE Conference
University of Melbourne
2004
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Abstract
Many university degree programs require some form of professional accreditation through industry experience therefore it is desirable that the administration and delivery of these university programs reflect and support industry standards and needs. In practice, however, industry standards are frequently sacrificed in the current consumer-based university culture where the individual rights and needs of students are protected by university policies that take precedence over industry and professional requirements.

In this paper we locate and examine the tensions that exist between the political agenda of the university and the development of professionalism of pre-service teachers and nurses. It questions how well university policies support and reflect the professional standards and requirements of both teaching and nursing in their teacher and nurse education programs.

We use brief scenarios from one university in Queensland to discuss the way in which this institution negotiates the challenges and dilemmas that it faces in applying policy and practices to the requirements of industry placement during pre-service programs of teachers and nurses. The purpose of this paper is to stimulate debate and raise awareness of the ever-increasing complexities of professional practice and the need to reflect this in academic policy.

Introduction
Teaching and nursing are two professions that have evolved to their present status via a similar history. Both began as occupations that consisted mainly of workers whose sole qualifications and duties were their devotion to the nurturing, service and well being of others. Currently, both programs attract a diverse range of students. For example, a large proportion of mature age students seeking a career change enrol in teaching or nursing as they want to undertake an academic program that leads to a professional qualification and offers a range of employment opportunities, and is seen to be meaningful with the potential to make a difference in peoples’ lives. “Nursing attracts people from many walks of life, motivated largely by a concern and desire to understand and help people who are confronted by a range of potential or actual potential health problems and challenges” (Chang & Daly, 2001, p. 1).

In the twenty-first century teaching and nursing have evolved as professions that share the
similar requirements for members to have higher education qualifications that ensure theoretical knowledge as well as a practically grounded expertise. Further, they are all bound in their work by an ethical dimension usually expressed in a code of practice or conduct. Historically there were slow changes to both professions during the 1800s through to the mid 1900s. However, from the beginning of the mid 1980s, major changes began with a series of government reviews and reports (Dawkins, 1987, 1988; Nelson, 2003; Vanstone, 1996; West, 1998) that have resulted in extensive and complex changes to Australian universities in general, and teaching and nursing specifically. For example, Dawkin's Green and White papers (1988, 1989) fore grounded the development of mass education that led to increased university places increased the emphasis on the economic value of higher education, the vocationalisation of higher education accompanied by corresponding industry demands on higher education. The government of that time considered these educational changes would lead the push for economic reform. Similarly Brendan Nelson's Our Universities: Backing Australia’s future (2003) signalled the intention of the current government to use legislation as a means for driving the cultural, educational, social and economic change they argued was necessary for the 21st century. Many of these amendments have introduced significant changes to policies, strategic directions and plans and to the governance of universities. We discuss the significance of some of these changes in relation to their direct and indirect effect on teacher and nurse education programs.

To illustrate our argument we use scenarios that have occurred in two full time preservice programs, a four year Bachelor of Education - Primary (BEd) program and a three year Bachelor of Nursing (BN) program offered at a large metropolitan university in South East Queensland. Approximately 560 students are enrolled in the BEd program. During the four-year program, in addition to academic courses, students are required to successfully complete 80 days of supervised school experience as well as a teaching internship spread over a school term. The BN program is offered to over 200 undergraduate nurses who are required to complete 20 weeks of clinical placement during their three-year degree. Over 85% of the enrolled students in both programs are female and over 50% of total enrolment numbers are mature age students.

**University policy and strategic directions**

Pre-service teacher and nurse education is now only available as university degree programs defined by both theory and practice that must first be accredited by the discipline’s regulatory authority. The regulating bodies clearly define the professional standards of practice that graduates are expected to meet by the time they have graduated from their pre service programs. Here the emphasis is on developing graduates who will become members of a profession. Yet, while there is an increased emphasis on professional standards and
accreditation there is also pressure on universities to increase the number of students accepted into these programs as not only a way of answering public pressure but also a means of raising funds to maintain university activity.

