NMBI Site Inspection Summary Report

for Nursing Education Programmes

Letterkenny Institute of Technology (LYIT)

Approved by Board: 21 September 2022

Bord Altranais agus Cnáimhseachais na hÉireann

Nursing and Midwifery Board of Ireland

Contents

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.

General Information

NAME OF EDUCATION BODY	Letterkenny Institute of Technology
HEAD OF NURSING/MIDWIFERY	Dr Louise McBride
EDUCATION BODY INSPECTION	25, 30 and 31 March 2022
PRACTICE PLACEMENT AHCP INSPECTION	28 and 29 March 2022

PROGRAMME LEADING TO REGISTRATION:	BSc (Hons) General Nursing	
ASSOCIATED HEALTHCARE PROVIDER SITES INSPECTED:	Letterkenny University Hospital 28 March 2022 Ramelton Community Hospital 29 March 2022	
STUDENT NUMBERS ON THE BSc (HONS) GENERAL NURSING PROGRAMME:	Stage 1	36
	Stage 2	34
	Stage 3	25
	Stage 4	29
	Total students	124
SITE INSPECTION TEAM	Dr Brona Mooney, RGN, Lecturer, National University of Ireland, Galway	
	Dr Carmel Heaney, RGN, Lecturer, Galway Mayo Institute of Technology	
	Lorraine Clarke Bishop, RGN, Professional Officer, NMBI	

PROGRAMME LEADING TO REGISTRATION:	BSc (Hons) Intellectual Disability Nursing	
ASSOCIATED HEALTHCARE PROVIDER SITES INSPECTED:	Ard Greine Court, Stranorlar (Residential) 28 March 2022 Abbey Village, Kilmacrennan (Community) 29 March 2022	
STUDENT NUMBERS ON THE BSc (HONS) INTELLECTUAL DISABILITY NURSING PROGRAMME:	Stage 1	21
	Stage 2	20
	Stage 3	14
	Stage 4	19
	Total students	74
SITE INSPECTION TEAM	Margaret Meegan, RNID, Nurse Practice Development Coordinator, St John of Gods, Louth	
	Robert Hennessy, RNID, Clinical Practice Coordinator, COPE Foundation, Cork	
	Carolyn Donohoe, RGN RNT, Director of Education Policy and Standards, NMBI	

PROGRAMME LEADING TO REGISTRATION:	BSc (Hons) Mental Health Nursing	
ASSOCIATED HEALTHCARE PROVIDER SITES INSPECTED:	Sligo Mental Health Services 28 March 2022 Rehab and Recovery, Sligo Town 28 March 2022 Donegal Mental Health Services (LUH) 29 March 2022 Child and Family Mental Health Service 29 March 2022	
STUDENT NUMBERS ON THE BSc (HONS) MENTAL HEALTH NURSING PROGRAMME:	Stage 1	32
	Stage 2	28
	Stage 3	29
	Stage 4	27
	Total students	116
SITE INSPECTION TEAM	Agnes Tully, RPN RGN RNT, Lecturer, Technological University of the Shannon	
	Catherine Cunniffe, RPN RGN RNID, Nurse Practice Development Coordinator, Mayo Mental Health Service	
	Sinead Buckley, RPN RCN RNT, Chief Technical Officer, Trinity College Dublin	

Requirement Compliance

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

Education Body Requirements

1. **Student Admission and Progression**		General	Mental Health	Intellectual Disability
1.1	Clear and comprehensive information about the programme is available for prospective students.	C	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	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	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 & AHCP)	C	C	C
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	C
1.6	Learning supports including reasonable accommodations are available to students who require them. (EB & AHCP)	C	C	C
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	C
1.8	Procedures for a student exiting a programme before completion are explicit, including exit awards if appropriate.	C	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	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	C

2. Governance and Management		General	Mental Health	Intellectual Disability
2.1	There is a signed Memorandum of Understanding (MOU) between the education body and each of its Associated Health Care Providers. (EB & AHCP)	C	C	C
2.2	The school of nursing/department and individual programmes are subject to periodic quality reviews.	C	C	C
2.3	Programmes are subject to annual monitoring through the external examiners process.	C	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 & AHCP)	C	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	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	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 & AHCP)	N	N	P
2.8	Teaching and learning resources and facilities support the delivery of the programme.	C	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 & AHCP)	C	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 & AHCP)	C	C	C
2.11	Formal grievance, complaints, and appeals policies are available and made known to students.	C	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.	C	C	C
2.13	There is public and patient involvement in the review and evaluation of programmes by the education body.	C	C	C

