MONITORING AND EVALUATION OF PRACTICE LEARNING ENVIRONMENTS (EDUCATIONAL AUDIT)

Introduction

According to the NMC Quality Assurance Framework (2013) approved education institutions (AEI’s) are expected to work in partnership with practice placement providers in the delivery of educational programmes. However, the AEI remains the accountable body for managing quality and controlling risk related to the practice learning environment. Thus the educational audit is used as a risk assessment tool to monitor and evaluate the practice learning environment as well as a means to disseminate good practice and jointly develop action plan for areas in need of development and improvement.

Principles

The main tenets for practice learning are quality, safety and support and therefore these are the principles that provide the framework for the audit document. “…AEIs seeking programme approval need to manage the quality and safety of provision wherever it is delivered…..partnership commitment to support safe and supportive practice learning.” (NMC 2013:16).

Process

The audit process and resulting tool have been developed collaboratively between the School of Health Sciences, University of East Anglia, Institute of Health and Social Care Studies (IHSCS), Guernsey, University College Suffolk, and practice-placement providers in the region. It is based on a continuous up-dating process augmented by quality monitoring and exceptional reporting checks. The audit process is in accordance with the NMC QA framework\(^3\) and the HCPC SET (5.4)\(^6\) that requires evidence of partnership between education and service to determine quality of provision.
AUDIT PROCESS

Continuous updating and dissemination

new audit area OR two yearly audit

pre-audit prep

audit

meets criteria

meets criteria with recommendations

fails to meet criteria

disseminate

develop action plan

escalate to Education Lead in Practice and HEI

review action plan three monthly

escalate to Education Governance group

meets criteria

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Reapproved
Minor amendments made
1. All audits will be undertaken every two years
2. All audit documents will sit on a secure web-based site to enable access by all stakeholders
3. The site will be managed by a placement administrator based in HEI
4. All placement areas will have access to their audit documents through a named accountable user who will have coded access. This will enable practice partners to edit the document and to update the document on a regular basis as changes occur. A changes log will need to be completed when any changes are made to the audit
5. Other triggers for reporting concerns in practice may come from student/mentor evaluation, untoward incidents and concerns reported in practice
6. Reporting concerns in practice will result in a formal educational audit conducted in partnership with HEI and placement provider.
7. Before an audit it is expected that the auditor will:
   a) check previous feedback and evaluations from students and mentors
   b) check national sites for quality information on the practice area e.g.
      - http://www.england.nhs.uk/ourwork/patientsafety/
      - http://www.cqc.org.uk/
      - http://www.healthwatchnorfolk.co.uk/
8. When conducting the audit it is expected that auditors should walk around the area, talk to service users, visit spoke placements observing for quality and health and safety.
9. Quality assurance – either 10% of audits will be reviewed by the Practice Education Lead each year OR there will be established an audit team who will review audits in a systematic way (yet to be determined)
Structure of audit tool

Section 1. Practice profile

The Placement profile will articulate the nature and scope of the practice area and will have a link to each placement’s induction pack (the placement induction pack will be held on the practice education website). All ‘spoke’ placements should be listed here along with any relevant information for students, e.g. contact details; spoke placements will need to be visited as part of the audit process. If mandatory spoke only, state so here, e.g. This is the mandatory spoke for maternity placements. Students will be encouraged to be proactive and seek out this information prior to placement which will be available on the Placement website.

This section needs to be updated regularly to keep abreast of changes in service delivery and ensures that key contacts for each placement are updated. It is vital that this information is regularly monitored and updated by practice and/or the link lecturer in order to inform current curricula, curricula development, and support the allocation of students to appropriate placements.

Section 2. Student Allocation

This section identifies the agreed allocation of students, it should only be changed by the educational lead of the Trust in conjunction with the AEI lead. It will also identify the range and number of students that access the practice area. There is an opportunity to identify any dates that it is not possible to accommodate students.

Section 3. Monitoring and Evaluation

This section will contain the monitoring and evaluation data and each practice area will be able to view their own audit with both HEI and practice up-dating/editing the information as necessary. The data collected will be based on:

- Creating a quality learning environment

  The information here ensures that there are standard requirements of placements to aid the provision of a quality learning environment for students, educators and the teams that they work with. The information gathered here is in accordance with the NMC standards for assessment and learning and HCPC SET 5 for allied health professions.

