



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

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ABBREVIATIONS

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

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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 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 or on 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 or on 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).