

Future Nurse Future Midwife Practice Learning Environments

Practice Learning Environments Educational Audit

Exemplar

Practice Learning Environment Educational Audit Tool

1. Introduction

The purpose of this tool is to provide evidence that Practice Learning Environments (PLE's) have the capacity, facilities and resources in place, to deliver safe and effective learning opportunities and practical experience for students, as required to meet the NMC proficiencies for their programme of study. This should be collaboratively reviewed every two years to ensure the environment remains a sound educational setting for such learning to take place.

2. Description and Contact Details

Name of Provider	Housing		
Site/Service	Black Road Road		
Ward/Unit/Team	Red Nursing House		
Date of Audit	01/06/2020	Review Date	01/06/2022
Hours of Service	24 hours x 7days	Client Capacity	30
Practice Area Manager/Registered Home Manager		Nominated Person	
M Black		M Black	
028 123456		02871 123456	
m.black@email.com		m.black@email.com	
Practice Education Facilitator (where applicable)		Link Lecturer/Practice Tutor	
Name		S Green	
Phone		028 5611111	
Email		s.green@university.ac.uk	
Allocation Reports should be emailed to:			
M Black - m.black@email.com			
<p>a. Description of PLE Red Nursing Unit is a 30 bedded scheme providing high quality care to the elderly residents. The residents require 24 hour nursing care due to high complex needs, associated illness and palliative care. Person centred care is given on an individual basis respecting resident's privacy, dignity, rights and choices. Care is provided to ensure activities of daily living are maintained whilst promoting independence with relation to physical, psychological, emotional and social needs.</p> <p>Daily liaison with the multi-disciplinary team to ensure continuity of care and best practise is provided. Each resident is holistically assessed and care is documented and evaluated Internal and external monitoring systems and audits are in place to ensure quality assurance and clinical governance. All policies and procedures are reviewed and updated regularly in accordance with Regulation and Quality Improvement Authority's (RQIA) Minimum care standards, and guidelines from other professional bodies.</p> <p>On reviewing the Future Nurse: Standards of proficiency for registered nurses (NMC 2018), there will be opportunities within this practice learning experience for students to develop evidence related to the seven platforms and Annexes. Guidance will be given concerning outcomes where there is limited or no access to experience.</p>			
b. This environment actively protects students' as supernumerary.			Yes
c. A current student orientation pack is available.			Yes
d. Optimum number of pre-registration students this PLE can facilitate, including Return to Practice Students.			6

e. Please confirm if environment is Hub (i.e. where practice assessors are available for assessment) or Spoke (i.e. where there are only practice supervisors available)	Hub
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3. Supervision and Assessment Capacity

Number of:	Part-Time	Full-Time	Total WTE
a. Practice Supervisors	3	9	9.666
b. Practice Assessors – Pre-registration programmes			4.5
a. Adult <input checked="" type="checkbox"/>	1	4	4.5
b. Mental Health <input type="checkbox"/>	Number	Number	Number
c. Learning Disability <input type="checkbox"/>	Number	Number	Number
d. Children's <input type="checkbox"/>	Number	Number	Number
c. Practice Assessors – SPQ			
a. Adult <input type="checkbox"/>	Number	Number	Number
b. Mental Health <input type="checkbox"/>	Number	Number	Number
c. Learning Disability <input type="checkbox"/>	Number	Number	Number
d. Children's <input type="checkbox"/>	Number	Number	Number
d. Practice Assessors – SCPHN			
a. Health Visitor <input type="checkbox"/>	Number	Number	Number
b. Occupational Health Nurse <input type="checkbox"/>	Number	Number	Number
c. School Nurse <input type="checkbox"/>	Number	Number	Number
e. Practice Assessor – Other (please specify): Click or tap here to enter text.	Number	Number	Number
In exceptional circumstances the same person may fulfil the role of the Practice Supervisor and Practice Assessor for example, in NMP, SPQ or SCPHN. State rationale here if this applies: Provide Rationale			

