

PROFESSIONAL
STANDARDS
MIDWIFERY
& NURSING

National Quality Clinical Learning Environment Professional Guidance Document (2020)

Guidelines on Key Points that
maybe considered when
developing a National Quality
Clinical Learning Environment



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

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Abbreviations

AANP	American Academy of Nurse Practitioners	CPC	clinical placement coordinator
ABA	An Bord Altranais	CRNBC	College of Registered Nurses of British Columbia
ACNP	acute care nurse practitioner	CSF	clinical skills facilitator
AHCP	associated healthcare provider	DATHS	Dublin Area Teaching Hospitals Services
ALO	allocations liaison officer	DEU	dedicated education units
ANA	American Nursing Association	DOM	director of midwifery
ANMAC	Australian Nursing and Midwifery Accreditation Council	DON	director of nursing
ANMC	Australian Nursing and Midwifery Council	EHR	electronic health record
ANP	advanced nurse practitioner	HEI	higher education institution
AMP	advanced midwife practitioner	HIQA	Health Information and Quality Authority
CAO	clinical allocations officer in higher education institution (HEI)	HSE	Health Service Executive
CCLE	challenging clinical learning environment	HSPs	Healthcare Service Providers
CCNE	Centre of Children's Nurse Education	ICN	International Council of Nurses
CNA	Canadian Nursing Association	LL	link lecturer, sometimes termed personal tutor
CNE	Centre of Nurse Education	MHC	Mental Health Commission
CNO	chief nursing officer in the Department of Health	MOU	memorandum of understanding
CNPD	Centre for Nurse Planning and Development	MPDC	midwife practice development coordinator
CME	Centre of Midwifery Education	MPDD	Midwifery Practice Development Department
CMM	clinical midwife manager	NCEC	National Clinical Effectiveness Committee (Department of Health, Ireland)
CMS	clinical midwifery specialist	NCNZ	Nursing Council of New Zealand
CMT	clinical midwifery tutor	NCPNM	National Council for the Professional Development of Nursing and Midwifery
CNM	clinical nurse manager		
CNS	clinical nurse specialist		

NCSBN	National Council of State Boards of Nursing	RCNME	Regional Centre of Nursing and Midwifery Education
NEPD	Nursing Education and Practice Development (NPQD – Nurse Practice and Quality Department – is used in some organisations)	RMT	registered midwife tutor
NMBA	Nursing and Midwifery Board of Australia	RNT	registered nurse tutor
NMBI	Nursing and Midwifery Board of Ireland ('the Board'), Bord Altranais agus Cnáimhseachais na hÉireann	SAG	nursing subject area group (SAG) of the Tuning Project
NMC	Nursing and Midwifery Council	SALO	student allocation liaison officer
NMPDU	Nursing and Midwifery Planning and Development Unit	WGQCLE	Working Group for Quality Clinical Learning Environment
NMPDC	nurse/midwife practice development coordinator		
NPDC	nurse practice development coordinator		
NPDD/U	Nurse Practice Development Department/Unit		
MPDC	midwife practice development coordinator		
MPDD/U	Midwife Practice Development Department/Unit		
ONMSD	Office of Nursing and Midwifery Services Directorate		
PHR	patient/service user held record		
PPPG	policies, procedures, protocols, and guidelines		
QQI	Quality and Qualifications Ireland		



01

Introduction

The aim of clinical practice is to enable students to achieve the Domains of Competence for Nurses and the Five Principles of Competence for Midwives and become safe, caring, competent decision-makers willing to accept personal and professional accountability for evidence-based nursing and midwifery care.

Who is this professional briefing document for?

This document is written for all registered nurses and registered midwives engaged in the teaching and assessing of pre-registration nurses and midwives in clinical settings who are supported by academic staff in the higher education institution(s) (HEIs) they are partnered with. It replaces the Quality Clinical Learning Environment: Professional Guidance publication (2015). This document has been 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. The National Quality Clinical Learning Environment Audit Tool (national audit tool) was designed to determine the suitability of the clinical learning environment for students.

Who will use the national audit tool?

The national audit tool is designed for use by associated healthcare providers (AHCPs) and their HEIs through a collaborative process. They will determine the process for undertaking these audits.

What is the purpose of the national audit tool?

The national audit tool assesses the requirements of a Quality Clinical Learning Environment as outlined in the Nurse Registration Programmes Standards and Requirements (2016) and Midwife Registration Programme Standards and Requirements (2016). The national audit tool will standardise the auditing of the clinical learning environment nationally and clinical assessment practices.

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 Practice Development Department/Unit, 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 Learning Environment Audit Tool. The tool will also support all clinical placement site preparation for the NMBI site inspection.

What is the registered nurse's/registered midwife's responsibility?

Each registered nurse/registered midwife has a duty to provide students with clinical support to help them to question, analyse, reflect on their practice, and develop autonomy in decision-making (NMBI 2016a, 2016b). 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 recognised and ensures that the patient understands the student nurse/student midwife role. The registrant's important role is undertaken with the direction and guidance of directors of nursing and midwifery and the nurse/midwife practice development coordinator (NMPDC). This is done through a collaborative process with the associated HEI in creating and maintaining a clinical learning environment.



