

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

**AUDIT OF CLINICAL LEARNING ENVIRONMENT
FOR
NURSING/MIDWIFERY 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/Midwife 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/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 before the audit. If you have any queries in relation to the audit documentation or audit process please contact either the CPC or Link Lecturer to your area.

* Person denotes individuals such as CNS, PHN and CMHN.

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

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

Audit of Specialist Placement/ Short/Person* Environment (Nursing/Midwifery):
Preceptor Questionnaire Version 25/7/2014

Section 1 (Please circle Y – Yes or N – No as applicable)

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 Students are orientated to the placement setting	Y	N
1.3 The nurse/midwife/manager/designated other will take responsibility for providing a supportive and facilitative learning environment.	Y	N
1.4 Relevant text books/journals/articles and library resources are available (circle as applicable)	Y	N
1.5 A study area is available to the practice placement area within the wider organization.	Y	N
1.6 Evidence based policies, procedures and guidelines, meeting the relevant legislative statutory and professional body requirements are in place and accessible (e.g., risk management, needle stick injury, safety statement and documentation to address complaints concerns of staff/students.)	Y	N
1.7 Registered nurses/midwives utilise policies, procedures and guidelines to support and guide work practice	Y	N
1.8 Copies of relevant information relating to the BSc Nursing/Midwifery programmes are available in the practice area for staff.	Y	N
1.9 The student is accepted as a learner who can contribute to the delivery of patient/client care	Y	N
1.10 The allocation process is successful e.g. notification regarding the placement is timely and accurate.	Y	N

Comments (specify relevant indicator if appropriate)

Score =

Maximum Score =10

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STANDARD TWO

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

2.1 The student is allocated a named preceptor who is responsible for coordinating their learning	Y	N
2.2 The preceptor and student agree a plan of action that facilitates the achievement of learning.	Y	N
2.3 Students have the opportunity to work alongside their preceptor	Y	N
2.4 Reflective practice is facilitated during placement for all students	Y	N
2.5 The preceptor supervises and gives feedback to the student	Y	N
2.6 Students are aware of the link lecturer assigned to the area	Y	N
2.7 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
2.8 Clinical Placement Coordinators (CPCs)/Clinical Development Coordinators (CDCs) support the student and preceptor during the placement (Not applicable for some external specialist placements)	Y N/A	N
2.9 Protected reflective time for rostered students is facilitated	Y	N

Comments (Specify relevant indicator if appropriate)

Score=

Maximum Score=8

STANDARD 3

There is evidence of high quality care/work in the area?

3.1 Service provision reflects a written philosophy of care or mission statement.	Y	N
3.2 There is evidence of holistic care in nursing practice	Y	N
3.3 Respect for the rights of service users and their families is demonstrated within the area (e.g. privacy, dignity, confidentiality)	Y	N
3.4 Respect and support for religious and cultural beliefs and practices are demonstrated within the area.	Y	N
3.5 The system of care/work delivery promotes continuity of care.	Y	N
3.6 Interdisciplinary team working is evident/practiced	Y	N
3.7 A mechanism exists that facilitates the involvement of service users in the review and development of practices within the area.	Y	N

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Comments:	
Score =	Maximum Score=7

STANDARD 4

Staff are supported in continuing their professional development

- | | | |
|--|---|---|
| 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 e.g. preceptorship | Y | N |
| 4.3 Registered nurses/midwives have the opportunity to and are encouraged to avail of continuing professional development (e.g. conferences, workshops and seminars) | Y | N |
| 4.4 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)	
Score=	Maximum Score = 4

ACHIEVEMENT OF STANDARDS

To be completed by CNM/preceptor as appropriate

All indicators achieved, please tick as appropriate:

	\geq : greater than	\leq : less than or equal to
Standard 1 Fully achieved <input type="checkbox"/>	\geq 50% of indicators achieved <input type="checkbox"/>	\leq 50% of indicators achieved <input type="checkbox"/>
Standard 2 Fully achieved <input type="checkbox"/>	\geq 50% of indicators achieved <input type="checkbox"/>	\leq 50% of indicators achieved <input type="checkbox"/>
Standard 3 Fully achieved <input type="checkbox"/>	\geq 50% of indicators achieved <input type="checkbox"/>	\leq 50% of indicators achieved <input type="checkbox"/>
Standard 4 Fully achieved <input type="checkbox"/>	\geq 50% of indicators achieved <input type="checkbox"/>	\leq 50% of indicators achieved <input type="checkbox"/>

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): _____

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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 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 where applicable. 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,

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

Audit processes to be reviewed on a 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.

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.

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

**REPORT OF AUDIT OF CLINICAL LEARNING
ENVIRONMENT**

FOR NURSING/MIDWIFERY STUDENTS

Placement Name (site name): _____

Placement Location (full postal address)

Date of Audit __ / __ / ____

Audit Report

No. of preceptor/ CMM/ CNM Questionnaires completed _____

No. of Student Questionnaires completed _____

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Standard	Indicator	Result
1	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	
2	Processes of learning are in place to support, supervise and develop the student's skills, attitudes and knowledge	
3	There is evidence of effective working relationships between the University and the Placement area	
4	Registered nurses are supported in continuing their professional development	
5	There is evidence of high quality nursing practice	

Action Plan

Learning Environment Issue	Plan of Action	Person Responsible	Review Date

Date for Review of action plan arranged for / /

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Signatures as appropriate:

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

Name (please print) _____

CPC/CDC/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

Updated 25th July 2014- Dr. Mark P. Tyrrell, Director of Undergraduate Education.