

**AN EVALUATION STUDY OF THE REGULATORY APPROACH  
TO GENERAL NURSE EDUCATION 2001 – 2004 IN IRELAND**

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**Ph.D Thesis presented to  
Dublin City University, School of Educational Studies  
as requirement for the Degree of Doctor of Philosophy  
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**April 2006**

**Volume 3 (of 3)**

# APPENDICES

## Volume 3 Appendices D-M

<b>APPENDIX D</b>	Composite Matrix of How the Programmes Meet Standards for the Approval of Third Level Institutions, Health Care Institutions and Educational Programmes Leading to Registration (ABA 2000)
<b>APPENDIX D (B)</b>	Data Analysis – Creating Categories
<b>APPENDIX E</b>	Method of Data Analysis (Example of how the Broad Categories were extracted by the Expert Group with Follow-up Linkages to the Core Categories)
<b>APPENDIX F</b>	Core Categories (Broad and Higher Order)
<b>APPENDIX G</b>	Guiding Questions for the Focus Group Discussion
<b>APPENDIX H</b>	Principles of Regulatory Governance Discussed with the Focus Group
<b>APPENDIX J</b>	Workshop Two Notes from the Focus Group
<b>APPENDIX K</b>	Letter Requesting Access
<b>APPENDIX L</b>	Letter Requesting Ethical Approval
<b>APPENDIX L (B)</b>	Summary Outline of PhD Study (Enclosure with letter requesting Ethical Approval)
<b>APPENDIX M</b>	Judgement of Compliance with Standards of An Bord Altranais (2000) of each Programme

## **APPENDIX D**

**Composite Matrix of How the Programmes Meet  
Standards for the Approval of Third Level  
Institutions,  
Health Care Institutions and Educational  
Programmes Leading to Registration (ABA 2000)**

## APPENDIX D

### Composite Matrix of How the Programmes Meet Standards for the Approval of Third Level Institutions, Health Care Institutions and Educational Programmes Leading to Registration (ABA 2000)

#### STANDARD

The third level institution and health care institution is committed to providing nursing education programmes that demonstrate that the highest standards of professional education and training are in place.

#### Colleges (Numbers 1-13)

Sub Questions of the Standard			
3.2.1.1. Are all statutory and regulatory requirements of An Bord Altranais and European Directives met?			
Indicators			
Congruency with the required number of hours Theory & Clinical instruction			
Databits			
(See attached sheet 14)			
Finding		Judgements	
See Figure No. 4.6		C	P N
		√	

Sub Questions of the Standard	
3.2.1.2. Is there a mechanism for the third level institution and health care institution to respond to change effecting professional, educational, health, social and economic issues?	
Indicators	
Committee to discuss and implement changes	
Databits	
(1) Curriculum development committee in situ (2) A course committee representative of all stakeholders have "an operational remit for the programme." The programme board has an overall remit of programme development and monitoring quality. (3) Course committee and Programme Board in situ - Terms of reference of programme board includes "consider and recommend to Faculties new programmes and changes to existing programmes following recommendation as appropriate from Course Committee" (4) A national approach to curriculum development was adopted in the development of this curriculum" (6 sites). - Course committee reported by site visit team with "representation from college, nurse education, management and clinical staff." - "Agreement to major amendments will be obtained from (accrediting body)." - "Every year the institute undertakes a review of its courses" (5) Professional Advisory Group exists to work in partnership with and provide advice on all relevant professional nursing and health service issues to the Head of the School" Programme Board in situ, Academic Council, staff/student liaison meetings and education and training committees in situ.	

- (6) Board of studies oversees the whole programme... A range of committees... function to co-ordinate the theoretical and clinical dimensions of the programme and facilitate effective liaison between the hospital and the university."
- (7) Programme Board in situ
- "Programme development group for each year"
  - "A strategic group for the management of all registration programmes and a local joint working group"
- (8) A national approach to curriculum development was adopted in the development of this curriculum" (6 sites).
- "The relationship within and between the Institutes providing nurse education was emphasised."
  - Nurse Education committee reported by site visit team with "representation from college, nurse education, management and clinical staff"
  - "Agreement to major amendments will be obtained from (accrediting body)."
  - "Every year the institute undertakes a review of its courses"
- (9) A national approach to curriculum development was adopted in the development of this curriculum" (6 sites).
- Course Board meetings – 2 per term.
  - "Joint Academic Workshop which meets bi-monthly" reported by site visit team with "representation from college, nurse education, management and clinical staff."
  - "Agreement to major amendments will be obtained from (accrediting body)."
  - "Every year the institute undertakes a review of its courses"
- (10) A national approach to curriculum development was adopted in the development of this curriculum" (6 sites).
- "Agreement to any major amendments will be obtained from (accrediting body)."
  - "Every year the institute undertakes a review of its courses"
  - "Evidence of partnership structure between college and the health care institutions."
- (11) A national approach to curriculum development was adopted in the development of this curriculum" (6 sites).
- Course committee reported by site visit team with "representation from college, nurse education, management and clinical staff."
  - "Agreement to any major amendments will be obtained from (accrediting body)."
  - "Site visit team was provided with a detailed breakdown of the local, regional and national committee structures in place"
- (12) A BSc Steering Committee exists
- A programme evaluation structure is outlined which identifies an Annual Course Management Meeting, Staff and Student Consultative Committee and the BSc Steering Committee.
- Site Visit report states "challenges existed in relation to change and the differing perspectives within the partnership."
- (13) A national approach to curriculum development was adopted in the development of this curriculum" (6 sites).
- Course committee reported by site visit team with "representation from college, nurse education, management and clinical staff."
  - "Agreement to any major amendments will be obtained from (accrediting body)."
  - "Every year the institute undertakes a review of its courses"

Broad categories	Judgements		
	C	P	N
Committee			
Group	√		

<b>Sub Questions of the Standard</b>			
3.2.1.3 Do the third level institution and health care institution keep appropriate records including records for the conferment of professional and academic awards?			
<b>Indicators</b>			
Individual student record of achievements			
<b>Databits</b>			
(1) Individual student record maintained (2) Individual student record maintained (3) Individual student record maintained in the Department of Nursing. Admissions and Examination office maintain computerised record of student registration and examination results (4) Database kept by the institute of individual student record - "All documentation is returned to the Allocations Officer" (5) Admissions and Exam office maintain computerised record of student registration and exam results (6) A number of lecturers conduct spot checks on the attendance. - "Tutorial attendance in social science is afforded marks." - Hospital maintains records. Record of student registration and examination results (7) Individual student record maintained on a database. (8) Computerised record of individual student. All documentation from attendance at lectures and clinical placements are collated by the institute (9) Database kept by the institute of individual student record. - "All attendance is rigorously monitored." (10) Database kept by the institute of individual student record. - "Allocations officer central to monitoring attendance is in place" (11) Database kept by the institute of individual student record. - "A coordinated and comprehensive recording system is in place." (12) Data is centralised in the School of Nursing (13) Database kept by the institute of individual student record. - "The Allocations Liaison Officer collates the clinical attendance...information is amalgamated into one central record of attendance"			
<b>Broad categories</b>		<b>Judgements</b>	
		<b>C</b>	<b>P</b>
		<b>N</b>	
<b>Student record</b>			
<b>Individual record</b>		√	
<b>Computerised record</b>			

<b>Sub Questions of the Standard</b>			
3.2.1.4. Is the process for monitoring student attendance declared?			
<b>Indicators</b>			
Monitoring system of student attendance in situ			
<b>Databits</b>			
(1) Clinical placements well monitored difficulty in monitoring lecture attendance but spot checks undertaken. -Evidence reported less than 60% attendance in some lecturers. - Specified in student handbook (2) Clinical placements well monitored difficulty in monitoring lecture attendance but spot checks undertaken. -Evidence reported less than 60% attendance in some lecturers. - Specified in student handbook (3) Clinical placements well monitored difficulty in monitoring lecture attendance but spot checks undertaken - Evidence reported less than 60% attendance in some lectures. - Specified in student handbook. (4) Clinical placements well monitored. - "College record attendance twice daily"			

<p>(5) Clinical placements well monitored and practice hours are measured to ensure each student has completed sufficient hours so that they may apply for registration on completion of the programme.</p> <ul style="list-style-type: none"> <li>- Individual student record maintained in the Department of Nursing. In college record of attendance maintained during tutorials and laboratory sessions only.</li> </ul> <p>(6) Clinical placements well monitored.</p> <ul style="list-style-type: none"> <li>- "College lecturers within biological and social sciences have complained regarding poor attendance"</li> </ul> <p>(7) Difficulties associated with recording attendance were articulated.</p> <ul style="list-style-type: none"> <li>- "Records of attendance are kept for group teaching and tutorials."</li> <li>- "Random checking of large groups"</li> <li>- "Students with attendance problems are raised at programme board."</li> </ul> <p>(8) CPC's monitor placement attendance daily</p> <ul style="list-style-type: none"> <li>- "Mechanism for recording student attendance was explicit in the student handbook."</li> <li>- "Attendance is recorded for every class"</li> </ul> <p>(9) Clinical placements well monitored by CPC's. Individual lecturers monitor attendance at each lecture reported to site visit team.</p> <ul style="list-style-type: none"> <li>- "Secretaries in the school keep updated records of absences."</li> <li>- "Regulations regarding student attendance are clearly spelled out in the course and the student handbook."</li> </ul> <p>(10) Clinical placements well monitored by CPC's. Individual lecturers monitor attendance at lectures "morning and evening" reported to site visit team</p> <ul style="list-style-type: none"> <li>- "Policies, procedures and disciplinary approaches are used in a partnership approach to ensure minimum E.U. requirements are met."</li> </ul> <p>(11) Clinical placements well monitored by CPC's. Individual lecturers monitor attendance at each lecture reported to site visit team</p> <ul style="list-style-type: none"> <li>- "The commitment of this standard is strengthened by the policy document given to all students."</li> </ul> <p>(12) Clinical placements well monitored by CPC's.</p> <ul style="list-style-type: none"> <li>- "Currently recording student attendance occurs informally within the college."</li> </ul> <p>(13) Clinical placements well monitored by CPC's.</p> <ul style="list-style-type: none"> <li>- "Daily record of theoretical attendance"</li> </ul>			
Broad categories		Judgements	
<b>Well monitored</b>		<b>C</b>	<b>P</b>
<b>Difficulty in monitoring</b>		√	
<b>Monitoring in college</b>			
<b>Monitoring in clinical placement</b>			