02

**Development
of Professional
Guidance
Document**

This document will support registered nurses and registered midwives in creating and maintaining a clinical learning environment. In its development, cognisance was taken of NMBI's Standards and Requirements and professional guidance; nursing and midwifery education programmes; and literature review (including policy and regulation). Outputs from a representative group and feedback from preliminary consultation on document drafts were also considered.

- Nursing and Midwifery Board of Ireland (2016a) Nurse Registration Programme Standards and Requirements (4th edition 2016a)
- Nursing and Midwifery Board of Ireland (2016b) Midwife Registration Programme Standards and Requirements (4th edition 2016b)
- Nursing and Midwifery Board of Ireland (2014) Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives (December 2014)
- An Bord Altranais (2003) Professional Briefing Document Quality Clinical Learning Environment
- 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
- Extracts from Nurses' Rules 2013 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
- Working Group for Developing a Quality Clinical Learning Environment (2017) set up by the NMBI and made up of relevant nursing and midwifery organisations, HEIs, AHCPs and unions
- Desktop review of 10 clinical learning environment audit tools (2011–17) submitted to the NMBI by HEIs and their AHCPs providing pre-registration education programmes Quality National Clinical Learning Environments for pre-registration nursing and midwifery students
- Submissions from nurses and midwives from 32 organisations following review of original drafts.



03

**The Code of
Professional
Conduct and Ethics
for Registered
Nurses and
Registered Midwives**

Registered nurses and registered midwives engaged in teaching and assessing students are required to be familiar with the Code of Professional Conduct and Ethics (NMBI 2014).

The Code's purpose is to guide registered nurses/registered midwives in their practice and help them to understand their professional responsibilities in caring for patients/clients/persons (hereafter called patients) safely and effectively. This purpose is supported by clinical nurse managers (CNMs)/clinical midwife managers (CMMs) who support and guide nurses and midwives in their ethical and clinical decision-making accountability and responsibilities.

The NMBI standard for clinical practice placement is that it must provide experience and supervision commensurate with enabling students to meet the programme's learning outcomes/objectives. 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 affect student learning by facilitating quality clinical learning and discouraging the factors that restrict it (Department of Health 2016).

Employers need to support registered nurses/registered midwives in their student delegation and supervision roles and also regulated or unregulated healthcare workers by providing appropriate organisational policy and resources (Scope of Nursing and Midwifery Practice Framework 2015). This supervision may be direct or indirect and may include oversight, direction, guidance, support, and evaluation.



04

**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 achievement of learning outcomes/objectives. This document provides nursing and midwifery research relevant to developing a safe quality clinical learning environment to help support understanding of those factors.

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/AHCPs. This concept remains a challenging issue for educators and healthcare service managers and organisations. Roney *et al* (2017) state that ‘there is an increase in demand to educate nurses and midwives within the clinical practice environment’ (WHO 2016, p. 8). Recognition of influencing and inhibiting factors supports 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 (DON) and directors of midwifery (DOM), NMPDCs, CNMs and CMMs, 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, resources, governance, and leadership.

4.2 Culture and learning environment

Organisations should:

- ensure that a supportive culture provides an environment of mutual respect, support, trust, and partnership (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)
- ensure that registered nurses/registered midwives have dedicated time to lead and support students in developing 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 a respectful learning environment is needed (Morrissette and Doty-Sweetnam 2010) and that supportive team-based relationships 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 interprofessional relationships are evident (O’Mara *et al* 2014).

4.3 Factors facilitating learning

The AHCPs, DONs and DOMs, NMPDCs, CNMs and CMMs, preceptors and clinical allocations officers (CAOs) must also ensure that facilitating factors are in place when providing a quality clinical learning environment for students.

Organisational factors:

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

- good relationships with peers and other healthcare 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, and navigated 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, students and staff are treated with dignity and respect should be the organisation's objective (Morrissette and Doty-Sweetman 2010, Sinclair *et al* 2016).

Staff support for students:

The clinical learning environment recognises that:

- CPCs' liaison with clinical staff and HEIs on students' clinical progress provides an effective link between academic centres and clinical sites (Gleeson 2008)
- CPCs work with the preceptor by listening, questioning, developing effective strategies, monitoring, and reviewing students' progress in achieving their planned learning
- registered nurses/registered midwives along with the preceptor, CPC and NMPDC have the 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)
- registered nurses/registered midwives facilitating students to participate in real learning situations acquire skills and [*recognises*] that ensuring they are visible and listened to will support learning (Haddeland and Söderhamn 2013)
- commitment and support from registered nurses/registered midwives in mentoring students (NMBI 2016a) 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)
- NMPDUs and/or CNMEs in partnership with HEIs facilitate preceptorship education.

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)
- by providing feedback to students, preceptors and registered nurses/ registered midwives will assist in managing their 'anticipatory anxiety' (Thompson *et al* 2017)
- supporting students in developing skills in listening and communicating will assist them in developing their skills of self-reflection and empathy and allow them to progress through steps essential to developing empathy, breaking down stigma and prejudicial judgments (Ketola and Stein 2013)
- acknowledging 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 the clinical learning environment

Student satisfaction with the clinical learning environment, including in diverse settings, is a major item of interest for educators and registered nurses/registered midwives. This is due to high-quality teaching and academic preparation being linked to increased student satisfaction (Lovecchio *et al* 2015).

