



Bord Altranais agus  
Cnáimhseachais na hÉireann  
Nursing and Midwifery Board of Ireland

# **National Quality Clinical Learning Environment Audit Tool**

Guidelines on the key points that may be  
considered when developing a National Quality  
Clinical Learning Environment

**2018**

## **ACKNOWLEDGEMENTS**

### **Working Group Members**

Ms. Judith Foley, Director of Professional Standards - Nursing, NMBI

Prof Marie Carney, Faculty of Nursing and Midwifery, Royal College of Surgeons, Dublin. CLE Working Group Project Lead and author of this document

Ms Dawn Johnston, Director of Midwifery, NMBI

Ms Catherine Rooney, NMBI Administrative Support/Minute Taker

Ms Aisling Culhane, PNA

Ms Angela Lally, CPC, Connolly Hospital, Blanchardstown

Mr Paul Boyle, Siptu, Intellectual Disability Nursing, Dundalk

Ms. Rose Bennett Nurse Practice Development Co-ordinator North Dublin Mental Health Service CHO9

Ms Judith Fleming, Midwifery Specialist Coordinator, Coombe Maternity Hospital

Ms Joan Donegan, A/NMPD Director, HSE, St. Bridgets, Ardee

Ms Deirdre O Sullivan, Faculty Education Course Coordinator, University of Limerick

Ms. Maria Bailey, University of Limerick

Ms. Elizabeth Adams, INMO Director of Continuing Education

Ms Maria Fox, Faculty of Nursing and Midwifery, RCSI for technical assistance

## CONTENTS

1 INTRODUCTION .....	5
2 DEVELOPMENT OF PROFESSIONAL GUIDANCE DOCUMENT .....	7
3 THE CODE OF PROFESSIONAL CONDUCT AND ETHICS FOR REGISTERED NURSES AND REGISTERED MIDWIVES .....	8
4 QUALITY CLINICAL LEARNING ENVIRONMENTS.....	9
4.1 Influencing Factors.....	9
4.2 Culture and Learning Environment.....	9
4.3 Factors Facilitating Learning .....	10
4.4 Student Satisfaction with Clinical Learning Environment.....	11
4.5 Factors Inhibiting Learning.....	12
4.6 Quality Clinical Practice Experiences .....	12
5 DESIGNING AND MANAGING THE CLINICAL LEARNING EXPERIENCE.....	14
5.1 Functions Supporting Pre-Registration Nursing and Midwifery .....	14
5.2 Roles Influencing Student Clinical Learning Environment .....	14
5.3 Student Support and Supervision: The Preceptor .....	15
5.4 Selection of Preceptor.....	16
6 CREATION AND MAINTENANCE OF A QUALITY CLINICAL LEARNING ENVIRONMENT .....	17
7 CLINICAL LEARNING AND ASSESSMENT.....	18
7.1 Assessment in Clinical Practice .....	18
7.2 Assessment and Competence.....	18
8 STUDENT DOCUMENTATION AND RECORDS.....	20
9 NATIONAL QUALITY AUDIT TOOL.....	21
10 ROLE OF ASSOCIATED HEALTH SERVICE PROVIDERS AND HIGHER EDUCATION INSTITUTIONS IN THE AUDIT PROCESS .....	22
11 CONCLUSION.....	23
12 REFERENCES.....	23
13 SUBMISSIONS.....	240
14 GLOSSARY OF TERMS .....	32

## ABBREVIATIONS

<b>AANP:</b> American Academy of Nurse Practitioners	<b>MPDC:</b> Midwife Practice Development Coordinator
<b>AHCP:</b> Associated Health Care Providers	<b>NCEC:</b> National Clinical Effectiveness Committee (Department of Health, Ireland)
<b>ANA:</b> American Nursing Association	<b>NCSBN:</b> National Council of State Boards of Nursing
<b>ACNP:</b> Acute Care Nurse Practitioner	<b>NCNM:</b> National Council for the Professional Development of Nursing and Midwifery
<b>ABA:</b> An Bord Altranais	<b>NCNZ:</b> Nursing Council of New Zealand
<b>ALO:</b> Allocations Liaison Officer	<b>NEPD:</b> Nursing Education and Practice Development. The term <b>NPQD-</b> Nurse Practice and Quality Department is used in some organisations
<b>ANMAC:</b> Australian Nursing and Midwifery Accreditation Council	<b>NPDC:</b> Nurse Practice Development Coordinator
<b>ANMC:</b> Australian Nursing and Midwifery Council	<b>NPDDU:</b> Nursing, Midwifery Planning & Development Unit
<b>ANP:</b> Advanced Nurse Practitioner	<b>NMBI:</b> Nursing and Midwifery Board of Ireland (the Board) Bord Altranais agus Cnaimhseachais na hEireann
<b>CAO:</b> Clinical Allocations Officer in Higher Education Institution (HEI)	<b>NMBA:</b> Nursing and Midwifery Board of Australia
<b>CCLE:</b> Challenging Clinical Learning Environment	<b>NMC:</b> Nursing and Midwifery Council
<b>CCNE:</b> Centre for Children's Nurse Education	<b>MPDC:</b> Midwife Practice Development Coordinator
<b>CNO:</b> Chief Nursing Officer in Department of Health	<b>MHC:</b> Mental Health Commission
<b>CNA:</b> Canadian Nursing Association	<b>ONMSD:</b> Office of Nursing and Midwifery Services Director
<b>CNE:</b> Centre of Nurse Education	<b>Patient/Client/Person/Mother:</b> Refers to the 'patient' in this document
<b>CNPD:</b> Centre for Nurse Planning and Development	<b>Personal Tutor:</b> Is based in the HEI and supports and assesses students in clinical placements
<b>CME:</b> Centre of Midwifery Education	<b>PPPG:</b> Policies Procedures Protocols Guidelines
<b>CMT:</b> Clinical Midwifery Tutor	<b>QQI:</b> Quality and Qualifications Ireland
<b>CNS:</b> Clinical Nurse Specialist	<b>RCNME:</b> Regional Centre of Nursing and Midwifery Education
<b>CMS:</b> Clinical Midwife Specialist	<b>RNT:</b> Registered Nurse Tutor
<b>CNM:</b> Clinical Nurse Manager	<b>SAG:</b> Nursing Subject Area Group (SAG) of the Tuning Project
<b>CMM:</b> Clinical Midwife Manager	<b>SALO:</b> Student Allocation Liaison Officer
<b>CPC:</b> Clinical Placement Coordinator	<b>WGQCLE:</b> Working Group for Quality Clinical Learning Environment
<b>CRNBC:</b> College of Registered Nurses of British Columbia	
<b>CSF:</b> Clinical Skills Facilitator	
<b>DATHS:</b> Dublin Area Teaching Hospitals Services	
<b>DoN:</b> Director of Nursing	
<b>DoM:</b> Director of Midwifery	
<b>HIQA:</b> Health Information and Quality Authority	
<b>HEI:</b> Higher Education Institution	
<b>HSE:</b> Health Service Executive	
<b>ICN:</b> International Council of Nurses	
<b>LL:</b> Link Lecturer, sometimes termed Personal Tutor	
<b>MHC:</b> Mental Health Commission	
<b>MOU:</b> Memorandum of Understanding	

## 1 INTRODUCTION

The aim of clinical practice is to enable students to achieve the domains of competence and become safe, caring, competent decision-makers willing to accept personal and professional accountability for evidence-based nursing and midwifery care. This aim is supported by their profession.

**Who is this Professional Briefing document for?** This document is written for all registered nurses and registered midwives, who are engaged in the teaching and assessing of pre-registration nurses and midwives in clinical settings and who are supported by academic staff in the higher education institution(s) (HEIs) they are partnered with. This document replaces the Professional Guidance Document (2003) and was developed with reference to research evidence on the pivotal role of the nurse and midwife in pre-registration student teaching and learning in the clinical environment. National Audit Tools were designed to determine the suitability of the clinical learning environment for students.

**Who will use the National Audit Tools?** The National Quality Clinical Learning Environment Audit Tool is designed for use by Associated Health Care Providers (AHCP) and their associated HEIs, through a collaborative process. To support this National Audit Tool separate student and preceptor (RN/RM) Audit Tools were developed to seek the views of students on the suitability of the clinical learning environment they are placed in and of preceptors/associated preceptors for their views on the site/area they are working in.

**What is the purpose of the Audit Tools?** The Audit Tools assess the requirements of a Quality Clinical Learning Environment as outlined in NMBI Standards and Requirements (2016 a, b). These Audit Tools will enable standardisation of the Audit of Clinical Learning Environment nationally and of clinical assessment practices. This Professional Briefing document and three Audit tools are designed to support the AHCPs and their associated HEIs in their organisational preparation prior to the National Audit conducted by the NMBI on a 3 yearly basis.

**Who has governance in the Audit process?** The Director of Nursing/Director of Midwifery has overall governance for ensuring that the clinical learning environment is suitable for teaching students. It is their responsibility, delegating to the NMPDD, in collaboration with the Head of Nursing/Midwifery in their associated HEIs to prepare for the NMBI Audit of their site(s) and to determine who completes the Organisational National Quality Clinical Environment Audit Tool. The Audit Tool applies at organisational level and is not ward/area specific, although it will support all clinical placement site preparation for the NMBI Site visit.

**What is the RN/RMs responsibility?** Each registered nurse/registered midwife has a duty to provide students with clinical support to help them question, analyse, reflect upon their practice and develop autonomy in decision making (NMBI 2016 a, b). It is their responsibility to guide and direct students in the care they provide, within their scope of practice. This involves supporting learning, teaching, supervising, precepting, assessing practice and auditing practice. The student is supervised by a registered nurse/registered midwife who takes action to identify student concerns where they are identified and by ensuring that the patient understands the role of the student nurse or student midwife. This important role is undertaken under the direction and guidance of Directors of

Nursing/Directors of Midwifery and the NMPDC and through a collaborative process with their associated HEI in the creation and maintenance of a clinical learning environment.

## 2 DEVELOPMENT OF PROFESSIONAL GUIDANCE DOCUMENT

This document will support nurses and midwives in creating and maintaining a clinical learning environment. In developing this document cognisance was taken of relevant NMBI and other education programmes. These include:

- Quality National Clinical Learning Environments for pre-registration nursing and midwifery students that draws on an extensive Literature Review.
- Working Group for Developing a Quality Clinical Learning Environment (2017) set up by the NMBI, and made up of relevant nursing organisations, HEIs, AHCPs and unions.
- Nurses and Midwives from 32 organisations who responded with suggestions following review of original drafts
- Desktop review of 10 Clinical Learning Environment Audit Tools (2011-2017) submitted to the NMBI by HEIs and their AAHCPs involved in the provision of pre-registration education programmes
- Nursing and Midwifery Board of Ireland (2016 a) Nurse Registration Programme Standards and Requirements (4th edition 2016 a)
- Nursing and Midwifery Board of Ireland (2016 b) Midwife Registration Programme Standards and Requirements (4th edition 2016 b)
- Nursing and Midwifery Board of Ireland (2014) Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives (December 2014)
- Extracts from Nurses' Rules 2013 and EU Directives 2013/55/EU and amending Directive 2005/36/EC to section 3 of Requirements and Standards for Nurse Registration Education (2013), EU Commission Regulation 2011.
- Professional Briefing Document Quality Clinical Learning Environment (2003) An Bord Altranais.
- Department of Health (2012) Report of the Review of Undergraduate Nursing and Midwifery Programmes.
- Government of Ireland (2000) Nursing Education: A Strategy for a Pre-registration Nursing Education Degree Programme.

References provided throughout this Professional Guidance Document and in the National Quality Clinical Learning Audit Tools are presented in the REFERENCES section.

### **3 THE CODE OF PROFESSIONAL CONDUCT AND ETHICS FOR REGISTERED NURSES AND REGISTERED MIDWIVES**

Nurses and midwives engaged in teaching and assessing students are required to be up to date on The Code of Professional Conduct and Ethics for Registered Nurses' and Registered Midwives' (2014).

The purpose of the Code is to guide registered nurses/registered midwives in their practice and to help them to understand their professional responsibilities in caring for patients/clients/persons (hereafter called patients), in a safe, ethical and effective way. This purpose is supported by clinical nurse managers/clinical midwife managers who support and guide nurses and midwives in their ethical and clinical decision-making accountability and responsibilities (Code pp.8).

The NMBI standard for clinical practice placement is that the placement must provide experience and supervision commensurate with enabling students to meet the learning outcomes/objectives of the programme. Knowledge, experience, supervision and support are fundamental to teaching and learning in practice as students learn primarily through the care experiences they encounter and the extent of support provided to them. The clinical learning environment can significantly impact upon student learning by facilitating quality clinical learning and discouraging the factors that restrict learning (Department of Health 2016).

Employers need to support registered nurses/registered midwives in their student delegation and supervision roles and also regulated or unregulated health care workers (HCWs) by providing appropriate organisational policy and resources (Scope of Nursing and Midwifery Practice Framework 2014:22). This supervision may be direct or indirect and may include oversight, direction, guidance, support and evaluation. Registered nurses/registered midwives delegate care to HCWs (care assistants) and have ultimate responsibility for the care they provide (Code of Professional Conduct and Ethics for Registered Nurses' and Registered Midwives' (2014:21).



## 4 QUALITY CLINICAL LEARNING ENVIRONMENTS

Registered nurses and registered midwives need to be cognisant of the factors that create an effective learning environment when enabling the development of clinical competence and the achievement of learning outcomes/objectives. Nursing and midwifery research that is relevant to the development of a safe quality clinical learning environment is provided in this document to help support understanding of the factors that influence the clinical environment.

Clinical practice experience forms the central focus of the professions of nursing and midwifery and is an integral component of the education programmes delivered in HEIs/AAHCPs. This concept remains a challenging issue for educators and health service managers and organisations (Roney *et al* 2017) as “there is an increase in demand to educate nurses’ and midwives’ within the clinical practice environment” (WHO 2016: 8). There are recognised Influencing and inhibiting factors that support registered nurses/registered midwives in promoting and achieving this aim.

### 4.1 Influencing Factors

Nurse and midwife managers have a responsibility to assess whether preceptors aspire to their ethical professional obligations by providing leadership in clinical education (Hilli *et al.* 2014). Registered nurses/registered midwives need to consider their influencing role in student education. AHCPs, directors of nursing and directors of midwifery, Nurse/Midwife Planning and Development Department Coordinators (NMPDDC), clinical nurse managers, clinical midwife managers, preceptors and clinical allocations officers (CAOs) in the HEIs have the potential to influence factors that enhance the quality clinical learning environment for students. These include factors relating to culture and the learning environment, resources, governance and leadership.

### 4.2 Culture and Learning Environment

#### Organisations should:

- Ensure that a supportive culture that provides an environment of mutual respect, support, trust and partnership exists (Henderson *et al.* 2011; Hegenbarth and Rawe 2015) and that democratic structures and processes are in place in the clinical environment (Kullberg *et al.* 2016).
- Accept that registered nurses/midwives have dedicated time to lead and support students in the development of organisational values and to support them in this role (Rebeiro *et al.* 2015). This means accepting and acknowledging that students are learners capable of contributing to care delivery within their scope of practice (Blevins 2016) and are highly motivated to deliver quality care in every environment (Hegenbarth and Rawe 2015).
- Recognise that respectful learning environment are needed (Morrissette and Doty-Sweetnam 2010) and supportive relationships that are team based are promoted (Blevins 2016).
- Foster good communication between registered nurses/registered midwives and students so that learning through interaction occurs (Newton *et al.* 2015). This means that good

collaborative relationships with a broad range of education partners/HEIs/AHCPs and good inter-professional relationships are evident (O'Mara *et al.* 2014).

### 4.3 Factors Facilitating Learning

There are facilitating factors the clinical nurse manager/clinical midwife manager, NMPDD, preceptor and registered nurse/registered midwife need to ensure are in place when providing a quality clinical learning environment for students.

