NMBI Site Inspection Summary Report

for Nursing and Midwifery Education Programmes

Atlantic Technological University, Mayo

Approved by Board: 27 March 2024

**Bord Altranais agus
Cnáimhseachais na hÉireann**

**Nursing and Midwifery
Board of Ireland**

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Nursing Postgraduate Programmes

Background

In order to demonstrate that the programme is fit for purpose and meets the criteria for professional approval, the education provider is required to identify and describe the evidence required under each of the indicators as outlined in the tables below. Each of the seven headings reflects the indicators outlined by NMBI in the following documents:

- Nursing and Midwifery Board of Ireland (2022) Nurse Registration Programmes Standards and Requirements. 5th ed. NMBI, Dublin

The regulatory mechanism/authority:

85.— (1) The Board shall—

(a) set and publish in the prescribed manner the standards of nursing and midwifery education and training for first-time registration and post-registration specialist nursing and midwifery qualifications, and

(b) monitor adherence to the standards referred to in paragraph (a).

(c) set and publish in the prescribed manner standards required for registration in any division, annotation and specialist nursing and midwifery qualifications pursuant to programmes approved under paragraph (a),

(d) monitor adherence to the criteria referred to in paragraph (a), the guidelines referred to in paragraph (b) and the standards referred to in paragraph (c),

(e) inspect bodies approved under paragraph (a) in order to ensure ongoing compliance with the criteria referred to in that paragraph, the guidelines referred to in paragraph (b) and the standards referred to in paragraph (c),

(f) inspect, at least every 5 years, places in the State where training is provided to persons undertaking training for a nursing or midwifery qualification, for the purposes of monitoring adherence to nursing and midwifery education and training standards.

The focus of the site inspection is:

Through a partnership approach to:

(a) Assess that all statutory and regulatory requirements of NMBI and the European Directives are met.

(b) Assess the effectiveness and efficiency of the curriculum structures, processes and outcomes.

(c) Assess the quality and appropriateness of educational experiences.

Approval

Factual Accuracy – sent to Education Body	17 January 2024
Factual Accuracy Review and Finalisation	4 March 2024
Education, Training and Standards Committee	7 March 2024
Nursing and Midwifery Board of Ireland	27 March 2024

Signed:

Sheila McClelland
Nursing and Midwifery Board
of Ireland, CEO

Carolyn Donohoe
Director of Education, Policy and
Standards

01

Nursing Undergraduate Programmes

General Information

NAME OF EDUCATION BODY	Atlantic Technological University, Mayo
HEAD OF SCHOOL/DEPARTMENT	Dr Christina Larkin
EDUCATION BODY INSPECTION	ATU, Mayo – Virtual inspection 21 November 2023 ATU, Mayo – Onsite inspection 22 November 2023
PRACTICE PARTNER SITES INSPECTION	23 and 24 November 2023

PROGRAMME LEADING TO REGISTRATION	BSc (Hons) General Nursing	
EDUCATION BODY INSPECTION	ATU, Mayo – Virtual inspection 21 November 2023 ATU, Mayo – Onsite inspection 22 November 2023	
PRACTICE PARTNER SITES INSPECTED	**23 November 2023** Mayo University Hospital Sacred Heart Hospital (St Joseph's Rehabilitation Ward and St John's Ward) **24 November 2023** Community Public Health Nurse and Community Care D'Alton Community Nursing Unit Mayo Hospice Foundation Roscommon University Hospital	
STUDENT NUMBERS ON THE BSc (HONS) GENERAL NURSING PROGRAMME	Stage 1	35
	Stage 2	30
	Stage 3	33
	Stage 4	37
	Total students	135
SITE INSPECTION TEAM	Dr John Larkin, RGN, RCN, RNT, Lecturer, TUS Athlone	
	Dr Chanel Watson, RGN, Deputy Director of Academic Affairs/Senior Lecturer, RCSI	
	Dr Gerard White, RGN, RNT, RNP, RANP, Assistant Director of Nursing, South Infirmary-Victoria Hospital	
	Ms Grainne Keena, RGN, NMPDU Project Officer, Tullamore Midlands	
	Lorraine Clarke Bishop, RGN, Professional Officer, NMBI	

PROGRAMME LEADING TO REGISTRATION	BSc (Hons) in Psychiatric (Mental Health) Nursing
EDUCATION BODY INSPECTION	ATU, Mayo – Virtual inspection 21 November 2023 ATU, Mayo – Onsite inspection 22 November 2023
PRACTICE PARTNER SITES INSPECTED	**23 November 2023** Adult Mental Health Unit, Mayo University Hospital Castlebar Community Mental Health Team including ANP Teach Aisling, Rehabilitation Unit, Castlebar **24 November 2023** Westport Primary Care Centre CNS's Cognitive Behaviour Therapy Castlebar Psychiatry of Later Life CNS's An Coillin, Continuing Care Unit, St Marys Campus

