

**CATHERINE McAULEY SCHOOL OF NURSING AND MIDWIFERY,
UNIVERSITY COLLEGE CORK**

**AUDIT OF CLINICAL LEARNING ENVIRONMENT
FOR
NURSING STUDENTS**

PRECEPTOR QUESTIONNAIRE

An Bord Altranais Circular (ABA 1/2007), An Bord Altranais (2005) and The Nurse Education Forum (2000) have emphasised the obligation of the Third Level Institutions and Partner Health Service Providers to audit both curriculum and clinical sites to ensure they meet An Bord Altranais's required standards for accredited Nurse Education Programmes.

The purpose of the audit is to monitor the quality of the practice setting as a suitable clinical learning environment for nursing/midwifery students.

The audit process is detailed in Appendix 1. Clinical Nurse Managers/Clinical Midwife Managers, preceptors and students are invited to complete the audit questionnaires. The audit tool is composed of Standard Statements and Indicators which represent professional standards of nursing care and an environment which promotes continuing professional development. You are also invited to add your comments to each Standard to enrich the findings of the audit. Copies of the questionnaire will be made available to you two weeks before the audit, (this may be limited to one week for short placements i.e. one to two weeks). If you have any queries in relation to the audit documentation or audit process please contact either the CPC/CDC or Link Lecturer to your area.

References

An Bord Altranais (2007). Circular: ABA 1/2007, addendum to section 3 of requirements and standards for nurses registration education programmes.

An Bord Altranais (2005). Requirements for standards for nurse registration education programmes 3rd ed. Dublin: An Bord Altranais.

Government of Ireland (2000). A Strategy for a Pre-Registration Nursing Education Degree Programme Report of the Nursing Education Forum Dublin: The Stationary Office.

Audit of Clinical Environment: CNM/CMM/Preceptor Questionnaire version 25/7/2014

Placement Name (site name): _____

Placement Location (full postal address)

Date of Audit __ / __ / ____
day/month/year

Thank you for taking the time to complete this questionnaire

Please tick either Y (yes) or N (no) as appropriate.

STANDARD ONE

The placement area provides a supportive and facilitative learning environment in which opportunities are offered for the development of the student's skills, knowledge and attitudes

INDICATORS

- 1.1 Sufficient registered nurses/midwives are available to facilitate and support student learning Y N
- 1.2 An adequate number of registered nurses/midwives have attended a preceptorship course Y N
- 1.3 Students are orientated to the placement setting in their first week Y N
- 1.4 Students are familiarised with relevant emergency procedures Y N
- 1.5 Students have access to written information about the placement and its philosophy of care or mission statement Y N
- 1.6 Copies of relevant information relating to the BSc Nursing/Midwifery programme are available in the practice area to preceptors Y N
- 1.7 Students and registered nurses/midwives have access to the current practice placement documents (Disciplinary Code, Practice Placement Guidelines, Practice Placement Agreement) Y N
- 1.8 Policies are in place to address complaints/concerns of staff/students Y N
- 1.9 The Clinical Nurse Manager/Midwife takes responsibility for providing a supportive and facilitative learning environment Y N
- 1.10 Registered nurses/midwives work effectively within the interdisciplinary team, providing a friendly and supportive working atmosphere in which the student can learn Y N
- 1.11 A mechanism exists that facilitates the involvement of service users (clients/patients) in the review and development of healthcare provision. Y N
- 1.12 The student is accepted as a learner, encouraged to ask questions in contributing to patient/client care Y N
- 1.13 Members of the multidisciplinary team contribute to student's learning experiences Y N
- 1.14 Relevant text books/journals/articles/IT resources/library are available Y N
- 1.15 A study area is available to the practice placement area Y N
- 1.16 A quiet, private area is available for practice assessment interviews Y N

Comments (specify relevant indicator if appropriate)

STANDARD TWO

Processes of learning are in place to support, supervise and develop the student's skills, attitudes and knowledge

INDICATORS

- 2.1 Students are allocated a named prepared preceptor who is responsible for coordinating and supervising the student's learning Y N
- 2.2 The preceptor and student agree a plan of learning that facilitates the achievement of learning outcomes or competencies Y N
- 2.3 Students have the opportunity to work alongside their preceptor(s) Y N
- 2.4 There is written evidence of planned feedback between preceptor and student Y N
- 2.5 Registered nurses/midwives use a variety of methods to provide students with opportunities to achieve learning outcomes or competencies Y N
- 2.6 Protected reflective time for rostered students (if allocated to the area) is Facilitated Y N
- 2.7 Reflective practice is facilitated during placement for all students Y N
- 2.8 The preceptor and student evaluate the student's clinical learning opportunities throughout the placement Y N
- 2.9 Clinical Placement Coordinators (CPC)/Clinical Development Coordinators (CDCs) support the student and preceptor(s) in the clinical learning environment (Not applicable for some external specialist placements) Y N
- 2.10 The clinical placement area has contact details for the link lecturer who provides support to students and preceptor(s) in the clinical learning environment Y N

