**NMBI National Quality Clinical Learning Environment Audit Tool**

**INSTRUCTIONS FOR USE**

The NMBI National Quality Clinical Learning Environment Audit Tool is designed for use in all higher education institutions (HEIs) and associated healthcare providers (AHCPs) where pre-registration nursing and midwifery students are placed during their training. The audit tool should be used with the National Quality Clinical Learning Environment Audit Tool Professional Guidance Document.

**Audit Process**

A full audit of each clinical area is required by NMBI every five years.

* The audit process will be coordinated by the Clinical Placement Coordinator (CPC/CDC)1 and Link Lecturer (LL) to the area in consultation with the Practice Development Co-ordinator (PDC) and relevant Programme Lead. **Note:** In some General HSPs (CUH/SIVUH/MUH/BSH), Practice Module Leaders/Programme Lead are linking with the HSP to complete a hospital wide audit in a leaner approach. This lean approach can be used across other clinical areas where appropriate.
* The time and date(s) of the audit will be agreed by the appropriate personnel example: CNM/CMM/ preceptor/CPC/CDC and LL/PML/PL, in advance of the audit:
  + Audit documentation is available School of Nursing and Midwifery website under Information for Lecturers/ALOs/CPCs [Information for Nursing and Midwifery Lecturers/ALOs/CPCs | University College Cork](https://www.ucc.ie/en/nursingmidwifery/allocations/lectureralo/)
  + Audit completed with clinical partner and HEI representative.
    - The audit will be completed by the appropriate personal: CNM/CMM/preceptor/CPC and LL/PML/PL. Audit documentation is usually completed prior to the audit meeting by clinical partner. On the day of the audit meeting the audit documents are discussed to ensure audit is fully completed. Any ambiguities are clarified if required through a collaborative discussion.
  + Additionally, a placement profiling document providing information on structural and demographic data about the clinical site is completed by the clinical area (CPC/CNM/CMM/Clinical lead for area) which is available on Audit documentation is available School of Nursing and Midwifery website under Information for Lecturers/ALOs/CPCs [Information for Nursing and Midwifery Lecturers/ALOs/CPCs | University College Cork](https://www.ucc.ie/en/nursingmidwifery/allocations/lectureralo/)
  + Submit audit and placement profiling document electronically via email only to [nursmidallocations@ucc.ie](mailto:nursmidallocations@ucc.ie). Please use the heading Audit/Area Profile in your email.
* This audit system enables audits to be completed remotely via teams/phone or in person.

**Action plan (if required)**

* An action plan is used to defend and promote good practice. It is agreed by all parties involved with clear dates for implementation and review and identifies lines of responsibility. If an action plan is required the appropriate personnel example: CNM/CMM/Preceptor, CPC/CDC/CDC, and LL arrange to meet and draft a plan of action. At the action plan review date relevant parties review progress. A copy of the action plan is held in the clinical area, by the PDC / DON/DOM and in the School of Nursing and Midwifery. Programme Leads to be informed if action plans are opened for an area.
* In placement areas achieving greater than or equal to 50% achievement of standard(s), the action plan should reflect criteria where further improvement can be achieved and can highlight ways to enhance the clinical learning environment. The action plan will be formulated collaboratively (CNM/CMM, CPC/CDC, LL or nominees)
* Where the learning environment achieves less than 50% achievement of standard(s), the action plan will be formulated collaboratively (CNM/CMM, CPC/CDC, LL or nominees) and implemented within an agreed timeframe. In this instance, the action plan should be explicit in relation to the course of action and the level of support provided and by whom.
* In the unlikely event where an audit reveals that standards for that area are sub-optimum these deficits would be addressed as a matter of urgency through the governance structure for the hospital/clinical facility. A placement which is considered sub-optimum on a repeat audit (within an agreed timeframe) will not be utilized as a learning environment. This should be communicated to the Allocations Officer and Director of Undergraduate Clinical Practice Education

*1Note: in placements where there is no CPC/CDC available the audit is coordinated by the LL in consultation with the Director of Nursing/Midwifery or the Director of Services.*

Vice Dean of Undergraduate Clinical Practice Education

Dr Aileen Burton

February 2025

**Action Plan**

**Clinical Area: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Circle as appropriate:**

* Clinical area achieved greater or equal to 50% achievement of standard(s): **yes/no**
* Clinical area achieved less than 50% achievement of standard(s): **yes/no**

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| --- | --- | --- | --- |
| **Learning environment issue** | **Plan of action**  **(Please list person responsible if possible)** | **Date for review** | **Outcome of actions** |
|  |  |  |  |

Date for review of action plan (if appropriate) arranged for: \_ \_/ \_ \_/ \_ \_

**Signatures as appropriate**

Manager/CNM/CMM/Nominee: (Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

CPC/CDC/Nominee: (Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Link Lecturer/Nominee: (Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_