STUDENT NUMBERS ON THE BSc (HONS) IN PSYCHIATRIC NURSING PROGRAMME:	Stage 1	12
	Stage 2	17
	Stage 3	18
	Stage 4	19
	Total students	66

SITE INSPECTION TEAM	Ms Marie-Therese Keating, RPN, Clinical Placement Co-Ordinator, Cork Mental Health Services (HSE)
	Dr Louise Murphy, RPN, RNT, Associate Professor in Mental Health Nursing and Course Director, University of Limerick
	Mary Devane, RGN, RM, RPHN, Professional Officer, NMBI

Requirement Compliance

Key: C – Compliant, P – Partially compliant, N – Non-compliant

Education Body Requirements

1.	Student Admission and Progression	General	Mental Health
1.1	Clear and comprehensive information about the programme is available for prospective students.	C	C
1.2	Admission requirements are in line with those specified by NMBI and detail procedures for recognition of prior learning and other inclusion mechanisms.	C	C
1.3	The criteria for students' progression through and successful completion of the programme are explicit and made known to students, in writing, at the beginning of the programme.	C	C
1.4	Attendance requirements for students are specified and procedures are in place to monitor students' attendance. Procedures to address non-compliance with attendance requirements are available. (EB & practice partner)	P	P
1.5	Supports for students in relation to academic or personal guidance or practical supports are available and made known to students at the outset of the programme.	C	C
1.6	Learning supports including reasonable accommodations are available to students who require them. (EB & practice partner)	P	P
1.7	There are documented procedures for students transferring to or from another education body to ensure that the student meets all the requirements of the programme. These procedures ensure collaboration between the education bodies.	C	C
1.8	Procedures for a student exiting a programme before completion are explicit, including exit awards if appropriate.	C	C
1.9	Procedures are in place to inform NMBI, in writing, annually of student/s who exit a programme prior to completion.	C	C
1.10	Records of student retention, progression, completion and attrition rates, conferment of academic awards and graduate first destinations are maintained and reviewed.	C	C

2.	**Governance and Management**	General	Mental Health
2.1	There is a signed Memorandum of Understanding (MOU) between the education body and each of its Associated Health Care Providers. (EB & practice partner)	C	C
2.2	The school of nursing/department and individual programmes are subject to periodic quality reviews.	C	C
2.3	Programmes are subject to annual monitoring through the external examiners process.	C	C
2.4	An Annual Report, inclusive of all NMBI approved programmes and prepared in partnership with the AHCPs, is submitted to NMBI by 30 June each year. (EB & practice partner)	C	C
2.5	The management structure supporting the delivery of the programme/s is explicit. It includes the named person with lead responsibility who holds appropriate academic and professional nursing qualifications and experience.	C	C
2.6	The education body demonstrates financial planning and resource allocation to support the delivery of the programmes for a rolling 5-year period.	C	C
2.7	Staffing allocations to support the delivery of the programme are maintained, at the following staff to student ratios: academic staff 1:20, allocations liaison officer 1:50, nurse practice development coordinator (minimum of 1), and clinical placement coordinator 1:30. (EB & practice partner)	C	C
2.8	Teaching and learning resources and facilities support the delivery of the programme.	C	C
2.9	A Local Joint Working Group including representatives of the key stakeholders from the education body and AHCPs, from acute and community settings, is in operation. (EB & practice partner)	C	C
2.10	Staff are provided with opportunities to develop their teaching and learning skills and deepen their knowledge of their areas of expertise. (EB & practice partner)	C	C
2.11	Formal grievance, complaints, and appeals policies are available and made known to students.	C	C
2.12	Arrangements are in place with Erasmus and international host institutions that comply with NMBI standards and requirements, and do not exceed 13 weeks placement duration.	N/A	N/A
2.13	There is public and patient involvement in the review and evaluation of programmes by the education body.	N	N

Continued

		General	Mental Health
2.14	The education body and AHCP operate a fitness to practise mechanism for the protection of the public. (EB & practice partner)	P	P
2.15	The education body and AHCP have processes in place to support students with health problems. (EB & practice partner)	C	C