Comments (specify relevant indicator if appropriate)

STANDARD THREE

There is evidence of effective working relationships between the University and the Placement area

INDICATORS

- 3.1 Registered nurses/midwives, CNM/CMM's, CPC/CDCs and link lecturers work together to support the student's learning Y N
- 3.2 The allocation process is successful e.g. notification regarding the placement is accurate, the complement of students is suitable for the area and students arrive at the correct placement area Y N timely and
- 3.3 The link lecturer is accessible to the student while allocated to the placement area and maintains contact through clinical visits/telephone or email Y N
- 3.4 The placement area affords lecturers the opportunity to participate in clinical practice Y N

Comments (specify relevant indicator if appropriate)

STANDARD FOUR

Registered nurses/midwives are supported in continuing their professional development

INDICATORS

- 4.1 Local initiatives are in place to promote evidence-based practice Y N
- 4.2 Registered nurses/midwives are supported in pursuing continuing in-service education Y N
- 4.3 Registered nurses/midwives are facilitated in attending a preceptorship course Y N
- 4.4 Registered nurses/midwives have the opportunity to and are encouraged to avail of continuing professional development (e.g. conferences, workshops and seminars) Y N
- 4.5 Registered nurses/midwives are given the opportunity to undertake relevant post-registration courses (e.g. degrees, postgraduate diplomas, masters programmes) Y N

Comments (specify relevant indicator if appropriate)

STANDARD FIVE

There is evidence of high quality nursing/midwifery practice

INDICATORS

- 5.1 Care provision reflects a written philosophy of care or mission statement of the practice area Y N
- 5.2 There is evidence of holistic care in nursing/midwifery practice Y N
- 5.3 Evidence based policies, procedures and guidelines, meeting the relevant legislative statutory and professional body requirements are in place and accessible (e.g. infection control, risk management, needle stick injury, safety statement, documentation) Y N
- 5.4 Registered nurses/midwives utilise policies, procedures and guidelines to support and guide nursing practice Y N
- 5.5 Respect for the rights of patients/clients and their carers is demonstrated in practice (e.g. privacy, dignity, confidentiality) Y N
- 5.6 Respect and support for religious and cultural beliefs and practices are demonstrated in nursing/midwifery practice Y N
- 5.7 The system of nursing/midwifery delivery promotes continuity of care Y N
- 5.8 Registered nurses/midwives demonstrate accountability for the overall care provided by the student Y N
- 5.9 There is evidence of clinical (e.g. direct patient/client care) and non-clinical (e.g. environment) risk management Y N

Audit of Clinical Environment: CNM/CMM/Preceptor Questionnaire version 25/7/2014

Comments (specify relevant indicator if appropriate)

Achievement of standards

To be completed by CNM/CMM/preceptor as appropriate

All indicators achieved, please tick as appropriate:

≥: greater than

<: less than or equal to

Standard 1 Fully achieved ≥ 50% of indicators achieved <50% of indicators achieved

Standard 2 Fully achieved ≥ 50% of indicators achieved <50% of indicators achieved

Standard 3 Fully achieved ≥ 50% of indicators achieved <50% of indicators achieved

Standard 4 Fully achieved ≥ 50% of indicators achieved <50% of indicators achieved

Standard 5 Fully achieved ≥ 50% of indicators achieved <50% of indicators achieved

Is there a safety statement in place for this area?	Yes [<input type="checkbox"/>]	No [<input type="checkbox"/>]
Has this area been subject to a safety audit in the past 5 years?	Yes [<input type="checkbox"/>]	No [<input type="checkbox"/>]

Audit completed by:

CNM/CMM or Preceptor: (Signature): _____ Date: __/__/__

Name (please print) _____

CPC/CDC/CDC: (Signature): _____ Date: __/__/__

Name (please print) _____

Link Lecturer: (Signature): _____ Date: __/__/__

Name (please print): _____

Appendix 1: Audit process

A full audit of each clinical area is required by ABA every four years. The audit tool is in a self-assessment format and the audit tool consists of two questionnaires (a preceptor/CNM/CMM questionnaire and a student questionnaire). A profiling document, providing information, structural and demographic data about the clinical site is completed by the CNM/CMM prior to the audit date and returned with the rest of the audit documentation.