Sub Questions of the Standard
3.2.1.5 Is the organisational structure supporting the management of the educational programme explicit?
Indicators
Programme management structure is known by key stakeholders
Databits
<p>(1) Course committee meet once per term</p> <p>(2) Programme Board meets to co-ordinate and manage the programme</p> <p>(3) Programme Board meets to co-ordinate and manage the programme "membership emphasises partnership between the key stakeholders in the college and the health care institution."</p> <p>(4) Course Committee meets to co-ordinate and manage the programme</p> <ul style="list-style-type: none"> <li>- "Structure, terms of reference and membership were evident."</li> </ul> <p>(5) Professional Advisory Group meets to co-ordinate and manage the programme.</p> <ul style="list-style-type: none"> <li>- "The college provided a comprehensive overview of the partnership based structures that exist to facilitate the management of the programme"</li> </ul> <p>(6) Programme Team consists of three groups: programme team, health services personnel, and nurse teachers.</p> <ul style="list-style-type: none"> <li>- "A good reciprocal relationship exists between the key stakeholders in the college and the health care"</li> </ul>

<p>(7) Curriculum development and implementation process conducted under the auspices of the curriculum development committee”</p> <p>(8) Nurse Education Committee meets to co-ordinate and manage the programme</p> <p>- “Course boards manage the General programme.”</p> <p>(9) Course Committee meets to co-ordinate and manage the programme</p> <p>(10) Nurses are central to the course structures that manage the educational programme.</p> <p>(11) Committees include: a regional consultative committee, a local tripartite group, curriculum group, course board, strategic management/steering committee and a hospital based education committee.”</p> <p>- “Structure, terms of reference and membership were evident.”</p> <p>(12) A Course Management Team” meets to co-ordinate and manage the programme “this will advise on the integration of each element of the programme and seek to encourage the continuing review and development of the programme.”</p> <p>(13) Committee representation evident</p>				
Broad categories		Judgements		
		C	P	N
Meets				
Co-ordinate		√		
Manage				

Sub Questions of the Standard				
3.2.1.6. Is there a third level institution and health care institution nurse education committee, which includes representatives of the key stakeholders?				
Indicators				
Evidence of nurse education committee which includes key stakeholders				
Databits				
<p>(1) Course Committee in situ</p> <p>(2) Programme Board in situ</p> <p>(3) Programme Board in situ and a curriculum steering group, assessment of practice group, communication group and a resource group which include key stakeholders</p> <p>(4) Course committee in situ</p> <p>- “Representation from college, nurse education, management and clinical staff.”</p> <p>(5) Professional Advisory Board in situ and a clinical learning support group which include key stakeholders</p> <p>(6) Programme Team in situ “The use of a flow chart detailing the committees and structures that manage the programme. A comprehensive detailed breakdown of the role and function of the key stakeholders within the management of the programme was provided.”</p> <p>(7) Programme Board “contains student representatives”</p> <p>“Local Joint Working Group facilitates the participation of the key stakeholders”</p> <p>(8) Nurse education committee in situ</p> <p>- “Representation from college, nurse education, management and clinical staff.”</p> <p>- Course Board manages the programme</p> <p>(9) Course committee in situ</p> <p>- “Representation from college, nurse education, management and clinical staff.”</p> <p>(10) Nurses are central to the course board, academic council, and the exams board</p> <p>(11) Course committee in situ</p> <p>- “Representation from college, nurse education, management and clinical staff.”</p> <p>(12) Course Management Team in situ “full representation of all interests.”</p> <p>- “Several hospital-based committees operate to manage the programme.”</p> <p>(13) Local Joint Working group committee in situ</p> <p>- “Representation from college, nurse education, management and clinical staff.”</p>				
Broad categories		Judgements		
Committee		C	P	N
Programme Board		√		

Sub Questions of the Standard			
3.2.1.7 Does the HEI make the role of the external examiner explicit in relation to the educational programme?			
Indicators			
Expectations of the role of the extern examiner are articulated			
Databits			
(1-7) University criteria in place (6) University criteria evident (7) Externs “appointed in accordance with University criteria” (8) “External examiners lay an important role in monitoring the appropriateness of the programme and assessment and the standards achieved in both course work and examinations” (10) HETAC criteria in place (11) HETAC criteria in place (12) University criteria in place in the Handbook of Academic administration (13) HETAC criteria in place			
Broad categories		Judgements	
Role Explicit		C  √	P  
		N  	

Sub Questions of the Standard			
3.2.1.8 Is the staff resource supporting the delivery of the educational programme at the stated professional and academic level?			
Indicators			
- Diversity of staff - Staff to faculty ratio - Number of registered nurse staff - CV's of staff			
Databits			
(1) CV's of staff requested by ABA. - Specialist teachers to programme identified at site visit - 17 WTE nurse tutor staff (2) As above except 16 WTE nurse tutor staff (3) As 1 above except - 8 WTE nurse tutor staff - 3 non-RNT's (4) As 1 above except - 8 WTE lecturing staff - 2 RNT's - 1 head of Department (5) As 1 above except - 10 WTE nurse tutor staff - 5 non-RNT's (6) CV's of staff requested by ABA. - Specialist teachers to programme identified at site visit "Clinical nurse and nurse specialists and other members of the multi-disciplinary team provide input into the programme." - 6 WTE nurse tutor staff - 3 non-RNT's (7) CV's of staff requested by ABA. - Specialist teachers to programme identified by the curriculum			

<p>(8) CV's of staff requested by ABA.</p> <ul style="list-style-type: none"><li>- "College lecturers in physical and social sciences provide a significant input into the programme. A variety of clinical nurses including nurse specialists, nursing practice development staff, nurse managers and medical staff also contribute to the programme"</li><li>- 4 WTE lecturing staff</li><li>- 1.5 RNT's</li><li>- 1 head of Department</li></ul> <p>(9) CV's of staff requested by ABA.</p> <ul style="list-style-type: none"><li>- Specialist teachers to programme identified at site visit</li><li>- 5 lecturing staff</li><li>- 5 RNT's</li><li>- 1 head of Department</li></ul> <p>(10) Specialist teachers to programme identified at site visit</p> <ul style="list-style-type: none"><li>- 6.5 WTE RNT staff</li><li>- 2 RNT's in training</li><li>- 1 head of Department</li></ul> <p>(11) CV's of staff requested by ABA.</p> <ul style="list-style-type: none"><li>- Specialist teachers, multidisciplinary health care professionals provide input to the programme as identified at site visit</li><li>- Number of tutors not identified</li></ul> <p>(12) CV's of staff requested by ABA.</p> <ul style="list-style-type: none"><li>- Specialist teachers to programme identified at site visit</li><li>- "Interdepartmental, lecturers from the department of life sciences, sciences, maths, government and society, psychology and philosophy."</li><li>- 1 head of Department</li><li>- "List of nurse lecturers to be forwarded to ABA"</li></ul> <p>(13) CV's of staff requested by ABA.</p> <ul style="list-style-type: none"><li>- Specialist teachers to programme identified at site visit</li><li>- 2 RNT's</li><li>- 1 head of Department</li><li>- Recruitment on-going</li></ul>				
Broad categories		Judgements		
		C	P	N
Staffing issues				
Ratio				
Qualifications				

<b>Sub Questions of the Standard</b>
3.2.1.9 Is the ratio of registered nurse/midwife tutors to students (excluding Principal Tutors) 1:15?
<b>Indicators</b>
<ul style="list-style-type: none"> <li>- Tutor to student ratio</li> <li>- CV's of tutors</li> <li>- PIN numbers of tutors</li> </ul>
<b>Databits</b>
<p>(1) Ratio 1:12 tutor to student ratio</p> <ul style="list-style-type: none"> <li>- CV's of staff requested by ABA</li> </ul> <p>(2) Ratio 1:15 tutor to student ratio</p> <p>(3) CV's of staff requested by ABA (x 2)</p> <p>(4) Ratio 1:15 tutor to student ratio <b>not</b> achieved</p> <ul style="list-style-type: none"> <li>- CV's of staff seen by ABA on site visit</li> </ul> <p>(5) Ratio 1:15 tutor to student ratio</p> <p>(6) Ratio 1:25 tutor to student ratio</p> <ul style="list-style-type: none"> <li>- CV's of staff requested by ABA</li> </ul> <p>(7) Ratio unknown</p>

<ul style="list-style-type: none"><li>- CV's of staff requested by ABA</li></ul> (8) Ratio 1:16 tutor to student ratio achieved <ul style="list-style-type: none"><li>- CV's of staff seen by ABA on site visit</li></ul> (9) Ratio 1:15 tutor to student not reported <ul style="list-style-type: none"><li>- CV's of staff to be forwarded to ABA</li></ul> (10) Ratio 1:16 tutor to student ratio achieved <ul style="list-style-type: none"><li>- CV's of staff seen by ABA on site visit</li></ul> (11) Ratio 1:18 tutor to student ratio achieved <ul style="list-style-type: none"><li>- CV's of staff requested by ABA on site visit</li></ul> (12) Ratio of tutor to student ratio <b>not</b> reported <ul style="list-style-type: none"><li>- CV's of staff requested by ABA on site visit</li></ul> (13) Ratio 1:15 tutor to student ratio <b>not</b> reported <ul style="list-style-type: none"><li>- CV's of staff requested by ABA on site visit</li></ul>				
Broad categories		Judgements		
Ratio		C	P	N