#### Organisational Factors:

Health service provider institutions will support the development of a quality learning environment by recognising that:

- Good relationships with peers and other health care professionals act as a buffer to unsupportive practice cultures (O'Mara *et al.* 2014), thus ensuring the promotion and implementation of 'organisational familiarity' 'continuity' and 'social participation' through learning by doing, navigating through communication and trust (Newton *et al.* 2015)
- Positive leadership practices are encouraged by trust and openness between staff and partnerships provide support and guidance around learning in the workplace (Henderson 2011).
- Respectful environments where patients, student, and staff are treated with dignity and respect should be the organisations objective (Morrissette and Doty- Sweetman 2010).

#### Staff Support for Students:

Consider this area when developing a safe clinical learning environment for your students. Registered nurses/registered midwives will support students when recognising that:

- CPCs liaison with clinical staff and HEIs on the students' clinical progress provides an effective link between academic centres and clinical sites (Gleeson 2008)
- Commitment and support from registered nurses/registered midwives in mentoring students (NMBI 2016 a) and from preceptors in guiding students to integrate theory with practice (Blevins 2016) will ensure that desired clinical learning outcomes are met (Lovecchio *et al.* 2015)
- Facilitating students to participate in real learning situations, acquire skills and ensuring they are visible and listened to will support learning (Haddeland and Söderhamn 2013)
- The NMPDC, preceptor, CPC and registered nurse/registered midwife have energy and enthusiasm to motivate and engage others. By being personally credible and by demonstrating strong interpersonal skills they instruct, question, facilitate and advise students to meet their clinical goals (Hegenbarth and Rawe 2015).
- CPCs work in association with the preceptor by listening, questioning, developing effective strategies, monitoring and reviewing the student's progress in the achievement of their planned learning (CPC Doc. NMBI 2017).
- Preceptorship education is facilitated by the NMPDU in partnership with HEIs (Butler 2009, CPC Document NMBI 2017).

## **Student Experiences:**

Recognising the student experience in clinical placement means that:

- Students are permitted to experience orientation to the 'real world of nursing and midwifery care' within their scope of practice (Hilli *et al.* 2014) and are 'allowed to be more independent' and to have a sense of 'belongingness' (Thompson *et al.* 2017)
- Preceptors and registered nurses/registered midwives, by providing feedback to students, will assist in managing their 'anticipatory anxiety' (Thompson *et al.* 2017)
- Supporting students in developing skills in listening and communicating will assist in developing their skills of self-reflection and empathy and allow them to progress through steps that are essential to the development of empathy, breaking down stigma and prejudicial judgments (Ketola and Stein 2013)
- Recognising that anxiety interferes with student learning processes and that student self-awareness is increased through reflection on their practice and participating in teaching-learning strategies (Ganzer and Zanderer 2013).

## **4.4 Student Satisfaction with Clinical Learning Environment**

Student satisfaction with their clinical learning environment, including in diverse settings, is a major item of interest for educators and for registered nurses/registered midwives due to high quality teaching and academic preparation being linked to increased student satisfaction (Lovecchio *et al.* 2015). Consider this area when developing a good clinical learning environment for students.

### **Predictors of student satisfaction with their experiences in diverse environments are:**

- Students need support in performing skills in all clinical placements including specialist areas, and in receiving individual attention from registered nurses/registered midwives. HEIs and preceptors need to ensure that students receive learning objectives/outcomes and clear assignment guidelines and instructions for the clinical placement (Lovecchio *et al.* 2015; Bisholt *et al.* 2014; NMBA 2014)
- Respectful environments where patients, students and staff are treated with dignity and respect should be an organisational objective (Morrissette and Doty-Sweetman 2010; Sinclair *et al.* 2016)
- Having standardised professional clinical supervision, learning objectives/outcomes and strategy in place ensures an effective and a positive experience for the student (Wallin *et al.* 2013)
- Good supervisory relationship between manager and student has the greatest positive impact on how students experience the clinical learning environment (Carlson and Idvall 2014)
- New environments provide opportunities for observation, problem solving, governance of practice, team work, and relationship building with patients and staff (Fotheringham *et al.* 2015)
- Clinical placement audit is critical to student learning, thus ensuring a safe environment for practice (Montgomery *at al.* 2014, Sturge 2014). But, to enhance the clinical learning

environment, educational audit that take a risk based approach need to be undertaken in tandem with clinical placement audit (Nursing and Midwifery Council's Risk-based Approach (NMC 2010).

- Peer collaboration leads to students expressing heightened satisfaction, resulting in the portrayal of the learning area as exciting and interesting (Brynildsen *et al.* 2014).
- Organisations need to provide appropriate support and supervision so that the focus of undergraduate nursing and midwifery education is directed at improving clinical experiences (Luhanga *et al.* 2010; Megela *et al.* 2013).

#### 4.5 Factors Inhibiting Learning

There are also hindering factors that need to be considered by the NMPDD, clinical nurse/clinical midwife managers, clinical allocations officers in HEIs and registered nurses/registered midwives when developing a quality clinical learning environment. These include recognising that:

- Non-acceptance and alienation may occur in the clinical placement that decreases students' learning opportunities and impacts on them as persons, resulting in low morale and reduced motivation to learn (Bjørk *et al.* 2014).
- Clinical placement learning, if inconsistent, results in variances in student experiences that impacts on their level of confidence and on their competency development (Dickson *et al.* 2015).
- Lack of commitment by registered nurses/registered midwives to teaching students results in reduced learning opportunities being available (Haddeland and Söderhamn 2013).
- Negative experiences of preceptorship and poor preceptor linkage results in reduced confidence levels, leaving students feeling unprepared for the transition to registered nurses/registered midwives (Thompson *et al.* 2017).
- Poor learning occurs if suspected breaches of patient right to confidentiality, privacy, dignity or respect are evident to students (Sinclair *et al.* 2016).
- Student stress occurs if unsafe healthcare practices, working conditions and suspected abuse or neglect are experienced (Montgomery *et al.* 2014).
- Preceptorship linkage is essential in these experiences in order to reduce or alleviate stress. Stress and decreased learning may occur if poor communication and interpersonal relational skills between the HEI and student exist (Najafi Doulatabad *et al.* 2015).

#### 4.6 Quality Clinical Practice Experiences

Clinical learning in different environments may vary depending on the context, HEI faculties for clinical learning and health service organisational factors (Newton *et al.* 2015). The clinical learning environment is affected by the prevailing culture in the organisation because cultural factors and contextual factors either inform 'units' beliefs about the ideal learning environment or on how the 'unit' culture affects the provision of a quality clinical learning environment for students (Hegenbarth and Rawe 2015).

**Student experiences:** Differing experiences within clinical environments affects student learning and practice and presents them with many opportunities and challenges. Your student will experience clinical placements in many diverse settings. Consider how your personal and

professional experience to date allows you to promote a quality clinical placement environment and experience for students. You may consider the following areas:

- Clinical learning is an essential component of becoming a nurse or midwife and students are capable of promoting patient safety and delivering good outcomes from care if a quality clinical learning environment exists in their organisation (Kullberg *et al.* 2016; Roney *et al.* 2017).
- A quality clinical placement experience provides students with the privilege of direct access to patients (NMBI 2016 a) and opportunities to deliver care in dynamic, democratic structures and processes: allowing them to critically evaluate their practice through reflection (Lovecchio *et al.* 2015; NMBI 2015).
- In having the experience of the 'real world of nursing and midwifery' students develops the motivation and opportunities essential to acquiring the skills and competences critical to the delivery of quality care (Hilli *et al.* 2014, Blevins 2016), as well as Invaluable communication between students and registered nurses/registered midwives, their peers and others (O'Mara *et al.* 2014).
- Opportunities are available to students in the clinical environment to integrate the theory and practice of nursing and midwifery (Haddeland and Söderhamn 2013) and to take responsibility for their actions and receive feedback on their clinical practice (Thompson *et al.* 2017).

## 5 DESIGNING AND MANAGING THE CLINICAL LEARNING EXPERIENCE

There are several functions and roles supporting pre-registration nurses and midwives during clinical placements that the registered nurse/registered midwife and student needs to be aware of because of their importance in promoting a quality clinical learning environment for students.

Designing and managing the clinical learning experience for students are the responsibility of many managers (Walker *et al.* 2016). Each clinical nurse/ midwife manager, at various levels within the organisation or community, has a professional responsibility to ensure that the facilitating factors for providing a quality clinical learning environment are supported in order to enable the student to learn the practice of nursing and midwifery. The student must have an opportunity to experience direct patient involvement with the guidance of a registered nurse/registered midwife.

### 5.1 Functions Supporting Pre-Registration Nursing and Midwifery

Health care is delivered by the Health Service Executive (HSE) and includes Voluntary and Independent providers. Health care planning is undertaken by the Department of Health. Support functions that the registered nurse/registered midwife needs to be aware of are the Office of Nursing and Midwifery (ONM), Office of the Nursing and Midwifery Services Directorate (ONMSD), Regional Centres of Nurse and Midwife Education (RCNMEs), Office of Nursing and Midwifery Planning and Development Units (ONMPDUs), Nursing and Midwifery Planning Development Unit (NMPDU), Nurse Practice Development Unit and Midwifery Practice Development Unit (NPDU/MPDU) and Nurse and Midwife Practice Development Coordinator (NMPDC). Also supporting students are Clinical Nurse Specialists (CNSs) and Advanced Nurse/Advanced Midwife Practitioners (ANP/AMP) and other health professionals. See Glossary (pg 50) for further details relating to these functions.

The first line functions supporting pre-registration programmes are directors of nursing/directors of midwifery, nurse and midwife planning and development coordinator, clinical nurse/clinical midwife managers and Regional and Voluntary Centres for Nursing and Midwifery Education. These functions are greatly supported by the ONMSD/NMPDUs.

### 5.2 Roles Influencing Student Clinical Learning Environment

A number of roles influence the clinical learning environment. These influences are both clinical and educational, are primarily staffing related to pre-registration nursing and midwifery education and were introduced following the commencement of undergraduate nursing and midwifery education at bachelor degree level. Preceptors, clinical placement coordinators, clinical allocations officers in AHCP's and Link Lecturers/Personal Tutors in HEIs were introduced in 2001 to support the clinical learning of nursing students (Government of Ireland 1998), and further roles have been introduced since then, all of which have a major influence on student teaching and learning in the clinical environment. The AHCP's roles are preceptor, clinical placement coordinator, student allocation liaison officer (SALO), also termed allocations liaison officer (ALO), nurse practice development coordinator/midwife practice development coordinator (NPDC/MPDC). Higher education institutions

roles are the link Lecturer/personal tutor, clinical skills facilitator (CSF) and clinical allocations officer (CAOs).

### 5.3 Student Support and Supervision: The Preceptor

Registered nurses and midwives need to have awareness of, and to promote the role of the preceptor as this is an important role within pre-registration nursing and midwifery education and in supporting the development of a quality clinical learning environment (Haddeland and Söderhamn 2013). The terms Preceptor and Associate Preceptor are used in this country.

Each student should be assigned a named preceptor for each clinical placement. Roster schedules may necessitate the need to appoint a preceptor and an associate preceptor who will communicate and ensure continuity of student supervision (NMBI 2016 a).

#### Key Preceptor roles are:

The preceptor role in the assessment process is to observe, discuss, assist the undergraduate student nurse/midwife to achieve their planned learning and to complete their Competence Assessment Tool document with sign off that they have achieved their plan of learning as agreed, thus demonstrating achievement of competence (Sidebotham 2017, Thompson *et al.* 2017). Consider the following area when developing further awareness of the preceptor roles.

- The preceptor identifies the student's learning needs, plans the learning experience with the student, demonstrates best practice and shares clinical expertise, acts as an effective role model and plans continuity of support for student learning.
- The preceptor maintains confidentiality regarding a student's progress.
- The pivotal role that preceptors play in the socialisation, teaching and assessing of student nurses and midwives is vital in helping students to integrate theory with practice (Blevins 2016). Preceptors bridge the theory–practice gap (Shinners and Franqueiro 2015) and provide feedback (Broadbent *et al.* 2014, Thompson *et al.* 2017).
- Preceptorship is viewed as an ethical issue and a responsibility that needs to be acknowledged by all persons involved in pre-registration student education. The ethical dimension of preceptorship takes into account preceptor and student teaching and learning.
- Preceptors unite theory and practice by providing a supportive ethical environment that includes a caring relationship.
- Preceptors provide leadership to students in order to develop psychomotor skill competency and to experience orientation to the 'real world of nursing care' deemed by students as desirable to enhancing their practical experience (Hilli *et al.* 2014).
- Recommended preceptor qualities include encouraging students to think, question, interpret and facilitate, acting as role model and being able to provide a supportive learning environment for students with clear understanding of relevant feedback (Blevins 2016).

## 5.4 Selection of Preceptor

You may wish to consider the following factors when exploring how the preceptor may be selected. Selection may be guided by the following criteria:

- Clinical nurse/midwife managers are responsible for preceptor selection having first assessed the registered nurse/registered midwife suitability to adopt the preceptor role. Clinical placement coordinators are involved in preceptor selection in some areas/units (NMBI 2016 a)
- The preceptor role in undergraduate nurse and midwife education is complex and multifaceted and preceptors need training in preparation for their role in clinical practice placements (Mc Clure and Black 2013). This view is supported by the NMBI who advise that preceptors will have attended the Teaching and Assessing course prior to taking up the role of preceptor (NMBI 2016 a) and that they undertake a refresher course every 2 years.
- The preceptor needs to be an experienced nurse or midwife who models the mission, vision and values of the organisation and is willing to serve in the education and training of student nurses and midwives (Lofmark *et al.* 2014; Hsu and Chen 2014; Blevins 2016).
- The level and competence of the preceptor needs to be ascertained as does the time frame the preceptor should work with the student.
- As set out in the NMBI Code, a role of all registered nurses/registered midwives is to teach students. Some may not be comfortable in the preceptor role. The clinical nurse/midwife manager needs to discuss this reluctance, with the proposed preceptor, should it be present by highlighting the importance of the preceptor role in student learning and by providing appropriate education for the role.



## 6 CREATION AND MAINTENANCE OF A QUALITY CLINICAL LEARNING ENVIRONMENT

The philosophy of nursing and midwifery held within the clinical area is explicit. Model(s) of nursing and midwifery care pathways utilise a systematic approach and frame the assessment, nursing/midwifery diagnosis, planning, implementation and evaluation of care (NMBI 2016a). The creation and maintenance of a quality clinical learning environment demands that all registered nurses/registered midwives maintain and enhance the development of certain fundamentals that support this aim:

- It should be evident to NMBI that the clinical placement complies with NMBI Standards and Requirements, Health Service Executive and AHCP regulations and guidelines and that health and safety policies and appropriate structures in relation to professional development, in-service and continuing professional education exist (NMBI 2016 a, b)
- Policies, protocols and guidelines, evidence based care and research based standards of care are evident (NMBI 2016a)
- Promoting a nursing vision for care, compassion and commitment that is respectful, as promoted by the Office of Chief Nursing Officer (2016) are objectives all staff aspire to and promote
- Preceptors promote the Code of Professional Conduct and Ethics for registered nurses/registered midwives who “must support ...nursing and midwifery students... in the learning and on-going development of their professional values, practice and conduct” (NMBI 2014:27)
- Learning opportunities, learning outcomes/objectives that are appropriate for the clinical placement are available and revised as necessary (Megela et al. 2013; NMBI 2016a). To support the achievement of learning outcomes/objectives, at all times sufficient registered nurses/registered midwives to facilitate the supervision of students during clinical placement are in place (NMBI 2016 a, b).
- Written, structured and facilitated student orientation to the clinical placement is in place (NMBI 2016a, Blevins 2016).
- Apart from the time when students are engaged in internship service they are always regarded as supernumerary to the ward /unit/area staffing (NMBI 2016a)
- The preceptor is the primary teacher in the clinical area. The clinical placement coordinator supports this role and is involved in the preparation of students for clinical placement and monitors student progress and performance and special learning needs and where necessary assist in the implementation of a plan to facilitate development needs, in a collaborative approach with the preceptor and link lecturer/personal tutor in the associated HEI (NMBI 2016). Reflective time creates a positive clinical education environment, which provides students with an important opportunity to critically examine and reflect on clinical practice and self-development (Walker *et al.* 2013)
- Student evaluation and participation in audit of the clinical placement should be in progress (NMBI 2016 a, b) and Information Technology database learning support in place (NMBI 2015).

