Course Descriptor

English for Clinical Handover and Documentation · OBA-ENG-2026

DOCUMENT CONTROL

- Programme: English for Clinical Handover and Documentation (OBA-ENG-2026)
- Audience: Student and Facilitator · public-facing
- Version 1.0 | Issued 20/09/2026 | Review due 20/09/2027
- Provider: OBA Nursing Academy

English for Clinical Handover and Documentation

A fully self-directed, entirely online professional development programme for registered and enrolled nurses in every setting, midwives, students, and the managers and educators who own the handover process. Written with internationally qualified nurses particularly in mind, and useful to everybody. 9.0 CPD hours.

TWO THINGS TO SETTLE BEFORE YOU ENROL

- THIS IS NOT AN ENGLISH TEST COURSE AND IT IS NOT AN ACCENT COURSE. It does not prepare you for OET, IELTS, PTE or TOEFL, and it has no relationship to the NMBA English language skills registration standard - which applies to applicants for INITIAL registration and does not apply to a nurse who is already registered. Nothing in it asks you to change how you sound, and nothing in it treats an accent as a clinical risk.
- AND IT LOCATES THE PROBLEM ACCURATELY. Of the eleven actions in the Communicating for Safety Standard, EIGHT bind the health service organisation - so a handover with no allocated time, no designated leader and no defined minimum information content is a set of compliance gaps belonging to the service. The course says so, and then gives you the sentences anyway, because knowing whose problem it is does not get anybody through a night shift.

Course code	OBA-ENG-2026
Provider	OBA Nursing Academy
Duration	9.0 CPD hours, self-paced
Delivery	Entirely online, self-directed, through the OBA learning management system
Modules	11, plus a case study assessment and a summative assessment
Assessment	60 single-best-answer items, 80% pass mark, 2 attempts
Entry requirements	None. Written for registered and enrolled nurses and midwives in every setting
Content note	Every requirement maps to a named ACSQHC or NMBA document, and the course says which

What it is not	Not an authority to practise. It authorises nothing beyond your existing scope
Outcome	Certificate of completion with a unique certificate identifier
Version	1.0, issued 20/09/2026, review due 20/09/2027

Who should enrol

- Internationally qualified nurses and midwives practising in Australia - for whom the clinical register, the escalation conventions and the documentation expectations are all new at once, and usually learned by being corrected
- Registered and enrolled nurses in every setting, at every stage - because handover and documentation are where most of the preventable harm in Australian health care is transmitted, and neither is taught well anywhere
- Nurses returning to practice after a break, or moving between sectors - acute to aged care, hospital to community - where the documentation conventions change completely
- Agency and casual nurses, who hand over to people they have never met, in services whose minimum dataset they have not been shown
- Nurse unit managers, educators and clinical leads - who own the handover process under Action 6.08 and whose service's defined minimum information content is the thing this course keeps pointing at
- Anybody who has ever escalated, been ignored, and then been told afterwards that they should have escalated
- Anybody who has written 'patient non-compliant' in a progress note and not thought about it since
- Nurses whose first language is not English, and nurses whose first language is English - because the softener is not a second-language habit. It is a nursing habit, and it is at least as common in people born here

What you will cover

Module	Title	Hours
00	Orientation: Your English Is Not the Problem, and You Still Have to Be Understood	0.50
01	What the Standard Actually Requires, and Who It Binds	0.50
02	The Structure Is Required; the Mnemonic Is Not	0.50
03	Saying the Hard Thing: Hedging, and the Words That Get Ignored	0.50
04	Precision: Observation, Conclusion, and the Words That Mean Nothing	0.50
05	The Telephone: the Hardest Thing You Will Do in English	0.50
06	Documentation: the Seven	0.50

	Guiding Principles	
07	What Must Never Be Written: Labels, Opinion as Fact, and Who Reads It Later	0.50
08	Abbreviations, Symbols and the Ones That Cause Tenfold Errors	0.50
09	Interpreters, Teach-Back and the Patient Who Does Not Speak English Either	0.50
10	The System Around It: Whose Action Is It, and What to Report	0.50

How you will learn

1. Watch the narrated module video.
2. Read the Student Learner Guide for that module.
3. Complete the reflective workbook activity.
4. Complete the knowledge check and read the rationales.
5. Move to the next module when the system unlocks it.

The ten questions you will finish with

This course deliberately does not answer the questions that are set where you work. It tells you which they are, and the workbook has a page for the actual answers.

- What is my service's DEFINED MINIMUM INFORMATION CONTENT for handover, and where is it written down? (Action 6.07 - and if the answer is 'nobody knows', that is the finding.)
- Which handover mnemonic does my service use, if any - and is it in a policy or just a habit?
- What are my service's THREE APPROVED PATIENT IDENTIFIERS?
- Where is my service's APPROVED ABBREVIATION LIST, and have I ever read it?
- Who is the designated leader of my handover, and is handover allocated protected time?

…and five more, in Module 10.

A note on the content

Two things about how this programme is written. It locates the problem accurately: communication failure at transitions of care is overwhelmingly a system finding, and eight of the eleven actions in the Communicating for Safety Standard bind the health service organisation rather than the individual clinician. And it does not pretend that the system being at fault gets an individual nurse through a night shift - so it also gives you the sentences. A proportion of any cohort has been made to feel that their English is a liability, often by people who meant well. Nothing here reinforces that, and the support lines are on every student-facing document.

SUPPORT - FOR YOU, NOT FOR A PATIENT

- Nurse & Midwife Support - 1800 667 877. 24 hours, seven days. Free and confidential, for nurses, midwives and students - including if you have been bullied about your English, or are carrying an incident in which communication was blamed.
- Lifeline - 13 11 14. 24 hours, seven days. National crisis support.

- You may stop this programme at any point and come back. Nothing is timed and there is no penalty.

What this course is, and is not

SCOPE OF PRACTICE AND CURRENCY

- This programme is professional development. It explains the Communicating for Safety Standard, the Commission's guidance on clinical handover and documentation, and the NMBA standards for practice that govern nursing documentation; it does not replace them, and it is not legal advice. It does not define your service's minimum information content for handover - Action 6.07 requires your organisation to do that in collaboration with clinicians, and your service's defined dataset, approved abbreviation list, escalation protocol and documentation policy override anything in this programme wherever they differ.
- Content verified 20/09/2026 against the NSQHS Communicating for Safety Standard (second edition), the Commission's current guidance pages on effective communication, clinical handover and documentation of information (last updated 29 April 2026), the Implementation Toolkit for Clinical Handover Improvement (2011), Recommendations for safe use of medicines terminology (November 2024), the Australian Charter of Healthcare Rights (second edition), and the NMBA registered nurse and enrolled nurse standards for practice. NOTE THE TWO CURRENCY LAYERS: the Commission's guidance pages are current to April 2026, while the Implementation Toolkit that carries the four principles of handover and the mnemonic finding was published in 2011 and predates the second edition of the NSQHS Standards. Where this programme relies on the Toolkit it says so.