Sub Questions of the Standard
3.2.1.10 Are the nursing/midwifery tutors without a teaching qualification employed for a maximum period of one year prior to commencing a teachers preparation programme leading to a qualification which satisfies the requirements for entry to the tutors division of the register maintained by An Bord Altranais?
Indicators
<ul style="list-style-type: none"> <li>- Credentials of nurse teaching staff</li> <li>- CV's of nurses</li> <li>- PIN numbers of nurses</li> <li>- Further educational development plan of staff</li> </ul>
Databits
<ul style="list-style-type: none"> <li>(1) CV's of staff requested by ABA</li> <li>(2) CV's of staff requested by ABA</li> <li>- 1 acting tutor reported to the site visit team</li> <li>(3) CV's of staff requested by ABA</li> <li>- 3 acting tutors reported to the site visit team</li> <li>(4) 2 of the lecturing staff are at lecturer grade while 6 are at Assistant Lecturer grade</li> <li>- Only 2 of the lecturing staff are RNT's</li> <li>(5) CV's of staff requested by ABA</li> <li>- 5 acting tutors reported to the site visit team</li> <li>(6) CV's of staff requested by ABA</li> <li>- 3 acting tutors reported to the site visit team</li> <li>(7) CV's of staff requested by ABA</li> <li>- Unknown</li> <li>(8) Ratio 1:16 tutor to student ratio achieved</li> <li>- CV's of staff seen by ABA on site visit</li> <li>(9) 5 of the lecturing staff are RNT's</li> <li>- 5 staff were undertaking RNT programmes</li> <li>- CV's to be forwarded to ABA</li> <li>(10) 2 of the lecturing staff are studying to obtain their RNT qualification</li> <li>(11) Unknown from documentation</li> <li>(12) Unknown</li> <li>- CV's requested by ABA</li> <li>(13) A degree of concern was expressed in relation to ...members of staff employed on a temporary or pro-term basis.</li> </ul>

Broad categories	Judgements		
	C	P	N
Qualifications Staffing Issues			

<b>Sub Questions of the Standard</b>			
3.2.1.11. Are nursing/midwifery subjects developed and taught by registered nurses/midwives with appropriate professional, academic qualifications and teaching expertise in the subject matter?			
<b>Indicators</b>			
<ul style="list-style-type: none"> <li>- Credentials and expertise of nurse teaching staff</li> <li>- Diversity of experience of staff</li> <li>- Number of permanent staff</li> <li>- CV's of nurses</li> <li>- PIN numbers of nurses</li> </ul>			
<b>Databits</b>			
(1) Experienced tutors are course co-ordinators. CV's requested by ABA (2) Experienced tutors are course co-ordinators (3) Experienced tutors are course co-ordinators - "All modules addressing nursing theory/practice content will be led and taught by appropriately qualified registered nurses/midwives." (4) Unknown (5) Experienced tutors are course co-ordinators. - PIN numbers of staff not reported (6) "Nurse tutors co-ordinators and facilitate modules in both the university and the hospital setting. Tutors have a class tutor responsibility." "All nurse teachers contribute to modules addressing nursing theory/practice." (7) Degree "coordinated and managed by College lecturers appointed as course leaders by the Head of School. The leaders are responsible for the day-to-day management of the programme." - "Module leader is responsible for ensuring the module is delivered according to curriculum plan." (8) Unknown (9) Unknown (10) Unknown (11) Unknown (12) Unknown - No evidence collected - CV's requested (13) Teaching staff coordinate modules and programmes at pre-registration level.			
Broad categories	Judgements		
	C	P	N
Experience Qualification			

<b>Sub Questions of the Standard</b>			
3.2.1.12 To what extent are registered nurse/midwife tutors involved in clinical practice and its development?			
<b>Indicators</b>			
<ul style="list-style-type: none"> <li>- Staff have identified clinical practice links</li> <li>- Practice level agreements</li> <li>- Memorandum of understanding</li> </ul>			

Databits				
<p>(1) No practice level agreements reported</p> <ul style="list-style-type: none"><li>- Staff link tutor role in clinical practice</li></ul> <p>(2) Nurse tutors liaise with students while on clinical placement</p> <p>(3) Nurse tutors acknowledged they could strengthen links with the clinical area but current time constraints and necessary prioritisation of workload limit this</p> <p>(4) Nurse lecturers/tutors responsible for delivering the theoretical component of the programme do not have involvement in or contact with clinical areas</p> <p>(5) 4 lecturers maintain clinical contracts for 2-4 days per month</p> <p>(6) Teaching staff ...are involved in the large number of committees central to the operationalisation of the programme and the hospital services</p> <p>(7) The teaching of the clinical aspects will also be facilitated by the college lecturers and by clinical staff'</p> <p>(8) Nurse teachers are involved in continuing and in-service education such as IV study days, cannulation, continence, infection control, cares planning, CPR and ACLS.</p> <p>(9) Liaison/link tutor identified "in all areas."</p> <p>(10) Link tutor system in operation, links extend across health Board facilities</p> <p>(11) Nurse lecturers/tutors have a link tutor role in operation</p> <p>(12) A named link tutor linked to each clinical area</p> <p>(13) Nurse lecturers/tutors responsible for delivering the theoretical component of the programme "operate a link lecturer system...reported as weak in some areas an non-existent in others</p>				
Broad categories		Judgements		
		C	P	N
Clinical links Liaison role Workload				

Sub Questions of the Standard
3.2.1.13 Is a mechanism for staff development, which prepares staff to deliver the educational programme, including the provision for maintaining nursing/ midwifery expertise and credibility identified?
Indicators
- Type of mechanism for assuring continued competence of staff - Staff development plan - Conference budget - Research activity
Databits
(1) Clinical staffs report a staff development department. Professional development planning is in progress in the hospital It is well resourced and has increased staff morale - Diary of staff development to be sent to ABA (2) Commitment to staff development acknowledged but mechanism not reported (3) Commitment to staff development acknowledged but mechanism not developed - "Nurse lecturers will liaise with students while on clinical placements" (4) Lecturers have a research remit (5) Commitment to staff development acknowledged through research and publication, - Link tutor role (6) A journal club exists to promote the appreciation of evidence-based practice at clinical level." - "A three week research appreciation is facilitated in the hospital." - "A comprehensive range of databases and ward based IT facilities promote and support evidence (7) A significant education and training culture in existence" "A large range of in-service programmes (8) An in-service programme was detailed." (9) 200 staff have undertaken the teaching and assessing course. Many nurse undertaking further studies.

(10) Lecturers engage in “continuing and in-service education role...involved in practice development (11) Currently teaching and assessing and degrees for nurses are offered. -“A regional programme exists” (12) Link tutors system utilised (13) One lecturer is “completing a masters degree to register as a nurse tutor			
Broad categories	Judgements		
Staff development Liaison Research	C	P	N

Sub Questions of the Standard			
3.2.1.14 Do the third level institution and health care institution provide administrative and clerical support for all educational activity?			
Indicators			
Number of administrative and clerical support personnel			
Databits			
(1) Data not collected (2) As 1 above (3) Commitment to the sub-standard acknowledged but no evidence reported (4) As 1 above (5) No evidence reported (6) No evidence found (7) The teaching staff will be supported in their work by administrative staff employed within the School. (8) As 1 above (9) Data not found (10) Data not collected (11) Data not found (12) Data not collected (13) There was satisfaction expressed in relation to the administrative support provided...this had been a concern			
Broad categories	Judgements		
No evidence	C	P	N

Sub Questions of the Standard			
3.2.1.15 Are educational resources/facilities (including library, computer, audio-visual & accommodation) provided to meet the teaching and learning needs of the programme by the third level institution and health care institution?			
Indicators			
- Amount and quality of teaching space - Class size - Amount and type of office space - Quality of nursing resource lab(s)			

- Quality of computer lab(s)
- Quality and quantity of nursing resource material in the library

#### **Databits**

- (1) 7 main computer labs.
  - Some shared teaching with other nursing programmes offered by the college (250 students per intake)
  - Good IT links between HEI and the main hospital sites
  - Good audio-visual facilities
  - Full extensive list of nursing journals and databases in library
  - Students report being unhappy with access to college libraries due to geographical difficulties
  - New school building awaiting completion
- (2) 12 main computer labs. With total 360 personal computers
  - Some shared teaching with other nursing programmes offered by the college
  - Good IT links between HEI and the main hospital sites
  - Good audio-visual facilities
  - Full extensive list of nursing journals and databases in library
  - Over 5000 nursing texts in library
  - Over 1750 seating spaces in library
- (3) 12 main computer labs. With total 360 personal computers
  - Some shared teaching with other nursing programmes offered by the college
  - Good IT links between HEI and the main hospital sites
  - Good audio-visual facilities
  - Full extensive list of nursing journals and databases in library
  - Over 5000 nursing texts in library
  - Over 1750 seating spaces in library
- (4) One of the most significant deficits in the library is the inadequate number of reading stations which was "based on projected enrolments conducted in 1991"
  - "An electronic database is available to students"
  - "The hard copy of professional nursing journals on display (or stored) was extremely limited. The stock of nursing texts was inadequate to meet the needs of students. A major investment in the nursing component of the library is required as a matter of urgency if the pre-registration students are to acquire the appropriate skills to enable them deliver evidenced based care to patients/clients."
  - New building for nursing being constructed.
- (5) One of the most significant deficits in the library is the inadequate number of reading stations which was "based on projected enrolments conducted in 1991"
  - "An electronic database is available to students"
  - "The hard copy of professional nursing journals on display (or stored) was extremely limited. The stock of nursing texts was inadequate to meet the needs of students. A major investment in the nursing component of the library is required as a matter of urgency if the pre-registration students are to acquire the appropriate skills to enable them deliver evidenced based care to patients/clients."
  - New building for nursing being constructed.
- (6) Computer labs. Are available to students.
  - Good IT links in the HEI and between HEI and the main hospital site
  - Good audio-visual facilities
  - "A range of clinical nursing journals is available to students within the library."
  - "Fulltime librarian manages the services"
- (7) Students have full access to the educational, social, recreational and support services."
  - "Library has a very large nursing section"
  - "There are advanced plans regarding a new school..."
  - College has excellent IT facilities and photocopying facilities are adequate."
  - "Students have access to Ethernet which has multiple applications of information technology, including CD-ROM and on-line databases, the internet and e-mail as well as word processing and other data processing software."
- (8) The library is stocked with a good supply of physical social and nursing science texts. There is ample study areas and access to IT resources."
  - "An electronic database is available to students"
  - "Excellent IT facilities were identified."
  - Ratio nearly 1:3 computer to student
  - Video conferencing facilities, laptops & LCD screen, OHP's, TV & video in each classroom."
  - New building for nursing being constructed.

