

**Audit of Clinical Environment: Student Questionnaire Version 07/10/2010**

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

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

**STUDENT 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 students.

The audit process is detailed in Appendix 1. Clinical Nurse 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 at least two weeks 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.

**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 3<sup>rd</sup> 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: Student Questionnaire Version 07/10/2010

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

Please Tick 0 Year of Programme

| 1 <sup>st</sup> Year | 2 <sup>nd</sup> Year | 3 <sup>rd</sup> Year | 4 <sup>th</sup> Year |
|----------------------|----------------------|----------------------|----------------------|
|                      |                      |                      |                      |

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 I was orientated to the placement setting in my first week Y  N
- 1.3 I was familiarised with relevant emergency procedures Y  N
- 1.4 I have access to written information about the placement and its philosophy of care or mission statement Y  N
- 1.5 Copies of relevant information relating to the BSc Nursing/midwifery programme are available in the practice area to preceptors and students Y  N
- 1.6 I have access to, and adhere to the current practice placement documents (e.g. Disciplinary Code, Practice Placement Guidelines, Practice Placement Agreement) Y  N
- 1.7 Policies are in place to address complaints/concerns of students Y  N
- 1.8 Registered nurses/midwives work effectively within the interdisciplinary team, providing a friendly and supportive working atmosphere in which I am able to learn Y  N
- 1.9 I am accepted as a learner, encouraged to ask questions in contributing to patient/client care Y  N
- 1.10 Members of the multidisciplinary team contribute to my learning experience Y  N
- 1.11 Relevant text books/journals/articles/IT resources/library are available Y  N
- 1.12 A study area is available to me in the practice placement area Y  N
- 1.13 Interviews with my preceptor were conducted in a quiet, private area Y  N

Comments (specify relevant indicator if appropriate)

## Audit of Clinical Environment: Student Questionnaire Version 07/10/2010

### STANDARD TWO

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

#### INDICATORS

- 2.1 I am allocated a named preceptor who is responsible for coordinating and supervising my learning Y  N
- 2.2 The preceptor and I have agreed a plan of learning to facilitate the achievement of learning outcomes/competencies Y  N
- 2.3 I have the opportunity to work alongside my preceptor(s) Y  N
- 2.4 I receive written feedback from my preceptor Y  N
- 2.5 Registered nurses/midwives use a variety of methods to provide me with Opportunities to achieve my learning outcomes/competencies Y  N
- 2.6 Protected reflective time for rostered students is facilitated (if allocated to the area) Y  N
- 2.7 Reflective practice is facilitated during my placement Y  N
- 2.8 The preceptor and I evaluate my clinical learning opportunities throughout the placement Y  N
- 2.9 Clinical Placement Coordinators (CPCs)/Clinical Development Coordinators (CDCs) support me during my placement (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 I was informed at least 2 weeks in advance regarding my placement location Y  N
- 3.2 The placement area had been notified regarding my placement Y  N
- 3.3 The link lecturer is accessible to me while allocated to the placement area and maintains contact through clinical visits/telephone or email Y  N

Comments (specify relevant indicator if appropriate)

### STANDARD FOUR

## Audit of Clinical Environment: Student Questionnaire Version 07/10/2010

**Registered nurses/midwives are supported in continuing their professional development**

*Questions relating to this standard to be completed by staff only*

### 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 <input type="checkbox"/> N <input type="checkbox"/> |
| 5.2 | There is evidence of holistic care in nursing/midwifery practice  | Y <input type="checkbox"/> N <input type="checkbox"/> |
| 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) | Y <input type="checkbox"/> N <input type="checkbox"/> |
| 5.4 | Policies, procedures and guidelines are used to support and guide nursing/midwifery practice  | Y <input type="checkbox"/> N <input type="checkbox"/> |
| 5.5 | Respect for the rights of patients/clients and their carers is demonstrated in practice (e.g. privacy, dignity, confidentiality)  | Y <input type="checkbox"/> N <input type="checkbox"/> |
| 5.6 | Respect and support for religious and cultural beliefs and practices are demonstrated in nursing/midwifery practice   | Y <input type="checkbox"/> N <input type="checkbox"/> |
| 5.7 | The system of nursing/midwifery delivery promotes continuity of care  | Y <input type="checkbox"/> N <input type="checkbox"/> |
| 5.8 | There is evidence of clinical (e.g. direct patient/client care) and non-clinical (e.g. environment) risk management   | Y <input type="checkbox"/> N <input type="checkbox"/> |

**Comments (specify relevant indicator if appropriate)**

#### Achievement of standards

**To be completed by student. All indicators achieved, please tick as appropriate:**

≥: greater than or equal to      <: less than

**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** Not applicable to students

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

Student: (Signature): \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Name (please print) \_\_\_\_\_

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

Name (please print) \_\_\_\_\_

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

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

## **Audit of Clinical Environment: Student Questionnaire Version 07/10/2010**

### **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)<sup>1</sup> 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

## **Audit of Clinical Environment: Student Questionnaire Version 07/10/2010**

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

<sup>1</sup>Note: 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.