Continued

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

3. Practice Placements		General	Mental Health	Intellectual Disability
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 & AHCP)	C	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 & AHCP)	C	C	C
3.3	There are processes in place for students to evaluate and provide feedback on practice placements. (EB & AHCP)	C	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 & AHCP)	C	C	C
3.5	Fair and transparent systems are in place for the allocation of students to practice placements. (EB & AHCP)	C	C	P
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	N

Programme Requirements

4. Curriculum		General	Mental Health	Intellectual Disability
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	C
4.2	The programme meets the requirements of the relevant award on the National Framework of Qualifications (NFQ).	C	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	C
4.4	The curriculum model chosen is dynamic, flexible, and evidence-based and utilises a range of teaching and learning strategies.	C	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.	C	C	C
4.6	Clinical placements are integral to the programme.	C	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	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.	C	C	C
4.9	The curriculum demonstrates a balance between theory and practice leading to the development of reflective practitioners.	C	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	C
4.11	Registered nurses with appropriate professional and academic qualifications and teaching experience deliver the nursing modules.	C	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.	C	C	C

5. Assessment		General	Mental Health	Intellectual Disability
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	C
5.2	The selection of assessment techniques assesses achievement of learning outcomes at both module and programme level.	C	C	C
5.3	Students are informed about the assessments employed for their programme and about the requirements for progression, including the grading criteria.	C	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.	C	C	C
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.	P	P	P
5.6	The assessment strategy for the programme makes clear that compensation between theoretical and clinical practice components is not allowed.	C	C	C
5.7	External examiners appointed to the programme are appropriately qualified and experienced.	C	C	C

Associated Health Care Provider (AHCP) Requirements

6. Clinical Learning Environments		General	Mental Health	Intellectual Disability
6.1	The Clinical Learning Environment (CLE) Audit is completed and available for review. (EB & AHCP)	C	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 & AHCP)	C	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.	P	C	C

Continued

		General	Mental Health	Intellectual Disability
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	C
6.5	Practice based learning is supported by preceptors from the relevant division of nursing or have suitable experience.	C	C	C
6.6	Preceptors have completed a competency assessment programme that has been approved by NMBI. Preceptors engage in continuing professional development. (EB & AHCP)	C	P	C
6.7	Arrangements are in place for protected time to facilitate practice placement assessments by preceptors.	C	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	C
6.9	The supernumerary status of the student is explicit for preceptors and students.	C	C	C
6.10	Internship practice placements provide experience of the 24-hour care cycle.	C	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.	P	P	P
6.12	All placements, including specialist placements, are completed prior to the commencement of the 36-week internship placement. (EB & AHCP)	C	C	C
6.13	Evidence based policies, procedures and guidelines are available to support students in care delivery.	C	C	C
6.14	Practice placements implement relevant NMBI professional guidance documents.	C	C	C

General Nursing

Commendations

NMBI wish to recognise the numerous initiatives and activities underway at LYIT and its clinical partners to support and enhance the learning experience of student nurses. The teams have selected a representative sample for commendation.

- There is a very strong partnership between the education body and the AHCPs. Sites visited appear to be very well supported by link lecturers, allocation officers and CPCs with the student at central focus. Student have fed back very positively on the level of support they receive. The interviews with students, General hospital and community hospital staff (CPCs, Nurse Managers, Nurse Preceptors) evidenced strong and functional links with the General Nursing academic team at LYIT – in particular those with the link lecturers to the respective sites.

- Students displayed a sense of pride in and enjoyment of their education journey, the students feel well supported and enjoy being part of the LYIT student body. They expressed that the faculty are approachable, accessible and supportive. They expressed enthusiasm at being part of the imminent Atlantic Technological University.

- Students evidenced a sense of positive engagement with the student body in curricula upgrading/design. They believe that the curricula upgrades include the student voice and welcomed the 360 feedback they received as part of this process.

- The HoD in LYIT outlined the plans for students to engage in the Erasmus exchange programme. This is scheduled to commence in September 22. NMBI commend the team on their background work in realising this.

- The opportunity for students to reflect and provide feedback on their clinical learning experience during scheduled recall days was positively commended.