(9) An electronic database is available to students”  
-“A budget of 7040 euro per annum is dedicated to nursing journals.”  
-“Evidence of adequate facilities and plans for future developments demonstrated.”  
(10) Evidence of appropriate educational facilities and resources within the school of nursing”  
-“There are 3 librarians”  
-“Across the sites sharing of resources and ease of access”  
-“From anywhere the student has access to IT.”  
(11) A comprehensive library resource is available within the campus. A librarian is assigned to address nursing. Space, hardcopy resources and IT/educational resources within the library and the campus are excellent.”  
-“A full and comprehensive list of journals specific to the programme was presented to the team.”  
-“Well supplied practice suite and adequate teaching, meeting and office space.”  
-“Comprehensive range of audio-visual support resources.”  
(12) There is a large modern library with an extensive nursing section within the college.”  
-“Access to relevant databases”  
-“Students have full access to the educational, social and recreational and support services within the college.”  
-“IT and Audio visual and other aids are available.”  
(13) 33 different hard copy nursing and health journals available.  
-“Recently received €34,000 worth of books for the nursing programme”  
-“Ratio of 1 PC to 5 students exists across campus”  
- Library under “pressure to provide additional space”  
- New clinical skills facility “represents a tremendous, if belated, step forward”  
-“An update regarding the receipt of anticipated equipment for the clinical skills laboratory is to be furnished to ABA”  
-“Development of the existing site for the construction of a new department” awaited

Broad categories	Judgements		
	C	P	N
Physical resources			
Environmental resources			

Sub Questions of the Standard
3.2.1.16 Does the mechanism for student admission to the educational programme ensure that the stated entry requirements are met? Are the mechanism and conditions for students exiting the educational programme before completion explicit?
Indicators
<ul style="list-style-type: none"> <li>- Enrolment demographics</li> <li>- Exiting criteria</li> <li>- Attrition rates</li> </ul>
Databits
<p>(1) Entry criteria explicit. 3 students left in 2002. Oversubscribed in 2003.          (2) Entry criteria explicit          - Exit interview and form filling outlined in curriculum. 3 students left in 2003          (3) Entry criteria explicit          - Exit interview and form filling outlined in curriculum. 7 students left in 2002 and 3 in 2003          (4) “Students will comply with entry requirements of ABA and the CAO. 4 students left in 2002 and 5 in 2003          (5) Entry criteria explicit          - Exit criteria not reported. 3 students left in 2002 and 4 in 2003.          (6) Entry criteria explicit          Exit criteria for students not achieving in the programme identified in the Marks and Standards. 6 students left in 2002 and 4 in 2003.          (7) Evidence found CAO. 14 students left in 2002 and 5 in 2003          (8) Students will comply with entry requirements of ABA and the CAO. 1 student left in 2002 only.</p>

(9) Students will comply with entry requirements of ABA and the CAO. No student withdrawals -“Successful progression requires the student to be deemed clinically competent.” (10) Students will comply with entry requirements of ABA and the CAO. - No annual report received for 2002, 2003, 2004. No data submitted re withdrawals (11) Students will comply with entry requirements of ABA and the CAO” - 2 withdrawals in 2002-2003 (12) Students will comply with entry requirements of ABA and the CAO.” - 3 students left the programme in 2002. (13) Students will comply with entry requirements of ABA and the CAO “ - No attrition reported			
Broad categories	Judgements		
	<b>C</b>	<b>P</b>	<b>N</b>
Explicit criteria on entry Explicit criteria on exit Attrition numbers (See Fig 4.1)			

Sub Questions of the Standard			
3.2.1.17 Following any interruption in the educational programme do the third level institution and the health care institution ensure that the student meets the educational programme requirements?			
Indicators			
Congruence with ABA and EU requirements Deferral numbers			
Databits			
(1) Entry criteria explicit. 2 deferrals in 2003 (2) Interruption policy in place (3) Interruption policy in place (4) The students reported they were “unsure of the criteria if students missed time on placement due to illness or unforeseen circumstances.” (5) Not reported (6) All passed modules carry an exemption that is limited to a period of 5 years from the date the student originally achieved the exemption. Students who fail to complete required hours and or a pass judgement may repeat” (7) All clinical placements requirements must be completed before the results in the clinical assessment are submitted to the Board of Examiners (8) Data collected from all sources identified is then compiled and computerised records are kept for each student. A mechanism exists to identify potential problems before they arise. The partnership between the college and the health care institutions is to be commended in relation to meeting this essential standard. (9) At course Board meetings (2 per term), student attendance is discussed in combination with performance and actions agreed and implemented. 2 deferrals in 2002 (10) The policies “ensure minimum E.U. requirements are met.” - No annual report received for 2002, 2003, 2004 (11) No deferrals reported -“Data is collated and tabulated weekly” (12) Some confusion exists in relation to the '42 days - No deferrals reported to ABA (13) No deferrals reported			
Broad categories	Judgements		
	<b>C</b>	<b>P</b>	<b>N</b>
Interruption policy Explicit criteria on entry Explicit criteria on exit			

Sub Questions of the Standard				
3.2.1.18 Do student transfer arrangements ensure that the full requirements of the educational programme leading to registration will be completed?				
Indicators				
Congruence with ABA and EU requirements Transfer numbers				
Databits				
(1) No evidence (2) Transfer policy most explicit (3) Transfer policy most explicit and comprehensive - Each application looked at on an individual basis (4) Transfer policy not reported. One student transferred in 2002 (5) Transfer policy based on ECTS system and allows for “inter-institutional transfer for students within Ireland and abroad” (6) Students who have undertaken relevant studies may be exempt from particular modules. “This will be at the discretion of the Board of Studies to be established at the University.” (7) No evidence found. 2 students transferred in 2003 (8) Transfer policy not reported (9) Transfer policy not reported - No students appear to have transferred out or in between 2002 and 2004 (10) Transfer policy not reported - No annual report received for 2002, 2003, 2004 (11) 2 transfers accepted in 2004 (12) Transfer policy nor numbers not reported (13) No transfers reported				
Broad categories		Judgements		
		C	P	N
Transfer policy ECTS				

Sub Questions of the Standard			
3.2.1.19 Is the mechanism for student support in relation to student services, facilities and academic guidance is explicit?			
Indicators			
Type of support available			
Databits			
(1) College counselling services, student health services, chaplains, personal tutor system and course leaders are identified as student supports (2) College counselling services, student health services, child care facilities, chaplains and campus ministry, personal tutor system, staff-student forum form student supports (3) College counselling services, sport and recreation, student health services, chaplains and campus ministry, personal tutor system, staff-student forum forms student supports - Student booklet outlines all services (4) College counselling services, student health services, chaplains and campus sport facilities - Studies advisors provided with both an academic and pastoral responsibility (5) College counselling services, excellent sport and recreation facilities, student health services, chaplains and campus ministry, personal tutor system, staff-student forum forms student supports - Student booklet outlines all services (6) College counselling services, sport and recreation, student health services, chaplains and campus ministry, personal tutor system, staff-student forum forms student supports - Student booklet outlines all services			

- (7) Students have access to all student services including recreational facilities and the college counselling services  
 - Student booklet outlines all services
- (8) Students have full access to all college academic, sporting and support facilities.  
 -“Studies advisors are provided for each student and have both academic and pastoral responsibilities.”
- (9) Identified link tutor and CPC will support the learning process and be available to facilitate students to maximise available learning opportunities.  
 - College counselling services, student health services, chaplains and campus sport facilities.
- (10) College counselling services, student health services, chaplains and campus sport facilities  
 - Studies advisors provided with both an academic and pastoral responsibility
- (11) Students have full access to the College educational, social and recreational facilities  
 -“Studies advisors provided with both an academic and pastoral responsibility”
- (12) College counselling services, student health services, chaplains and campus sport facilities  
 -“Students are allocated to Registered nurses and are supported by CPC's”  
 -“It is incumbent upon the educators to support these learners within a student centred approach.”
- (13) Library, IT and clinical skills only reported.  
 - Tutors provide support as academic advisors

Broad categories	Judgements		
	C	P	N
<b>Student services</b> <b>Student support</b> <b>Student academic guidance</b> <b>Health services</b> <b>Counselling</b>			

#### Sub Questions of the Standard

3.2.1.20 Do the third level institution and health care institution provide an annual report on the educational programmes including the external examiner's report to An Bord Altranais?

#### Indicators

Annual report received by ABA in February

#### Databits

- Annual report sent to ABA (x1-9)  
 (10) Annual report not sent to ABA for years 2002, 2003, 2004  
 (11) Annual report sent to ABA  
 (12) Annual report sent to ABA for the intakes of 2002, 2003  
 (13) Annual report sent to ABA in 2004.

Broad categories	Judgements		
	C	P	N
<b>HCI Audit</b> <b>HEI Self audit</b> <b>Regulation monitoring</b>			

### Curriculum Design and Development Standard.

Curriculum design and development reflect researched educational theory and health care practice. The curriculum model chosen should be dynamic and flexible to allow for changes in nursing practice and health care delivery.