3.   Practice Placements

		General	Mental Health
3.1	New practice placement sites are audited for their suitability as a quality learning environment, that will support the achievement of the learning outcomes, in advance of students' commencing placements. Notification of new sites is included in the Annual Report submitted to NMBI. (EB & practice partner)	C	C
3.2	Existing practice placement sites are subject to 5-year cyclical audits, or when significant clinical changes occur, to ensure their continued suitability as a quality learning environment for students. (EB & practice partner)	C	C
3.3	There are processes in place for students to evaluate and provide feedback on practice placements. (EB & practice partner)	C	C
3.4	There are procedures in place for students to raise concerns about the perceived safety of a practice placement and follow up with relevant clinical partners. (EB & practice partner)	C	C
3.5	Fair and transparent systems are in place for the allocation of students to practice placements. (EB & practice partner)	C	C
3.6	Where a student is being supervised by health and social care professionals, the setting and achievement of learning outcomes is monitored by a registered nurse.	C	C

Programme Requirements

4. Curriculum

		General	Mental Health
4.1	Curriculum development processes ensure that the programme meets all statutory and regulatory requirements of NMBI and where applicable, the European Directives for nurse registration education programmes (2013/55/Recognition of Professional Qualifications).	C	C
4.2	The programme meets the requirements of the relevant award on the National Framework of Qualifications (NFQ).	C	C
4.3	Safety of the person and protection of the public is a fundamental, explicit, and continuing component of the programme.	C	C
4.4	The curriculum model chosen is dynamic, flexible, and evidence-based and utilises a range of teaching and learning strategies.	C	C
4.5	The curriculum is comprehensively and systematically documented and in line with the programme learning outcomes and domains of competence specified in Section 2 of the relevant Programme Standards and Requirements.	N	N
4.6	Clinical placements are integral to the programme.	C	C
4.7	The curriculum embeds a culture of professionalism and ensures that students understand the implications of professional regulation including adherence to NMBI's Code of Professional Conduct and Ethics.	C	C
4.8	Module descriptors identify the aims, learning outcomes, ECTS credits, indicative content, student contact hours, student effort/self-directed learning hours and assessment strategy.	N	N
4.9	The curriculum demonstrates a balance between theory and practice leading to the development of reflective practitioners.	C	C
4.10	The curriculum development team is led by academic staff who are Registered Nurses in the relevant division of the register and comprises representative members of key academic and clinical stakeholders.	C	C
4.11	Registered nurses with appropriate professional and academic qualifications and teaching experience deliver the nursing modules.	C	C
4.12	The curriculum articulates opportunities for intentional, shared, interprofessional learning that is designed to enhance collaborative practice with other health care professionals.	N	N

5. Assessment

		General	Mental Health
5.1	The assessment strategy is designed to ensure the student meets all the required theoretical and clinical learning outcomes before they can progress to the next stage or complete the programme.	C	C
5.2	The selection of assessment techniques assesses achievement of learning outcomes at both module and programme level.	C	P
5.3	Students are informed about the assessments employed for their programme and about the requirements for progression, including the grading criteria.	C	C
5.4	Policies governing absence, failure to submit assessment work, non-attendance at examinations, mitigating circumstances, repeat arrangements, appeals procedures are explicit and available to students and staff.	P	P
5.5	Processes are in place for early detection and feedback on student performance and supports are available for students at risk of not progressing.	C	C
5.6	The assessment strategy for the programme makes clear that compensation between theoretical and clinical practice components is not allowed.	C	C
5.7	External examiners appointed to the programme are appropriately qualified and experienced.	C	C

Practice Partner Requirements

6. Clinical Learning Environments

		General	Mental Health
6.1	The Clinical Learning Environment (CLE) Audit is completed and available for review. (EB & practice partner)	C	C
6.2	Learning outcomes are specific to the practice placement environment and developed collaboratively by clinical and academic staff. Learning outcomes are aligned to the stage of the programme. (EB & practice partner)	C	C
6.3	Each student is allocated a named preceptor and associate preceptor while on practice placement. The preceptor or associate preceptor is available to supervise and assess the student for two thirds of the student's time on placement.	C	C