## 7 CLINICAL LEARNING AND ASSESSMENT

Ensuring an educated, competent and motivated nursing and midwifery workforce within effective and responsive health systems, that is based on equity, integrity, fairness and respectful practice, is a WHO 2016-20 strategic objective. Patient safety in nursing and midwifery education is of key importance for health professional environments, settings and care systems. To be effective, safe nursing and midwifery practice requires good integration between the need to increase knowledge levels and coping with different clinical placement settings. Nurse and midwife educators have the responsibility to develop effective learning processes and ensure patient safety. The quality of the teaching atmosphere in the clinical environment has an important impact on students' overall level of competence (Bianchi *et al.* 2016) and should facilitate the development of patient safety competences in nursing and midwifery students.

### 7.1 Assessment in Clinical Practice

In undertaking your student assessments you need to consider that the NMBI requires assurance and evidence that the student is competent and demonstrates the skills of a safe, caring, competent decision-making practitioner, willing to accept personal and professional accountability for evidence-based nursing and midwifery practice.

Assessment has a gate keeper function in that those qualified registered nurses/registered midwives, who have the authority to assess a student's competence to practice, regulate entry to the Register of Nurses and Register of Midwives. Assessment helps maintain standards by predicting future student behaviour and potential, monitoring student progress and encouraging students to develop the skills of self-assessment (Bisholt *et al.* 2014). Consider how your personal and professional experience to date allows you to identify your students' strengths and areas for improvement and on how assessment can be a motivating factor.

### 7.2 Assessment and Competence

The aim of an education programme is the development of competences for a specified discipline. Competences are specified in a manner that renders them assessable and that develop incrementally throughout a programme of study (NHS 2008). Clinical experiences provide learning opportunities to students that allow them to achieve their learning outcomes/objectives and competences in nursing and midwifery. Clinical practice specify the acquisition of knowledge, understanding, ability and skills that a student, in undertaking a programme of study, should have attained through the process of learning (NMBI 2015 b, 2016 b). Clinical placements are based in AHCP's that satisfy the NMBI requirements and standards. Requirements for practice also include mechanisms to support interdisciplinary team working and to involve service users in the development and review of health service provision.

Assessment of Domains of Competence is the tool used to define competences for nurses and midwives. There are six Domains in number, with each domain incorporating three dimensions: performance criteria, defined standard(s) and evidence of successful performance to meet this standard.

Scope of Practice is a concept that several professions use in the context of professional regulation, and sets out the procedures, actions and processes that the registered nurse or registered midwife is allowed to perform (NMBI 2015 a: 3).

The Practice Standards for Midwives are aligned with the Code of Professional Conduct and Ethics for registered nurses/registered midwives (NMBI 2014) and are based on five Principles: Respect for the dignity of the person; professional responsibility and accountability; quality of practice; trust and confidentiality and collaboration with others.

Standards of midwifery care are defined by the NMBI to make registered midwives aware of the legislation and guidelines defining their role and describing their scope of practice and which would be expected from someone who practices as a registered midwife in Ireland. You can access more information on midwifery standards in the

## 8 STUDENT DOCUMENTATION AND RECORDS

Students must maintain a record of the Competence Assessment Documents undertaken in preparation for registration as a nurse or midwife and evidence of having achieved competence. The student is responsible for keeping records and for producing this document when required to do so by their preceptor, clinical placement coordinator or link lecturer/personal tutor.

The gathering of evidence in relation to clinical experiences is a critical factor in the learning process. The student is required by the NMBI to keep a copy of all assessments from previous placements in their individual Competency Assessment Document.

Students and registered nurses/ registered midwives should inform themselves on the Principles of informatics and of Nursing Informatics and their application to the delivery of nursing and midwifery practice (NMBI 2015). If recommending the use of relevant concepts and terminology to support the delivery of nursing and midwifery practice within Electronic Health Record (EHR) and its variants, including Patient Held Record (PHR) these principles are particularly relevant.

Increased use of digital systems including eHealth and Digital Health means that data held by HEIs and AHCP's institutions must be protected through encryption and other methods. Increased usage of mobile phones and laptops containing patient data ensures that if stolen, encryption will protect patient confidentiality (Equipe Futur 2017). It is expected that student, patient and the NMBI records will be digitalised in the future. Students will require on-going training in new application usage. The digital revolution means that personal data is likely to be stored and spread more widely whether this is via social media sites, websites or company information systems (Mettiainen and Vahamaa 2013; McSwiggan and Campbell 2017).

It is recommended that the transition from paper- based student competency assessment documents and audit tools to online or electronic models that will continuously improve the user's experience of the assessment and audit process for assessor and assessed, will take place in the near future. It should be acknowledged that paper-based assessment and audit tools are being used and that the transition may be slower in some AHCP's institutions/placement sites.

As the use of Social Media by students and registered nurses/registered midwives is increasing social media provides opportunities, challenges and dangers in equal measure and will need separation of social media presence from the profession or from professional roles (NMBI Social Media 2013, John 2015, Ryan 2016). Due regard to current legislation in these matters must be maintained (Office of Data Protection Commissioner 2015; Department of Justice 2016).

## 9 NATIONAL QUALITY AUDIT TOOL

The quality of the clinical practice learning environment has the potential to influence students and those who are cared for in a positive manner. The NMBI standard for a clinical placement is that the placement must provide experience and supervision commensurate with enabling students to meet the learning outcomes/objectives of the programme (NMBI a 2016:1). The NMBI, Schools of Nursing and Midwifery in HEIs and their associated AHCP institutions aim to provide nursing and midwifery students with a quality clinical learning environment where they are supported to learn the art and science of nursing and midwifery. Evidence to support these aims is identified through the clinical learning environment audit process (NMBI 2016 b: 5).

### Consultation Process

The development, drafting and finalisation of the National Quality Clinical Learning Environment Audit Tool involved consultation and discussion with the Working Group set up by the NMBI for this purpose. This group involved representatives from key nursing and midwifery bodies and organisations including AHCPs and HEIs involved in delivering pre-registration nursing and midwifery programmes in Ireland, all of which have contributed to the development of the Audit Tool. The National Quality Clinical Learning Environment Audit Tool draws on the extensive Literature Review, desktop review of Clinical Learning Environment Audit Tools submissions (2011-2017) to the NMBI by HEIs and their AHCP's involved in the provision of pre-registration education programmes for nurses and midwives, NMBI Standards and Requirements and other pertinent documents and responses and suggestions received from nurses/midwives and educators working in 32 AHCPs and HEIs in Ireland.

### NMBI Role in Audit Process

The NMBI has statutory responsibility to approve HEIs and AHCP's in respect of educational programmes leading to nurse and midwife registration. The Requirements and Standards for Nurse and Midwife Registration Education Programmes (NMBI 2016 a, b) sets out the standards that must be met by HEIs in relation to the provision of pre-registration nurse and midwife education programmes. Included in this is the requirement for existing and new site audits in respect of clinical placements. All clinical placements are subject to audit as to their suitability as quality clinical learning environments in accordance with these NMBIs Standards and Requirements for Programmes approval.

### Audit Tool Purpose

The purpose of this National Audit Tool is:

- (1) To assess and monitor the suitability of health service institutions involved in the provision of pre-registration education programmes for nursing and midwifery students as quality clinical learning environments
- (2) To standardise an Audit Tool to be used across all health service clinical placement environments

(3) To facilitate identification of the number of students that may be effectively supported within a clinical placement environment.

## **10 ROLE OF ASSOCIATED HEALTH SERVICE PROVIDERS AND HIGHER EDUCATION INSTITUTIONS IN THE AUDIT PROCESS**

The Director of Nursing/Director of Midwifery through a collaborative process with their associated HEI is responsible for the completion of the National Audit Tool in the AHCP'S.

There may be occasions when it will be necessary for the NMBI to conduct or re- audit a placement site, outside this time as a consequence of an internal or external investigation or of concern relating to the achievement of standards or reports from health service or professional regulatory bodies. Prior to using new clinical placement sites, verification of the completed audit as endorsed by the HEI is submitted to the NMBI by the HEI (NMBI 2016).

Named HEI staff in liaison with the NMPDU has responsibility to monitor the quality of the clinical learning environment to ensure that the clinical placement(s) provide an optimum learning environment (NMBI 2016). This is undertaken through regular Audits. Detail of the audit is determined by the NMPDU in collaboration with academic staff in the HEIs.

Audits of clinical placement sites are conducted for existing sites every 24-36 months or more often if deemed necessary by designated individuals from the HEI and AAHCP involved in the provision of pre-registration nursing and midwifery education programmes.

HEIs and AHCP'S will collaboratively audit new sites prior to use as pre-registration nursing or midwifery clinical sites' and the HEI will notify NMBI immediately, in writing, that the site has been audited as a quality clinical learning environment for such students.

Details of documents required for the NMBI Site Audit in AHCP'S are the responsibility of Directors of Nursing / Directors of Midwifery with delegated authority to NMPDU and dedicated others in the HEI. The management of, usage and storage of documents remains the responsibility of both institutions with delegated authority to the NPDD/MPDD and should be undertaken with due regard to current legislation.

The HEI will notify NMBI when an audit has taken place and of any recommendations for further action that may be needed.

The NMBI requires that HEIs and AHCP'S, including Social Care produce an annual report to include information on the *"quality of the practice placement and the arrangements /structures that are in place to enable students achieve the learning outcomes of the programme"* (NMBI 2016 a).

## 11 CONCLUSION

The introduction of the Organisational National Quality Clinical Learning Environment Audit Tool (2018) is designed to introduce standardisation and a quality focus in the development, maintenance and evaluation of the clinical learning environment for pre-registration nurses and midwives and ultimately to the delivery of higher quality care to the patients in those environments.

The role of higher education institutions in collaboration with associated health service partner institutions includes assessment and teaching of student nurses and midwives. New and innovative teaching strategies will require joint consideration by both institutions. Current teaching strategies such as Simulation, Web-Based and Blended Learning will need continued updating to ensure that new technology is capable of introducing multiple teaching and learning styles and in encouraging active student learning and understanding of the subject. Newer teaching methods such as Dedicated Education Units (DEU), a clinically based teaching initiative merits future attention. Peer-to-Peer learning, whereby students learn for each other will increase in usage as will experiential teaching and learning through small groups. Inter-professional teaching and learning will introduce diversity and promote new graduate attributes for future use.

How nursing and midwifery is taught will influence patient care, rehabilitation, social interactions and psychological care. Greater use of new technologies need consideration to develop, manage nurse and midwife training and deliver better outcomes as a consequence, for example with mobile applications (APPS). Adherence to Data Protection Law and Social Media etiquette will require ongoing monitoring by both institutions and individuals (Office of Data Protection Commissioner 2015).

This Nursing and Midwifery Board of Ireland Professional Guidance Document and the National Quality Clinical Learning Environment Audit Tools for HEIs and AHCP's institutions, students and registered nurses and registered midwives aims to provide further guidance to nurses, midwives, students and others involved in health service delivery by integrating compassionate, caring, ethical and cultural values and promoting technological and educational innovation in education and clinical experiences for the benefit of those they serve.

## 12 REFERENCES

An Bord Altranais (2003) Quality Clinical Learning Environment Guidelines on the Key Points that may be considered when developing a Quality Clinical Learning Environment (An Bord Altranais).

Athlone Institute of Technology (2017) Educational Audit of the Clinical learning Environment BSc (Hons) General and Psychiatric Nursing Programmes, AIT, Department of Nursing and Healthcare in partnership with HSE Laois/Offaly and Longford/Westmeath Acute Primary Care, Mental Health and Intellectual Disability Services.

Australian Nursing and Midwifery Council (2006) National competency standards for the registered nurse 4<sup>th</sup> edn. <http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines.aspx#competencystandards> [accessed 31dec.2014]

Bianchi M; Bressan, V; Cadorin, L; Pagnucci, N; Tolotti, A; Valcarengi, D; Watson, R; Bagnasco, A; Sasso, L. (2016) Patient safety competencies in undergraduate nursing students: a rapid evidence assessment *Journal of Advanced Nursing* 2016; 72(12): 2966-2979.

Bisholt B., Ohlsson U., Kullén Engström A., Sundler A J., Gustafsson M. (2014) Nursing students' assessment of the learning environment in different clinical settings *Nurse Education in Practice* 14(3): 304-310

Bjørk I T., Berntsen K., Brynildsen G., Hestetun M. (2014) Nursing students' perceptions of their clinical learning environment in placements outside traditional hospital settings. *Journal of Clinical Nursing* 23(19/20): 2958-2967.

Blevins S (2016) Qualities of Effective Preceptors *Medsurg Nursing* 25(1) 60-61

Broadbent M., Moxham L., Sander T., Walker S. & Dwyer T. (2014) Supporting bachelor of nursing students within the clinical environment: Perspectives of preceptors *Nursing Education in Practice*, 14(4), 403-409.

Brynildsen G., Bjørk I T., Berntsen K. & Hestetun M (2014) Improving the quality of nursing students' clinical placements in nursing homes: An evaluation study. *Nurse Education in Practice* 14(6): 722-728.

Butler I. (2009) Review of the Centre's of Nurse Education. CNE's located in the DATHS and Voluntary Hospitals including the Centre of Children's Nurse Education and the Centre of Midwifery Education. Dublin.

Carlson E. & Idvall E (2014) Affiliation Nursing students' experiences of the clinical learning environment in nursing homes: A questionnaire study using the CLES+T evaluation scale. *Nurse Education Today* 34(7): 1130-1134.

Carney M (2017) Literature Review. Quality National Clinical Learning Environment Audit Tool for undergraduate Nursing and Midwifery Students. Nursing and Midwifery Board of Ireland [www.nursingandmidwiferyboardofireland.com/literaturereview](http://www.nursingandmidwiferyboardofireland.com/literaturereview)

Clinical Nurse Manager 2 (Clinical Skills Facilitator-CSF) [www.hse.ie/eng/staff/jobs](http://www.hse.ie/eng/staff/jobs) or on [www.cpsa.ie](http://www.cpsa.ie) accessed July 2017)

Clinical Nurse Manager 2 (SALO) 2017) Student Nurse Allocation Liaison Officer Role [www.hse.ie/eng/staff/jobs](http://www.hse.ie/eng/staff/jobs) or on [www.cpsa.ie](http://www.cpsa.ie) accessed July 2017



Clinical Placement Coordinator Document (2017) INMO CPC Section Submission: NMBI Document Group Submission, 17<sup>th</sup> May: Dublin

CPSA ([www.hse.ie/eng/staff/jobs](http://www.hse.ie/eng/staff/jobs) or on [www.cpsa.ie](http://www.cpsa.ie) accessed July 2017)

Department of Health (2012) Report of the Review of Undergraduate Nursing and Midwifery Programmes. Dublin: DOH, Hawkins House, 1-94.

Department of Health (2016) Values for nurses and midwives in Ireland Department of Health Position paper: 1 JUNE. *CNO's Office, Department of Health*, Hawkins House, Hawkins Street, Dublin: [www.health.gov.ie](http://www.health.gov.ie)

Department of Justice (2016) *Garda Vetting* <https://www.tcd.ie/hr/our-services/resourcing> accessed September 6 2016

Dickson C AW., Morris G. and Cable C. (2015) Enhancing undergraduate community placements: a critical review of current literature *British Journal of Community Nursing* 20 (4) 184-189

Drennan J. (2002) An Evaluation of the Role of the Clinical Placement Coordinator in student nurse support in the clinical area *Journal of Advanced Nursing*. 40(4): 475-83.