Sub Questions of the Standard
3.2.2.1. Are all statutory and regulatory requirements of An Bord Altranais and European directives are adhered to?
Indicators
Programme in action meets ABA and EU requirements in respect of areas of clinical instruction included ABA 2000 p.22
Databits
(1) Programme meets ABA and EU input requirements. The content for each of the specialist areas for the 3 years is the same and the learning outcome is the same "discuss the role of the nurse and the principles of caring for the client, in the specialist nursing client group settings" Curr. 1, p.34, 50, 51, 65, 66 (2) Programme meets ABA and EU input requirements in year 2 and 3. (3) Programme meets ABA and EU input requirements - Specialist placements experienced between year 2 and year 3. - Theoretical preparation occurs in modules of these years (4) Programme meets ABA and EU input requirements - "Experience a holistic approach to care for patients/clients experiencing a range of medical/surgical problems." - "Emphasis is placed on the provision of the most appropriate care and in particular on primary health care." 2 <sup>nd</sup> year main theoretical specialist areas in 3 <sup>rd</sup> year childcare and paediatrics 20 hours no plan or report available to see the clinical exposure of the students to the specialties. (5) Programme meets ABA and EU input requirements - Specialist placements experienced between year 2 and year 3 with paediatrics or community in year 4. - Theoretical preparation occurs in modules of these years (6) Programme meets ABA and EU input requirements - Specialist placements experienced between year 2 and year 3. - Theoretical preparation occurs in modules of these years (7) Programme meets ABA and EU input requirements - Specialist placements experienced between year 2 and year 4. - Theoretical preparation occurs in modules of these years (8) Programme meets ABA and EU input requirements - "Taught clinical placement is an integral part of the 4 year programme. ..students will be exposed to a wide variety of clinical allocations which will prepare them to operate within an increasingly complex and demanding health care setting." - 2 <sup>nd</sup> year main theoretical specialist areas in 3 <sup>rd</sup> year childcare and paediatrics 20 hours no plan or report available to see the clinical exposure of the students to the specialties. (9) Programme meets ABA and EU input requirements - "Experience a holistic approach to care for patients/clients experiencing a range of medical/surgical problems." - 2 <sup>nd</sup> year main theoretical specialist areas in 3 <sup>rd</sup> year childcare and paediatrics 20 hours no plan or report available to see the clinical exposure of the students to the specialties. - There are 48 areas identified where students can learn in the region." (10) Programme meets ABA and EU input requirements - 2 <sup>nd</sup> year main theoretical specialist areas in 3 <sup>rd</sup> year childcare and paediatrics 20 hours no plan or report available to see the clinical exposure of the students to the specialties. - "Procuring psychiatric placements for the general students was creating a difficulty" (11) Programme meets ABA and EU input requirements - 2 <sup>nd</sup> year main theoretical specialist areas in 3 <sup>rd</sup> year childcare and paediatrics 20 hours no plan or report available to see the clinical exposure of the students to the specialties. (12) Programme meets ABA and EU input requirements - "Skills necessary for providing a holistic approach to caring for patients/clients." - Emphasis is placed in the four-year descriptors on "they can acquire the skills of critical analysis,

problem-solving, decision-making, reflective skills, and abilities essential to the art and science of nursing.”

- Main theoretical specialist areas in 3<sup>rd</sup> year childcare and paediatrics, maternity, older- person, mental health. 4<sup>th</sup> year teaching includes critical care nursing and internship of rostered placement.
- Clinical exposure of the students to the specialties occurs during supernumerary placements.

(13) Curriculum attests ii meets ABA and EU input requirements

- 2<sup>nd</sup> year main theoretical specialist areas in 3<sup>rd</sup> year childcare and paediatrics 20 hours.
- Programme is dependant on a large number of external placements to achieve the required experiences of a registration programme.

Broad categories	Judgements		
	C	P	N
Holistic approach ABA and EU requirements			

<b>Sub Questions of the Standard</b>
3.2.2.2. Is the curriculum design and development based on An Bord Altranais Requirements for Nurse Registration Education Programmes?
<b>Indicators</b>
- Congruence between the programme in action and ABA and EU requirements in respect of indicative content ABA 2000 p. 18-20 -a sound theoretical basis to the curriculum is articulated*
<b>Databits</b>
<p>(1) Indicative content requirements appear to be met.</p> <ul style="list-style-type: none"> <li>- Curriculum design is based on Skilbeck's Situational Model purporting to be dynamic, flexible and Lawton's model of cultural analysis of nursing practice for health. Core Broad categories, which interweave subjects at a developmental level, comprise the design.</li> </ul> <p>(2) Planning team has ensured that the indicative content outlined by ABA (2000) has been addressed in the programme. The self-audit identifies that the programme has been shaped by the recommendations of the Nursing Education Forum (2000)</p> <ul style="list-style-type: none"> <li>- Curriculum is based on "Beattie's fourfold model of curriculum design" with Roach's '5C's' of caring identified as "core skills which facilitate the delivery of systematic individualised nursing care."</li> </ul> <p>(3) Planning team has ensured that the indicative content outlined by ABA (2000) has been addressed in the programme. The self-audit identifies that the programme has been shaped by the recommendations of the Nursing Education Forum (2000)</p> <ul style="list-style-type: none"> <li>- An eclectic approach of curriculum development has been adopted, informed by the post-technocratic model of French and Cross</li> </ul> <p>(4) Planning team has ensured that the indicative content outlined by ABA (2000) has been addressed in the programme. The curriculum identifies that the programme has been shaped by the recommendations of the Nursing Education Forum (2000) "flexibility, eclecticism, transferability and progression, evidence based practice and shared learning are outlined."</p> <p>(5) Planning team has ensured that the indicative content outlined by ABA (2000) has been addressed in the programme. The curriculum identifies that the programme has been shaped by the recommendations of the Nursing Education Forum (2000) p.5</p> <ul style="list-style-type: none"> <li>- An integrated curriculum design is attributed to the programme with no specific theorist identified.</li> </ul> <p>(6) Programme document and the indicative content identifies the syllabus of ABA (2000) has been addressed in the programme. The curriculum outline identifies the programme has been shaped by the recommendations of the Nursing Education Forum (2000)</p> <ul style="list-style-type: none"> <li>- The curriculum framework "is conceptualised along two curricular strands – vertical and horizontal." The vertical is "based on becoming a professional nurse" in "five role dimensions" and the horizontal relate to "beliefs and values about nursing, knowledge in nursing and the nature of learning."</li> </ul> <p>(7) Planning team has acknowledged the statutory requirements indicative content outlined by ABA (2000). The curriculum identifies that the programme has been shaped by the recommendations of the Nursing Education</p> <p>(8) Planning team has ensured that the indicative content outlined by ABA (2000) has been addressed in</p>

the programme.

The curriculum identifies that the programme has been shaped by the recommendations of the Nursing Education Forum (2000) "flexibility, eclecticism, transferability and progression, evidence based practice and shared learning are outlined."

- "An eclectic approach to curriculum development is adopted."

(9) Planning team has ensured that the indicative content outlined by ABA (2000) has been addressed in the programme. The curriculum identifies that the programme has been shaped by the recommendations of the Nursing Education Forum (2000) "flexibility, eclecticism, transferability and progression, evidence based practice and shared learning are outlined."

(10) Planning team has ensured that the indicative content outlined by ABA (2000) has been addressed in the programme. The curriculum identifies that the programme has been shaped by the recommendations of the Nursing Education Forum (2000) "flexibility, eclecticism, transferability and progression, evidence based practice and shared learning are outlined."

- "Evidence based congruent philosophy centralised on caring."

(11) Planning team has ensured that the indicative content outlined by ABA (2000) has been addressed in the programme. The curriculum identifies that the programme has been shaped by the recommendations of the Nursing Education Forum (2000) "flexibility, eclecticism, transferability and progression, evidence based practice and shared learning are outlined."

- "Curriculum is based on a post-technocratic model emphasising evidence

(12) Curriculum states, "the eclectic approach (Wiles and Bondi 2002, Nurse Education Forum 2000, & Beattie 1987) acknowledges the ethos of adult learning while meeting the standards and requirements of ABA ensured the acquisition of professional competencies at point of registration."

- The curriculum identifies that the programme has been shaped by the recommendations of the Nursing Education Forum (2000) "flexibility, eclecticism, transferability and progression, evidence based practice and shared learning" are outlined.

(13) Planning team has ensured that the indicative content outlined by ABA (2000) has been addressed in the programme. The curriculum identifies that the programme has been shaped by the recommendations of the Nursing Education Forum (2000) "flexibility, eclecticism, transferability and progression, evidence based practice and shared learning are outlined."

Broad categories	Judgements		
	C	P	N
Curriculum model Theoretical Basis Nursing Education Forum Indicative content			

<b>Sub Questions of the Standard</b>
3.2.2.3. Is the curriculum design and development, led by registered nurse tutors, guided by professional nursing knowledge, which is evidence/research, based?
<b>Indicators</b>
Nursing theory underpins the curriculum
<b>Databits</b>
(1) Nurse tutors are course leaders - 3 core Broad categories underpin the framework of the curriculum - Concepts articulated include valuing the person, caring, rights of the individual, optimal health orientation, choice, knowledge and skill. There is recognition of frailty and illness as well as primary care. - Research is intertwined throughout the programme content. (2) Nurse tutors are course leaders and a diagrammatic representation of the planning and development of the programme is contained in the curriculum - Selection of programme content has been guided by professional nursing knowledge based on

principles identified by the development group.

(3) Nurse tutors are course leaders

- Selection of programme content has not been attributed to a particular nurse theorist
- "Philosophy based on holism, individualism, person-centred, caring, and wellness oriented philosophy of nursing that is rationalised and based on evidence."

(4) Nurse tutors are course leaders

- No particular nursing theory identified which underpins the curriculum as the document states
- "The diverse nature of nursing disciplines involved militated against adopting an explicit curriculum model. Core principles include a bio/psycho/social focus on the individual and the care delivered."

(5) Nurse tutors are course leaders

- Selection of programme content has not been attributed to a particular nurse theorist
- An attributable philosophy is not articulated but the programme seeks to answer questions identified by participants of consultative meetings
- Fundamental issues are addressed including compassion for people who are vulnerable and/or disadvantaged; sensitivity to the experience and backgrounds of people in the care of nurses; the distinctive contribution that can be made by nurses in the pursuit of 'health gain'; the personal and professional development of each individual student; research, knowledge and nursing practice."

(6) Nurse tutors are course leaders

- Selection of programme content is attributed to Benner's and White's 5 ways of knowing nursing.
- Philosophy related to "beliefs and values on nursing, the person receiving nursing care, health and health care, the environment in which nursing is practised and learned, and education and learning" are articulated.