Prior to the audit

- 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 Nurse Practice Development Co-ordinator (NPDC) and relevant Branch Leader (BL).
- The time and date(s) of the audit will be agreed by the CNM/CMM, CPC/CDC, LL, preceptors and students two weeks in advance of the audit.
- Blank audit documentation is available in the allocations section of the Catherine McAuley School of Nursing and Midwifery website. Copies of audit documentation and the profiling document will be made available to all parties two weeks in advance of the audit date by either the LL or CPC/CDC as appropriate. Copies of documentation are also available electronically from the allocations unit (021-4901561)

Completion of audit documents

- The audit questionnaires will be completed by nursing students on clinical placement, the CNM/CMM and preceptor(s)/ associate preceptor. Each student and their preceptor/ associate preceptor who will be present on the day of the audit completes an audit questionnaire. Documentation is usually completed prior to the audit collection day. On the day of the audit the audit documents are discussed to ensure questionnaires are fully completed. Any ambiguities are clarified if required. A collaborative discussion regarding the audit results of the clinical learning environment in preparation for drafting of the audit report takes place.
- All completed documentation is returned on the day of the audit to the auditors (CPC/CDC and LL)

Audit report

- A preliminary report is completed by the LL.
- The draft report is read by the CNM/CMM, preceptors, CPC/CDC and NPDC and students. Any necessary changes are incorporated and agreed by all parties.
- 2 copies of the final audit report are signed by the relevant parties. A signed audit is held in the clinical area, and a signed copy is stored in the allocations office, Catherine McAuley School of Nursing and Midwifery. The LL gives a copy of the signed audit report to the CPC/CDC who distributes it as per Health Service Providers directions. All completed questionnaires and the profiling document are stored in the School of Nursing and Midwifery (Allocations office).

Action plan (if required)

- An action plan is used as a means 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 CNM/CMM, 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 NPDC / DON and in the School of Nursing and Midwifery.
- 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.
- Where the learning environment achieves less than 50% achievement of standard(s), the action plan will be formulated collaboratively (CNM/CMM, NPDC, CPC/CDC, LL, BL) 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 required by students, preceptors, CPC/CDC's and link lecturers.
- In the unlikely event where a student is currently undertaking the programme and 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. A placement which

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is considered sub-optimum on a repeat audit (within an agreed timeframe) will not be utilised as a learning environment.

Audit processes are reviewed on an annual basis by the clinical practice committee

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

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**AUDIT OF CLINICAL LEARNING ENVIRONMENT FOR NURSING/MIDWIFERY
STUDENTS**

Placement Name (site name): _____

Placement Location (full postal address)

Date of Audit __ / __ / ____
day/month/year

AUDIT REPORT

	Number of questionnaires completed
Preceptor/CNM/CMM questionnaire	
Student questionnaire	

Within the table, present results of each questionnaire completed individually. (Example: See completed table in Appendix 1)

Preceptor/CNM/CMM questionnaire	Fully achieved	≥ 50% of indicators achieved	<50% of indicators achieved
Standard 1			
Standard 2			
Standard 3			
Standard 4			
Standard 5			

Student questionnaire	Fully achieved	≥ 50% of indicators achieved	<50% of indicators achieved
Standard 1			
Standard 2			
Standard 3			
Standard 4	Not applicable		
Standard 5			

Comments:

Audit report signed by:

Manager/CNM/CMM: (Signature) _____ Date: _____

Name (please print) _____

CPC/CDC: (Signature) _____ Date: _____

Name (please print) _____

Link Lecturer: (Signature) _____ Date _____

Name (please print)

Audit report/ action plan returned to: Clinical area School of Nursing and Midwifery

Next audit arranged for: __/__/__

Action plan:

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: (Signature) _____ Name (please print) _____ Date: _____

CPC/CDC: (Signature) _____ Name (please print) _____ Date: _____

NPDC*: (Signature) _____ Name (please print) _____ Date: _____

Link Lecturer: (Signature) _____ Name (please print) _____ Date: _____

*Where there is no NPDC then DON/DOM

Appendix 1: Sample of completed tables

AUDIT REPORT

	Number of questionnaires completed
Preceptor/CNM/CMM questionnaire	3
Student questionnaire	3

Within the table, present results of each questionnaire completed individually.

For example there were 3 preceptor/CNM/CMM questionnaires and 3 student questionnaires completed.

For standard 1: all indicators were ticked yes, and the standard was fully achieved for all questionnaires.

For Standard 2: In 2 preceptor questionnaires all indicators were ticked yes, in one preceptor questionnaire some indicators were ticked no, but the number of indicators ticked no was between 1-5 out of a total of 10 indicators, thus greater than or equal to 50% of the indicators were ticked yes in that preceptor/CNM questionnaire.*

Preceptor/CNM /CMM questionnaire	Fully achieved	≥ 50% of indicators achieved	<50% of indicators achieved
Standard 1	3		
Standard 2	2	1*	
Standard 3	3		
Standard 4	1	1	1
Standard 5	2	1	

Student questionnaire	Fully achieved	≥ 50% of indicators achieved	<50% of indicators achieved
Standard 1	3		
Standard 2	3		
Standard 3	3		
Standard 4	Not applicable		
Standard 5	2	1	