Dublin City University (2013) Audit of Clinical Learning Environment for Nursing Students, *DCU School of Nursing & Human Sciences and Partner Health Care Services in partnership with Beaumont Hospital, Connolly Hospital, Mater Misericordia University Hospital. HSE (Northern Area) Mental Health services St Vincent's Hospital Fairview Daughters of Charity (Dublin) HSE (Northern Area) St Joseph's Intellectual Disability Services, Temple St. Children's University Hospital, Bon Scour Hospital, and Dublin.*

Dundalk Institute of Technology (2014) Audit Clinical Learning Environment, BSc Nursing Programmes, Department of Nursing, Midwifery and Health Studies *Health Service Executive North East, St John of God North East Services*. Dundalk

Equipe FUTUR (2017) A nursing education research framework for transformative learning and interdependence of academia and practice *Nurse Education Today*. 52 50-52

European Commission. Commission Regulation (EU No 213/2011 of 3 March 2011 on the Recognition of Professional Qualifications Amendment to Directive 2005/36/EC of the European Parliament and of the Council, Brussels: European Commission, 2011b, L 59, 4.

Fotheringham D., Lamont, D., Macbride T., & MacKenzie, L (2015) Linking theory to practice in introductory practice learning *Nurse Education in Practice* 15, 97-102 [http://dx.doi.org/10.1016.j.nepr.2014.11.010](http://dx.doi.org/10.1016/j.nepr.2014.11.010)

Galway Mayo Institute of Technology (GMIT) (2010) *Audit Tool for Clinical Learning Environment* B.Sc. (Honours) General Nursing B.Sc. (Honours) Psychiatric Nursing in partnership with HSE-West/GMIT.

Ganzer C A. & Zauderer C. (2013) Structured Learning and Self-Reflection: Strategies to Decrease Anxiety in the Psychiatric Mental Health Clinical Nursing Experience *Nursing Education Perspectives* (National League for Nursing) 34(4): 244-247.

Gleeson M. (2008) Preceptorship: facilitating student nurse education in the Republic of Ireland. *Br J Nurs*. 2008 Mar 27-Apr 9;17 (6):376-80.

Government of Ireland (1998) A Report of the Commission on Nursing: A Blueprint for the future. *The Stationary Office*, Dublin

Government of Ireland (2000) Nursing Education: A Strategy for a Pre-registration Nursing Education Degree Programme. *Department of Health and Children*, Dublin

Haddeland K. & Söderhamn U. (2013) Nursing students' experiences of nurse-lead supervision in hospital practice. A phenomenological study *Nordic Nursing Research / Nordisk Sygeplejeforskning* 3(1): 18-32

Hegenbarth M. & Rawe S (2015) Establishing and maintaining the clinical learning environment for nursing students: *Nurse Education Today* 35 (2) 306-309

Henderson A., Briggs J., Schoonbeek S. & Paterson K. (2011) A framework to develop a clinical learning culture in health facilities: ideas from the literature. *International Nursing Review* 58(2): 196-202.

Hilli Y., Melender H-L., Salmu M. & Jonsén E. (2014) Being a preceptor—A Nordic qualitative study. *Nurse Education Today* 34(12): 1420-1424.

HSE Employee Handbook (2016-17) Health Services People Strategy 2015-2018 The People Strategy, Work Plans and presentation, *Published by the Human Resources Division, Health Service Executive: Office of the National Director of Human Resources, Health Service Executive, Dr Stevens' Hospital, Stevens' Lane, Dublin 8, Dublin.* Available on <http://hse.ie/eng/staff/Resources/hrstrategiesreports/peoplestrategy201518.html> accessed 26 September 2017 and <http://hse.ie/eng/staff/benefitservices/Timeoff/> and <http://www.hse.ie> accessed Sept 26 2017.

HSE Mental Health Services Commission for Public Service Appointments (CPSA) (2017) "Code of Practice, Information for Candidates" available on [www.hse.ie/eng/staff/jobs](http://www.hse.ie/eng/staff/jobs) or on [www.cpsa.ie](http://www.cpsa.ie)

Hsu L.L., Hsieh S.I., Hsiu-Win C. & Chen Y .L. (2014). Clinical teaching competence inventory for nursing preceptors: Instrument development and testing. *Contemporary Nurse*, 46(2), 214-224.

<https://www.dataprotection.ie/docs/The-Medical-and-Health-Sector/245.htm>(Internet) Accessed 20th January 2016.

John B (2015) On-line professionalism *World of Irish Nursing and Midwifery* 23(7):47.

Ketola J. & Stein J. V. (2013) Psychiatric clinical course strengthens the student-patient relationships of baccalaureate nursing students *Journal of Psychiatric & Mental Health Nursing*. 20(1): 23-34. Check if the same as above

Kullberg A., Bergenmar M., Sharp L. (2016) Changed nursing scheduling for improved safety culture and working conditions-patients' and nurses' perspectives *Journal of Nursing Management* 24 524-532 doi: 10.1111/jonm.12352

Lofmark A., Thorkildsen K., Rahlom M.B., & Natvig G.K. (2012) Nursing students' satisfaction with supervision from preceptors and teachers during clinical practice. *Nurse Education in Practice*, 12(3), 164-169.

Lovecchio C P., DiMattio M J K., Hudacek S. (2015) Predictors of Undergraduate Nursing Student Satisfaction with Clinical Learning Environment: A Secondary Analysis. *Nursing Education Perspectives* 36(4):252-254.

Lovecchio C P., DiMattio, M J K. & Hudacek S. (2012) Clinical Liaison Nurse Model in a Community Hospital: A Unique Academic--Practice Partnership That Strengthens Clinical Nursing Education. *Journal of Nursing Education* 51(11): 609-615.

Luhanga F L., Billay D., Grundy Q., Myrick F. & Yongey O. (2010) The one-to-one relationship: is it really key to an effective preceptorship experience? A review of the literature: *International Journal of Nursing Education Scholarship* 7(1) 15p-15p

- McCarthy B. & Murphy S. (2010) Preceptors' experiences of clinically educating and assessing undergraduate nursing students: An Irish context *Journal of Nursing Management*, 18(2), 234-244.
- McClure E. & Black L (2013) The role of the clinical preceptor: An Integrative Literature Review. *Journal of Nursing Education* 52(6): 335-341.
- McNamara M S (2007) Illuminating the essential elements of the role of the clinical placement co-ordinator: a phenomenological inquiry *Journal of Clinical Nursing* 16 (8) 1516–1524
- McSwiggan L. C. & Campbell M. (2017) Can podcasts for assessment guidance and feedback promote self-efficacy among undergraduate nursing students? A qualitative study *Nurse Education: Today* 49, 115-121. <http://dx.doi.org/10.1016/j.nedt.2016.11.021>
- Megela, M E., Nelsona, A E., Blacka, J., Vogelb, J. & Uphoffc M. (2013) A comparison of student and faculty perceptions of clinical post-conference learning environment *Nurse Education Today* Volume 33, Issue 5, Pages 525–529 <http://dx.doi.org.proxy.library.rcsi.ie/10.1016/j.nedt.2011.11.021>
- Mettiäinen S. & Vähämaa K. (2013) Does reflective web-based discussion strengthen nursing students' learning experiences during clinical training? *Nurse Education in Practice* 13(5): 344-349.
- Montgomery P., Killam L., Mossey S., Heerschap C. (2014) Third year nursing students' viewpoints about circumstances which threaten safety in the clinical setting. *Nurse Education Today* 34(2): 271-276.
- Morrisette P J. & Doty-Sweetnam K. (2010) Safeguarding student well-being: establishing a respectful learning environment in undergraduate psychiatric/mental health education. *Journal of Psychiatric & Mental Health Nursing* 17(6): 519-527.
- Muldowney Y. & McKee G. (2011) Nurses new to intensive care: perceptions of their clinical learning environment *Nursing in Critical Care* 16(4): 201-209.
- Najafi Doulatabad S, Mohamadhosaini S, Ghafarian Shirazi H R. & Mohebbi Z. (2015) Nursing students in Iran identifies the clinical environment stressors. *International Journal of Nursing Practice* 2015; 21: 297–302
- National Vetting Bureau (Children and Vulnerable Persons) Act (2012) <https://www.tcd.ie/hr/our-services/resourcing>
- Newton J. M., Henderson A., and Jolly B. & Greaves J (2015) A contemporary examination of workplace learning culture: An ethnomethodology study *Nurse Education Today* 35(1): 91-96.
- NHS National Health Service (2008) Education for Practice Quality Standards for Practice Placements (2nd Edition) Internet: Available at: <http://www.nes.scot.nhs.uk/media/323817/qspplleaflet2008.pdf> Accessed October 2015.
- NMBA Nursing and Midwifery Board of Australia (2014) Supervision Guidelines for Nursing and Midwifery. Melbourne: NMBA. Internet: Available at: [www.nursingandmidwiferyboard.gov.au](http://www.nursingandmidwiferyboard.gov.au) Accessed January 2016.
- Nursing & Midwifery Board of Ireland (2015a) Recording Clinical Practice Professional Guidance. Dublin: Nursing and Midwifery Board of Ireland Bord Altranais agus Cnāimhseachais na hÉireann
- Nursing & Midwifery Council (2010) Standards for pre-registration nursing education NMC, UK, London <http://standards.nmc-uk.org/preregistrationnursing/statutory/competencies/pages/competencies.aspx> (accessed 14 August 2014)

Nursing and Midwifery Board of Ireland (2005) Requirements and Standards for Nurse Registration Education Programme *Nursing and Midwifery Board of Ireland* Bord Altranais agus Cnāimhseachais na hÉireann: Dublin.

Nursing and Midwifery Board of Ireland (2007) Guidance to Nurse and Midwives on Medication Management. Dublin: Nursing and Midwifery Board of Ireland.

Nursing and Midwifery Board of Ireland (2013) Social Media and Social Networking. Top Tips for Nurses and Midwives. Bord Altranais agus Cnāimhseachais na hÉireann Nursing and Midwifery Board of Ireland. Dublin. (in consultation with INMO, PNA, and SIPTU).

Nursing and Midwifery Board of Ireland (2014) Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives. Bord Altranais agus Cnāimhseachais na hÉireann: Dublin.

Nursing and Midwifery Board of Ireland (2015 c) Scope of Nursing and Midwifery Practice Framework Bord Altranais agus Cnāimhseachais na hÉireann Nursing and Midwifery Board of Ireland. Dublin.

Nursing and Midwifery Board of Ireland (2015b) Quality Clinical Learning Environment Professional Guidance. 2nd Edition. Dublin: Nursing and Midwifery Board of Ireland. Bord Altranais agus Cnāimhseachais na hÉireann:

Nursing and Midwifery Board of Ireland (2015d) Practice standards for Midwives Bord Altranais agus Cnāimhseachais na hÉireann, Nursing and Midwifery Board of Ireland: 6. Dublin.

Nursing and Midwifery Board of Ireland (2016a) Nurse Registration Programmes Standards and Requirements, 4<sup>th</sup> edition Bord Altranais agus Cnāimhseachais na hÉireann, Nursing and Midwifery Board of Ireland. Dublin.

Nursing and Midwifery Board of Ireland (2016b) Midwife Registration Programme Standards and Requirements, 4<sup>th</sup> edition Bord Altranais agus Cnāimhseachais na hÉireann, Nursing and Midwifery Board of Ireland. Dublin.

Nursing and Midwifery Board of Ireland (2017) Quality Clinical Learning Environment Professional Guidance document (December) LINK to NMBI Professional Guidance document when available on line

Nursing Council of New Zealand (2007) Competencies for registered nurses Wellington, New Zealand

Nursing Subject Area Group (SAG) of the Tuning Project (2011) Tuning educational structures in Europe: Reference points for the design and delivery of degree programmes in Europe. Brochure, Bilbao: Deusto University Press, 1-83.

Office of the Data Protection Commissioner (2015) The Medical and Health Sector. The Data Protection Rules in Practice Available at: <https://www.dataprotection.ie/docs/The-Medical-and-Health-Sector/245.htm> (Internet) Accessed 20th January 2016.

Office of the Nursing & Midwifery Services Director (2012) A Vision for Psychiatric/Mental Health Nursing: A shared journey for mental health care in Ireland. Strategic Policy Framework, Swords, Co Dublin: Health Service Executive, 2012, 99-102.

O'Mara L., McDonald J., Gillespie M., Brown H. & Miles L. (2014) Challenging clinical learning environments: Experiences of undergraduate nursing students. *Nurse Education in Practice* 14(2): 208-213

ONMSD (Office of the Nursing & Midwifery Services Director) (2013) Proposal to the HSE Director General Designate on the Role and Function of the Office of the Nursing & Midwifery Services Directorate at various levels within a Reformed Irish Health Services. June: Dublin

Rebeiro G., Edward K L., Chapman R. & Evans A. (2015) Interpersonal relationships between registered nurses and student nurses in the clinical setting-a systematic integrative review *Nurse Education Today*. 35, 1206-11 <http://dx.doi.org/10.1016/j.nedt.2015.06012>

*Report of Working Group on Centres of Nursing and Midwifery Education (2013) Pursuant to Labour Court Recommendation 20165- Appendices: 7<sup>th</sup> February. Dublin.*

Roney L., Sumpio C., Beauvais A M., O' Shea E R. (2017) Describing clinical faculty experiences with patient safety and quality care in acute care settings: A mixed methods study. *Nurse Education Today* 49: 45-50.

Ryan G. (2016) International perspectives on social media guidance for nurses: a content analysis. *Nursing Management* 23(8):28-35

Shinners J.S., & Franqueiro T. (2015) Preceptor skills and characteristics: Considerations for preceptor education. *The Journal of Continuing Education in Nursing*, 46(5), 233-236.

Sidebotham M. (2017) An exploration of the transformational potential of supportive mentorship relationships within midwifery education and practice. *Journal of Nurse Education in Practice* 1-2 In press <http://dx.doi.org/10.1016/j.nepr.2016.12.006>

Sinclair J., Papps E., & Marshall B. (2016) Nursing students' experiences of ethical issues in clinical practice: a New Zealand study. *Nurse Education in Practice* 17, 1-7 <http://dx.doi.org/10.1016/j.nepr.2016.01.005>

St Angela's College (2017) Draft Practice Placement Learning Environment. Placement Audit Process for Pre-Registration Nurse Education in partnership with HSE. St Angela's College: Sligo.

St Vincent's University Hospital (2016) Audit of Clinical learning Environment, Dublin

Sturge S A (2014) Is there a need for placement evaluations for specialist practice students? A proposal. *Community Practitioner* 87(10): 30-33.

Thomson, R; Docherty, A; Duffy, R. (2017) Nursing students' experiences of mentorship in their final placement *British Journal of Nursing* 26(9): 514-521

Tralee Institute of Technology (2016) Educational Audit Tool, Tralee

University College Cork (2014a) Audit of Clinical Environment for nursing students: Preceptor Questionnaire. CNM/CMM/Preceptor Questionnaire Catherine McAuley School of Nursing and Midwifery University College Cork

University College Cork (2014b) Audit of Clinical learning Environment for Nursing Students, Catherine McAuley School of Nursing and Midwifery, University College, Cork: Cork.

University College Dublin (2016) Educational Audit of Clinical Placement Sites for BSc Nursing (General Nursing), BSc Nursing (Psychiatric Nursing), BSc Nursing (Children's and General Nursing), BSc Midwifery, Higher Diploma Children's Nursing Higher Diploma Midwifery, in partnership with UCD linked placement sites including health service providers, public health nursing services and community and voluntary services. University College Dublin, School of Nursing, Midwifery and Health Systems Scoil na hAltrachta, an Chnáimhseachais agus na gCóras Sláinte UCD

Walker S., Rossi D., Anastasi J., Gray-Ganter G., Tennent R. (2016) Indicators of undergraduate nursing students' satisfaction with their learning journey: An integrative review. *Nurse Educ. Today* 43, 40-48

Wallin K; Fridlund, B; ThorÅ©n, A-B (2013) *Prehospital Emergency Nursing students' experiences of learning during prehospital clinical placements International Emergency Nursing* 21(3): 197-203

Waterford Institute of Technology (2017) Educational Audit Tool and Report Waterford Institute of Technology, Department of Nursing and Healthcare in association with the Health Service Executive, South (South East Region) and the Voluntary Service Providers. Waterford.