4. Quality Assurance of PLE

a. Have students' evaluation of PLE been reviewed, and action taken where required? Provide comments	Yes
b. In relation to the above are there any issues that could impact on the student learning experience? If Yes, please elaborate and detail in action plan to address issues: Provide comments	No
c. Are there any significant complaints or incidents that could impact on students' learning experience? If Yes, please elaborate and detail in action plan to address issues: Provide comments	No
d. Are all relevant risk assessments undertaken and current in the PLE and corroborated at time of audit?	Yes
e. Are there any quality initiatives on-going in the PLE - verify and detail below: Complaints and compliments; Safe Administration of Medications; Use of Bed Rails; Policy for admission to Nursing Home; Mandatory training/update: moving and handling, fire awareness, infection control, audits, critical incident reporting. Non-mandatory training: challenging behaviour, managing complaints, fraud, record keeping, food safety, health & safety (part 1 and 2) committee meetings, RQIA – estates inspection, personal safety; Relative questionnaire, multi-professional questionnaire, family advocacy meetings, resident feedback cards and suggestion boxes, residents meetings, internal audit.	Yes or No

5. NMC programme Standards

Identify the range of experiences available to students within the PLE, selecting as many boxes as apply. **This PLE can support students' learning to meet :**

<input checked="" type="checkbox"/> NMC Standards for Pre-Registration Nursing				<input type="checkbox"/> NMC Standards for Pre-Registration Midwifery
<input checked="" type="checkbox"/> Adult	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Children's	<input type="checkbox"/> Learning Disabilities	
<input checked="" type="checkbox"/> Older Adults <input type="checkbox"/> Health Visiting <input checked="" type="checkbox"/> District/Community Nursing <input type="checkbox"/> Surgical <input checked="" type="checkbox"/> Care of the acutely ill – hospital/community <input type="checkbox"/> LD Experience <input checked="" type="checkbox"/> MH Experience	<input type="checkbox"/> Older adults with mental ill-health <input type="checkbox"/> Children and Young People <input type="checkbox"/> Acute adult experience - Hospital/Acute Care Home <input type="checkbox"/> LD Experience	<input type="checkbox"/> Acute (medical or/& surgical) <input type="checkbox"/> Community Children's with Hub & Spoke: mental health <input type="checkbox"/> Specialist area placement and/or Experience <input type="checkbox"/> Health visiting Experience <input type="checkbox"/> LD Experience	<input type="checkbox"/> Community Children and/or Adult <input type="checkbox"/> 24 hour supported care <input type="checkbox"/> Children's CYP Acute or Community <input type="checkbox"/> Acute adult experience - Hospital/Acute Care Home Experience <input checked="" type="checkbox"/> MH Experience	<input type="checkbox"/> Antenatal <input type="checkbox"/> Intra-natal <input type="checkbox"/> Postnatal <input type="checkbox"/> Community Neonatal <input type="checkbox"/> Adult Experience 4 weeks direct entry students only
<input type="checkbox"/> NMC Standards for Post-Registration Nursing				
<input type="checkbox"/> NMC Standards for Specialist Community Public Health Nurses <input type="checkbox"/> NMC Standards for Specialist Practice Qualification <input type="checkbox"/> NMC Standards for Nurse and Midwife Prescribers				

6. Declaration of Approval

Outcome of Audit: We declare that this PLE **has** **does not have** the capacity, facilities and resources in place to deliver safe and effective learning opportunities and practical experience for students. An action plan is Not required

Name of Approver	M Black
Name of Approver	S Green
Name of Approver	

Action Plan (if required)

Agreed Action/s:	Action due by: Enter date.	Review Due by: Enter date.
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To be completed on Action Plan Review Date

Reviewed by: Name and position of Reviewer Name and position of Reviewer Name and position of Reviewer	Reviewed on: Enter date.	Outcome: Select outcome.
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Amendments to Audited PLE

Briefly note/date any amendments to the PLE since the last review, if applicable

Reviewed by: Name and position of Reviewer	Amended on: Enter date.	Shared with: Name and role
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Amendments to Audited PLE