Predictors of student satisfaction with their experiences in diverse environments:

- Students need support in performing skills in all clinical placements including specialist areas, and they need 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).
- Standardised professional clinical supervision, learning objectives/outcomes and strategy ensure an effective and positive experience for the student (Wallin *et al* 2013).
- A 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, teamwork 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).
- Educational audits that take a risk-based approach need to be undertaken in tandem with clinical placement audits to enhance the clinical learning environment (Nursing and Midwifery Council 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

Hindering factors that inhibit learning also need to be considered by the AHCPs, NMPDC, CNMs/CMMs, CAOs in HEIs, preceptors 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, leads to low morale and reduced motivation to learn (Bjørk *et al* 2014)
- Inconsistent clinical placement learning results in variances in student experiences that affect their level of confidence and competency development (Dickson *et al* 2015)
- lack of commitment by registered nurses/registered midwives to teaching students results in a reduced availability of learning opportunities (Haddeland and Söderhamn 2013)
- negative experiences of preceptorship and poor preceptor linkage lead to reduced confidence levels, leaving students feeling unprepared for the transition to registered nurses/registered midwives (Thompson *et al* 2017)
- poor learning happens if suspected breaches of patient's/service user's right to confidentiality, privacy, dignity, or respect are evident to students (Sinclair *et al* 2016)
- student stress arises if unsafe healthcare practices, working conditions and suspected abuse or neglect are experienced (Montgomery *et al* 2014)
- preceptorship linkage is essential in these experiences to alleviate stress. Stress and decreased learning may occur if poor communication and interpersonal 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 healthcare service organisational factors (Newton *et al* 2015). The organisation's prevailing culture affects the clinical learning environment because cultural and contextual factors either inform a 'unit's' beliefs about the ideal learning environment or on how the 'unit' culture affects its provision for students (Hegenbarth and Rawe 2015).

Student experiences:

Differing experiences within clinical environments affect student learning and practice and presents them with many opportunities and challenges. A student will experience clinical placements in many diverse settings. Consider how personal and professional experience to date promotes a quality clinical placement environment and experience for students:

- 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 2016a) 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 2015a).
- In having the experience of the 'real world of nursing and midwifery' students develop the motivation and opportunities essential to acquiring the skills and competencies critical to the delivery of quality care (Hilli *et al* 2014, Blevins 2016). Invaluable communication between students and registered nurses/registered midwives, their peers and others is also developed (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).



05

**Designing and
Managing the
Clinical Learning
Experience**

Pre-registration nurses and midwives during clinical placements are supported by several important functions and roles. The registered nurse/registered midwife and student need to be aware of these as they promote a quality clinical learning environment for students.

Designing and managing the clinical learning experience is the responsibility of many managers (Walker *et al* 2016). Each CNM/CMM, 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 to enable the student to learn the practice of nursing and midwifery.

5.1 Functions supporting pre-registration nursing and midwifery

Healthcare planning and policy is conducted by the Department of Health. Healthcare is delivered by the Health Service Executive (HSE) and includes voluntary and independent providers. Pre-registration nursing and midwifery are supported by both bodies through the following:

- Office of the Chief Nursing Officer
- Office of Nursing and Midwifery Services Directorate (ONMSD)
- Centres of nursing and midwifery education (CNMEs)
- Nursing and midwifery planning and development units (NMPDUs)
- Nurse practice development department/unit (NPDD/U) and midwife practice development department/unit (MPDD/U) and nurse/midwife practice development coordinator (NMPDC).

Also supporting students within the health services are registered nurses (RNs), registered midwives (RMs), clinical nurse specialists/clinical midwife specialists (CNS/CMS), advanced nurse practitioners/advanced midwife practitioners (ANP/AMP) and other healthcare professionals.

5.2 Roles influencing the student clinical learning environment

The roles that influence the clinical learning environment are both clinical and educational. They are primarily staff related to pre-registration nursing and midwifery education, introduced following the commencement of undergraduate nursing and midwifery education at bachelor's degree level. Preceptors, clinical placement coordinators (CPCs), clinical allocations officers (CAOs) in AHCPs and link lecturers (LL)/personal tutors in HEIs were introduced to support the clinical learning of nursing students (Commission of Nursing 1998).

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 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). The HEI roles are the LL/personal tutor, clinical skills facilitator (CSF) and CAO.

5.3 Student support and supervision: the preceptor

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

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 together to ensure continuity of student supervision (NMBI 2016a).

Key roles of the preceptor

In the assessment process, the preceptor's role is to observe, discuss and assist the undergraduate student nurse/midwife to realise their planned learning outcomes. The preceptor signs off the competence assessment tool document which demonstrates that the student has achieved their plan of learning as agreed, thus demonstrating achievement of competence (Sidebotham 2017, Thompson *et al* 2017).

Factors to consider when developing and promoting awareness of 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 on 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 them 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 considers preceptor and student teaching and learning.
- Preceptors unite theory and practice by providing a supportive ethical environment that includes a caring relationship between the preceptor and the student.
- Preceptors provide leadership to students in order to develop their psychomotor skill competency and to experience orientation to the 'real world of nursing/midwifery care' (Hilli *et al* 2014).
- Recommended preceptor qualities include encouraging students to think, question, interpret and facilitate, acting as a role model and being able to provide a supportive learning environment for students with a clear understanding of relevant feedback (Blevins 2016).