World Health Organisation (2016) Global strategic directions for strengthening nursing and midwifery 2016-2020:8, 14, 16, 20, 25 *WHO Geneva, Switzerland*

## 13 SUBMISSIONS

AMNCH, Tallagh Hospital, NPDC, CPC, SALO

Angela Lally, Representing CPCs, NPDC on NMPI Working Group

Beaumont Hospital, NPDC, NPDU, CPC, SALO (5 submissions)

Connolly Hospital, CHB, NPDD (2 submissions)

Coombe Women and Infants University Hospital, Representing Midwifery on Working Group

COPE Foundation, CPC, ALO

Cork University Hospital, NPDU, NPDC, CPC, ALO (3 submissions)

Cregg Services, Sligo

CPC Section INMO

CPCs Drogheda/Louth/Navan

Dundalk Institute of Technology Midwifery Section

Galway University Hospital, CNME

HSE, Community Healthcare Organisation, Co. Cavan

HSE, NMPDU, Dublin South, Kildare, Wicklow, Stewarts Hospital

HSE, South Kilkenny, Carlow, Kilkenny, South Tipperary, Waterford, Wexford

Institute of Technology, Tralee,

Irish Nursing and Midwifery Practice Development Association

Limerick Services, Intellectual Services

Mayo Mental Health Services, Castlebar, CPC, NPDC (3 submissions)

Mercy Hospital Cork and Cork University Hospital, CPC

North Mental Health Services, NPDD

Nurse Practice Mental Health, Louth/ Meath, Cavan/Monaghan, Community Health organisation (3 submissions)

Our Lady of Lourdes Hospital, Drogheda

Temple St. Hospital, Dublin

Tralee Institute of Technology

South Cork/Kerry, NMPDU

St John of God Hospital, NMPDU and St John of God East Services, CPC, SAM (4 submissions)

St James Hospital, Dublin NPDU

St Vincent's Hospital, Fairview (2 submissions)

South/Southwest Hospital group

University College Dublin

University Hospital, Waterford

University of Limerick.



## 14 GLOSSARY OF TERMS

**Accountability:** Is being answerable for your actions, inactions and the professional decisions you make in the course of your practice (NMBI 2014:17)

**Advocate:** verb: To empower a person by supporting them to put forward their views and claim their entitlements and, if necessary, to act as a representative for the other person and negotiate on their behalf (NMBI 2015)

**Assessment in Clinical Practice:** The key concepts associated with clinical assessment are that assessment must judge the student's abilities in clinical practice; Include an opportunity for self-assessment; make explicit the expected outcomes and criteria and include feedback (NMBI 2016 a, b)

**Assessment-The Preceptor Role:** This role in assessment spans several areas. These include: ensuring that student Domains of Competence are achieved for each year of the undergraduate programmes and meet NMBI Standards and Requirements (2016a, b), student learning objectives are met and Practice Standards are aligned with the Code of Professional Conduct and Ethics for registered nurses and registered midwives (NMBI 2014)

**Assessment: What is Being Assessed?** Specific assessment is focused on behaviours not personalities or subjective data and includes identifying and suggestions for development that is provided at the earliest opportunity (immediate); is balanced in terms of not overloading the student and offers guided choices and includes positive feedback

**Competence:** Defined as "the attainment of knowledge, intellectual capacities, practice skills, integrity and professional and ethical values required for safe, accountable and effective practice as a Registered Nurse or Registered Midwife. Competence relates to the nurse's scope of practice within a division of the register, is maintained through continuing professional development and the nurse may need to upskill, update or adapt competence if s/he works in a different practice setting or with a different profile of service user" (NMBI 2016 a:130)

**Competences:** "Competences represent a dynamic combination of cognitive and meta-cognitive knowledge, intellectual and practical skills and ethical values" Nursing Subject Area Group (SAG) of the Tuning Project 2011:9). Nursing and Midwifery Board of Ireland (NMBI) have developed Competences for Practice.

**Competency Based Assessment:** This is a student centred assessment strategy designed to elicit performance, potential and evidence of attitudes, values and knowledge. The integration of knowledge, attitudes, values and skills in practice underpins competency assessment and implies that assessment involves questioning and feedback (NMBI 2016 a, b: 130)

**CCLE:** Challenging clinical learning environments defined by students as one affected by relationships in the clinical area and by the context of their learning experiences

**Clinical Allocations Officer (CAO):** The CAO is based in the HEI and is responsible for the allocation of student nurses and midwives to each module on the BSc. Nursing and BSc Midwifery programmes. The CAO also works collaboratively with CPCs in AHS institutions in allocating clinical placements for each programme. The CAO has close liaison with the Allocations Liaison Officers in the AHSP.

**Clinical Audit:** Is a review of the quality of the care given in relation to a set of standards. The purpose of the clinical audit is to improve care and outcomes (NMBI 2014:2)

**Clinical Governance:** Is a framework through which health service teams are accountable for the quality, safety and satisfaction of those for whom they care (NMBI 2014:2)

**CME:** Centre of Midwife Education is responsible for the delivery of education, training and continuous professional development to midwives, support staff and healthcare teams

**CNE:** Centre of Nurse Education is responsible for the delivery of education, training and continuous professional development to nurses, support staff and healthcare teams

**CNT: Clinical Nurse Tutor:** CNTs have a key role in supporting, teaching and assessing students in the practice environment. They work collaboratively and effectively in inter and multidisciplinary environments, establish targets and goals to support clinical and HEI strategies and have a willingness to contribute to nursing and midwifery, school of nursing, HEI and to the wider community.

**CMT: Clinical Midwifery Tutor:** CMTs teach and examine on the theoretical component of the undergraduate BSc (Midwifery) programme in classroom settings and in clinical skills laboratories. Clinical Midwifery Tutors, termed Registered Midwife Tutors, are based in the linked AHSPs but also in the HEIs. RMTs must have the ability to conduct research and to establish a strong record of research and publication'

**Student Allocation Liaison Officer (SALO) also termed Allocations Liaison Officer (ALO)** is ward based and contributes to pre-registration nurse and midwife clinical education having a pivotal role in the co-ordination and management of pre-registration student nurse and midwife placements (CPSA 2017) (HSE 2017 Local Commission Jobs), in accordance with NMBI Requirements and Standards for Nurse Registration Education Programme (2017). Duties and responsibilities include professional /clinical, health and safety, education and training and management. The SALO works closely with the Nursing Practice Development Co-ordinator (NPDC), Clinical Placement Co-ordinator (CPC) and Allocation Officers, relevant staff in the HEI and other partner services. The SALO assists in developing and documenting clinical learning objectives/outcomes, contributes towards the formulation, development, and implementation and monitoring of policies, procedures, and protocols as relevant to student. If working in the mental health area they must comply with all relevant Mental Health legislation, Best Practice Guidance for Mental Health, DNCMHS and associated HSE Policies Procedures and protocols. SALOs promote a culture that values diversity and respect in the workplace (HSE Mental Health Services Commission for Public Service Appointments (CPSA) (2017) (*Code of Practice, Information for Candidates*) [www.hse.ie/eng/staff/jobs](http://www.hse.ie/eng/staff/jobs) or on [www.cpsa.ie](http://www.cpsa.ie) Accessed July 2017. Holders of this role provide specific services in the Intellectual Disability Services where their client base includes community home care, community residential and hospital based residential. A large component of clients catered for have a dual diagnosis of

Mental Health in addition to their Intellectual Disability Service that is in keeping with plans to promote independent community based living and day services (Office of Nursing & Midwifery Services Director 2012). Further information on the SALO is available in Carney M (2017) Literature Review Clinical Learning Environment, NMBI website

**CSF: Clinical Skills Facilitator** is ward based. The CSF ensures that staff has the required and appropriate clinical care skills and competencies to effect timely patient care and intervention. This is undertaken by demonstrating analytical, problem solving and decision making skills with commitment and responsibility towards students learning outcomes and with focus on quality outcomes. ([www.hse.ie/eng/staff/jobs](http://www.hse.ie/eng/staff/jobs) or on [www.cpsa.ie](http://www.cpsa.ie) accessed July 2017).

**CNS: Clinical Nurse Specialist:** The CNS works in clinical settings providing clinical care to patients/clients/persons in specialist areas of practice and has a pivotal role in helping to meet their psychological, emotional and informational needs. The CNS interacts with students and provides educational sessions to pre-registration students and nursing staff.

**CMS: Clinical Midwifery Specialists:** The CMS supports the specific educational needs of pre-registration midwifery students and has a pivotal role in helping to meet the psychological, emotional and informational needs of mothers and babies. The CNM interacts with pre-registration midwifery students and provides educational sessions to students and midwifery staff.

**Clinical Placement Experience:** This provides the student with learning opportunities that enable the achievement of competence in clinical nursing and midwifery practice and the stated learning outcomes (ANMC 2006, NCNZ 2007, NMBI 2016 b)

**Colleagues:** These are co-workers, other health and social care professionals, other healthcare workers and nursing and midwifery students (NMBI 2014:2)

**Conduct:** This is a person's moral practices, actions, beliefs and standards of behaviours (NMBI 2014:3)

**CPC: Clinical Placement Coordinator:** The CPC is a registered nurse who is required to obtain the needed resources to optimise the clinical learning environment for pre-registration student learning (McNamara 2007). The CPC role is unique to Ireland, first introduced in 1994 to support nurses undertaking the Diploma in Nursing programme and later in 2001 to support pre-registration degree level nurses (Drennan 2002). The role of the CPC includes:

- Assisting in creating a clinical environment which enhances and increases the students' clinical competence
- Auditing student clinical learning environment to ensure that standards outlined by NMBI are adhered to
- Monitoring students' progress through assessment in a collaborative approach with the Preceptor in accordance with agreed competence assessment procedures and requirements and standards of NMBI (2016)
- Gives encouragement and support to students during their clinical placements which enable students to build confidence

- Ensures that each student is assigned to, and assessed by a designated registered nurse (Preceptor) who has completed preceptorship training
- Monitors and reports to the CNM and ADON Nurse Practice Development any practices, procedures or behaviours in the clinical areas which would create a diminished learning environment for the student and might adversely affect their performance
- Assists and participates with appropriate nursing personnel in formulating and implementing corrective measures to enhance nursing practice in all clinical areas
- Develops and revises specific outcomes for each clinical placement In partnership with the CNM and nursing staff to focus and maximise student learning
- Provide essential expert resource for clinical staff
- Liaises with the Link Lecturer/Personal Tutor assigned to clinical areas and discusses individual students' performance and learning needs and where necessary assists in the implementation of an action plan/development plan to facilitate development needs (NMBI Standards doc2017, NMBI 2016, 2015d, 2016). Further information relating to the CPC is available in Carney (2017) Literature Review Clinical Learning Environment: NMBI

**Learning Outcomes/Objectives:** Defined as “statements of what a learner is expected to know, understand and to be able to demonstrate after completion of a learning experience and are the expression in terms of the level of competence to be obtained by the learner” (Nursing Subject Area Group (SAG) of the Tuning Project 2011:9). Learning outcomes/objectives are the knowledge, understanding and ability levels specified in the learning outcomes/objectives of a programme of study and are directly related to levels of competence, at a particular academic award level and consist of both generic and subject-specific competences that are specific to a discipline (NMBI 2016:130)

**Link Lecturer/Personal Tutor:** The Link Lecturer/Personal Tutor holds the position of lecturer in the HEI and may visit the student in the clinical area to provide education support and to assess clinical practice in partnership with CPCs and Preceptors. Not all HEIs have the Link Lecturer role however they use other supports to ensure a quality learning environment and experience for students. Some HEIs use the term Personal Tutor. Not all Personal Tutors visit the student in the clinical areas to provide education although they do provide support for the assessment of clinical practice and will visit the clinical area in the event that the student is unsuccessful on placement.

**NEPD: Nursing Education and Practice Development:** The NEPD is a shared partnership between the HEI and the AHSPs in supporting integration and coordination of pre-registration and taught graduate education and training. The Director of the Centre is responsible for planning, developing, coordinating, leading and evaluating programmes for nurses, similar to those undertaken by the Director of Centres of Nursing and Midwifery Education. The Director reports to the Head of School in the HEI (HSE Mental Health Service Commission 2017).

**NEMPDU: Nurse/Midwife Education and Practice Development Unit:** This is a similar position to that of the NMPDU established as a joint appointment between the HEIs and the AHSP. This shared partnership supports the integration and coordination of pre-registration and taught graduate education and training and continuous practice development.

**NMBI: Nursing and Midwifery Board of Ireland** (the Board) promotes high standards of professional education, training and practice and professional conduct among nurses and midwives. Practice and education is governed by Nurse Registration Programmes Standards and Requirements (NMBI 2016:5)

**NPDU/MPDU: Nurse Practice Development Unit and Midwifery Practice Development Unit:** This unit is based within the AHSP. This is a similar position to that of the NMPDU established as a joint appointment between the HEIs and the AHSP. This shared partnership supports the integration and coordination of pre-registration and taught graduate education and training and continuous practice development.

**NPDC: Nursing Practice Development Coordinator.** The NPDC leads the Nursing Practice Development Department/Unit, to oversee the pre and post registration nursing in practice as identified by the Commission on Nursing (1998). The Clinical Placement Coordinator (CPC) reports directly to the NPDC and the Nurse Education Forum (2000) also added the Student Allocation Liaison Officer (SALO) function to report directly to the NPDC. The NPDC is the responsible person who leads the development of the clinical learning environment in all HSPs. Central to this are the concepts of patient –centeredness and increased multidisciplinary activity, to ensure the delivery of the highest standard of person centred evidence based care. This is achieved by the development of a range of nursing practice development initiatives, research and audits which foster the application of theory to practice and improve quality of services offered to those in care and to their families/carers in line with international , national and local policy initiatives.

**ONMSD: Office of the Nursing and Midwifery Services Directorate:** through the Chief Nurse involves professionals leading the implementation of national and regional nursing and midwifery strategy within the Irish health services. This office, established in 2006 at HSE corporate level provides a unified governance arrangement for both the Nursing and Midwifery Planning and Development Units (NMPDUs) and RCNMEs (Proposal to the HSE Director General Designate 2013). The Office engages with all key stakeholders including Directors of Nursing and Midwifery at every service level and with HSE Senior Management Teams, Department of Health, Regulatory Bodies, Higher Education Institutes, Professional Associations and Trade Union organisations. This hub and spoke structure enables the office to support Nursing and Midwifery services nationally (Proposal to the HSE Director General Designate 2013).

**ONMPDUs: Office of Nursing and Midwifery Planning and Development Units (ONMPDUs).** The Office of Nursing and Midwifery Planning and Development Units (NMPDUs): NMPDUs provide practical and visible strategic professional leadership at regional level to nurses and midwives. The Centre's governance structure is to the Office of Nursing and Midwifery Planning and Development Units (ONMSD). The post of Director is generally established as a joint appointment between the HEI and a clinical healthcare group and is based in the HEI. The role is developed in line with the mission and the values of the two organisations. The shared vision of the joint appointment partnership between the HEI and the AHSP institution (s) supports the integration and coordination of pre-registration and taught graduate education and training, continuing professional development (CPD) and practice development in nursing and midwifery. The Director works closely with Directors of Nursing and Midwifery and other senior managers regionally and nationally and with the Centre's Board of Management in order to plan, develop, co-ordinate, procure, provide and evaluate high

quality education and training to meet the required needs of the region. The Director supports and leads on the development of national curricula for education programmes to support the HSE Clinical Programmes and secures NMBI approval and other accreditation as appropriate and progresses the development of the Centres and their teams to achieve QQI (Quality & Qualifications Ireland) Accreditation and in monitoring the effectiveness of education, training and development programmes (HSE Employee Handbook 2017).

**PASSPORT for students:** This has not yet been introduced in this country. Improved communication between health service institutions and HEIs regarding the education and competency training information that both entities need to know about pre-registration students and in determining student progress and competency would be enhanced by the introduction of a student PASSPORT. The student would take their individual PASSPORT with them as they move from one clinical location to another. Linking the PASSPORT to a NMBI Competency Scheme could be used in the development of a National Data Base.