- It was evident that training of preceptors in sufficient numbers remains a challenge and reflects the national picture. The DON, Practice development/ CNME and CPCs at LUH gave an outline of the recent approach to preceptorship training. The eLearning module provides a more flexible, accessible and self-paced training solution that is hoped will support and encourage more nurses to engage with preceptorship training. To date >250 staff have completed this version.

- The DON of LUH and her team presented an overview of the clinical services there including the recent and ongoing challenges of COVID 19 and staff retention, preceptor availability and how these challenges are being addressed in relation to workforce planning to improve patient/staff, preceptor/student and CPC/student ratios.

- The involvement of LUH in the MAGNET4EUROPE project (twinned with Miriam Hospital, Rhode Island) represents a particularly exciting initiative underway.

Continued

11

- The effort to create interdisciplinary placement was also noted. All interns have the opportunity to engage in venepuncture and cannulation training.
- The team noted the use of an eRoster which also has capacity to map/track staff mandatory training and preceptorship training and can include student clinical rotas and preceptor/co-preceptor to student.
- Based on the clinical site visit to Ramelton Community Hospital, it was clear it is potentially an underused resource. Consider the option of facilitating up to two students at the one time and more increased frequency of general nursing student placements – In particular year 3 and 4 students.

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 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 & AHCP)

Evidence Provided: CPC:Student ratio not upheld in line with relevant NMBI standards. Community-based placements not fully supported by existing CPC delivery model. Currently there are x3 CPCs but 0.5 WTE is utilised as SALO leaving 2.5 CPCs for x121 students. Team advised that recruitment is presently underway for x2 CPCs.

13 wte full time academic staff for a student population of 344, in was also noted that guest lecturers were part of the teaching model. To meet the student/academic ratio a minimum of 17 wte full time academic staff is required.

Outcome: Non-compliant

Condition: Recruit and appoint sufficient CPC positions to support the existing programme. Further recruitment for academic positions to support the student population required also. Evidence is to be provided of successful appointments to the regulator.

Requirement 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.

Evidence Provided: Excellent demonstration of the early detection and feedback on student performance provided during the inspection. However, the structure in place that initially used a 2–4-week Support Plan and then progressed to a different form of document called an Action Plan was confusing. If needed, lecturers stated that the Action Plan was deemed to carry more weight as it was more 'punitive'.

Outcome: Partially compliant

Condition: Review the learning support plan system available for students that are at risk of not progressing in line with the national competency assessment document.

Requirement 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.

Evidence Provided: Students reported that they often do not work with their preceptor/co-preceptor. One internship student on a surgical ward relayed that it was very difficult to get their preceptor/co-preceptor to do the clinical competency assessment due to rostering and workload of staff, they had to wait two weeks to have their 1st competency assessment interview after commencing their placement. The interview with student groups at LYIT identified that this is not an isolated case. We acknowledge the ongoing impact of both COVID-19 and staff retention in the workplace, and the efforts that are in place in the clinical site to address this.

Outcome: Partially compliant

Condition: Ensure students are rostered for at least 2/3 of their clinical placement time with their named preceptor/co-preceptor.

Requirement 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.

Evidence Provided: Internship students are rostered for 39-hour week and in the current format students are expected to reflect for 4 hours of their working week. However, this protected time is not clearly structured and appears to happen in a haphazard manor. The team acknowledge that this is well structured in year 1-3. The team also acknowledge the very positive student feedback of the efficacy and value in the recall days to the college which support PRT.

Outcome: Partially compliant

Condition: Internship students should only be rostered for 35 hours per week in clinical practice. The four hours of protected reflective time needs to be organised/delivered in a structured manner to focus on key issues pertaining to transition to practice and preparation for assuming the role of registered general nurse.

Recommendations

- Explore possibility to further develop clinical-academic appointments across acute and community settings (as per requirement 2.7).

- Re ePortfolio pilot project – it was noted in the student focus group, a degree of hesitation regarding the proposed move of the student placement records online. Their particular concern was that it posed the risk of reduced direct in-person engagement with their preceptors which they believe is already limited due to the 3-day working week and the issue of staff shortages. It was noted that this was a pilot project implemented by LYIT, NMBI suggest incorporating this student feedback as part of the project.

- Please review module assessment structure for years 1 and 2 and consider streamlining assessment strategy to reduce student burden.