5.4 Preceptor selection

The following factors should be considered when selecting nursing and midwifery staff to be preceptors:

- CNMs/CMMs are responsible for preceptor selection having first assessed the registered nurse/registered midwife suitability to adopt the preceptor role. CPCs are involved in preceptor selection in some areas/units (NMBI 2016a).
- As set out in the NMBI Code of professional conduct, the role of all registered nurses/registered midwives is to teach students. Some may not be comfortable in the preceptor role. The CNM/CMM needs to discuss this reluctance with the proposed preceptor, should it be present, by highlighting the role's importance in student learning and by providing appropriate training for the role.
- 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 (McClure and Black 2013). We support this view and advise that preceptors will have attended the teaching and assessing course before taking up the preceptor role (NMBI 2016a).
- Preceptors must undertake a refresher course every two years.
- The preceptor needs to be an experienced nurse or midwife who models the organisation's mission, vision and values and is willing to serve in the education and training of student nurses and midwives (Löfmark *et al* 2014; Hsu and Chen 2014; Blevins 2016).
- The level and competence of the preceptor need to be ascertained, as does the time frame in which the preceptor should work with the student.



06

**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 demand that HEIs, AHCPs and all registered nurses/midwives maintain and enhance the development of fundamentals that support this aim:

- We require evidence that the clinical placement complies with our standards and requirements, and HSE and AHCP regulations and guidelines. Health and safety policies and appropriate structures must exist and used on professional development, in-service and continuing professional education (NMBI 2016a; 2016b).
- There should be evidence of implementing policies, protocols, and guidelines, and of evidence-based care and research-based standards of care (NMBI 2016a) Promoting a respectful nursing/midwifery vision for care, compassion and commitment as promoted by the chief nursing officer in the Department of Health (2016) are objectives all staff must aspire to and promote.
- Preceptors must promote the Code of Professional Conduct and Ethics and support nursing and midwifery students in the learning and on-going development of their professional values, practice, and conduct (NMBI 2014).
- Learning opportunities, learning outcomes/objectives that are appropriate for the clinical placement should be available and revised as necessary (Megela *et al* 2013; NMBI 2016a).
- To support the achievement of learning outcomes/objectives, there must be sufficient registered nurses/registered midwives at all times to facilitate student supervision during clinical placement (NMBI 2016a; 2016b).
- Written, structured, and facilitated student orientation to the clinical placement must be in place (NMBI 2016a, Blevins 2016).
- Apart from 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 CPC supports this role and is involved in preparing students for clinical placement and monitors student progress, performance, and special learning needs. Where necessary they assist in implementing a plan to facilitate the development needs of the students in a collaborative approach with the preceptor and LL/ personal tutor in the associated HEI (NMBI 2016a).
- Reflective time must be provided as planned with the students. This creates a positive clinical education environment that 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 the clinical placement audit should be in progress (NMBI 2016a; 2016b).



07

**Clinical
Learning and
Assessment**

Ensuring an educated, competent, and motivated nursing and midwifery workforce within effective and responsive health systems, which are 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 competencies in nursing and midwifery students.

7.1 Assessment in clinical practice

In undertaking student assessments, it is important to consider that we require 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 can be viewed as a gatekeeper function of qualified registered nurses/registered midwives for regulating entry to the Register of Nurses and Register of Midwives. This function is based on the authority to assess a student's competence to practice. An 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). Nurses and midwives acting as preceptors must continuously explore through personal reflection how personal and professional experience to date allows them to identify students' strengths and areas for improvement and how assessment can be a motivating factor.

7.2 Assessment and competence

The aim of an education programme is the development of competencies for a specified discipline. Competencies are specified in a manner that renders them assessable and that allows them to 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 competencies in nursing and midwifery. Clinical practice specifies 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 2015b, 2016b). Clinical placements are based on AHCPs that satisfy the NMBI's standards and requirements. Standards and Requirements for practice also include mechanisms to support interdisciplinary team working and to involve service users in the development and review of healthcare service provision.

Assessment of the Domains of Competence for Nurses and the Five Principles of Competence for Midwives are the tools used to define competencies for nurses and midwives. In nursing, there are six domains with each domain incorporating three dimensions: performance criteria, defined standard(s) and evidence of successful performance to meet the standard.

Midwifery has five principles of competence. Each principle defines the practice standard and competency required for each year of the student midwives' education programme. The five principles are the basis of the Practice Standards: respect for the dignity of the person; professional responsibility and accountability; quality of practice; trust and confidentiality; and collaboration with others. Practice standards for midwives (NMBI 2015d) are aligned with the Code of Professional Conduct and Ethics (NMBI 2014). These standards of midwifery care inform registered midwives of the legislation and guidelines relating to their role and describe their scope of practice.

Scope of practice, a concept used by several professions in the context of professional regulation, sets out the procedures, actions, and processes that the registered nurse/registered midwife is allowed to perform (NMBI 2015a, p. 3).



08

**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 as evidence of having achieved competence. The student is responsible for keeping records and for producing these documents when required by their preceptor, CPC, or LL/ personal tutor.

The gathering of information on clinical experiences is a critical factor in the learning process. We require the student to keep a copy of all assessments from previous placements in their individual competency assessment document.