		General	Mental Health
6.4	The number of preceptors/associate preceptors/registered nurses in a clinical placement available to students meet the requirements set by NMBI.	C	C
6.5	Practice based learning is supported by preceptors from the relevant division of nursing or have suitable experience.	C	C
6.6	Preceptors have completed a competency assessment programme that has been approved by NMBI. Preceptors engage in continuing professional development. (EB & practice partner)	C	C
6.7	Arrangements are in place for protected time to facilitate practice placement assessments by preceptors.	C	C
6.8	Assessment of the achievement of learning outcomes and competence development is undertaken in accordance with the National Competence Assessment Document (NCAD).	C	C
6.9	The supernumerary status of the student is explicit for preceptors and students.	C	C
6.10	Internship practice placements provide experience of the 24-hour care cycle.	C	C
6.11	Students have a minimum of 4 hours protected time for reflection each week throughout the undergraduate programme or as specified in the relevant Standards and Requirements.	C	C
6.12	All placements, including specialist placements, are completed prior to the commencement of the 36-week internship placement. (EB & practice partner)	C	C
6.13	Evidence based policies, procedures and guidelines are available to support students in care delivery.	C	C
6.14	Practice placements implement relevant NMBI professional guidance documents.	C	C

Education Body Organisational Level

Commendations

- The NMBI team appreciated the warm welcome and hospitality received from ATU Mayo and the practice placements visited.
- Excellent student supports on site with access to counselling services and Chaplin, who was described as playing a vital and valued role.
- ATU Mayo provides great facilities in Library resources, clinical skills lab and creative spaces.
- The Uniform Ceremony for first year students was exceptional, honouring and valuing the students' role going forward into a nursing profession.

Conditions

Requirement 1.4 – Attendance requirements for students are specified and procedures are in place to monitor students' attendance. Procedures to address non-compliance with attendance requirements are available. (EB & Practice Partners)

Evidence Provided: Student self-declaration form to report student attendance on the theoretical component of the programme. While we recognise that there is a working group established to look at student attendance procedures in ATU Mayo, more robust procedures for monitoring and addressing student attendance are needed with a clear process in place for recording, monitoring and addressing student attendance.

Outcome: Partially compliant

Condition: A clear process needs to be put in place for recording, monitoring and addressing student attendance in ATU Mayo.

Requirement 1.6 – Learning supports including reasonable accommodations are available to students who require them. (EB & Practice Partners)

Evidence Provided: While there was evidence of a process in place for students in an academic capacity, this process needs to be defined and extended to practice placements to ensure that support is provided.

Outcome: Partially compliant

Condition: There is a need to identify a process to support students on practice placement with a disclosed disability in conjunction with ATU Mayo.

Requirement 2.13 – There is public and patient involvement in the review and evaluation of programmes by the education body.

Evidence Provided: No evidence provided.

Outcome: Non-compliant

Condition: To involve public and patient stakeholders in the review and evaluation of the programme and make explicit within the programme curriculum document.

Requirement 2.14 – The education body and Practice Partners operate a fitness to practise mechanism for the protection of the public. (EB & Practice Partners)

Evidence Provided: Evidence reviewed, and the process is unclear within the documentation provided.

Outcome: Partially compliant

Condition: To streamline the Fitness to Practise mechanism to ensure it reflects ATU student code of conduct.

Recommendations

- While there is a policy regarding progression, it needs to be made more explicit to students (linked to 1.3).
- Make the exit awards explicit in the curriculum document (linked to 1.8).
- Consider innovative ways in introducing simulation for e. g. developing a community room. Consider establishing links to practice partners to facilitate innovation in simulation (linked to 2.8).
- Consider the inclusion of students, patient representatives and members from all clinical partners on LJWG (Linked to 2.9).
- Explore own research capacity and support the development of staff by facilitating PhD and research activity (Linked to 2.10).
- Clarification is needed as to which version of Marks and Standards is currently in use as two documents provided (linked to 2.11).
- Recommendation to explore Erasmus opportunities (linked to 2.12).

General Nursing

Commendations

- The lecturing team were described as very approachable and supportive by the students.
- Student representatives who met with the NMBI team in both ATU Mayo and practice areas were exemplary. They expressed gratitude for the support provided throughout practice from CPCs, clinical staff and lecturers.
- Very strong focus on the development of clinical skills, particularly in year 3 with the group clinical skills scenarios, including input from Clinical Nurse Specialists/Advanced Nurse Practitioners.
- Practice placement sites provide a very supportive culture of learning with a variety of learning opportunities for student engagement, including access to Clinical Nurse Specialists and Advanced Nurse Practitioners.
- Preceptorship (mandatory) and high level of preceptorship in the clinical areas. Students articulated that there was very strong consistency with them being allocated to their named preceptor. The preceptors were also getting protected time in some areas to facilitate the assessment process.

Mayo University Hospital

- Excellent learning environment with good access and support from CPC and CNM to MDT, including ANP and CNS.
- Students spoke very positively about the range of experiences they receive here, particularly in relation to exposure to a wide range of patients and procedures.

Sacred Heart Hospital

- The 100% preceptor rate is highly commended, providing a welcoming learning environment for students.
- Good levels of access to the multidisciplinary team were noted.