Since 1995, Commonwealth funding per university student has continually declined (NTEU, 2002). In order to overcome this shortfall, universities have been forced to adopt an entrepreneurial approach through increased commercial operations and partnership arrangements to expand their sources of funding. Many are responding by broadening their student base with full fee paying domestic and overseas students and other commercial partnership arrangements. Changes brought about by university policy and strategic directions such as equity, internationalisation, commercialisation and community involvement have influenced the management of universities and have impacted on the main education business of universities. In what follows we discuss the effects of these changes.

Here the concern is that one or more of these aforementioned factors could lead to a deterioration of academic standards and have major ramifications for the university experience of students and quality assurance of all graduates (Brackenreg, 2004; Davies, 2000). This is of major concern for both teaching and nursing.

**Commercialisation and corporatisation**

We are in an era of increased commercialisation and corporatisation, student centred learning, increasing consumer awareness and litigation, and risk management. Therefore it is extremely important that university policy and position not only reflects professional practice standards, but is also absolutely clear and transparent on how it does this in all areas.

Gatfield et al. (1999) point out that the historically higher education managerialist approach on the issue of quality (that is it is the responsibility of the supply organisation to define, measure and evaluate quality standards) is now being challenged by a consumer approach which sees the market determining what quality is required. Margison and Considine (2000) point out that frequently the market, particularly for international students, is driven by a commercial and entrepreneurial spirit rather than academic excellence. The result of this is the rise of what Margison and Considine refer to as the "Enterprise University" (p.4) described as a one-dimensional institution dominated by the business of profit seeking.

The current government’s agenda to increase the number of full-fee paying students in universities has the potential to see them as large market retailers selling a service (Forbes, 2002). There is a risk universities will begin to adopt a consumer-oriented approach whereby students are seen as paying customers or consumers with rights and needs that must always be met rather than focusing on maintaining rigorous standards of scholarship, and developing educational and research excellence.
The impact of commercialisation and entrepreneurial activity on the integrity of teaching practices and on universities in general is now being questioned (Devos, 2003). Thornton (2001) is concerned entrepreneurialism of the new corporatised university has meant an outcome based managerial approach based on increased surveillance and accountability. He argues that recently devised codes such as Codes of Ethics that refer to fairness, rights and non-discrimination may be used to inhibit dissent rather than protect employees. Anderson (2001) concurs with this view, and argues that the voice of ordinary (less senior) academics have been silenced by overwork and fears of being characterised by their institution as ‘disaffected, dissident or even incompetent’ (p. 27). Thus academics in this climate of commercialisation and corporatisation appear reluctant to get involved in the university’s political process of decision-making, debate and critique due to a perceived powerlessness and fear of reprisal.

Teaching and nursing are two professions that have high attrition rates in part because of the growing workplace stressors and demands. At the beginning of the 21st century the Review of Teaching and Teacher Education (2003) and the National Review of Nursing Education (2002) both signalled the need for further support for higher education providers offering courses in these areas. Following these reviews, Brendon Nelson’s White paper, *Our Universities: Backing Australia’s Future* (2003) set out the government’s blueprint for reform in the higher education sector. Four key principles of sustainability, quality, equity and diversity underpin the reforms and built around these are a number of measures to reflect and support the reforms. Of particular relevance to teaching and nursing is the additional funding support to be provided by the Commonwealth to both teaching and nursing that are identified as areas of National Priority. The increased funding goes to institutions offering programs in teaching and nursing and is to be directed towards the enormous additional costs associated with teaching practicum and clinical practice in nursing. The extra funding signals an emphasis by the government on the importance it places on teaching practicum and clinical experience in the preservice education of teachers and nurses. A question to ask here concerns the fate of this extra funding. Will individual universities allocate the funding to the areas where it was originally designated or will the funding be diverted to other areas?

In response to the current and anticipated shortage of teachers and nurses the Commonwealth government has also introduced other initiatives to attract more people into these professions. The initiatives include exemption for teaching and nursing students from HECS increases as well as making available extra funded places for nursing students in regional university campuses.