**Preceptor:** The Preceptor is a registered nurse or midwife who has undertaken preparation for the role and who supports undergraduate nursing or midwifery students in their learning in the practice setting and assumes the role of supervision and assessor of the students' achievement of clinical learning outcomes and competence (NMBI 2016). Preceptors recognise student satisfaction with their clinical learning environment and provide support and supervision by promoting a feeling of "belonginess" in the placement environment. They act as student protectors.

**RCNMEs:** **RCNMEs:** Regional Centres of Nurse and Midwife Education: The Centres provide evidence-based, interdisciplinary and multidisciplinary education to support services in the delivery of quality and safe patient/client/person care (Proposal to the HSE Director General Designate 2013). RCNME's are responsible for the delivery of education, training and continuous professional development to nurses, midwives, support staff and healthcare teams, providing 'Satellite' Education/Training Facility and reporting to the "Hub" Centres of Nurse or Midwife Education. RCNMEs were established as a result of an agreement between management and staff following the transfer of pre-registration nursing education into HEIs. RCNME's deliberations will feed into any process looking at new structures and practice (*Report of Working Group on Centres of Nursing and Midwifery Education 2013*). See Carney (2017) Literature review NMBI for further information.

**RMT: Registered Midwifery Tutor** has a role in supporting the teaching of pre-registration midwifery students in the practice environment and to teach and examine on the theoretical component of the undergraduate BSc (Midwifery) programme in classroom settings and in clinical skills laboratories.

**Supervision:** Direct supervision means the supervising nurse or midwife is actually present and works alongside the student or regulated or unregulated health care worker (HCW). Indirect supervision occurs when the nurse or midwife does not directly observe the student or regulated or unregulated HCW undertaking a delegated role or activity. The delegating nurse or midwife is accountable for the decision to delegate in ensuring that the delegated role or activity is appropriate to the level of competence of the student or the regulated or unregulated HCW. The delegator is accountable for the appropriate performance of that role or activity (Scope of Nursing and Midwifery Practice Framework 2014:21, 22).



Bord Altranais agus  
Cnáimhseachais na hÉireann  
Nursing and Midwifery Board of Ireland

# Clinical Placement National Quality Clinical Learning Environment Audit Tool

2018

# CLINICAL PLACEMENT NATIONAL QUALITY CLINICAL LEARNING ENVIRONMENT AUDIT TOOL FOR HEALTH SERVICE PROVIDERS

This clinical placement wide audit tool is the designated NMBI National Clinical Learning Environment Audit Tool for use in all AHCPs where pre-registration nursing and midwifery students are placed during their training and may be completed by paper-based or by online/electronic methods. The NMBI will use this Audit Tool during all site visits. The Audit is undertaken in a collaborative manner between delegated persons in the HEIs and their associated AHCPs.

## Standard 1

### Criteria

- The placement is managed and organised in a manner compatible with the provision of a quality clinical learning experience for students
- The profile of each clinical learning environment is available to the student, and students are orientated into the clinical practice learning environment
- Written evidence outlining the systems and outcomes of quality monitoring and enhancements are in place

## Standard 1: Students are orientated into the clinical practice learning environment

### Indicators

1. The clinical placement provides students with the opportunities to gain the required experiences to develop clinical competences as set out by NMBI (2016 a) Y  N
2. DON/DOM in delegated authority to NMPDU and the associated HEI Head of School collaboratively determines that systems for allocation of students are transparent and available Y  N
3. DON/DOM in delegated authority to NMPDU and the associated HEI Head of School collaboratively determines that evidence of dedicated Student Allocation Liaison Officer (SALO/ALO) is in post including 0.5 WTE of an allocations liaison post for up to 50 nursing students Y  N
4. Auditors view evidence of posts in place Y  N
5. Prior to using new clinical placement sites, evidence of verification of a completed audit as endorsed by the HEI, was submitted to NMBI Y  N
6. Provide date of HEI verification Y  N
7. On first attending the clinical placement, each student is provided with a formal orientation to the site based on the programme/plan and the process is signed by the preceptor and counter-signed by the student Y  N
8. Auditors view on-site orientation programmes available to student nurses and midwives Y  N

1. The orientation programme/plan contains information on the following elements which is given to the student:



- Reporting on and off duty, punctuality, sick leave, dress code and other relevant placement matters Y  N
- Relevant clinical policies, procedures, protocols and guidelines Y  N
- Organisation of care (e.g. method of client assessment and care planning) Y  N
- Orientation to the physical layout of the unit/clinical department/service area Y  N
- A copy of the learning objectives/outcomes specific to the clinical placement area are available and are discussed with the student on orientation Y  N

## Standard 2

### Criteria

- Clinical placement experience is selected by the HEI in partnership with its AHCPs, supporting the curriculum programme aims, in accordance with EU Directive and the NMBI Standards and Requirements
- Quality, safe, professional, person-centred care underpins practice within the clinical learning environment
- The philosophy of nursing and midwifery held within the unit/clinical department/service users areas are explicit and the model(s) of nursing and midwifery person centeredness utilises a systematic approach that frames the nursing or midwifery assessment, diagnosis, planning, implementation and evaluation of care/service

### Standard 2: The HEI and its AHCP demonstrate a commitment to values- based, quality improvements toward evidenced-based care

#### Indicators

1. The Memorandum of Understanding (MoU) is available Y  N
2. The MoU provides detail on the system of academic engagement with clinical sites used to support pre-registration practice-based learning Y  N
3. Clinical placement documentation support the curriculum programme aims, in accordance with EU Directive and NMBI Standards and Requirements Y  N
4. Clinical placement documentation reflect the breadth and diversity of the educational programmes Y  N
5. Evidence to demonstrate that there are registered trained preceptors to facilitate the supervision and support of students' to achieve the learning outcomes/objectives of the programmes Y  N
6. Auditors view evidence of number of trained preceptors in clinical sites Y  N
7. Care provision reflects a mission statement that is displayed in a prominent place within the organisation/service Y  N
8. A philosophy of care consistent with the mission statement of the organisation is documented in writing and is displayed in a prominent location Y  N
9. Staff within clinical placement areas are aware of the philosophy of care Y  N

10. The philosophy of care which may include statement of purpose, contract of care and residents guide is discussed with each student during the clinical placement in all areas  
Y  N
11. A model of nursing is utilised in each clinical placement  
Y  N
12. A system of holistic care delivery in nursing and midwifery is evident in the each clinical placement  
Y  N
13. Auditors view evidence relating to philosophies of nursing and midwifery care and learning, mission statement, care plan and comment if necessary  
Y  N
14. The student is accepted as a learner, encouraged to ask questions and actively contributes to patient care  
Y  N
15. The clinical placement areas are provided with information on student placements within a time frame specified in a collaborative manner between AHCPs and associated HEIs  
Y  N
16. Students are given the opportunity to evaluate the clinical learning environment (as determined by the AHCP)  
Y  N
17. There is a system in place to monitor students' attendance in each clinical placement  
Y  N
18. Students record nursing or midwifery documentation, following which the preceptor RN/RM reads and countersigns, and adds NMBI Pin number  
Y  N
19. RNs /RMs or students record practice that adheres to NMBI guidelines on Recording Clinical Practice (NMBI, 2015)  
Y  N
20. Policies to support best practice in medication management, in accordance with NMBI (2016 a) guidelines, are practiced and visible in each practice placement  
 N
21. There is a formal structure in place between HEIs and AHCPs to address mechanisms for, and evidence of educational and clinical audit  
Y  N
22. Auditors view evidence of a minimum of 2 audits completed in the previous 6 months  
Y  N
22. There is a formal structure in place between HEIs and AHCPs to address mechanisms for, and evidence of clinical risk management programmes  
Y  N
23. There is a formal structure in place between HEIs and AHCPs to address mechanisms for, and evidence of audit of nursing documentation  
Y  N
24. There is a formal structure in place between HEIs and AHCPs to address mechanisms for, and evidence of student support, supervision and assessment whilst in practice settings  
Y  N
25. There is a formal structure in place between HEIs and AHCPs to address policies to address complaints concerns of staff and students and are visible in the organisation/ clinical placements  
Y  N
26. There is a formal structure in place between HEIs and AHCPs to address reports of research awareness and the application of research findings amongst clinical practitioners  
Y  N
27. Reports on the delivery of person-centred, holistic care of the person using health services are available  
Y  N

28. *Organisational* policies are in place to ensure students can raise concerns about the perceived safety of patients and staff in the clinical areas Y  N
29. There is a formal structure in place between HEIs and AHCPs to address any safety concerns Y  N
30. There is a formal structure in place between HEIs and AHCPs to address any clinical risk governance Y  N
31. There is a formal structure in place between HEIs and AHCPs to ensure that robust processes for managing undergraduate health problems are in place Y  N

Auditor should view evidence of a minimum of 2 audits completed in the previous 6 month in areas 22-31

32. Students are made aware of the importance of consent, privacy, dignity, confidentiality and the Code of Professional Conduct and Ethics within all clinical placements Y  N
33. Each clinical placement is compliant with the required health and safety regulations Y  N
34. Each clinical placement meets the required standard with regards to hygiene and infection prevention and control Y  N
35. Nursing and midwifery staff engage in clinical risk assessment and where appropriate use risk assessment tools Y  N
36. There is a formal structure in place between HEIs and AHCPs to ensure that mechanisms are explicit as to the role and function of members of the public and persons in receipt of healthcare in the process of curriculum programme review and evaluation Y  N

Auditor views evidence of a minimum of 2 audits completed in the previous 6 month in areas 32-36

### Standard 3

#### Criteria

- An explicit philosophy of learning, congruent with the philosophy of care that support the acquisition of caring and compassion, analytical, critical thinking, problem-solving, decision-making and reflective skills, in relation to the art and science of nursing and midwifery, is documented in the organisation/clinical practice placements

#### **Standard 3: Quality professional person centred, compassionate care underpins and supports student learning**

#### Indicators

1. A standardised method of documenting care delivery within each clinical placement is evident (e.g. assessments, care plan, care outcomes) Y  N
2. Evidence that the student is involved in the planning and delivery of holistic nursing or midwifery and/ or person centred care and support in each clinical placement Y  N

Please comment on the System of Nursing and Midwifery Care Delivery in use: Person Centred Approach, Roper Logan and Tierney, Oram, Multidisciplinary Care Plans, Integrated Care Pathways. This list is not exhaustive

## Standard 4

### Criteria

- The clinical placement provides a supportive and facilitative learning environment for students
- Each staff member engages in facilitating student learning through supervision, teaching and, where applicable, assessing
- RNs/RMs, Preceptors, CPCs and Link lecturers/Personal Tutor are qualified and prepared to support student learning throughout their clinical placements.

### Standard 4: The practice learning environment supports student supervision

#### Indicators

1. Each staff member is familiar with his/her respective role in facilitating student learning (e.g. supervising, precepting, teaching, assessing) Y  N
2. Clearly written up-to-date learning outcomes/objectives, specific to the clinical placement areas, are available and accessible to ensure optimal clinical placement experience Y  N
3. A physically safe environment in which learning takes place is provided Y  N
4. Staff familiar with the student support systems is in place at the HEI (e.g. link lecturer, personal tutor, clinical allocations officer) Y  N
5. Each student is provided with opportunities to obtain experiences across a range of care activities, appropriate to his/her stage of programme Y  N
6. Preceptorship is in place to support students in all specialist clinical placements Y  N
7. Each student is assigned a preceptor and/or associate preceptor, who are RNs/RMs, at the commencement of the clinical placement Y  N
8. Preceptors/RNs or RMs who support students, have completed a teaching and assessing course approved by NMBI, and demonstrate, for example attendance certificates Y  N
9. The Preceptor initial preparation is determined and supported by refresher courses and support from NMPDU in relation to student supervision and competence assessment Y  N
10. Auditors view evidence of Teaching and Assessing courses undertaken including dates of courses undertaken in the past 12 months Y  N
11. The student has the opportunity to work alongside their preceptor or associate preceptor for the duration of the clinical placement or with a RN/RM in external small units, in the absence of a preceptor (NMBI 2016 a: 22,23,127) Y  N
12. Preceptor and student negotiate a plan of learning using the student's Competency Assessment Tool for each clinical placement Y  N
13. The preceptor and student agree clearly written learning outcomes/objectives in each clinical placement Y  N

14. Clinical based learning is supported by adequate numbers of qualified and prepared CPCs who are supervised by the nurse or midwife practice development coordinator. A minimum ratio of one clinical placement coordinator to every 30 nursing students and 1:15 for midwifery students is in place with due regard to the geographical location and array of practice settings (Department of Health 2004:41) Y  N
15. View evidence of CPC ratio in place in organisation/clinical placement areas Y  N
16. There is evidence that the CPC in conjunction with the preceptor/associate preceptor facilitates students' learning outcomes/objectives for each clinical placement Y  N
17. CPC arrangements are in place to support students in all placements including specialist placements Y  N
18. The CNM/CMM is made aware if a student has not been assigned a preceptor and immediate action is taken Y  N
19. A named link lecturer/personal tutor from the associated HEI is identified for all clinical placement areas or all students Y  N
20. The role of the link lecturer/ personal tutor is known and understood by staff Y  N
21. The link lecturer/personal tutor in the HEI notifies the Preceptors and CPCs of the date and time for a visit related to a clinical assessment for individual students Y  N
22. Staff and students are aware of the name and contact details of the link lecturer/personal tutor Y  N
23. Communication is transparent, written and agreed between the HEI and relevant clinical placement staff and students Y  N
24. The supernumerary status of the nursing or midwifery student in years 1-3 and in pre-internship year 4 is explicit for preceptors and students Y  N
25. Specified internship clinical placements provide experience of the 24 hour cycle of the person accessing health services Y  N
26. Relevant clinical placement staff receives formal written feedback from the HEI link lecture/personal tutor regarding the student's learning Y  N

Please provide any additional comments on preceptorship

27. There is evidence of clinical audit undertaken in clinical placements Y  N

Please provide details of 2 clinical audits undertaken in the previous 6 months

## Standard 5

### Criteria

- There is evidence of effective working relationships between the HEI, DON/DOM and the NMPD in AHCPs to ensure that competency is achieved and student assessment completed
- The NMPD and CPCs in AHCPs and Link Lecturer's/Personal Tutors in HEIs work in partnership when reviewing the process of clinical assessment for students

### Standard 5: The clinical placement learning environment provides appropriate assessment opportunities for students

#### Indicators

1. Clinical-based assessment of learning and attainment of competence is based on the Competency Assessment Tool, for progressive achievement of proficiency Y  N
2. Relevant clinical staff are familiar with the Competency Assessment Tool used Y  N
3. CPCs oversee the assessment process to ensure student learning Y  N
4. CNMs/CMMs work closely with Preceptors to enable the students to get a comprehensive and fair assessment Y  N
5. Student assessments are conducted in a timely manner? Y  N

Please comment on student assessment

6. Evidence is available that the assessment process for students is structured to include; preliminary, intermediate and final interviews Y  N
7. The initial interview with students takes place during the first week in the clinical placement Y  N
8. The intermediate interview is completed approximately half-way through the clinical practice placement, if clinical placement is greater than 3 weeks Y  N
9. Feedback is given to student to identify strengths and areas needing further development in each of the six domains of competence Y  N
10. Students have time and resources to address areas of competences that need attention and to review learning outcomes/objectives prior to final interview Y  N
11. Final interviews are completed by the preceptor or associate preceptor and necessary documentation completed before the students leaves the clinical placement Y  N
12. Students receive appropriate support and constructive feedback in an ongoing consistent manner Y  N
13. Students and/or preceptors can access support during the assessment process, if needed Y  N
14. Preceptors are aware of the process that must be undertaken if a student is not performing to the required level of competence Y  N
15. Action plans/Learning plans are drawn up by preceptors, CPCs and link lecturer/personal tutor if a student is not yet competent Y  N

16. The student uses the Competency Assessment Tool to demonstrate evidence of competences to the preceptor and CPC Y  N

17. Where learning opportunities occur under the supervision of other members of the multidisciplinary team, allied health, educational and social care professionals, such experiences are monitored by a RN/RM and the placement final assessment process allows for the involvement of a RN/RM. Such opportunities support learning and should not replace nursing/midwifery supervision Y  N