Mayo Hospice

- Superb leadership and passionate staff provide an excellent learning environment for students with a wide range of opportunities.

Roscommon Hospital

- Superb leadership in service and staff development. Excellent learning opportunities for students, particularly in shadowing ANP and CNS positions.

D'Alton

- Students spoke highly of the level of support provided by the preceptors, CPC and members of the nursing team. They appreciated the opportunity to complete a case study and to create a dementia poster during their placement.

Community/PHN Service

- Passionate Excellent learning opportunities for students, with access to a wide range of nursing professionals as well as a multi-disciplinary team.

Conditions

Please be advised that there is a six-month timeline (unless otherwise stated) to meet these conditions and evidence of compliance must be provided in writing to the NMBI's Director of Education, Policy and Standards.

Requirement 4.5 – The curriculum is comprehensively and systematically documented and in line with the programme learning outcomes and domains of competence specified in Section 2 of the relevant Programme Standards and Requirements.

Evidence Provided: There was no evidence of programme learning outcomes and mapping to NMBI programme learning outcomes and domains in the programme curriculum document provided. There was only ATU award standard outcomes outlined in the curriculum.

Outcome: Non-compliant

Condition: Programme learning outcomes need to be explicit in the programme curriculum document and in line with the NMBI programme learning outcomes and domains of competence.

Requirement 4.8 – Module descriptors identify the aims, learning outcomes, ECTS credits, indicative content, student contact hours, student effort/self-directed learning hours and assessment strategy.

Evidence Provided: Within the module descriptors provided in the programme curriculum document, there were inconsistencies in the number of learning outcomes. For example:

- For 10 credit and 15 credit modules, some had 6 learning outcomes and others had 4 learning outcomes.
- Some learning outcomes were not reflective of Blooms taxonomy considering the student's stage of learning on the programme.
- Inconsistencies in the number of contact hours for 5 credit, 10 credit and 15 credit modules.
- Student contact hours were identified, but there were no student effort hours/self-directed learning hours identified in many modules.
- There were no recommended reading lists on some modules and only online resources, e.g. websites.
- Some modules do not appear to be semesterised in the programme curriculum document, which makes it difficult to identify when assessments and assessment strategies take place within the academic year e.g. Semester 1 Module assessed as a final examination at end of year examination.

Outcome: Non-compliant

Condition: Revise Approved Programme Schedules and/or module descriptors in the programme curriculum document to ensure the following are addressed:
- Consistency in the number of learning outcomes for 5 credit, 10 credit and 15 credit
- Revise some of the module learning outcomes to reflect Blooms taxonomy for the students' stage of learning on the programme and ensure consistency with learning outcomes in future curriculum developments
- Consistency of reported student contact hours, student effort/self-directed learning hours for 5 credit, 10 credit and 15 credit modules

- Include recommended reading lists and updated references in all module descriptors
- Review the assessment and assessment strategies taking place within the academic year for individual modules and make these more explicit in terms of the type of continuous assessment and when this work is assessed within the module
- Review and proofread the programme curriculum document for consistency and typos
- Review and revise the programme curriculum document to replace GMIT with ATU Mayo.

Requirement 4.12 – The curriculum articulates opportunities for intentional, shared, interprofessional learning that is designed to enhance collaborative practice with other health care professionals.

Evidence Provided: No evidence of interprofessional shared learning within curriculum document and from talking with programme team. Discussions with lecturers regarding potential opportunities to develop shared interprofessional learning in the future with students on the Psychology and Early Childhood programmes at ATU Mayo.

Outcome: Non-compliant

Condition: The curriculum should articulate opportunities for intentional, shared, interprofessional learning that is designed to enhance collaborative practice with other health care professionals. Explore and identify opportunities for students to learn from professionals from different healthcare disciplines e.g. Psychology and Early Childhood and learn together to enhance student understanding of each other's roles which will improve collaborative practice.

Requirement 5.4 – Policies governing absence, failure to submit assessment work, non-attendance at examinations, mitigating circumstances, repeat arrangements, appeals procedures are explicit and available to students and staff.

Evidence Provided: Multiple documents were provided with no clear, definitive pathways for repeats particularly in the instance of 'failure to submit'.

Outcome: Partially compliant

Condition: Clear policies regarding absence, failure to submit, non-attendance, repeats and appeals need to be documented and made available to students and staff in a clear and explicit manner.