(7) Curriculum development team comprise nurse teachers

- Selection of programme content has not been attributed to a particular nurse theorist – four principal courses of study per year
- "General nursing is conceptualised as a therapeutic caring process. It is concerned with meeting the deficits in the individual's capacities for health maintenance and health restoration, with particular emphasis on the needs of adults experiencing altered health."

(8) Nurse tutors are course leaders

- No particular nursing theory identified which underpins the curriculum as the document states "the diverse nature of nursing disciplines involved militated against adopting an explicit curriculum model. Core principles include a bio/psycho/social focus on the individual and the care delivered."
- "Nursing theory, nursing research, educational theory and research guide the curriculum."

(9) Nurse tutors are course leaders

- No particular nursing theory identified which underpins the curriculum as the document states "the diverse nature of nursing disciplines involved militated against adopting an explicit curriculum model. Core principles include a bio/psycho/social focus on the individual and the care delivered."
- "Philosophy of the curriculum is on the wellness to illness continuum"

(10) Nurse tutors are course leaders

- No particular nursing theory identified which underpins the curriculum as the document states "the diverse nature of nursing disciplines involved militated against adopting an explicit curriculum model. Core principles include a bio/psycho/social focus on the individual and the care delivered."
- "Centralised on caring"

(11) Nurse tutors are course leaders

- No particular nursing theory identified which underpins the curriculum as the document states "the diverse nature of nursing disciplines involved militated against adopting an explicit curriculum model. Core principles include a bio/psycho/social focus on the individual and the care delivered."
- "A systematic approach to nursing care is employed utilising this model."

(12) Nurse tutors are course leaders

- Nursing theories of Orem and King identified as framing the curriculum at site visit but not in curriculum document
- "Practice is based on the best available evidence."
- "The nursing process is integral to planning care and practice delivery."
- "Spiral model"

(13) Nurse tutors are course leaders

- No particular nursing theory identified which underpins the curriculum as the document states "the diverse nature of nursing disciplines involved militated against adopting an explicit curriculum model. Core principles include a bio/psycho/social focus on the individual and the care delivered."

Broad categories	Judgements		
	C	P	N
Evidence base			
Nurse tutors			
Nursing concepts			

Sub Questions of the Standard
3.2.2.4. Does the curriculum development team comprise representative members of key stakeholders in nursing education and practice?
Indicators
- Inclusive curriculum development team
- Students are central to curriculum evaluation*
Databits
<p>(1) Curriculum development team comprises all key stakeholders according to site visit team but evidence from the curriculum suggests it comprises only teaching staff Students are central to evaluation and on the course management team</p> <p>(2) Curriculum development team comprises clinical, management and education expertise Evaluation tool included in the curriculum and "is part of becoming a learning organisation" Students, staff and extern examiner evaluate programme</p> <p>(3) Curriculum development team comprises clinical, management and education expertise - Students not formally involved in curriculum evaluation but do have an informal involvement - ABA recommend this is prioritised</p> <p>(4) Curriculum development team comprises clinical, management and education expertise -"Students have a role to play in the evaluation of the curriculum they would not appear to be central to that process."</p> <p>(5) Curriculum development team comprises clinical, management and education expertise - Students formally involved in curriculum evaluation through the office of the registrar which is associated with audit in the college as opposed to formal evaluation to create change in the programme</p> <p>(6) Curriculum development team comprises clinical, management and education expertise - Students involved in curriculum evaluation at a module level and a "comprehensive clinical placement evaluation tool" was reported. "Student evaluation data and tutorial evaluation has contributed to change."</p> <p>(7) Curriculum development team comprises clinical, management and education expertise - Evaluation includes students and the educational and clinical staff employing triangulation."</p> <p>(8) Curriculum development team comprises clinical, management and education expertise -"Students are involved in student council that has direct access to academic council." -"Students participate in the course board." -"Formal theory and clinical placement evaluation occurs at the end of each year."</p> <p>(9) Curriculum development team comprises clinical, management and education expertise -"At the end of the year students will evaluate both theoretical and practical components." -"The JAWS system builds students experiences, comments and suggestions into the curriculum on an ongoing basis."</p> <p>(10) Curriculum development team comprises clinical, management and education expertise -"No formal mechanism exists, evaluation is considered problematic</p> <p>(11) Curriculum development team comprises clinical, management and education expertise -"Students are part of the course board, they are central to the annual course review." -"Evaluation takes place at end of modules, and placements</p> <p>(12) Students not identified in course management arrangements but are involved in programme evaluation at the Staff and Student Consultative Committee which feeds into the evaluation structure. -"End of module and end of semester evaluation."</p> <p>(13) Curriculum development team comprises clinical, management and education expertise -"Evaluation of modules and the programme occurs. There is no formal evaluation of the clinical areas and this would be welcomed by clinicians"</p>

Broad categories	Judgements		
	C	P	N
<b>All key stakeholders</b> <b>Expertise</b> <b>Students role</b>			

<b>Sub Questions of the Standard</b>
3.2.2.5. Is the curriculum strategically planned to demonstrate balanced distribution and integration of theory and practice, logical sequencing and progressive development of subjects over the educational programme?
<b>Indicators</b>
<ul style="list-style-type: none"> <li>- Congruence between the planned activities and the actual programme development and sequencing</li> <li>- The curriculum is dynamic, flexible and responsive*</li> </ul>
<b>Databits</b>
<p>(1) Curriculum purports to be “dynamic and flexible enough to facilitate change in nurse education, nursing practice and health care delivery” ...in that it “involves critical appraisal of the school situation” is systematically developmental in approach</p> <ul style="list-style-type: none"> <li>- Sequencing of theory and clinical evident in plan</li> </ul> <p>(2) Principles guiding programme design include “the centrality of practice should be made explicit in module outlines...Broad categories should be developed and built on throughout the programme.” Module outline descriptors demonstrate Broad categories are coherent, logically sequenced and facilitate the integration of theory and practice. The site visit reports, “change in practice influences curricular development and review.”</p> <p>(3) Programme is designed to ensure it is coherent, logically sequenced and facilitates the integration of theory and practice.</p> <ul style="list-style-type: none"> <li>- “Considered responsive and flexible because it is practice driven.”</li> </ul> <p>(4) Programme is designed to ensure it is coherent, logically sequenced and facilitates the integration of theory and practice.</p> <ul style="list-style-type: none"> <li>- Curriculum is “grounded in values and beliefs relating to the nature of four fundamental concepts: nursing, environment, person and health nursing is considered both an art and a science...the nurse practitioner seeks to provide services that meet the preventative, promotional, supportive, curative, rehabilitative and palliative health care needs of families, groups and communities.”</li> </ul> <p>(5) Programme is designed to ensure it is coherent, logically sequenced and facilitates the integration of theory and practice and is developmental.</p> <ul style="list-style-type: none"> <li>- Considered responsive and flexible because “the curricula are designed to be responsive to health care need.”</li> </ul> <p>(6) Curriculum is responsive to evidence/research, ABA standards and requirements and modularisation. “Societal change and needs of the nursing profession create a dynamic for the</p> <p>(7) Programme is designed to ensure it is logically sequenced and diagrammatically it demonstrates vertical and horizontal relationships between the courses and modules.</p> <ul style="list-style-type: none"> <li>- “The curriculum is responsive to contemporary issues in health care and is continually updated based on extensive evaluation.”</li> </ul> <p>(8) Programme is designed to ensure it is coherent, logically sequenced and facilitates the integration of theory and practice.</p> <ul style="list-style-type: none"> <li>- Curriculum is “grounded in values and beliefs relating to the nature of four fundamental concepts: nursing, environment, person and health nursing is considered both an art and a science...the nurse practitioner seeks to provide services that meet the preventative, promotional, supportive, curative, rehabilitative and palliative health care needs of families, groups and communities.”</li> </ul> <p>(9) Programme is designed to ensure it is coherent, logically sequenced and facilitates the integration of theory and practice.</p> <ul style="list-style-type: none"> <li>- Curriculum is “grounded in values and beliefs relating to the nature of four fundamental concepts: nursing environment, person and health nursing is considered both an art and a science...the nurse practitioner seeks to provide services that meet the preventative, promotional, supportive, curative, rehabilitative and palliative health care needs of families, groups and communities.”</li> </ul>

(10) Programme is designed to ensure it is coherent, logically sequenced and facilitates the integration of theory and practice.

- Curriculum is “grounded in values and beliefs relating to the nature of four fundamental concepts: nursing, environment, person and health nursing is considered both an art and a science...the nurse practitioner seeks to provide services that meet the preventative, promotional, supportive, curative, rehabilitative and palliative health care needs of families, groups and communities.”

(11) Programme is designed to ensure it is coherent, logically sequenced and facilitates the integration of theory and practice.

- Curriculum is “grounded in values and beliefs relating to the nature of four fundamental concepts: nursing, environment, person and health nursing is considered both an art and a science...the nurse practitioner seeks to provide services that meet the preventative, promotional, supportive, curative, rehabilitative and palliative health care needs of families, groups and communities.”

-“NEATE report, ABA, policy changes, programme evaluation and research drive the evolution of the curriculum.”

(12) Programme is designed to ensure it is coherent, logically sequenced and facilitates the integration of theory and practice.

- Curriculum is “grounded in values and beliefs relating to the nature of four fundamental concepts: nursing, environment, person and health nursing is considered both an art and a science...the nurse practitioner seeks to provide services that meet the preventative, promotional, supportive, curative, rehabilitative and palliative health care needs of families, groups and communities.”

(13) Programme is designed to ensure it is coherent, logically sequenced and facilitates the integration of theory and practice.

- Curriculum is “grounded in values and beliefs relating to the nature of four fundamental concepts: nursing, environment, person and health nursing is considered both an art and a science...the nurse practitioner seeks to provide services that meet the preventative, promotional, supportive, curative, rehabilitative and palliative health care needs of families, groups and communities.”