However, while universities are being pressured and encouraged by the government to provide increased places to a wider range of students professional bodies are demanding strict observance of standards and regulations. While there is a community expectation that
graduates from accredited university teaching and nursing programs will be safe, competent, ethical and trustworthy in all aspects of their practice, the question is how well are the complexities of these disciplines’ professional practice reflected in and supported by current university policy? The following discussion now focuses on the importance of professional standards for both professions and why these must be incorporated in curricula and relevant university policy.

**Industry involvement**

Universities seek to involve the wider community in many aspects of their operations such as discipline specific advisory committees and university management boards. Industry involvement is seen to be useful in attempting to assure the quality and relevance of programs and to enhance the student educational experience. Many university degree programs require some form of professional accreditation through industry experience; therefore it is desirable for universities to engage with the relevant community and professional groups to reflect industry needs and trends. However, it is questionable whether industry requirements and concerns are given more than lip service by universities, as university entry criteria and assessment practices tend to reflect a culture of the new corporatised university with less attention given to other non-academic, but nevertheless necessary, industry and professional requirements.

Teachers and nurses work with vulnerable populations. In the case of teachers, the vulnerable population groups include very young children through to young adults, while nurses work closely with patients and clients with a wide range health issues, some life threatening. Both professions are subject to increasing public scrutiny because society in general has varying relationships with their clientele populations. As a result the two are frequently the focus of issues that are not only personal and political but also involve both professions simultaneously. For example, the range of health issues that are currently addressed in school curricula involve collaboration between both professions.

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**Theory and professional practice**

In the last fifty years growth and development has been characterised by the influence of globalisation and technological advances. Most societies are increasingly undergoing a transition from an industry-based to a knowledge-based economy. The result is that knowledge has become the new basic resource in economies. We hear the contextual value of
knowledge in the discourse of employers who are employing those workers who are able to implement their knowledge within the context of the industry they are entering. In this case knowing begins to narrow the gap between theory and practice, ideology and actuality and knowing and doing. As the integration of work and learning is gaining importance tertiary education institutions are being forced to change their traditional, somewhat passive role in the imparting of knowledge and to take on board a more competence-based method of handling knowledge by their students (Carpenter & Patrick, 2004).

The nexus between theory and practice is an ongoing concern for both teacher and nurse pre service education, with much attention given to how well graduates are able to bridge the gap between academia and industry and “fit into the system”. Teaching and nursing curricula are faced with the challenge of embracing vocational as well as traditional educational aims while students are expected to become both competent practitioners and knowledgeable, life long learners. The theory practice nexus is achieved by offering teaching and nursing programs that are not only grounded in theory but also provide students with significant and quality teaching and clinical experiences. Further, both pre service programs require that students satisfy the standards set by their respective profession. In educational terms, McAllister (1999) observes that there is a balance of the development of vocational, or doing skills, with metacognitive, or learning skills.

According to the National Review of Nursing Education Discussion Paper (DETYA, 2001, p. 109) much of the Australian nurse education occurs at the junction between healthcare and education systems and settings. This is a highly complex space in which a variety of players contest and collide: different professions, professional bodies, workers, and government and non-government employer agencies. It involves multiple levels of authority, and different regulatory regimes and frameworks. Much the same could be said of teacher education, as there is also the need to integrate student practicum placements as part of the curriculum’s requirements to incorporate and meet the standards of the profession.

The demand for standards at both a pre service and post service level by the relevant regulatory body follows Bruhn et al’s (2002) argument. He argues that it is essential for professions to be self-policing so they have the capacity to establish expectations, evaluate the profession’s contribution to society and monitor the conduct of its members. Hence they are left with the ultimate authority to govern and regulate the profession and protect the profession and the constituents it serves.

Key stakeholders view comprehensive industry experience for teaching and nursing as extremely valuable and essential, and consider experience central to all course accreditation by Australian Nursing Council (ANC) (2000) as well as the Queensland Board of Teacher Registration (BTR) (2002). Education and health are both potentially emotive issues in the public domain and there is need to ensure the well being and rights of the public are
protected. This occurs through standards set up by professional regulatory authorities that prescribe the competence and professional standards required for registration of individuals as practitioners in their respective professions. In addition, teachers and nurses, once registered, have a professional responsibility to maintain the standards in order to renew their licence on an annual basis. In Queensland, the regulatory authority for teaching is the BTR and for nursing the Queensland Nursing Council (QNC). The nursing profession is also regulated by a complex system of national standards set down by the ANC.