Recommendations

- Continue to explore more innovative curriculum approaches and ensure to incorporate current national and international health and social policy, e.g., World Health Organisation, Department of Health (linked to 4.4).
- Ensure professional regulation, including adherence to NMBI's Code of Professional Conduct and Ethics, is threaded throughout the curriculum and update references (Linked to 4.7)
- Consider ANP representation and the development of adjunct lecturers on the general nursing team to support the development and delivery of module content on the programme. This will also strengthen theory and practice linkage and collaboration with clinical partners regarding clinical issues (linked to 4.11).

- Review academic workload in 4th year, particularly in relation to assessment in the first semester (linked to 5.1).
- Consider reviewing the placements for the general internship to comprise three 12-week placements.
- Almost all placements expressed a desire to take more students, the inspection team recommend that the university explore opportunities to increase capacity.

Mental Health Nursing

Commendations

- The inspection team wish to acknowledge the welcome and collaborative atmosphere provided by the Mental Health Services team.
- Preceptorship (mandatory) and high level of preceptorship in the clinical area.
- Student representatives who met with the NMBI team in both ATU Mayo and clinical areas were exemplary. They expressed gratitude for the support provided throughout practice from CPCs, clinical staff and lecturers.
- Practice Placements provide a wide variety of rich learning opportunities to students, in particular, specialist placement opportunities, ANP and CNS – however, the specific learning opportunities for students were not evidenced by the nursing staff in some placements.
- Staff initiative of orientation booklet developed for students recognised as a great resource for both students and new staff in the area.
- The inspection team commended the keen interest and dedication to student learning by the CNM2 in An Coilin and the two CNSs in Westport.
- The inspection team note exceptional dedication and innovation demonstrated by the practice development coordinator and CPCs, particularly the presentation provided at the outset by the NPDC.

Conditions

Please be advised that there is a six-month timeline (unless otherwise stated) to meet these conditions and evidence of compliance must be provided in writing to the NMBI's Director of Education, Policy and Standards.

Requirement 4.5 – The curriculum is comprehensively and systematically documented and in line with the programme learning outcomes and domains of competence specified in Section 2 of the relevant Programme Standards and Requirements.

Evidence Provided: There was no evidence of programme learning outcomes and mapping to NMBI programme learning outcomes and domains in the programme curriculum document provided. There was only ATU award standard outcomes outlined in the curriculum which were not related to the mental health programme specifically. However, within the BSc in Psychiatric Nursing Programme Handbook 23/24, there were 8 programme learning outcomes identified, but these were not reflective of a recovery approach as outlined in the curriculum approach.

Also, while these learning outcomes were in relation to becoming a registered psychiatric nurse, within the learning outcomes, the registered nurse is referred to throughout.

Outcome: Non-compliant

Condition: Programme learning outcomes need to be explicit in the programme curriculum document and in line with the NMBI programme learning outcomes and domains of competence. In addition, these learning outcomes need to be revised to reflect a recovery orientated approach to mental health nursing care, which is identified in your curriculum approach. Also, psychiatric nursing should be replaced with mental health nursing throughout the curriculum document.

Requirement 4.8 – Module descriptors identify the aims, learning outcomes, ECTS credits, indicative content, student contact hours, student effort/self-directed learning hours and assessment strategy.

Evidence Provided: Within the module descriptors provided in the programme curriculum document, there were inconsistencies in the number of learning outcomes. For example:

- For 10 credit and 15 credit modules some had 6 learning outcomes and others had 4 learning outcomes.
- Some learning outcomes were not reflective of Blooms taxonomy considering the student's stage of learning on the programme.
- Inconsistencies in the number of contact hours for 5 credit, 10 credit and 15 credit modules.
- Student contact hours were identified but there were no student effort hours/self-directed learning hours identified in many modules.
- There were no recommended reading lists on some modules and only online resources, e.g. websites.
- Some modules do not appear to be semesterised in the programme curriculum document, which makes it difficult to identify when assessments and assessment strategies take place within the academic year e.g. Semester 1 Module assessed as a final examination at end of year examination.

Outcome: Non-compliant

Condition: Revise Approved Programme Schedules and or module descriptors in the programme curriculum document to ensure the following are addressed:

- Consistency in the number of learning outcomes for 5 credit, 10 credit and 15 credit,
- Revise some of the module learning outcomes to reflect Blooms taxonomy for the student's stage of learning on the programme and ensure consistency with learning outcomes in future curriculum developments,
- Consistency of reported student contact hours, student effort/self-directed learning hours for 5 credit, 10 credit and 15 credit modules,
- Include recommended reading lists and updated references in all module descriptors,
- Review the assessment and assessment strategies taking place within the academic year for individual modules and make these more explicit in terms of the type of continuous assessment and when this work is assessed within the module.