- Learning outcomes to be reviewed to ensure they are clinical site specific and relevant to the year of programme and expected level of learning of stage of student on site. Address inconsistency in formatting of the student orientation booklets between units.

Mental Health Nursing

Commendations

- Preparation done by all for NMBI visit. Excellent documentation provided ahead of time.
- Amalgamating the NMBI and Programmatic review process proved very beneficial for all concerned.
- Links between AHCPs and EB are excellent and to be commended.
- Students took great pride in being associated with LYIT which is always wonderful to hear.
- CPCs are providing excellent support to students and staff despite the shortfall in CPC resources.
- Clinical Nurses Managers were very supportive of students learning on placement
- Excellent documentation viewed on practice placements
- Erasmus programme is very well set up. A great example for other sites.
- Excellent Student services in LYIT including CURVE.

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 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 & AHCP)

Evidence Provided: 116 Mental Health Nursing Students on the programme. 2 WTE CPC in Donegal MH service, 1 WTE CPC in Sligo MH Service. Ratio of Students to CPCs 38:1. Only one CPC in Donegal with 58 students with one CPC on Maternity leave. One acting CPC in Sligo Mental Health Services with 58 Students.

1 SALO WTE, Ratio Students to SALO 116:1

Outcome: Non-compliant

Condition: Staff Ratios must be addressed.

Appointment of additional CPC required for the Sligo mental health services. A minimum of four CPCs in total needed to meet Requirements given increasing student numbers and the geographical spread of clinical placements over 3 counties.

One SALO for 116 students. Additional SALO to be appointed.

Continued

Requirement 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.

Evidence Provided: Excellent demonstration of the early detection and feedback on student performance provided during the inspection. However, the structure in place that initially used a 2–4-week Support Plan and then progressed to a different form of document called an Action Plan was confusing. If needed, lecturers stated that the Action Plan was deemed to carry more weight as it was more 'punitive'.

Outcome: Partially compliant

Condition: Review the learning support plan system available for students that are at risk of not progressing in line with the national competency assessment document.

Requirement 6.6 – Preceptors have completed a competency assessment programme that has been approved by NMBI. Preceptors engage in continuing professional development.

Evidence Provided: None Inspection team spoke to Nursing Managers in both Donegal and Sligo/Leitrim Mental Health Services and were informed that a large percentage of staff have not completed a preceptorship programme. We were informed this was impacted by sick leave and staff resources.

Outcome: Partially compliant.

Condition: A sufficient number of Registered Nurses (above 80%) must complete a teaching and assessing course approved by the NMBI to enable them support, guide and assess students' learning and competence.

Requirement 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.

Evidence Provided: "Currently our internship student nurses work 39hrs inclusive of 4 hours reflective practice. Reflective practices may be "on action" or "in action" and consist of academic recall days in LYIT and clinical study days in the CNME".

Internship students met by the inspection team informed us that there is no formal arrangement in place to ensure they get their due reflective practice time.

Outcome: Partially compliant

Condition: Arrangements must be put in place to ensure that all internship students get their reflective time. Ideally reflective time should be rostered.

Recommendations

- More practical training time for development of psychosocial intervention skills during theoretical training.

- Specific Learning outcomes for clinical placements. This will help highlight the specialist expertise they are part of on these sites e.g., CAMHs or Recovery.

- Community placements should once again facilitate nursing students' exposure to service users to ensure achievement of learning outcomes and a positive clinical learning experience whilst respecting COVID regulations.

- All students should have a placement on CAMHs during their training.

- Clerical support for CPCs and Practice Development Team.

- It would be very beneficial to have the NPDC in Mental Health on the LJWG.

- All year 1 students should have aggression management training prior to commencing placement.

Intellectual Disability Nursing

Commendations

- The support provided to students by Letterkenny IT staff is excellent, NMBI noted that there is a psychologist onsite one day per week.
- The flexibility of staff at Letterkenny IT is to be commended, the programme lead structure is very supportive for students.
- The involvement of link lecturers with the practice placements is highly commendable as there are very high levels of engagement.
- The Recall Day structure works really well to support reflective practice, opportunities for debriefing and strengthen peer to peer support.
- The student voice was heard in curriculum changes according to the student groups.
- The initiative of recorded education sessions during Covid was welcomed by students.
- The support provided by the nurse practice development team for students and LYIT was excellent and noted by the NMBI team.
- Great exposure and experience in Ard Greine for students with the multidisciplinary team.
- Abbey Village staff prioritised student learning opportunities by facilitating movement of students around the houses within the village.
- Staff involved students in updating evidence-based practice while on placement for the benefit of maintaining high standards of care.
- Excellent supervision of students on placement in both Ard Greine and Abbey Village sites and students stated that they felt welcomed as part of the team.
- Residents enjoyed having the students in their homes and welcomed their involvement in their daily lives.