The BTR is a regulatory body that collaborates with teacher education providers, employing authorities, the teaching professional and the community to develop standards for teacher education programs. This regulatory body defines the professional standards and attributes (BTR, 2002) they consider characterises graduates who have successfully completed a BTR approved teacher education program. As well, the main employer of teachers in Queensland, Education Queensland has developed the document *Professional Standards for Teachers* (2003). This set of comprehensive guidelines relates to the professional standards that clearly define the knowledge, skills and abilities that teachers require to provide relevant and worthwhile learning experiences to students. All teachers, including new graduate teachers, must be able to provide evidence that they are able to meet these standards before they are given employment in Queensland schools.

QNC strives to ensure that all nurses practise in a safe and competent manner. To this end, as part of its multiple functions, QNC is responsible for achieving and maintaining standards of conduct, health and competence in nursing through its professional standards functions. The ANC’s Code of Ethics, Code of Professional Conduct and Competency Standards also drive these standards. The Competency Standards reflect the unique characteristics of nursing and identify the knowledge, skills and attitudes required by the nursing profession. Accreditation for pre service nurse education programs will only be granted to programs that provide opportunities for students achieve those specified competencies. In this case the competencies assess knowledge, skills, attitudes, values and clinical performance.

Both the BTR and QNC standards ensure that the person applying for registration to teach or nurse have gained relevant qualifications, have competency in English language. In addition the QNC require that registered nurses are safe and competent to practise and are in a state of health that allows them to carry out their duties. The BTR and QNC competency standards reflect the unique characteristic of teaching and nursing as well as broader attributes nurses have in common with other professions and occupations. In addition, they identify the knowledge, skills and attitudes required by nurses and reflect the complex nature of the activities of each profession.

We argue that despite industry policies on standards university policies frequently prevent the development of professional standards during pre service programs because polices such as
equity, internationalisation run counter to many of the standards. We now turn to these and related issues.

**Internationalisation**
The importance of international students to the Australian economy is highlighted by Myton's (2002) report that in the year 2000, international students generated $3.7 billion for the Australian economy of which $2 billion went to university budgets. According to Batorowicz (1999) by the end of the 1990's Australia was the third largest exporter of education in the world after the USA and the UK. At this time international students represented 10% of the total student body (Gatfield et al., 1999). Batorowicz analysed the problems faced by international and non-English speaking students, and found the main problem was that of language particularly in the area of oral language. A study by Mulligan and Kirkpatrick (2000) found that fewer than one in 10 students from NESB were able to understand the content and intent of their lectures very well. Robertson et al. (2000) report that language comprehension and competence as well as understanding colloquial language pose the greatest problems to NESB students. Of concern is a Pantelides (1999) finding that despite international students meeting the English language admission requirements of the university, many students discover their English language proficiency is inadequate to meet the requirements of their program. Therefore, the move towards greater internationalisation as a means of enhancing university revenue and broadening the cultural interchange and experience of both domestic and international students raises a number of concerns that to date have not been adequately addressed. Some of these concerns relate to student performance in professional practice settings. We discuss these issues in a later section.