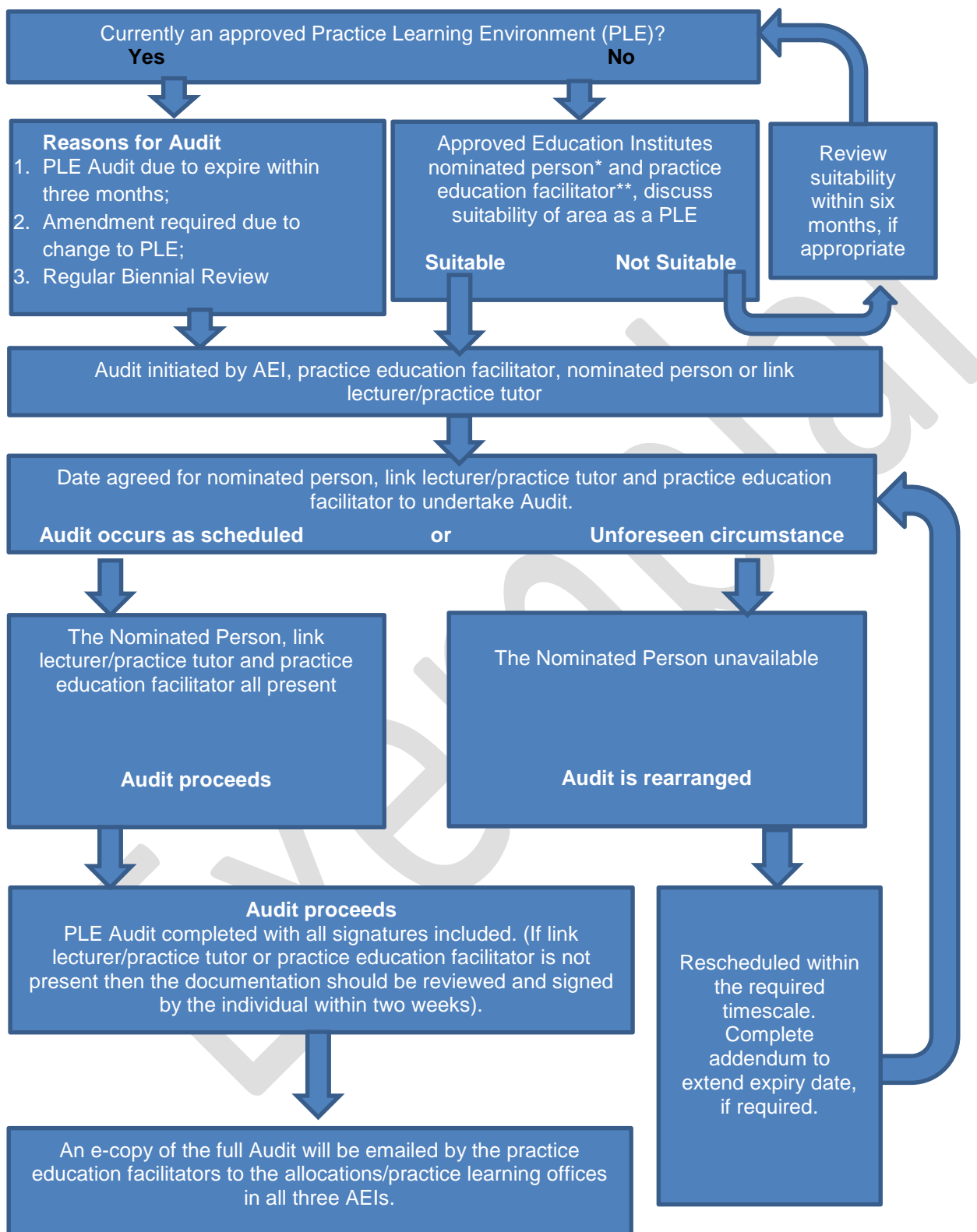
Briefly note/date any amendments to the PLE since the last review, if applicable		
Reviewed by: Name and position of Reviewer	Amended on: Enter date.	Shared with: Name and role

Amendments to Audited PLE

Briefly note/date any amendments to the PLE since the last review, if applicable		
Reviewed by: Name and position of Reviewer	Amended on: Enter date.	Shared with: Name and role

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Appendix One: Undertaking an Audit – Flow Chart



*Nominated person is the ward sister, charge nurse, team leader, registered home manager, or designated person

** Practice education facilitator involvement only where applicable/relevant