- Review and proofread the programme curriculum document for consistency and typos.
- Review and revise the programme curriculum document to replace GMIT with ATU Mayo.

Requirement 4.12 – The curriculum articulates opportunities for intentional, shared, interprofessional learning that is designed to enhance collaborative practice with other health care professionals.

Evidence Provided: No evidence of interprofessional shared learning within curriculum document and from talking with programme team. Discussions with lecturers regarding potential opportunities to develop shared interprofessional learning in the future with students on the Psychology and Early Childhood programmes at ATU Mayo.

Outcome: Non-compliant

Condition: The curriculum should articulate opportunities for intentional, shared, interprofessional learning that is designed to enhance collaborative practice with other health care professionals. Explore and identify opportunities for students to learn from professionals from different healthcare disciplines e.g. Psychology and Early Childhood and learn together to enhance student understanding of each other's roles which will improve collaborative practice.

Requirement 5.4 – Policies governing absence, failure to submit assessment work, non-attendance at examinations, mitigating circumstances, repeat arrangements, appeals procedures are explicit and available to students and staff.

Evidence Provided: Multiple documents were provided with no clear, definitive pathways for repeats particularly in the instance of 'failure to submit'.

Outcome: Partially compliant

Condition: Clear policies regarding absence, failure to submit, non-attendance, repeats and appeals need to be documented and made available to students and staff in a clear and explicit manner.

Recommendations

- Continue to explore more innovative curriculum approaches and ensure to incorporate current national and international mental health policies when referring to recovery and trauma approaches e.g. Sharing the Vision: Healthcare for Everyone (2020) (linked to 4.4).
- Consider revising the placement planner to reflect theory at the beginning of Year 3, Semester 1 for third year students. Also, consideration should be given to a supernumerary placement for fourth year students at the beginning of Year 4, Semester 1 and focus on MH specific placements. These suggestions were voiced by students and clinical staff to support student learning (linked to 4.6).
- Ensure the NMBI Code of Conduct is threaded throughout the programme curriculum document and update the NMBI Code of Conduct reference (linked to 4.7).

- Consider ANP representation and the development of adjunct lecturers on the mental health team to support the development and delivery of module content on the programme. This will also strengthen theory and practice linkage and collaboration with clinical partners regarding clinical issues (linked to 4.11).
- Provide access to the academic assessment schedule planner to students earlier in the semester to reduce student burden and so they can forward plan (linked to 5.1 and 5.3).
- Review the academic workload in conjunction with the student's clinical placements to reduce student burden and allow focus to be on clinical practice (linked to 5.1).
- The selection of assessment techniques utilised in the programme are linked to the module learning outcomes and NMBI programme learning outcomes but should be mapped to the ATU Mayo programme learning outcomes also. Consider utilising increased innovative and creative assessment approaches within the programme curriculum e.g., more scope for simulation (linked to 5.2)
- Education body involvement is required in the completion of the Clinical Learning Environment Audit in collaboration with practice partners (linked to 6.1).
- Consider displaying the NMBI Code of Conduct on the student notice board in practice placement areas, as students were unable to articulate the code of conduct when interviewed by the inspection team (linked to 6.14).

Comments on Inspection of the Undergraduate Programmes

- It was difficult to gain access to all the necessary documentation required prior to and following the inspection. There was a lack of clarity in aspects of the current curriculum presented to the inspection team. It is acknowledged that work has commenced on a new curriculum.

- Excellent practice placements were provided for students, and they were well supported by CPC and practice partners with great opportunities for learning.

- To further enhance the culture of learning, ATU Mayo must strengthen their relationship with their practice partners. ATU Mayo should explore the opportunities for learning and collaborate with their practice partners to further progress supportive education initiatives at an undergraduate and postgraduate level.

Action

- A follow up site inspection is required to examine evidence of compliance and monitor progress.

Further Progress Update for the Education, Training and Standards Committee Meeting held 7 March 2024

- There have been several engagements with members of the senior management team of ATU and NMBI. Further documentation has been provided to support future developments in the curriculum.

- On review of the timelines a targeted site inspection is planned for June 2024 in advance of the new intake of students in September 2024.

- Progress will be reviewed through a schedule of monitoring update reports on a 3 monthly basis.