**Equity**
Since 1990 five equity groups in addition to Indigenous Australians have been recognised as being disadvantaged in their access to higher education. These include people with disabilities and people from non-English speaking backgrounds (NESB). These groups are supported under the Higher Education Equity Programme. As well, from 2005, the Australian government will increase its funding for students with disabilities by $3 million per year. This emphasis on equity reflects a commitment to greater inclusiveness in higher education. However, this is not without problems, as students from recognised equity groups may experience considerable difficulties meeting the requirements of certain academic programs, including teaching and nursing. A study by Tincani (2004) on the outcomes for college students with disabilities reports that despite legislation increasing the enrolment numbers of students with disabilities into post secondary education many of these students are not achieving well academically. Tincani's study found that only 53% of students with a disability
attained a degree or vocational certificate in five years compared to 64% of students without a disability. The important point to be made here is that most higher education institutions offer support to students with disabilities yet many students do not identify as having a disability. A further issue is that faculty attitudes toward higher education students with a disability can often contribute towards failure. Rao (2004) suggests that many variables such as an academics' gender, age, experience and knowledge of disability legislation will all contribute significantly to whether they will attempt to accommodate the special learning needs of students with a disability. Likewise, Sowers & Smith (2004) found from their study of a nursing faculty that the attitude of academics was a barrier to nursing students with disabilities. The study found that many nurse educators believed people with disabilities should not be admitted into nursing programs. These beliefs are not confined to nursing faculties and could be found throughout universities. This illustrates the tension between legislation, university policy and practice.

**Admission policy for undergraduate teaching and nursing programs**

University admission policies also provide an area of tension particularly in teaching and nursing. Admission to these two undergraduate programs in universities is often based on the admission level of the applicant, target numbers and/or quotas, where admission level is the basic measure of academic merit for tertiary admission purposes determined by the relevant tertiary entrance procedure authority. Other admission criteria may be specified, for example a pre-requisite of year 12 English. Overseas NESB applicants need to demonstrate that they have a satisfactory command of English before being considered for entry into these programs. Such admission requirements reflect the academic ability of applicants to undertake the program.

Teaching and nursing attract a large number of mature age students, who may gain entry into programs under special admission requirements that take into account non-formal educational attainment. In addition, university policies aim to increase and enhance opportunities for people with disabilities to access higher education. This is a particularly challenging issue for teacher and nurse education, as educational institutions are not able to discriminate in relation to access to education based on disabilities or medical conditions. However, teachers and nurses are also required to display professional standards that reflect the knowledge, skills and attitudes required for safe and competent practice. As we have discussed earlier relevant registration boards and associations may refuse to register a person with a disability or with inadequate English competence. Difficulties can arise when university programs accept and prepare students for qualifications that enable entry to particular professions with stringent registration requirements. This is particularly pertinent to nursing, as industry placement and clinically based assessment based on the ANC competencies are embedded through the
nursing curriculum. Therefore, students with disabilities or health concerns may not be able to satisfactorily meet all of the required competencies. Unless specific information based on the requirements of the relevant professional bodies is also included as part of the admission requirements, then university admission policies have failed to take into account that these two disciplines require more than academic ability.

Assessment policies
Ensuring rigorous academic standards are an important part of any quality university program. Therefore, policies dealing with all aspects of assessment, including the processes to manage student grievances related to assessment need to clearly set out. It is important that due process is correctly followed and the principle of natural justice adhered to at all times, and a key role of student support services at the case study university is to advocate for students in an appeal on grades. However, difficulties may arise when students appeal a fail for industry placement, as the fail often involves behaviour that is non-academic in nature. Brackenreg (2004) refers to the centrality of the pass/fail grade for pre-registration students in university nursing programs, and the complexities involved in making judgements about when and why students should fail in terms of competency standards. Invariably, students perceive a fail grade in practice as very different to a fail grade in a purely academic piece of work. A failure in practice is seen as a judgment on the core of what they do and what they want to be. That is, they have failed as a teacher or a nurse. This inevitably causes great angst, and students will often dispute the grade from a very emotive viewpoint, using arguments based on assessor discrimination and bias, racism, poor supervision, or alterations in health status and functioning. These arguments require a detailed response from academics and comprehensive supportive documentation. Thus the process of failing a student is highly problematic for both educators and assessors, and yet according to a recent article, it is little researched (Brackenreg, 2004). If we are to truly reflect the community and professions’ position, then university policies also need to incorporate assessment policies that are cognisant of professional standards.