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 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 & AHCP)

Evidence Provided: Nursing Practice Development Coordinator post vacant for 1 year due to leave and retirement, plan for recruitment of replacement was spoken of.

Outcome: Partially compliant

Condition: Nursing Practice Development post (1wte) to be filled as a priority to provide leadership support for the programme and services.

Requirement 3.5 – Fair and transparent systems are in place for the allocation of students to practice placements. (EB & AHCP)

Evidence Provided: Students can request placement locations in some instances, but there was no trail to see if requests were considered or if decisions were made based on multiple requests for the location made simultaneously.

Outcome: Partially compliant

Condition: Develop a system for students to request placement locations with formal feedback provided to students on the outcome of their request, to have a record of fairness and transparency in allocations across a large geographical area.

Requirement 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.

Evidence Provided: Learning outcomes are supervised by RN for the majority of placements, however there was no evidence of a RN on site monitoring the setting and achievement of learning outcomes when the student is on a school placement.

Outcome: Non-compliant

Condition: Develop and implement a protocol/guideline for placements not supervised with an RN on site, so there is oversight from an RN to devise appropriate learning outcomes and discuss the achievement of the outcomes with the staff in the area and the student on completion of the placement. The RN could be a link lecturer or CPC.

Requirement 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.

Evidence Provided: Excellent demonstration of the early detection and feedback on student performance provided during the inspection. However, the structure in place that initially used a 2–4-week Support Plan and then progressed to a different form of document called an Action Plan was confusing. If needed, lecturers stated that the Action Plan was deemed to carry more weight as it was more 'punitive'.

Outcome: Partially compliant

Condition: Review the learning support plan system available for students that are at risk of not progressing in line with the national competency assessment document.

Requirement 6.1 – 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.

Evidence Provided: Reflective time was available for students, but some students were unsure how best to spend the time. Recall Days worked really for Internship, but there were only 3 over the 9-month internship noted.

Outcome: Partially compliant

Condition: To ensure separate work time and reflective time is captured on the roster. More structure for reflective time to be introduced for supernumerary and internship reflection, involving both academic and clinical staff input.
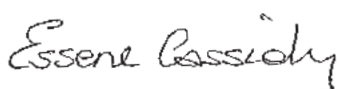
Recommendations

- NMBI recommends that there are measures employed to ensure a greater engagement in the feedback process by students on practice placements.
- There is a wide variety of academic assessments, but students were noted to be over assessed in particular in year 2, so a review of the module assessment structure is recommended.
- Consider improving student's exposure to the person-centred plans/individual personal plans and official documentation before their first placement, so they can incrementally build their knowledge of how residents are assessed, and care is captured.
- Consider case scenarios with information based on examples of previous residents (anonymised) and their care plans, Ard Greine staff volunteered to work with link lecturers to explore this option for learning for students.
- Clinical staff to consider discussing with students what they are reflecting on so students may get benefit of the clinical staff's expertise. The clinical area discussions on reflection could be integrated into learning for in-service for all staff.
- Communication regarding support for students requiring reasonable accommodations could be strengthened between the college and the practice placement. We recommend pre-placement meetings for information purposes for the student, between lecturer, CPC and student where the student could be encouraged to disclose their support needs to clinical staff in order to ensure reasonable accommodations are provided for.
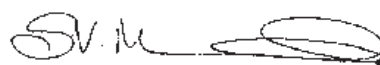- Suggest scoping out Erasmus placement opportunities for ID students.

Approval

Factual Accuracy – sent to Education Body	27 May 2022
Factual Accuracy Review and Finalisation	18 August 2022
Education, Training and Standards Committee	8 September 2022
Nursing and Midwifery Board of Ireland	21 September 2022

Signed:

_____

Essene Cassidy
President, NMBI

_____

Sheila McClelland
Chief Executive, NMBI

_____

Carolyn Donohoe
Director of Education, Policy
and Standards, NMBI