Broad categories	Judgements		
	C	P	N
Dynamic, systematic, flexible, principles			
Centrality of practice coherent			

<b>Sub Questions of the Standard</b>
3.2.2.6. Is the curriculum based on a range of teaching-learning strategies to assist the development of a knowledgeable practitioner and to equip students with the life-long skills for problem-solving and self-directed learning?
<b>Indicators</b>
Types of teaching learning strategies
<b>Databits</b>
<p>(1) Lectures, tutorials, seminars, interactive discussion, group work, simulation, computer-assisted learning, reflective practice exercises, protected study time, study guides, supervised practice, clinical teaching, clinical laboratories, demonstrations, problem-solving scenarios, case studies, role play, presentations and nursing care conferences comprise the range of strategies employed.</p> <p>(2) Types of strategies "chosen to develop students' deeper understanding rather than focusing on recall alone...to develop students' problem solving and analytical skills." Strategies include: reflective practice, negotiated learning contracts, experiential learning includes role play, debating, student presentations, clinical laboratories, demonstrations. Lectures were cited 29 times as a strategy, small group work 14 times, seminars 12 times, interactive discussion 9 times, experiential activities 10 times, with other strategies cited less than 5 times each: protected study time, study guides, supervised practice, clinical teaching and case studies "congruent on the subject matter."</p> <p>(3) Reflection is a key learning strategy employed in the programme. Strategies include: reflective practice, negotiated learning contracts, experiential learning includes role play, debating, student presentations, clinical laboratories, demonstrations. Lectures were the most cited strategy (n=29).</p>

seminars (n=12), interactive discussion (n=9), group work (n=14), protected study time, study guides, supervised practice, clinical teaching and case studies "congruent on the subject matter."

(4) Types of strategies include: Lectures, tutorials, seminars, clinical and interpersonal skills, reflective practice groups, use of care studies and simulations, small group work teaching, experiential learning, role play, reading. Reflection is a key learning strategy and each student is guaranteed 4 hours of reflective time per week in clinical practice.

- Students stated they "spent many contact hours in the classroom and most of the theoretical component of the course was delivered by lecturers."

(5) Within the college there is a reliance on lectures, demonstrations and tutorials. The variety ranges from structured to unstructured, teacher to student-centred and includes computer assisted learning."

- Strategies not included

(6) College depends on lectures, group work/discussion and tutorials. Lectures were the most cited strategy n=41, seminars n=3, tutorials n=27 group work/discussion n=30, protected study time, role-play, study guides, supervised practice, clinical teaching/practical workshops and reflection "congruent on the subject matter."

(7) Lectures were the most cited strategy n=36, seminars n=19, interactive discussion (n=19), workshops n=12, group work n=6, case studies n=8, IT based strategies n=6, video assisted discussion n=7, practical n=5, and most notably reflection only cited 5 times in all the unit descriptors.

- "Strategies range from student to teacher centred. The focus is on the development of self-directed and autonomous learners."

(8) Types of strategies include: "Lectures n=23, tutorials n=10, seminars n=10, practical demonstration n=9, reflective practice n=13, care studies n=13 and simulations n=9, small group work n=13, role play n=10, group discussion n=17, projects n=12, AV n=15.

- "Students will be expected to reflect upon their own practice and the theoretical issues relevant to it."

- Clinical placements use "supervised practice, role modelling, ward report, care plans case conferences, clinical rounds, multi-disciplinary team meetings, peer group teaching, recording of critical incidents, clinical supervision, preceptorship, supervised ward management."

- "Strategies were identified on a continuum from student-centred to teacher-centred."

(9) Types of strategies include: "Lectures n=23, tutorials n=10, seminars n=10, practical demonstration n=9, reflective practice n=13, care studies n=13 and simulations n=9, small group work n=13, role play n=10, group discussion n=17, projects n=12, AV n=15.

- "Students will be expected to reflect upon their own practice and the theoretical issues relevant to it." -

Clinical placements use "supervised practice, role modelling, ward report, care plans, case conferences, clinical rounds, multi-disciplinary team meetings, peer group teaching, recording of critical incidents, clinical supervision, preceptorship, supervised ward management."

- "Selected as appropriate to the subject, the student and teacher and the context in which the learning is taking place."

(10) Types of strategies include: "Lectures n=23, tutorials n=10, seminars n=10, practical demonstration n=9, reflective practice n=13, care studies n=13 and simulations n=9, small group work n=13, role play n=10, group discussion n=17, projects n=12, AV n=15.

- "There is an evidence based linkage between strategies utilised and the content of the module/unit of study."

(11) Types of strategies include: "Lectures n=23, tutorials n=10, seminars n=10, practical demonstration n=9, reflective practice n=13, care studies n=13 and simulations n=9, small group work n=13, role play n=10, group discussion n=17, projects n=12, AV n=15.

- "Students will be expected to reflect upon their own practice and the theoretical issues relevant to it."

- Clinical placements use "supervised practice, role modelling, ward report, care plans, case conferences, clinical rounds, multi-disciplinary team meetings, peer group teaching, recording of critical incidents, clinical supervision, preceptorship, supervised ward management."

- "Selected as appropriate to the subject, the student and teacher and the context in which the learning is taking place."

(12) Curriculum states "teaching and learning strategies which promote evidence-based practice through research, critical thinking, and reflection."

- "Strategies are determined within college based on subject matter and group/class size." "Lectures, tutorials, practical demonstrations and supervised practice are the dominant strategies within college."

Each module identifies the same range of teaching strategies so it cannot be determined from the curriculum which ones are most widely used. In addition to the above strategies include, discussion, seminars, reflective practice, group work, small group teaching, enquiry-based learning, SDL, role-play, audiovisual, laboratory and reading.

(13) Types of strategies in the curriculum include: "Lectures, tutorials, seminars, clinical and

interpersonal skills, reflective practice groups, use of care studies and simulations, small group work teaching, experiential learning, role play, reading. Reflection is a key learning strategy and each student is guaranteed 4 hours of reflective time per week in clinical practice.”  
 -“A full and broad range of teaching methodologies is advocated within the programme.”

Broad categories	Judgements		
	C	P	N
<b>Teaching / Learning strategy</b> <b>Reflective practice</b> <b>Problem solving</b> <b>Self direction</b> <b>Student centred</b> <b>Experiential activities</b>			

<b>Sub Questions of the Standard</b>
3.2.2.7. Does the curriculum design reflect various methods of teaching/ learning and provide a balance between lectures, tutorials, workshops, small group interactions, demonstrations, practical work and self-directed study?
<b>Indicators</b>
Types of teaching /learning strategies
<b>Databits</b>
<p>(1) Discussion group, tutorial, reflective writing, lecture and role modelling appear the most favoured strategies identified from the individual units of learning from the curriculum however only the nursing units attribute strategies with the other strategies employed less frequently. Some strategies not utilised in the units as seen below          Lectures n=6; Tutorials n=7; seminars n= 4; interactive discussion n=7; group work n=4; simulation, computer-assisted learning; reflective practice exercises n=7; protected study time, study guides, supervised practice, clinical teaching, clinical laboratory, demonstrations, n=5; problem-solving scenarios, care plans n=4; case studies n=1; role modelling n=6; presentations; case conferences n=1; Workshop n=3; Team meetings n=1; Practicals n=1; Lab. work n=1; Experiential learning n=2; Nursing care conference</p> <p>(2) A variety of teaching strategies are employed in the programme. “They are congruent with the subject matter. An outline of the teaching strategies used is made explicit in all nursing units” although a comprehensive idea of the utilisation of the most used strategies for each unit of study is not possible to identify.</p> <p>(3) Lecture, discussion group and reflection appear the most favoured strategies with the other strategies employed less frequently</p> <p>(4) Lecture, discussion group and reflection appear the most favoured strategies with the other strategies employed less frequently.          - The breakdown of strategies is not explicit in the curriculum          - The curriculum is content driven with an over-reliance on lectures          - Evidence within the timetable that there is some utilisation of tutorials and group work for certain subjects.</p> <p>(5) The aims of the programme infer a wide range of approaches but no evidence could be found to support a finding          - There is a reliance on lectures, demonstrations and tutorials. The variety ranges from structured to unstructured, teacher to student-centred and includes computer assisted learning.”</p> <p>(6) Lecture, discussion group and reflection appear the most favoured strategies with the other strategies employed less frequently. IT. was cited on four occasion but it be gleaned that as a strategy it was available more than cited</p> <p>(7) Lecture, seminar, discussion appear the most favoured strategies with the other strategies employed less frequently</p>

- (8) Lecture, discussion group and reflection appear the most favoured strategies along with audio-visual aids and the other strategies employed less frequently.  
- Evidence within the timetable that there is some utilisation of tutorials and group work for certain subjects.
- (9) Lecture, discussion group and reflection appear the most favoured strategies with the other strategies employed less frequently.  
- Evidence from the site visit "lesson plans are available that demonstrate other approaches"
- (10) Lecture, discussion group and reflection appear the most favoured strategies with the other strategies employed less frequently.  
- "Eclectic variety of teaching strategies employed."
- (11) Lecture, discussion group and reflection appear the most favoured strategies with the other strategies employed less frequently.  
- "A wide range of strategies including teacher and student centred approaches reflecting the educational philosophy is employed across the programme."
- (12) The breakdown of strategies is not explicit in the curriculum  
- "College has Dean of Teaching and Learning."
- (13) Lecture, discussion group and reflection appear the most favoured strategies with the other strategies employed less frequently.  
- The breakdown of strategies is not explicit in the curriculum  
- "Concerns regarding the length of the teaching day were raised by the students, these concerns are contrary to the philosophy of the programme"

Broad categories	Judgements		
	C	P	N
Teaching and Learning Strategies			

#### Sub Questions of the Standard

3.2.2.8. Does the curriculum equip the student with a level of knowledge, research awareness and critical analysis?

#### Indicators

- Congruence of the objectives of the programme with the aims of: critical analysis; problem solving; decision making; reflective skills and the art and science of nursing

- Reflection is built into the theoretical and clinical components of the programme\*

#### Databits

(1) The 6 learning outcomes of the programme and the 3 aims of the clinical placement state concepts are part of the overall and individual unit learning outcomes of the programme.