Safe and competent practice
In recognition of the vulnerability of young children and in an effort to ensure that schools present a safe environment the Queensland Commission for Children and Young People introduced legislation in 2000 that required all teacher education students to obtain a Working With Children card by May 2002. This means that criminal history checks are carried out on all students. There is a clear message here that teacher education students are expected to engage in behaviour that will ensure the safety of children.
Further, Education Queensland states that teachers have the responsibility of carrying out their duty of care in a professional, competent and conscientious manner, by always seeking to improve their performance and the department’s service delivery to schools and students. The Queensland Independent Education Union goes further by adding that teachers will be considered to have breached their duty of care if they have failed to provide adequate supervision, adequate instruction and fail to have intervened in potentially dangerous situation.

In the case of nursing, the QNC strives to ensure that all individuals authorised to practise nursing are safe and competent to do so. To this end, QNC is responsible for the initial and ongoing licensure of nurses and the maintenance of a public register. All applicants for registration must therefore declare that they are safe and competent to practise. This includes a declaration to the effect that the applicant’s state of health is such that he/she is capable of carrying out nursing duties without endangering any patient. If QNC receives information that raises concerns about the health of a nurse or an applicant for registration, it may refer the person for a health assessment with the Health Assessment Advisory Panel which could lead to a refusal for registration. Therefore, potential applicants for undergraduate nursing programs in Queensland should be fully informed of the requirements of the profession before entering the program. This is particularly relevant for those applicants who may have concerns about their health status and the ability to safely undertake the range of nursing activities required in the practice arena yet have been accepted into a pre service program.

Policies to increase and enhance opportunities for people with disabilities to access higher education and the endeavour to make all academic programs available to prospective students with disabilities reflects a commitment to equity, but may not always be congruent with the requirements of the professional bodies.

**Privacy policy versus professional duty of care.**

Tensions arise when university lecturers in teaching and nursing are involved with students going on industry placement who are perceived to pose a risk to vulnerable clients such as patients and children. In an era of student rights and privacy legislation policy, a tension exists for those academics that have a duty of care to their profession, are concerned that a student’s behaviour may put clients at risk, whilst at the same time are aware of the student’s right to privacy. The education and health professional both have a duty of care to all their client population who they can reasonably foresee are likely to be injured by what they do or do not do. At law such a person is considered to be their “neighbour”, and to such a person they have a legally recognised relationship that gives rise to the ability to sue (Forrester, 2003, p.27). A breach of duty of care may occur in several circumstances, including failure to warn of risks. This situation is of major concern for academics, particularly regarding the nature of
the information related to individual students that can be passed on to industry partners during professional experience, and as such there is a very tenuous line between duty of care and breaching student confidentiality.

**Case Studies**
Although the majority of pre-service teaching and nursing students are able to satisfy the requirements of their programs, there exists a minority of students who for a variety of reasons fail to meet the standards. We now discuss briefly some scenarios that have occurred in the case study university to illustrate the tensions and conflicts that can occur when professional practice encounters university policy.

Student A was enrolled in the BEd program until he was counselled to leave the program with a Bachelor of Arts because of repeated failures in third year teaching practicum courses. A has applied and has been readmitted back into the BEd program two years after he exited. Despite the program and the practicum convenor of the program being consulted there is no clear policy that can be used to refuse A readmission. The nature of A's repeated past failures in teaching practicum suggests that they will continue to experience problems in this area. The concern here is that despite clear evidence of A's inability to meet professional practice requirements the university has readmitted a student who has the potential to take up valuable time and resources of both university personnel and school personnel.

The case study university has attempted to address this issue by developing a policy specifically aimed at dealing with students who, for non-academic reasons, are unable to complete required components of professional qualifications. However, from the authors’ experience there appears to be a widespread reluctance to use this policy due to a perceived lack of clarity regarding its application.

Student B is on charges for committing a criminal offence. B has received much widespread publicity regarding her alleged involvement. The university practicum convenor believed there was a duty of care to inform the industry practicum site about this person's alleged offence. However advice was received from senior university employees that issues of confidentiality and privacy would be contravened if information about the student was divulged. Both the professional registration body and the Queensland Commission for Children and Young People Children's Commission upheld this view. The practicum convenor received advice that all reasonable effort should be made to place the student for professional practice. This is an example of a conflict that can exist between university policy, government policy and the employer's policy of Duty of Care to consumers. In this case the employing authority wrote to the student to inform them they would not be able to undertake practicum on any site until the student had been to trial.
Therefore the tendency to take risks and poorly manage areas of concerns in student professional practice continues. Anecdotal evidence suggests that academics’ duty of care will outweigh the student’s rights, however in this case study the university gives priority to the student’s rights.