Students and registered nurses/midwives should inform themselves on the principles of informatics and of nursing/midwifery informatics and their application to the delivery of nursing and midwifery practice (NMBI 2015a). The use of relevant concepts and terminology to support the delivery of nursing and midwifery practice within an electronic health record (EHR) and its variants, including patient/ service user held record (PHR), is highly recommended.

Increased use of digital systems, including e-health and digital health, means data held by HEIs and AHCPs must be protected through encryption and other methods. Encryption will help protect patient confidentiality in cases of stolen IT equipment as the usage of mobile phones and laptops for storing patient/service user data continues to increase (Équipe Futur 2017). The digital revolution means personal data is likely to be stored and spread more widely, whether this is via social media sites, websites, or company information systems (Mettiäinen and Vähämaa 2013; McSwiggan and Campbell 2017). It is expected that student, patient and NMBI records will be digitalised in the future. Students will require ongoing training in new application usage.

It is recommended that a transition from paper-based student competence assessment documents and audit tools to online or electronic models should take place in the future. These practices (use of electronic online means for audit and competence assessment) should continuously improve the user's experience of the assessment and audit process. It should be acknowledged, however, that paper-based assessment and audit tools are still being used so the transition may be slower in some HEIs, AHCPs institutions/placement sites.

As social media use by students and registered nurses/registered midwives increases, this media provides opportunities, challenges and dangers in equal measure, and social media presence will need to be separated from the profession or from professional roles (NMBI 2013, John 2015, Ryan 2016).



09

**National Quality
Clinical Learning
Environment
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 it must provide experience and supervision commensurate with enabling students to meet programme learning outcomes/objectives (NMBI 2016, p. 1). The NMBI, schools of nursing and midwifery in HEIs and their AHCP institutions aim to provide 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 use of a standardised clinical learning environment audit process (NMBI 2016b, p. 5).

9.1 Development and consultation process

The development, drafting and finalisation of the National Quality Clinical Learning Environment Audit Tool involved consultation and discussion with our working group set up for this purpose. This group included representatives from key nursing and midwifery bodies and organisations, including AHCPs and HEIs involved in delivering pre-registration nursing and midwifery programmes in Ireland, who have contributed to the development of the audit tool. As with this guidance document, the audit tool draws on the extensive literature review and desktop review of clinical learning environment audit tools submissions (2011–17) to us by HEIs and their AHCPs involved in the provision of pre-registration education programmes for nurses and midwives. The NMBI's standards and requirements and other pertinent documents were considered in the audit tool development. Also, the submissions received from registered nurses/registered midwives and educators working in 32 AHCPs and HEIs in Ireland informed the drafting of the National Quality Clinical Learning Environment Audit Tool.