Please provide any additional comments on assessments as required

18. Mechanisms are In place between the HEI and AHCP to provide reports of internal and external subject quality reviews Y  N

19. Auditors view samples of quality reviews for example quality care, metrics/student evaluations, patient satisfaction, HEI quality report (This list is not exhaustive) Y  N

## Standard 6

### Criteria

- Learning outcomes /opportunities and resources are available in each clinical placement to guide the student and Preceptor in identifying appropriate learning outcomes/objectives and opportunities
- Opportunities are available for the student to undertake reflective time and share learning experiences

### Standard 6: Students are supported to achieve their learning outcomes/ objectives within the clinical learning environment

#### Indicators

1. Learning outcomes/objectives for each year are clearly written, up-to-date, reviewed annually jointly by the preceptor and link lecturer/personal tutor and are appropriate to the clinical placement Y  N
2. Auditors view samples of learning outcomes/ objectives
3. Teaching-learning opportunities are normally based on the students' prescribed learning outcomes/objectives for each clinical placement Y  N
4. Learning outcomes/ objectives capture the specific learning opportunities available in each clinical placement Y  N
5. Learning outcomes/objectives reflect the learner's level of competence in each clinical placement Y  N
6. Students engage in supervised clinical practice appropriate to the learning outcomes/ objectives for clinical placement and the year status of the student Y  N

7. Auditors review details of the number of vacant posts relative to filled posts in clinical placement areas where students are placed Y  N
8. Reflective time of a minimum of 4 hours per week, if placement is greater than 3 weeks, is provided to students during supernumerary placements and the structures in place for its implementation during the internship is agreed collaboratively by the HEI and AHCP and is included in the MOU Y  N
9. Auditors review the reflective time process provided in the organisation
10. Students are supported and supervised by preceptors/associate preceptors/RNs/RMs during the final placement of 36 weeks internship to consolidate the completed theoretical learning and to support the achievement of Domains of Competency on completion of the programme and registration Y  N
11. Auditors view supports, supervision and reflective time provided for internship students in the organisation Y  N

## Standard 7

### Criteria

- Learning outcomes /opportunities and resources are available in each clinical placement to guide the student and preceptor in identifying appropriate learning outcomes/objectives and opportunities

## Standard 7: Physical and educational resources support student learning within clinical practice

### Indicators

1. There are resources appropriate to the needs of patients to support optimum student learning experiences Y  N
2. Documentation relating to the pre-registration nursing and midwifery NMBI programmes is readily available within each clinical placement Y  N
3. Students, preceptors and CPCs have access to internet facilities in practice /office Y  N
4. Resource room/tutorial room/quiet area are available within the clinical placement for students and relevant staff Y  N
5. Resource materials are relevant, up to date and specific, such as library/books/journals/articles are available for students and staff to use as a reference Y  N
6. Supports and services required by a student with a disability are provided according to individual need and legislation prevailing at the time Y  N
7. Current Data Protection legislation and guidelines are available and communicated to all staff Y  N



8. Current Information Technology legislation and guidelines are available, visible and communicated to all staff Y  N
9. Auditors view the resources available to students (e.g. Internet, Intranet, PPPGS, Library access)

**References from Desk Top Review:** *Athlone Institute of Technology 2017; Dublin City University 2013; Dundalk Institute of Technology 2014; Galway Mayo Institute of Technology 2010; Tralee Institute of Technology 2016; University College Dublin 2016; St Angela's College, Sligo 2017; St Vincent's University Hospital, Dublin 2016; University College Cork 2014a,b; Waterford Institute of Technology 2017.*



Bord Altranais agus  
Cnáimhseachais na hÉireann  
Nursing and Midwifery Board of Ireland

# Student National Quality Clinical Learning Environment Audit Tool

2018

## STUDENT NATIONAL QUALITY CLINICAL LEARNING ENVIRONMENT AUDIT TOOL

This audit tool will be completed by students undertaking clinical placement in health service provider institutions using paper-based or by online/electronic methods. The student will complete this Audit on completion of a clinical placement that is greater than 3 weeks duration, as designated by the NMPDD in collaboration with the preceptor. A designated person from the NMPDD will facilitate the distribution of the Audit tool. In completing this short audit tool you will support your organisation in their aim of providing a quality clinical learning environment for you. Please answer Yes or No to the questions asked and provide additional comments if necessary.

**Indicate the level and year you are now in.** Please tick the box

Level 1 Year 1  Level 2 Year 2  Level 3 Year 3  Year 4

**Indicate how long you have been on this clinical placement to date.** Please tick the box

Less than 3 weeks  Greater than 3 weeks

**Standard 1: Refers to how supported by your Preceptor/Associate Preceptor you felt in this clinical placement**

### Indicators

1. Were you assigned a preceptor for the duration of this clinical placement? Y  N  NA
2. Were you assigned an associate preceptor for the duration of this clinical placement? Y  N  NA
3. Did you receive orientation to this placement at the beginning of this clinical placement? Y  N
4. Are you fully acquainted with your learning needs for this clinical placement? Y  N
5. Did the preceptor discuss and identify with you the learning outcomes/objectives at the beginning of this clinical placement? Y  N
6. Did you have an initial interview with the preceptor within the first week? Y  N
7. Did you have a scheduled intermediate interview with the preceptor or associate preceptor if your clinical placement was greater than 3 weeks Y  N
8. Did you have a scheduled final interview with the preceptor/associate preceptor? Y  N
9. Did you know who the CPC for this clinical placement is? Y  N
10. Did the CPC provide sufficient support for you to achieve your learning needs? Y  N
11. Were you given feedback throughout this clinical placement? Y  N
12. Were you able to link theory to practice during this clinical placement? Y  N
13. Give two examples of this linkage and the outcomes you achieved? Y  N
14. Did the staff encourage you to be involved in clinical placement activities that are appropriate to your level of training during this placement? Y  N

Comment on two activities if you answered Yes

15. Was your supernumerary status recognised within this clinical placement? Y  N  NA

16. Were you given opportunities to engage in team work within this clinical placement? Y  N   
 NA

Please give one example of this team work if you answered Yes

17. Were you engaged in dedicated reflection time (minimum 4 hours per week) within this clinical placement? Y  N

Comment on reflection time?

**Standard 2: Your college and health service institutions demonstrate a commitment to values-based, quality improvements in providing evidenced-based patient care.**

#### Indicators

1. Nursing philosophy and nursing/midwifery values are in place in this clinical placement? Y  N
2. Evidence-based models underpinning nursing care or midwifery care delivery underpinning midwifery are used in this clinical placement Y  N

Comment on one evidence-based nursing model or midwifery care delivery that you have seen used in this clinical placement

3. Have you seen examples of improved quality initiatives when on this clinical placement? Y  N
4. Did you know who to contact to raise your concerns regarding unsatisfactory quality issues, should this have arisen in this clinical placement? Y  N
5. Did you feel you were part of the team while on this clinical placement? Y  N
6. Did you have a visit from your HEI link lecturer/personal tutor when on this placement? Y  N  NA

**Standard 3: Relates to how Curriculum programme aims, learning outcomes/objectives and clinical placements areas pertinent to safety, risk and quality are communicated to students.**

**Indicators**

1. Curriculum programme aims were communicated to you by your link lecturer/personal tutor? Y  N
2. Learning outcomes/objectives for this clinical placement were communicated to you by the CPC/preceptor/link lecturer/personal tutor? Y  N
3. Did you know who to contact to raise concerns regarding patient safety of the clinical learning environment, should it arise? Y  N
4. Did you know what to do should you identify if patient safety and dignity was being compromised? Y  N
5. Are you aware of what to do should you identify if clinical practice is being compromised? Y  N

Please provide details if you said NO to any question from 1-5

**Standard 4: Relates to how the clinical learning environment supports student supervision and learning.**

**Indicators**

1. You are familiar with the student support systems in place at your college (e.g. personal tutor, link lecturer, clinical allocations officer)? Y  N  NA
2. You were exposed to a variety of experiences during this placement? Y  N  NA
3. You felt supported by RNs/RMs when on this clinical placement? Y  N
4. You felt supported by your preceptor when on this clinical placement? Y  N  NA
5. You felt supported by your CPC when on this clinical placement? Y  N
6. You felt supported by the link lecturer/personal tutor from your HEI when on this clinical placement? Y  N  NA

**Standard 5: Relates to how the clinical placement learning environment provides appropriate assessment opportunities for students**

**Indicators**

1. You are familiar with the Competency Assessment Tool for recording your competences? Y  N
2. Your interviews during clinical placement, if your placement was greater than 3 weeks, were conducted in a timely manner? Y  N
3. You are aware of the process undertaken if you are not performing to the required level of competency Y  N

Please comment if you said NO to any question from 1-3

**Standard 6: Students are supported to achieve their learning outcomes within the clinical placement**

**Indicators**

1. You felt supported in this clinical placement in obtaining your curriculum learning outcomes/objectives? Y  N
2. You felt supported and supervised during your final placement of your 36 weeks internship? Y  N
3. You will demonstrate in your Competency Assessment Tool how reflective time was facilitated during your internship? Y  N

**Standard 7: Relates to how physical and educational resources support student learning within clinical practice.**

**Indicators**

1. NMBI documentation/journal articles were available within your clinical placement to support your clinical practice? Y  N
2. You had access to internet facilities in your clinical placement? Y  N
3. Resource room/tutorial room/quiet areas were available within your clinical placement? Y  N

Please provide details if you have said NO to any question from 1-3

## 18 GLOSSARY OF TERMS

**Accountability:** Is being answerable for your actions, inactions and the professional decisions you make in the course of your practice (NMBI 2014:17)

**Advocate:** verb: To empower a person by supporting them to put forward their views and claim their entitlements and, if necessary, to act as a representative for the other person and negotiate on their behalf (NMBI 2015)

**Assessment in Clinical Practice:** The key concepts associated with clinical assessment are that assessment must judge the student's abilities in clinical practice; Include an opportunity for self-assessment; make explicit the expected outcomes and criteria and include feedback (NMBI 2016 a, b)

**Assessment-The Preceptor Role:** This role in assessment spans several areas. These include: ensuring that student Domains of Competence are achieved for each year of the undergraduate programmes and meet NMBI Standards and Requirements (2016a, b), student learning objectives are met and Practice Standards are aligned with the Code of Professional Conduct and Ethics for registered nurses and registered midwives (NMBI 2014)

**Assessment: What is Being Assessed?** Specific assessment is focused on behaviours not personalities or subjective data and includes identifying and suggestions for development that is provided at the earliest opportunity (immediate); is balanced in terms of not overloading the student and offers guided choices and includes positive feedback

**Competence:** Defined as "the attainment of knowledge, intellectual capacities, practice skills, integrity and professional and ethical values required for safe, accountable and effective practice as a Registered Nurse or Registered Midwife. Competence relates to the nurse's scope of practice within a division of the register, is maintained through continuing professional development and the nurse may need to upskill, update or adapt competence if s/he works in a different practice setting or with a different profile of service user" (NMBI 2016 a:130)

**Competences:** "Competences represent a dynamic combination of cognitive and meta-cognitive knowledge, intellectual and practical skills and ethical values" Nursing Subject Area Group (SAG) of the Tuning Project 2011:9). Nursing and Midwifery Board of Ireland (NMBI) have developed Competences for Practice.

**Competency Based Assessment:** This is a student centred assessment strategy designed to elicit performance, potential and evidence of attitudes, values and knowledge. The integration of knowledge, attitudes, values and skills in practice underpins competency assessment and implies that assessment involves questioning and feedback (NMBI 2016 a, b: 130)

**CCL:** Challenging clinical learning environments defined by students as one affected by relationships in the clinical area and by the context of their learning experiences

**Clinical Allocations Officer (CAO):** The CAO is based in the HEI and is responsible for the allocation of student nurses and midwives to each module on the BSc. Nursing and BSc Midwifery programmes.

The CAO also works collaboratively with CPC s in AHS institutions in allocating clinical placements for each programme. The CAO has close liaison with the Allocations Liaison Officers in the AHSP.

**Clinical Audit:** Is a review of the quality of the care given in relation to a set of standards. The purpose of the clinical audit is to improve care and outcomes (NMBI 2014:2)

**Clinical Governance:** Is a framework through which health service teams are accountable for the quality, safety and satisfaction of those for whom they care (NMBI 2014:2)

**CME:** Centre of Midwife Education is responsible for the delivery of education, training and continuous professional development to midwives, support staff and healthcare teams

**CNE:** Centre of Nurse Education is responsible for the delivery of education, training and continuous professional development to nurses, support staff and healthcare teams

**CNT: Clinical Nurse Tutor:** CNTs have a key role in supporting, teaching and assessing students in the practice environment. They work collaboratively and effectively in inter and multidisciplinary environment's, establish targets and goals to support clinical and HEI strategies and have a willingness to contribute to nursing and midwifery, school of nursing, HEI and to the wider community.

**CMT: Clinical Midwifery Tutor:** CMTs teach and examine on the theoretical component of the undergraduate BSc (Midwifery) programme in classroom settings and in clinical skills laboratories. Clinical Midwifery Tutors, termed Registered Midwife Tutors, are based in the linked AHSPs but also in the HEIs. RMTs must have the ability to conduct research and to establish a strong record of research and publication'

**Student Allocation Liaison Officer (SALO)** also termed **Allocations Liaison Officer (ALO)** is ward based and contributes to pre-registration nurse and midwife clinical education having a pivotal role in the co-ordination and management of pre-registration student nurse and midwife placements (CPSA 2017) (HSE 2017Local Commission Jobs), in accordance with NMBI Requirements and Standards for Nurse Registration Education Programme (2017). Duties and responsibilities include professional /clinical, health and safety, education and training and management. The SALO works closely with the Nursing Practice Development Co-ordinator (NPDC), Clinical Placement Co-ordinator (CPC) and Allocation Officers, relevant staff in the HEI and other partner services. The SALO assists in developing and documenting clinical learning objectives/outcomes, contributes towards the formulation, development, and implementation and monitoring of policies, procedures, and protocols as relevant to student. If working in the mental health area they must comply with all relevant Mental Health legislation, Best Practice Guidance for Mental Health, DNCMHS and associated HSE Policies Procedures and protocols. SALOs promote a culture that values diversity and respect in the workplace (HSE Mental Health Services Commission for Public Service Appointments (CPSA) (2017) (*Code of Practice, Information for Candidates*) [www.hse.ie/eng/staff/jobs](http://www.hse.ie/eng/staff/jobs) or on [www.cpsa.ie](http://www.cpsa.ie) Accessed July 2017. Holders of this role provide specific services in the Intellectual Disability Services where their client base includes community home care, community residential and hospital based residential. A large component of clients catered for have a dual diagnosis of Mental Health in addition to their Intellectual Disability Service that is in keeping with plans to promote independent community based living and day services (Office of Nursing & Midwifery



Services Director 2012). Further information on the SALO is available in Carney M (2017) Literature Review Clinical Learning Environment, NMBI website

**CSF: Clinical Skills Facilitator** is ward based. The CSF ensures that staff has the required and appropriate clinical care skills and competencies to effect timely patient care and intervention. This is undertaken by demonstrating analytical, problem solving and decision making skills with commitment and responsibility towards students learning outcomes and with focus on quality outcomes. ([www.hse.ie/eng/staff/jobs](http://www.hse.ie/eng/staff/jobs) or on [www.cpsa.ie](http://www.cpsa.ie) accessed July 2017).

**CNS: Clinical Nurse Specialist:** The CNS works in clinical settings providing clinical care to patients/clients/persons in specialist areas of practice and has a pivotal role in helping to meet their psychological, emotional and informational needs. The CNS interacts with students and provides educational sessions to pre-registration students and nursing staff.

**CMS: Clinical Midwifery Specialists:** The CMS supports the specific educational needs of pre-registration midwifery students and has a pivotal role in helping to meet the psychological, emotional and informational needs of mothers and babies. The CNM interacts with pre-registration midwifery students and provides educational sessions to students and midwifery staff.