  It will also hold information on the quality of care delivered which might be clinical audits, CQC reports etc as well as any comments from service users obtained during the audit.

  This section will hold the list of current mentors/practice educators in the placement area in accordance with NMC QA framework (2013:27), and HCPC SETS (5.6, 5.7, 5.8) The information held will not include personal professional registration information except for Independent and Voluntary organisations where we hold the register.
• Maintaining a safe environment

Placement providers have a duty to protect students in the workplace by inducting them thoroughly in the policies and procedures that govern the workplace to ensure their safety and that of staff and clients/service users.

Policy for escalating concerns about students NMC 2013:16)

Policy for escalating to AEIs adverse clinical governance concerns (NMC 2013:16)

• Information and support

This section includes information that demonstrates contractual support between HEIs (link lecturers/visiting tutors) and the practice placement. It is in accordance with the NMC QA framework (2013:27) that requires evidence that education staff have a presence in the practice setting.

• Placement feedback

Information here will contain anonymised feedback from all the stakeholders. Any feedback that raises concern will be discussed with practice prior to being placed on site. Information in this area will only be added to after the audit is undertaken

4. Action plans

The link lecturer/visiting tutor and practice manager will review the results of any formal audit and develop an action plan to address concerns that may arise. Both practice areas and Link lecturers will be responsible to ensure action plans are reviewed and signed off.
Glossary

Audit
Regular assessment of learning environment against agreed standards and criteria

Arrangements for Supervision and Assessment of Practice when the mentor is not a registered nurse (NMC only)
This may be provided by a profession specific HEI faculty member or local clinician if there is not a suitably qualified mentor / practice educator of the student’s own profession within the service area.

Hubs and Spokes
The HUB is the main placement supervised and summatively assessed by a named mentor. As part of this placement a range of SPOKE placements may be undertaken overseen by a range of supervisors who feed back to the hub assessor.

Link lecturer/ visiting tutor
This is an academic member of Faculty staff who links with the placement area on an agreed basis. It is recognised that different professions and programmes may use a number of other terms such as clinical liaison lecturer etc.

Mentor/practice educator
This is an appropriately qualified and experienced practitioner who has undertaken specific training to develop competency in facilitating student learning, supervising practice and undertaking assessment in the practice area. It is recognised that different professions and programmes may use a number of other terms such as assessor, clinical supervisor etc.

Normally there should not be more than three students allocated to one mentor

Placement area
Used to denote any environment in which a student gains experience relevant to their area of study during their education and training.

Supernumerary (NMC only)
“Supernumerary status means that the student shall not as part of their programme of preparation be employed by any person or body under a contract of service to provide nursing care” (NMC 2010:65) This applies to students when they are on placement as part of their course.

Supervision
‘There must be an adequate number of appropriately qualified and experienced staff at the placement’ (HCPC SET 5.6)

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“The standards require that students must be supervised at all times when giving direct care in practice. However, there are different ways of providing supervision. All practice experience should be education-led, with students having supernumerary status for its duration. The concept of direct and indirect supervision is not new, but indirect supervision is likely to increase in new pre-registration programmes where this is within the requirements for safeguarding and protecting the public. Indirect supervision allows students to show that they are able to work more independently, for example, by managing a well defined caseload. It also helps them to gain confidence in their practice. Indirect supervision may also give students the chance to access less traditional practice learning environments, particularly in the community. It allows them to develop their skills when working with a client or family over a period of time, and build up trusting one to one relationships which would not be possible if they were being directly supervised. Direct and indirect supervision The new standards contain broad definitions of direct and indirect supervision in order to make the difference clear and suggest where indirect supervision is appropriate.” (NMC 2011:20)

References

Nursing and Midwifery Council (2008) Standards to support learning and assessment in practice


Nursing and Midwifery Council (2011) Advice and supporting information for implementing NMC standards for pre-registration nursing education

Nursing and Midwifery Council (2013) Quality assurance framework


Health professionals Council (HPC) (2004) Principles for practice learning for programmes leading to entry on the professional register

Health Professions Council Standards of Education and Training,(2009)