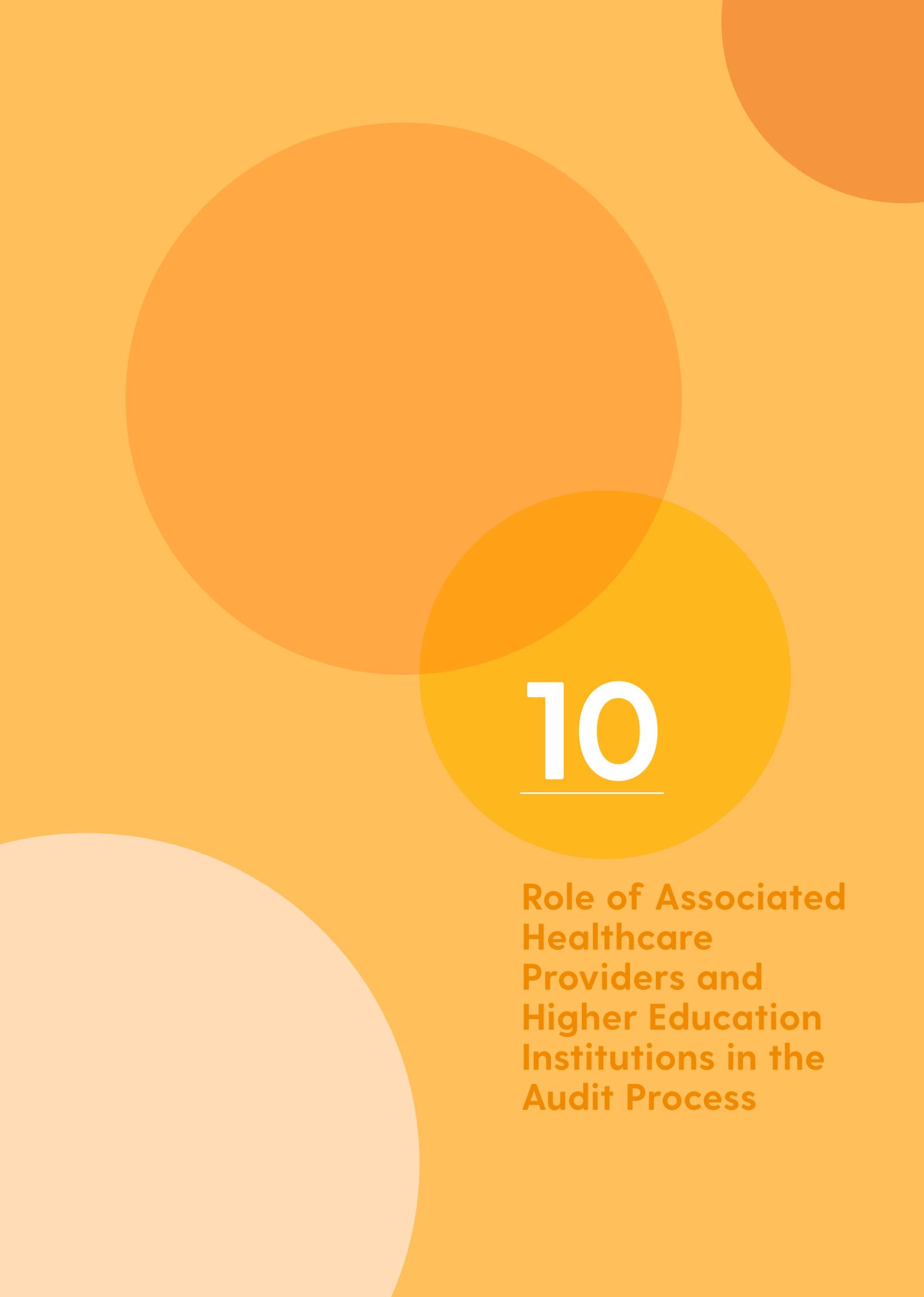
9.2 NMBI's role in the audit process

We have a statutory responsibility to approve HEIs, AHCPs and educational programmes leading to nurse and midwife registration. The Requirements and Standards for Nurse and Midwife Registration Education Programmes (NMBI 2016a; 2016b) set out the standards that HEIs must meet in the provision of pre-registration nurse and midwife education programmes. Included in this is the requirement for audits of existing and new sites for clinical placements. All such placements are subject to an audit of suitability as a quality clinical learning environment, in accordance with our standards and requirements for programme approval.

9.3 Audit tool purpose

The national audit tool aims to:

- assess and monitor the suitability of healthcare service institutions providing pre-registration education programmes for nursing and midwifery students as quality clinical learning environments
- set a standard for audit tools across all healthcare service clinical placement environments
- facilitate identification of the number of students that may be effectively supported within a clinical placement environment.



10

**Role of Associated
Healthcare
Providers and
Higher Education
Institutions in the
Audit Process**

The DONs/DOMs through a collaborative process with their associated HEI are responsible for the completion of the national audit tool in the AHCPs.

All clinical learning environments are audited every five years, and occasionally it will be necessary for us to conduct or re-audit a placement site outside this time for the following reasons:

- as a consequence of an internal or external investigation or
- a concern about the achievement of standards or
- reports from healthcare service or professional regulatory bodies.

Before using new clinical placement sites, verification of the completed audit as endorsed by the HEI is submitted to us by the HEI (NMBI 2016a).

Named HEI staff in liaison with the NMPDC are responsible for monitoring the quality of the clinical learning environment to ensure that placement(s) provide an optimum learning environment (NMBI 2016a). This is undertaken through regular audits. Detail of the audit is determined by the NMPDC 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 AHCPs providing pre-registration nursing and midwifery education programmes.

HEIs and AHCPs will collaboratively audit new sites before use as pre-registration nursing or midwifery clinical sites and the HEI will notify us as soon as possible, in writing, that the site has been audited as a quality clinical learning environment for such students.

We require that HEIs and AHCPs 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 to achieve the learning outcomes of the programme' (NMBI 2016a).



11

Conclusion

The National Quality Clinical Learning Environment Audit Tool and the National Quality Clinical Learning Environment Professional Guidance Document are 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. It is envisioned that the audit tool and the guidance document will ultimately contribute to the delivery of higher-quality care to the patients in those environments.

The joint role of HEIs and their AHCPs includes teaching and assessing student nurses and midwives. New and innovative teaching strategies will require joint consideration by these institutions. Current teaching strategies such as simulation, web-based and blended learning will need continuous 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, merit future attention. Peer-to-peer learning, whereby students learn from each other, will increase in usage as will experiential teaching and learning through small groups. Interprofessional 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 needs consideration to develop and manage nurse and midwife training and deliver better outcomes as a consequence. An example is the use of mobile apps.

This National Quality Clinical Learning Environment Professional Guidance Document and the National Quality Clinical Learning Environment Audit Tool for HEIs and AHCPs, students and registered nurses/registered midwives aim to provide further guidance to nurses, midwives, students and others involved in healthcare 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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**Higher Education
Institutions
and Associated
Healthcare Providers
that Participated
in the Public
Consultation**

Adelaide and Meath Hospital, Dublin, incorporating the National Children's Hospital (AMNCH), Tallaght Hospital, NPDC, CPC, SALO

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

Connolly Hospital, Blanchardstown, CHB, NPQD (two submissions)

Coombe Women and Infants University Hospital, Dublin, representing Midwifery in the working group

COPE Foundation, CPC, ALO

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

CPC Section INMO

CPCs Drogheda/Louth/Navan

Cregg Services, Sligo

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 Disability Services

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

Our Lady of Lourdes Hospital, Drogheda

South Cork/Kerry, NMPDU

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

St James's Hospital, Dublin, NPDU

St Vincent's Hospital, Fairview (two submissions)

South/Southwest Hospital Group

Temple Street Children's Hospital, Dublin

University College Dublin

University Hospital Waterford

University of Limerick



Glossary of Terms

Accountability: Being answerable for actions, inactions and professional decisions taken in the course of practice (NMBI 2014, p. 17).