**Clinical Placement Experience:** This provides the student with learning opportunities that enable the achievement of competence in clinical nursing and midwifery practice and the stated learning outcomes (ANMC 2006, NCNZ 2007, NMBI 2016 b)

**Colleagues:** These are co-workers, other health and social care professionals, other healthcare workers and nursing and midwifery students (NMBI 2014:2)

**Conduct:** This is a person's moral practices, actions, beliefs and standards of behaviours (NMBI 2014:3)

**CPC: Clinical Placement Coordinator:** The CPC is a registered nurse who is required to obtain the needed resources to optimise the clinical learning environment for pre-registration student learning (McNamara 2007). The CPC role is unique to Ireland, first introduced in 1994 to support nurses undertaking the Diploma in Nursing programme and later in 2001 to support pre-registration degree level nurses (Drennan 2002). The role of the CPC includes:

- Assisting in creating a clinical environment which enhances and increases the students' clinical competence
- Auditing student clinical learning environment to ensure that standards outlined by NMBI are adhered to
- Monitoring students' progress through assessment in a collaborative approach with the Preceptor in accordance with agreed competence assessment procedures and requirements and standards of NMBI (2016)
- Gives encouragement and support to students during their clinical placements which enable students to build confidence
- Ensures that each student is assigned to, and assessed by a designated registered nurse (Preceptor) who has completed preceptorship training

- Monitors and reports to the CNM and ADON Nurse Practice Development any practices, procedures or behaviours in the clinical areas which would create a diminished learning environment for the student and might adversely affect their performance
- Assists and participates with appropriate nursing personnel in formulating and implementing corrective measures to enhance nursing practice in all clinical areas
- Develops and revises specific outcomes for each clinical placement In partnership with the CNM and nursing staff to focus and maximise student learning
- Provide essential expert resource for clinical staff
- Liaises with the Link Lecturer/Personal Tutor assigned to clinical areas and discusses individual students' performance and learning needs and where necessary assists in the implementation of an action plan/development plan to facilitate development needs (NMBI Standards doc2017, NMBI 2016, 2015d, 2016). Further information relating to the CPC is available in Carney (2017) Literature Review Clinical Learning Environment: NMBI

**Learning Outcomes/Objectives:** Defined as “statements of what a learner is expected to know, understand and to be able to demonstrate after completion of a learning experience and are the expression in terms of the level of competence to be obtained by the learner” (Nursing Subject Area Group (SAG) of the Tuning Project 2011:9). Learning outcomes/objectives are the knowledge, understanding and ability levels specified in the learning outcomes/objectives of a programme of study and are directly related to levels of competence, at a particular academic award level and consist of both generic and subject-specific competences that are specific to a discipline (NMBI 2016:130)

**Link Lecturer/Personal Tutor:** The Link Lecturer/Personal Tutor holds the position of lecturer in the HEI and may visit the student in the clinical area to provide education support and to assess clinical practice in partnership with CPCs and Preceptors. Not all HEIs have the Link Lecturer role however they use other supports to ensure a quality learning environment and experience for students. Some HEIs use the term Personal Tutor. Not all Personal Tutors visit the student in the clinical areas to provide education although they do provide support for the assessment of clinical practice and will visit the clinical area in the event that the student is unsuccessful on placement.

**NEPD: Nursing Education and Practice Development:** The NEPD is a shared partnership between the HEI and the AHSPs in supporting integration and coordination of pre-registration and taught graduate education and training. The Director of the Centre is responsible for planning, developing, coordinating, leading and evaluating programmes for nurses, similar to those undertaken by the Director of Centres of Nursing and Midwifery Education. The Director reports to the Head of School in the HEI (HSE Mental Health Service Commission 2017).

**NEMPDU: Nurse/Midwife Education and Practice Development Unit:** This is a similar position to that of the NMPDU established as a joint appointment between the HEIs and the AHSP. This shared partnership supports the integration and coordination of pre-registration and taught graduate education and training and continuous practice development.

**NMBI: Nursing and Midwifery Board of Ireland** (the Board) promotes high standards of professional education, training and practice and professional conduct among nurses and midwives. Practice and education is governed by Nurse Registration Programmes Standards and Requirements (NMBI 2016:5)

**NPDU/MPDU: Nurse Practice Development Unit and Midwifery Practice Development Unit:** This unit is based within the AHSP. This is a similar position to that of the NMPDU established as a joint appointment between the HEIs and the AHSP. This shared partnership supports the integration and coordination of pre-registration and taught graduate education and training and continuous practice development.

**NPDC: Nursing Practice Development Coordinator.** The NPDC leads the Nursing Practice Development Department/Unit, to oversee the pre and post registration nursing in practice as identified by the Commission on Nursing (1998). The Clinical Placement Coordinator (CPC) reports directly to the NPDC and the Nurse Education Forum (2000) also added the Student Allocation Liaison Officer (SALO) function to report directly to the NPDC. The NPDC is the responsible person who leads the development of the clinical learning environment in all HSPs. Central to this are the concepts of patient –centeredness and increased multidisciplinary activity, to ensure the delivery of the highest standard of person centred evidence based care. This is achieved by the development of a range of nursing practice development initiatives, research and audits which foster the application of theory to practice and improve quality of services offered to those in care and to their families/carers in line with international , national and local policy initiatives.

**ONMSD: Office of the Nursing and Midwifery Services Directorate:** through the Chief Nurse involves professionals leading the implementation of national and regional nursing and midwifery strategy within the Irish health services. This office, established in 2006 at HSE corporate level provides a unified governance arrangement for both the Nursing and Midwifery Planning and Development Units (NMPDUs) and RCNMEs (Proposal to the HSE Director General Designate 2013). The Office engages with all key stakeholders including Directors of Nursing and Midwifery at every service level and with HSE Senior Management Teams, Department of Health, Regulatory Bodies, Higher Education Institutes, Professional Associations and Trade Union organisations. This hub and spoke structure enables the office to support Nursing and Midwifery services nationally (Proposal to the HSE Director General Designate 2013).

**ONMPDUs: Office of Nursing and Midwifery Planning and Development Units (ONMPDUs).** The Office of Nursing and Midwifery Planning and Development Units (NMPDUs): NMPDUs provide practical and visible strategic professional leadership at regional level to nurses and midwives. The Centre’s governance structure is to the Office of Nursing and Midwifery Planning and Development Units (ONMSD). The post of Director is generally established as a joint appointment between the HEI and a clinical healthcare group and is based in the HEI. The role is developed in line with the mission and the values of the two organisations. The shared vision of the joint appointment partnership between the HEI and the AHSP institution (s) supports the integration and coordination of pre-registration and taught graduate education and training, continuing professional development (CPD) and practice development in nursing and midwifery. The Director works closely with Directors of Nursing and Midwifery and other senior managers regionally and nationally and with the Centre’s Board of Management in order to plan, develop, co-ordinate, procure, provide and evaluate high quality education and training to meet the required needs of the region. The Director supports and leads on the development of national curricula for education programmes to support the HSE Clinical Programmes and secures NMBI approval and other accreditation as appropriate and progresses the development of the Centres and their teams to achieve QQI (Quality & Qualifications

Ireland) Accreditation and in monitoring the effectiveness of education, training and development programmes (HSE Employee Handbook 2017).

**PASSPORT for students:** This has not yet been introduced in this country. Improved communication between health service institutions and HEIs regarding the education and competency training information that both entities need to know about pre-registration students and in determining student progress and competency would be enhanced by the introduction of a student PASSPORT. The student would take their individual PASSPORT with them as they move from one clinical location to another. Linking the PASSPORT to a NMBI Competency Scheme could be used in the development of a National Data Base.

**Preceptor:** The Preceptor is a registered nurse or midwife who has undertaken preparation for the role and who supports undergraduate nursing or midwifery students in their learning in the practice setting and assumes the role of supervision and assessor of the students' achievement of clinical learning outcomes and competence (NMBI 2016). Preceptors recognise student satisfaction with their clinical learning environment and provide support and supervision by promoting a feeling of "belonginess" in the placement environment. They act as student protectors.

**RCNMEs:** **RCNMEs:** Regional Centres of Nurse and Midwife Education: The Centres provide evidence-based, interdisciplinary and multidisciplinary education to support services in the delivery of quality and safe patient/client/person care (Proposal to the HSE Director General Designate 2013). RCNME's are responsible for the delivery of education, training and continuous professional development to nurses, midwives, support staff and healthcare teams, providing 'Satellite' Education/Training Facility and reporting to the "Hub" Centres of Nurse or Midwife Education. RCNMEs were established as a result of an agreement between management and staff following the transfer of pre-registration nursing education into HEIs. RCNME's deliberations will feed into any process looking at new structures and practice (*Report of Working Group on Centres of Nursing and Midwifery Education 2013*). See Carney (2017) Literature review NMBI for further information.

**RMT: Registered Midwifery Tutor** has a role in supporting the teaching of pre-registration midwifery students in the practice environment and to teach and examine on the theoretical component of the undergraduate BSc (Midwifery) programme in classroom settings and in clinical skills laboratories.

**Supervision:** Direct supervision means the supervising nurse or midwife is actually present and works alongside the student or regulated or unregulated health care worker (HCW). Indirect supervision occurs when the nurse or midwife does not directly observe the student or regulated or unregulated HCW undertaking a delegated role or activity. The delegating nurse or midwife is accountable for the decision to delegate in ensuring that the delegated role or activity is appropriate to the level of competence of the student or the regulated or unregulated HCW. The delegator is accountable for the appropriate performance of that role or activity (Scope of Nursing and Midwifery Practice Framework 2014:21, 22).



Bord Altranais agus  
Cnáimhseachais na hÉireann  
Nursing and Midwifery Board of Ireland

# Preceptor National Quality Clinical Learning Environment Audit Tool

2018

## PRECEPTOR NATIONAL QUALITY CLINICAL LEARNING ENVIRONMENT AUDIT TOOL

This audit tool will be completed by a dedicated Preceptor, RN/RM/RCN/RPN/RID who is supervising pre-registration nursing or midwifery students, in a clinical placement greater than 3 weeks. The student will also complete the Student Audit Tool at this time. This Audit Tool may be completed by paper-based or by online/electronic methods. The NMPDU, through a collaborative process, will determine who completes the Audit Tool and when. In completing this short Audit Tool you will support your organisation in the provision of a quality clinical learning environment to support student teaching and learning. Please answer Yes or No to the questions asked and provide additional comments if necessary.

### Standard 1

#### Criteria

- Preceptors and assessors of students' practice-based learning are qualified and prepared for, and supported in the role of student supervision and assessment of proficiency, towards competence in nursing/midwifery practice.

**Standard 1: Preceptors and CPCs are qualified and prepared for, and supported in the role of guidance, support, facilitation and monitoring of practice-based learning in pre-registration nursing and midwifery students**

#### Indicators

1. Clearly written, up to date, learning outcomes/objectives, which guide the students' clinically based learning are available in this clinical placement Y  N
2. Explicit learning outcomes, for each year of the programme, guide the student's clinical – based learning Y  N
3. You know the expected learning outcomes/objectives relating to this clinical placement Y  N
4. Each student is assigned a named preceptor/associate preceptor, if placement is greater than 3 weeks, for the duration of this clinical placement Y  N  NA
5. You have completed a teaching and assessing course approved by the NMBI Y  N
6. You have completed a preceptorship refresher course in relation to student supervision and competence assessment within the last 2 years Y  N
7. A CPC is assigned to this clinical placement to facilitate the supervision and support of students Y  N
8. The student's attendance on placement was monitored and recorded Y  N
9. Students are facilitated with protected reflective time according to NMBI guidelines in this clinical placement area Y  N
10. Auditors view protected reflective time in this clinical placement Y  N

11. The specified internship clinical placement provides student's with 24 hour cycle experience of care in this clinical placement Y  N  NA
12. Internship students are supported and supervised during internship placement in this clinical placement Y  N

## Standard 2

### Criteria

- Written evidence outlining the systems and outcomes of quality monitoring and enhancement are in place

## Standard 2: Your HEI and AHCP institution demonstrate a commitment to values-based, quality improvements toward evidenced-based patient care

### Indicators

1. The philosophy of care and values of nursing/midwifery in this clinical placement are evident Y  N
2. Evidence-based models underpinning nursing care or midwifery care delivery are used in this clinical placement Y  N
3. Auditors view the model/care delivery used in this clinical placement Y  N
4. There is a named link lecturer/personal tutor for this clinical placement Y  N

## Standard 3

### Criteria

- Evidence of supporting the curriculum programme aims/learning outcomes/objectives, in accordance with EU Directives and NMBI Standards and Requirements is visible.
- Safety and quality issues are discussed in a transparent and fair manner.

## Standard 3: Curriculum programme aims/learning outcomes/objectives and supportive information pertinent to safety, risk and quality are made available to you

### Indicators

1. Curriculum aims were clearly communicated to you by the HEI link lecturer/personal tutor Y  N
2. Learning opportunities are provided for students to observe/participate in interdisciplinary approaches to patient care Y  N
3. Auditors view examples of interdisciplinary approaches you have been part of Y  N
4. Students are provided with health and safety guidelines and measures to protect the patient Y  N  NA
5. Did you feel supported by CNM/ CMM if a student raised a safety concern with you? Y  N  NA

6. Did you discuss with your student the quality initiatives and procedures being implemented in this clinical placement? Y  N
7. Did you feel supported by CNM/CMM If a student raised a quality concern with you? Y  N  NA
8. Did you discuss the nursing Model of care/midwifery care delivery and nursing documentation being used in this placement with your student? Y  N
9. Did you feel supported by CNM/CMM If a student raised a clinical concern with you? Y  N  NA

## Standard 4

### Criteria

- This clinical placement provides a supportive and facilitative learning environment for students.

### Standard 4: This clinical learning environment supports student supervision and learning

#### Indicators

1. You are familiar with your role in facilitating student learning (e.g. supervising, precepting, teaching, assessing) Y  N
2. You are familiar with the student support systems in place at the HEI (e.g. link lecturer/personal tutor, clinical allocations officer) Y  N
3. You provide students with opportunities to obtain experiences across a range of care activities, appropriate to his/her level of training Y  N
4. The role of the CPC is known and understood by you Y  N
5. The role of the HEI link lecturer/personal tutor is known to you Y  N
6. Clinical audit is undertaken in your clinical area Y  N
7. Auditors view a minimum of two audits completed in the past six months Y  N

## Standard 5

### Criteria

- There is evidence of effective working relationships between the HEI, NMPDU and the clinical practice placement areas to ensure that competency is achieved and student assessments are completed according to NMBI and HEI guidelines.

### Standard 5: This clinical placement learning environment provides appropriate assessment opportunities for students

#### Indicators

1. You are familiar with the relevant documentation for recording student learning and where applicable student assessment Y  N



2. Student interviews are conducted in a timely manner Y  N
3. The interview process provided to students is structured and includes; preliminary, intermediate and final interviews Y  N  NA
4. Student assessments are conducted in an agreed time frame according to NMBI and HEI guidelines Y  N
5. You are aware of the process that must be undertaken if a student is not performing to the required level of competence Y  N

## Standard 6

### Criteria

- Learning outcomes /opportunities and resources are available in this clinical placement to guide the student and preceptor in identifying appropriate learning outcomes/objectives and opportunities.

**Standard 6: Students are supported to achieve their learning outcomes/objectives within this clinical learning environment**

### Indicators

1. The number of RNs/RMs on duty in this clinical placement is sufficient to support you and your students with their learning outcomes Y  N
2. The time allocated for reflection time during supernumerary placements is provided Y  N
3. Students are supported and supervised during the final placement of 36 weeks internship Y  N

## Standard 7

### Criteria

- Learning outcomes/objectives/opportunities and resources are available in each clinical placement area to guide the student and preceptor in identifying appropriate learning outcomes/objectives and opportunities.

**Standard 7: Physical and educational resources support student learning within this placement**

### Indicators

1. Students, peceptors and CPCs have access to internet facilities in this clinical placement Y  N
2. Resource room/tutorial room/quiet areas are available within this clinical placement for students and staff Y  N
3. Resource materials are relevant, up to date and specific to this clinical practice placement such as library facilities/books/journals/articles and are available for students and staff to use as a reference Y  N