



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

# Student National Quality Clinical Learning Environment Audit Tool

2018

## STUDENT NATIONAL QUALITY CLINICAL LEARNING ENVIRONMENT AUDIT TOOL

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

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

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

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

Less than 3 weeks  Greater than 3 weeks

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

### Indicators

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

Comment on two activities if you answered Yes

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

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

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

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

Comment on reflection time?

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

#### Indicators

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

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

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

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

**Indicators**

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

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

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

**Indicators**

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

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

**Indicators**

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

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

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

**Indicators**

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

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

**Indicators**

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

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

## 18 GLOSSARY OF TERMS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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