02

Nursing
Postgraduate
Programmes

Nursing Postgraduate Programmes

NAME OF EDUCATION BODY	Atlantic Technological University, Mayo
HEAD OF SCHOOL/DEPARTMENT	Dr Christina Larkin
EDUCATION BODY INSPECTION	ATU, Mayo – Virtual inspection 21 November 2023 ATU, Mayo – Onsite inspection 22 November 2023
PRACTICE PARTNER SITES INSPECTION	23 and 24 November 2023

POST-GRADUATE PROGRAMME LIST

- Higher Diploma in Palliative and End of Life Care
- MSc in Palliative and End of Life Care
- BSc (Hons) Nursing (Add on)

PRACTICE PARTNER SITES INSPECTED	**23 November 2023** Mayo University Hospital Sacred Heart Hospital (St Joseph's Rehabilitation Ward and St John's Ward) **24 November 2023** Community Public Health Nurse and Community Care D'Alton Community Nursing Unit Mayo Hospice Foundation Roscommon University Hospital
SITE INSPECTION TEAM	Dr John Larkin, RGN, RCN, RNT, Lecturer, TUS Athlone
	Dr Chanel Watson, RGN, Deputy Director of Academic Affairs/Senior Lecturer, RCSI
	Dr Gerard White, RGN, RNT, RNP, RANP, Assistant Director of Nursing, South Infirmary-Victoria Hospital
	Grainne Keena, RGN, NMPDU Project Officer, Tullamore Midlands
	Lorraine Clarke Bishop, RGN, Professional Officer, NMBI

Requirement Compliance

Key: C – Compliant, P – Partially compliant, N – Non-compliant

Education Body Requirements

1.	The Respective Educational Providers	Post-graduate
1.1	Educational providers have a Post-registration Nursing and Midwifery Education Committee/local joint working group, with representatives of the key stakeholders including service users.	P
1.2	The staff resource supports the delivery of the education programmes/units of learning at the stated professional, clinical and academic level.	C
1.3	Lecturers/tutors are involved in clinical practice and its development	C
1.4	The mechanism for learner support in relation to student services, facilities and academic and clinical guidance is explicit. (EB & practice partner)	C

2.	Programmes/Units of Learning Design and Development	Post-graduate
2.1	Theoretical and clinical learning experiences and the learning environment must support the achievement of the aims and objectives/outcomes of the programmes/units of learning (EB & practice partner)	C
2.2	Programmes/units of learning design and development are led by registered nurse tutors or nurse/midwifery lecturers with a teaching qualification and is supported by academic and clinical experts including inter-disciplinary professionals as appropriate in collaboration with others and is guided by professional nursing/midwifery knowledge which is evidence/research based.	C
2.3	The programmes/units of learning development team comprise representative members of key stakeholders in nursing/midwifery education and practice and service users.	P
2.4	The programmes/units of learning design reflect various methods of teaching/learning and provides a balance between lectures, tutorials, workshops, small group interactions, demonstrations, practical work/clinical; and self-directed study.	C

Practice Partner Requirements

3.	Clinical Practice Experience	Post-graduate
3.1	Clinical practice experience provides learning opportunities that enable the achievement of competence in clinical nursing/midwifery practice and the stated learning outcomes (EB & practice partner)	C
3.2	Clearly written learning outcomes/objectives appropriate to the clinical area are developed and are available to ensure optimal use of valuable clinical experience. These learning outcomes/objectives are revised as necessary.	C
3.3	Lecturers and nurse/midwifery tutors, in liaison with the appropriate clinical staff (clinical facilitators, preceptors, clinical managers and practice development co-ordinators) guide and support the learners in ensuring that the clinical placement provides an optimum quality learning environment. (EB & practice partner)	C

Commendations

- The Passion of the programme director in delivering Palliative and End of Life Care programme.
- Desire to open eligibility criteria to allow nurses with experience to undertake the Palliative and End of Life Care programme.
- Invitation to specialists in area to teach on the programme.
- The development of the BSc (Hons) Nursing (add on) programme is welcomed.

Conditions

There are no conditions.

Recommendations

- Update membership to a local joint working group to include student/patient/family representation (Linked to 1.1).
- Ensure that programme's development team comprise representative members of key stakeholders in nursing education and practice and service users (Linked to 2.3).
- Consider revising eligibility criteria in terms of RPL and access to the programme.
- Revise the programme outcomes and reduce them to 8 to ensure there is room for flexibility and responsiveness.
- Provide access and support to staff to conduct research relevant to palliative care.
- Consider the introduction of a systematic/scoping review for all research projects in 2nd year.

- Given the minimum amount of time that students are expected to work in a palliative care setting (2 weeks), consideration should be given to revising the clinical module. It is suggested that 2 option modules be made available, one which has a greater emphasis on palliative care placements and would be taken by nurses and the alternative module which would mirror what is currently being offered taken by non-nurses and nurses with an interest in but not working in palliative care.