Student C, a nursing student does not always accurately comprehend patient care directions, and the academic is apprehensive that C’s language difficulties may put patients at risk. Nursing often involves a multidisciplinary approach to patient management, and with this a high flow of verbal information and communication occurs on a daily basis between nurses, other allied health professionals such as medical practitioners and physiotherapists, administrative personnel, patients and their relatives. Patient care directives are therefore often given verbally, and documented at a later date, a practice that has the potential to create adverse patient events (Coiera, Jayasuriya, Hardy, Bannan, & Thorpe, 2002). Effective communication skills are one of the core competencies that must be demonstrated in order for nurses to satisfy the requirements of clinical placement. In the case of C, difficulties in comprehending verbal instructions resulted in incorrect information being given to the patient and incorrect written instructions being documented in the patient’s medical record. If these written instructions had been followed, the patient’s life would have been put at risk. Furthermore, the patient was quite distressed, and made a formal complaint about C. When attempting to address the issue and provide constructive feedback and future strategies to prevent such situations occurring again, C accused the supervisor and university academic of racism and discrimination.

Student D is a nursing student who enrolled in the program with a pre existing back condition. This condition makes it impossible for D to stand for long periods of time or to lift even light loads. D has identified as being disabled to the University Disability officer. D demands that he be placed in a clinical setting where he will not be required to stand or do any lifting. The university is obliged, according to the anti discrimination laws, to make all reasonable accommodations to enable D to complete the degree program. Yet the QNC would have difficulty in registering D because he does not meet the health requirements for registration. Here is an example of university admission policy not accounting for the requirements for professional registration.

A myriad of other problems related to professional experience can also occur for all students. For example concerns related to professional conduct, health status, insufficient knowledge and poor skills. The issue of students being assessed as unsatisfactory on industry placement creates enormous difficulties for both academics and industry-based supervisors, as assessment policies and practices tend to reflect academic performance only. Substantiating a fail grade on industry placement requires that a significant amount of documentation be included, far more than is required for a fail grade on an academic piece of work.
It is imperative that comprehensive risk management strategies to deal with the above issues be introduced to prevent a loss of reputation or moral standing within the community and a failure to meet legal and professional obligations.

**Conclusion**

We began this paper by asking, “Are the complexities of professional practice supported by university policy?” We discussed some ways in which corporatised Australian universities are increasingly influenced by the individual rights and needs of the consumer in an effort to meet the complex needs of the Australian higher education sector. We examined the many conflicts and contradictions that occur in two disciplines, teaching and nursing, when university policy meets professional practice. Frequently the rights of academics and professional bodies to expect certain standards of practice have become eroded. Hence there may be a need for universities to reconsider how their policies and practices can accommodate the rights and demands of individual students. They also need to consider how promote programs that are designed to education graduates of a high professional ethic. This could be done by altering advertising material for programs to make more explicit the required standards of registration for specific professions and the subsequent requirements of pre service. Furthermore, there is a need to consider increasing university requirements regarding the English standard that is required for admission into those programs whose professional bodies require a high standard of literacy. There may also be a need to develop a set of best practice guidelines for students that will clearly relate university policy to professional standards.

We suggest that the questions we have posed could be further explored by examining related areas. For example, are other university faculties that offer a component of professional experience in their programs experiencing similar concerns? Are university administrative elements aware of the possible long-term consequences of a mismatch between policy and professional standards? Are key stakeholders such as industry representatives affected by any contradictions between policy and industry expectations?

In conclusion, there is a need for further exploration of the widespread impact of this change in educational culture on the rights and needs of industry who are also consumers. This is particularly important if we take a lead role in providing for public education and caring for the health, safety and well being of consumers.

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