Advocate: Empowering a person by supporting them to advance their views, claim their entitlements and, if necessary, act as a representative for that person and negotiate on their behalf (NMBI 2015).

Allocations liaison officer (ALO): The ALO/SALO is ward-based and contributes to pre-registration nurse and midwife clinical education. They have a pivotal role in coordination 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/midwifery practice development coordinator (N/MPDC), clinical placement coordinator (CPC) and allocation officers, relevant staff in the HEI and other partner services. The SALO assists in developing and documenting clinical learning objectives/outcomes and contributes towards the formulation, development, implementation and monitoring of policies, procedures, and protocols as relevant to the student.

Assessment in clinical practice: Clinical assessment includes judging a student's abilities in clinical practice; offering an opportunity for self-assessment; making explicit the expected outcomes and criteria; and involves giving feedback (NMBI 2016a; 2016b).

Assessment–preceptor role: Involves ensuring that student Domains of Competence for Nursing and Five Principles of Competence for Midwifery are achieved for each year of the undergraduate programmes and meet NMBI's standards and requirements (2016a, b), that student learning objectives are met, and practice standards are aligned with the Code of Professional Conduct and Ethics for registered nurses/midwives (NMBI 2014).

Assessment: What is being assessed? The specific assessment focuses on behaviours, not personalities or subjective data, and includes identifying suggestions for development that are provided at the earliest opportunity (immediate); is balanced in terms of not overloading the student and offers guided choices and includes positive feedback.

Centre of Children's Nurse Education (CCNE): Responsible for delivery of education, training and continuous professional development to children's nurses, nurses who deliver care to children, support staff and healthcare teams.

Centre of Midwife Education (CME): Responsible for delivery of education, training and continuous professional development to midwives, support staff and healthcare teams.

Centres of nursing and midwifery education (CNMEs): Responsible for delivery of education, training and continuous professional development to nurses, midwives, support staff and healthcare teams.

Challenging clinical learning environment (CCLE): Defined by students as one affected by relationships in the clinical area and by the context of their learning experiences.

Competence: ‘... 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/midwife’s scope of practice within a division of the register, is maintained through continuing professional development and the nurse/midwife 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 2016a, p. 130).

Competencies: ‘Competencies 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, p. 9). The Nursing and Midwifery Board of Ireland (NMBI) has developed competencies for practice.

Competency-based assessment: A student-centred assessment strategy 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; 2016b, p. 130).

Clinical allocations officer (CAO): 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 healthcare service institutions in allocating clinical placements for each programme. The CAO liaises closely with the allocations liaison officers in the AHCP.

Clinical audit: Review of the quality of care given in relation to a set of standards; the clinical audit’s purpose is to improve care and outcomes (NMBI 2014, p. 2).

Clinical governance: A framework through which healthcare service teams are accountable for the quality, safety, and satisfaction of those for whom they care (NMBI 2014, p. 2).

Clinical midwifery specialist (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; interacts with pre-registration midwifery students and provides educational sessions to students and midwifery staff.

Clinical midwifery tutor (CMT): Teaches and examines the theoretical component of the undergraduate BSc Midwifery programme in classroom settings and clinical skills laboratories. CMTs, termed registered midwife tutors (RMTs), are based in the linked AHCPs but also in the HEIs. RMTs must have the ability to conduct research and to establish a strong record of research and publication.

Clinical nurse specialist (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; interacts with students and provides educational sessions to pre-registration students and nursing staff.

Clinical nurse tutor (CNT): Has a key role in supporting, teaching, and assessing students in the practice environment. They work collaboratively and effectively in interdisciplinary 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. RNTs must have the ability to conduct research and to establish a strong record of research and publication.

Clinical placement coordinator (CPC): An experienced registered nurse or registered midwife who supports the facilitation of learning and assessment of competence among nursing/midwifery undergraduate students in the practice setting. The CPC is required to obtain the needed resources to optimise the clinical learning environment for pre-registration student learning (McNamara 2007). The CPC's role includes:

- assisting in creating a clinical environment that enhances and increases a student's clinical competence
- auditing the student clinical learning environment to ensure that NMBI standards are adhered to
- monitoring student progress through assessment in a collaborative approach with the preceptor in accordance with agreed competence assessment procedures and requirements and standards of NMBI (2016)
- encouraging and supporting students during their clinical placements enabling them to build confidence
- ensuring that each student is assigned to and assessed by a designated registered nurse/midwife (preceptor) who has completed preceptorship training
- monitoring and reporting to the CNM/CMM and ADON/ADOM, and nurse/midwife practice development any practices, procedures or behaviours in the clinical areas that would create a diminished learning environment for the student and might adversely affect their performance
- assisting and participating with appropriate nursing/midwifery personnel in formulating and implementing corrective measures to enhance nursing practice in all clinical areas
- developing and revising specific outcomes for each clinical placement in partnership with the CNM/CMM and nursing staff to focus and maximise student learning
- providing an essential expert resource for clinical staff
- liaising with the link lecturer/personal tutor assigned to clinical areas and discussing individual student performance and learning needs and where necessary assisting in the implementation of an action plan/development plan to facilitate development needs (NMBI Standards 2017, NMBI 2016a, 2015d, 2016b).

Clinical placement experience: Provides students 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 2016b).

Clinical skills facilitator (CSF): Ward-based and ensures that staff have 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 a focus on quality outcomes.

