

**Short Placement/Specialist/Person* Clinical Environment Audit (Nursing):
Student Questionnaire 07/10/2010**

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

**AUDIT OF CLINICAL LEARNING ENVIRONMENT
FOR
NURSING/MIDWIFERY 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/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/midwifery 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, CMHN etc.

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

Section 1: Please Tick 0 Year of Programme

1st Year	2nd Year	3rd Year	4th Year	4.5th year

Branch: ID Psychiatric General Integrated Midwifery

Placement Name (site name): _____

Placement Location (full postal address):

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

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Section 2 (Please circle Y – Yes or N – No as applicable)

STANDARD 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.

- | | | |
|---|---|---|
| 1.1 Sufficient registered nurses/midwives were available to facilitate and support student learning | Y | N |
| 1.2 I was orientated to the placement setting | Y | N |
| 1.3 The clinical nurse/midwife/manager/designated other takes responsibility for Providing a supportive and facilitative learning environment. | Y | N |
| 1.4 Relevant text books/journals/articles/IT/Library resources are available (Circle as applicable) | Y | N |
| 1.5 A study area/quiet area is available for the practice assessment interviews | 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 Registered nurses/midwives utilise policies, procedure and guidelines to support and guide their work practices. | Y | N |
| 1.8 Copies of relevant information relating to the BSc Nursing/Midwifery programme are available in the practice area to preceptors and students. | Y | N |
| 1.9 I am accepted as a learner, encouraged to ask questions in contributing to 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

STANDARD 2

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

- | | | |
|--|---|---|
| 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 Protected reflective time for rostered students is facilitated (if allocated to the area) | Y | N |

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- | | | |
|--|----------|---|
| 2.5 Reflective practice is facilitated during my placement | Y | N |
| 2.6 The preceptor and I evaluate my clinical learning opportunities throughout the placement | Y | N |
| 2.7 Students are aware of the link lecturer assigned to the area | Y | N |
| 2.8 Clinical Placement Coordinators (CPCs)/Clinical Development Coordinators (CDCs) support me during my placement
(Not applicable for some external specialist placements) | Y
N/A | N |
| 2.9 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 3

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

- | | | |
|--|---|---|
| 3.1 I have access to the philosophy of care or mission statement. | Y | N |
| 3.2 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 and documentation to address concerns of staff/students etc.) | Y | N |
| 3.3 There is evidence of holistic care in nursing practice | Y | N |
| 3.4 Respect for the rights of service users and their families is demonstrated within the area (e.g. privacy, dignity, confidentiality) | Y | N |
| 3.5 Respect and support for religious and cultural beliefs and practices are demonstrated in nursing practice. | Y | N |
| 3.6 The system of nursing delivery promotes continuity of care. | Y | N |
| 3.7 Interdisciplinary team working is evident/practiced | Y | N |

Comments

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

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

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Student: (Signature): _____ Date: __/__/__

Name (please print) _____

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

Name (please print) _____

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

Name (please print): _____

Thank you for taking the time to complete this questionnaire

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 manager/preceptor questionnaire and a student questionnaire). A profiling document, providing information, structural and demographic data about the clinical site is completed by the area manager 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/CMN manager, 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/CMN 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 between the involved parties on the day of the audit 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/CMN, preceptors, CPC/CDC and NPDC and students. Any necessary changes are incorporated and agreed by all parties.

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- 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/CMN, 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 placement area, by the CNM/CMN 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/CMN, 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 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.

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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