Colleagues: Co-workers, other health and social care professionals, other healthcare workers and nursing and midwifery students (NMBI 2014, p. 2).

Conduct: A person's moral practices, actions, beliefs, and standards of behaviours (NMBI 2014, p. 3).

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, p. 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 competencies specific to a discipline (NMBI 2016, p. 130).

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 but not all of these 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 in placement.

Nursing/midwifery education and practice development (NEPD/MEPD): A shared partnership between the HEI and the AHCPs in supporting integration and coordination of pre-registration and taught graduate education and training. The director 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).

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

Nursing and midwifery planning and development units (NMPDUs): Provide practical and visible strategic professional leadership at the regional level to nurses and midwives. These units report to the Office of Nursing and Midwifery Services Directorate (ONMSD). The director works closely with directors of nursing and midwifery and other senior managers regionally and nationally and with the CNMEs' boards of management to plan, develop, coordinate, procure, provide,

and evaluate high-quality education and training to meet a region's required needs. The director supports and leads the development of national curricula for education programmes to support the HSE clinical programmes and secures NMBI approval and other accreditation as appropriate. The director also progresses the development of the CNMEs and their teams to achieve QQI (Quality and Qualifications Ireland) Accreditation and monitor the effectiveness of education, training, and development programmes (HSE Employee Handbook 2017).

Nurse practice development department/unit (NPDD/U) and midwife practice development department/unit (MPDD/U): Based within the AHCP, both departments/units support the integration and coordination of pre-registration and taught graduate education and training and continuous practice development.

Nursing practice development coordinator (NPDC): Leads the Nurse Practice Development Department to oversee pre- and post-registration nursing in practice as identified by the Commission on Nursing (1998). The CPC reports directly to the NPDC and in 2000 the Nurse Education Forum added the 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 AHCPs. Central to this are the concepts of patient-centredness and increased multidisciplinary activity, to ensure delivery of the highest standard of person-centred evidence-based care. This is achieved by developing a range of nursing practice development initiatives, research and audits which foster the application of theory to practice and improve the quality of services offered to those in care and their families/carers in line with international, national, and local policy initiatives.

Office of the Nursing and Midwifery Services Directorate (ONMSD): 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 the (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 enable the office to support nursing and midwifery services nationally (Proposal to the HSE Director General Designate 2013).

Patient / client / person / mother: Refers to the 'patient' in this document

Personal tutor: based in the HEI and supports and assesses students in clinical placements

Preceptor: A registered nurse or registered 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 supervisor 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 'belonging' in the placement environment.

Registered nurse/midwifery tutor (RNT/RMT): Has a role in supporting the teaching of pre-registration nursing/midwifery students in the practice environment and to teach and examine on the theoretical component of the undergraduate programmes in classroom settings and in clinical skills laboratories. They can also facilitate preceptorship training in partnership with the HEI and AHCPs.

Student allocation liaison officer (SALO): See **ALO** above.

Supervision: Defined by the Board as 'the provision of oversight, direction, guidance or support by a nurse or midwife to students or unregulated health care workers (HCW). Supervision may be direct or indirect' (NMBI, 2015, p. 2). 'Direct supervision means that the supervising nurse or midwife is actually present and works with the student or unregulated HCW undertaking a delegated role or activity. Indirect supervision implies that the nurse or midwife does not directly observe the student or the regulated or unregulated HCW undertaking a delegated role or activity. Both direct and indirect supervision can include oversight, direction, guidance and support and evaluation' (NMBI, 2015, p. 14).

The delegating nurse or midwife is accountable for the decision to delegate in ensuring that the delegated role or activity is appropriate to the student's level of competence or that of the regulated/unregulated HCW. The delegator is accountable for the appropriate performance of that role or activity (Scope of Nursing and Midwifery Practice Framework 2014, pp. 21–22).



Acknowledgements

Working group members

Dr 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

Ms Dawn Johnston, Director of Midwifery, NMBI

Ms Catherine Rooney, Administrative Support/Minute Taker, NMBI

Ms Aisling Culhane, Research and Development Adviser, PNA

Ms Angela Lally, Clinical Placement Coordinator, Connolly Hospital, Blanchardstown, Dublin, CPC INMO Representative

Mr Paul Boyle, SIPTU, Intellectual Disability Nursing, Dundalk

Ms Rose Bennett, Nurse Practice Development Coordinator, North Dublin Mental Health Service CHO9

Ms Judith Fleming, Midwifery Specialist Coordinator, Coombe Maternity Hospital, Dublin

Ms Joan Donegan, NMPD Director, HSE – Dublin North East

Ms Deirdre O'Sullivan, Senior Allocation Officer, Department of Nursing and Midwifery, University of Limerick

Ms Maria Bailey, Lecturer, Department of Nursing and Midwifery, University of Limerick

Ms Elizabeth Adams, Director of Continuing Education, INMO

Ms Maria Fox, Faculty of Nursing and Midwifery, RCSI, Technical Support

Ms Carmel O'Donnell, Professional Officer, NMBI

Nursing and Midwifery Board of Ireland
18/20 Carysfort Avenue, Blackrock,
County Dublin,
A94 R299.
Tel: (01) 639 8500
Email: education@nmbi.ie
Web: www.nmbi.ie



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Cnáimhseachais na hÉireann**
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