- Reflection is identified throughout the programme as a teaching/learning strategy see 3.2.1.7

(2) The self audit states "content and assessment strategies... will assist them to problem solve in a variety of contexts, select information appropriate to their practice, and use pertinent research Codes."

- The 3 concepts are part of the overall (p.64) and individual unit learning outcomes and assessment strategies of the programme.

- Reflection is "incorporated into various units of the programme. CPC's and Nurse Tutors assist students reflect on their experiences during clinical placement." A discreet section of the curriculum is devoted to reflective practice (p.164)

(3) The concepts are part of the overall and individual unit learning outcomes and assessment strategies of the programme

(4) The concepts are part of the overall and individual unit learning outcomes and assessment strategies of the programme including formulation of formal essays; nursing care plans; critical incident analysis, research proposal and the submission of work demonstrating competence.

- In year 1 "students are introduced to the concept of reflective practice in theory as a teaching strategy "group reflection" and content as "the nature of reflection; reflection and nursing; reflective journals and diaries."

- Students are "allocated 4 hours per week protected time-out from service delivery for reflection and clinical supervision during supernumerary and rostered placements."

-“Students’ opportunity to reflect and engage in self-discovery is primarily confined to their time within clinical allocations.”

(5) The concepts are articulated as part of the overall aim and learning objectives and individual unit learning outcomes and assessment strategies of the programme e.g. “adopt a reflective, problem-solving approach that ensures that the ethical dimension of nursing care is recognised and respected

(6) The concepts are expressed in the terminal characteristics and the aims of the programme.

- The individual units of learning identify module outcomes e.g. “to enable students to develop critical thinking about moral perspectives and to deal effectively with ethical dilemmas encountered in practice.”

- Reflection underpins the philosophy of the programme.”

(7) The concepts are part of the overall aim of the programme and individual unit learning outcomes and the teaching methods of the programme.

- Research is taught in year 2 and year 4 and assessed accordingly.

(8) The concepts are part of the overall and individual unit learning outcomes and assessment strategies of the programme including formulation of formal essays; nursing care plans; critical incident analysis, research proposal and the submission of work demonstrating competence.

-“Theoretical concepts underlying reflection addressed in year 1, assignments incorporate reflective dimensions, and reflection in practice is commenced during the first clinical placement.”

- “Group reflection” and content as “the nature of reflection; reflection and nursing; reflective journals and diaries.”

- Students are “allocated 4 hours per week protected time-out from service delivery for reflection and clinical supervision during supernumerary and rostered placements.”

(9) The concepts are part of the overall and individual unit learning outcomes and assessment strategies of the programme including formulation of formal essays; nursing care plans; critical incident analysis, research proposal and the submission of work demonstrating competence.

- Reflection is built into the curriculum and is taught as a learning strategy.”

- In year 1 “students are introduced to the concept of reflective practice in theory as a teaching strategy “group reflection” and content as “the nature of reflection; reflection and nursing; reflective journals and diaries.”

- Students are “allocated 4 hours per week protected time-out from service delivery for reflection and clinical supervision during supernumerary and rostered placements.”

-“Students’ opportunity to reflect and engage in self-discovery is primarily confined to their time within clinical allocations.”

(10) The concepts are part of the overall and individual unit learning outcomes and assessment strategies of the programme including formulation of formal essays; nursing care plans; critical incident analysis, research proposal and the submission of work demonstrating competence.

- In year 1 “students are introduced to the concept of reflective practice in theory as a teaching strategy “group reflection” and content as “the nature of reflection; reflection and nursing; reflective journals and diaries.”

- Students are “allocated 4 hours per week protected time-out from service delivery for reflection and clinical supervision during supernumerary and rostered placements.”

-“A collaborative exercise to link theory and practice.”

(11) The concepts are part of the overall and individual unit learning outcomes and assessment strategies of the programme including formulation of formal essays; nursing care plans; critical incident analysis, research proposal and the submission of work demonstrating competence.

- In year 1 “students are introduced to the concept of reflective practice in theory as a teaching strategy

- Students are “allocated 4 hours per week protected time-out from service delivery for reflection and clinical supervision during supernumerary and rostered placements.”

-“A variety of models of reflection are utilised.”

-“Students utilise a model of their choice to complete some theoretical assessment.”

(12) The concepts are part of the curriculum design.

-“Critical analysis technique is employed.”

-The concepts are articulated associated with the clinical placements content.

(13) The concepts are part of the overall and individual unit learning outcomes and assessment strategies of the programme including formulation of formal essays; nursing care plans; critical incident analysis, research proposal and the submission of work demonstrating competence.

-“Significant support required in terms of clinical facilitation of this process. While this is identified in the curriculum (p.13) it was not experienced in reality...students are afforded the time for reflection however in many areas registered nurses find facilitating this difficult.”

Broad categories	Judgements		
	C	P	N
<b>Reflection</b> <b>Problem solving</b> <b>Ethical dimension of nursing care</b> <b>Nursing care plans</b> <b>Nurse assessment</b>			

<b>Sub Questions of the Standard</b>
3.2.2.9. Does the curriculum design include the assessment strategy in relation to the measurement of clinical and theoretical learning outcomes?
<b>Indicators</b>
<ul style="list-style-type: none"> <li>- Curriculum design ensures clinical and theoretical learning measured</li> <li>- Knowledge and skill to achieve 2.2.1 of ABA 2000 p.13 (Sheet X)</li> </ul>
<b>Databits</b>
<p>(1) Curriculum states "learning outcomes of the programme will be fully integrated into the assessment strategy at all levels and will include assessments such as examinations, essays, clinical projects, clinical skills, laboratory techniques, literature review, critiquing research, reflective practice, clinical assessments</p> <p>(2) Clinical and theoretical learning are assessed according to a plan</p> <ul style="list-style-type: none"> <li>- Competency assessment outlined in detail to reflect ABA e-learning</li> </ul> <p>(3) Clinical and theoretical learning are assessed according to a plan</p> <ul style="list-style-type: none"> <li>- Competency assessment outlined in detail to reflect ABA e-learning</li> </ul> <p>(4) Clinical and theoretical learning are assessed through continuous assessment and final examination for the 5 subject areas in each of the 4 years of the programme. In addition to the identified written assignment and exam there is a written case study, research critique, literature review, and research proposal. Taught clinical placement is assessed through a workbook and a project for each of the four years.</p> <ul style="list-style-type: none"> <li>- The aim of the course "is to prepare a competent knowledgeable and accountable practitioner, who can provide holistic, systematic care for individuals and groups in a variety of settings within an increasingly culturally diverse health care system."</li> <li>- The learning outcomes are those of ABA 2000 p.13</li> </ul> <p>(5) Clinical and theoretical learning are assessed according to a plan.</p> <ul style="list-style-type: none"> <li>- OSCE and practice portfolio are outlined.</li> <li>- Transferable skills and their attributes of communication; group work; interpersonal; personal; organisational; problem solving; social and community awareness; resource management; information technology; clinical nursing skills are identified.</li> </ul> <p>(6) Clinical and theoretical learning are assessed according to a plan</p> <ul style="list-style-type: none"> <li>- Clinical practice required completion of hours and clinical workbook</li> </ul> <p>(7) Clinical and theoretical learning are assessed according to a plan</p> <ul style="list-style-type: none"> <li>- Competency assessment outlined in detail to reflect ABA e-learning and ABA documents</li> </ul> <p>(8) Clinical and theoretical learning are assessed through continuous assessment and final examination for the 5 subject areas in each of the 4 years of the programme. In addition to the identified written assignment and exam there is a written case study, research critique, literature review, and research proposal. Taught clinical placement is assessed through a workbook and a project for each of the four years.</p> <ul style="list-style-type: none"> <li>- The aim of the course "is to prepare a competent knowledgeable and accountable practitioner, who can provide holistic, systematic care for individuals and groups in a variety of settings within an increasingly culturally diverse health care system."</li> <li>- The learning outcomes are those of ABA 2000 p.13</li> </ul> <p>(9) The aim of the course "is to prepare a competent knowledgeable and accountable practitioner, who can provide holistic, systematic care for individuals and groups in a variety of settings within an</p>

increasingly culturally diverse health care system.”

- The learning outcomes are those of ABA 2000 p.13 (10)

(10) The aim of the course “is to prepare a competent knowledgeable and accountable practitioner, who can provide holistic, systematic care for individuals and groups in a variety of settings within an increasingly culturally diverse health care system.”

- The learning outcomes are those of ABA 2000 p.13

(11) Clinical and theoretical learning are assessed through continuous assessment and final examination for the 5 subject areas in each of the 4 years of the programme. In addition to the identified written assignment and exam there is a written case study, research critique, literature review, and research proposal. Taught clinical placement is assessed through a workbook and a project for each of the four years.

- The aim of the course “is to prepare a competent knowledgeable and accountable practitioner, who can provide holistic, systematic care for individuals and groups in a variety of settings within an increasingly culturally diverse health care system.”

- The learning outcomes are those of ABA 2000 p.13

(12) Clinical and theoretical learning are assessed through continuous assessment and final examination for the 6 modules in each of the 2 semesters of the 4 year programme. In addition to the identified written assignments and examinations there is a written case study, research critique, literature review, and research proposal. Taught clinical placement is assessed through a workbook and a project for each of the four years.

- The learning outcomes are those of ABA 2000 p.13

(13) The aim of the course “is to prepare a competent knowledgeable and accountable practitioner, who can provide holistic, systematic care for individuals and groups in a variety of settings within an increasingly culturally diverse health care system.”

- The learning outcomes are those of ABA 2000 p.13

Broad categories	Judgements		
	C	P	N
<b>Assessment strategy</b> <b>Clinical nursing skills</b> <b>Clinical assessment</b> <b>Theory assessment</b> <b>OSCE Workbook</b> <b>Continuous assessment</b> <b>Final exam</b>			

#### Sub Questions of the Standard

3.2.2.10. Have quality assurance indicators been identified and measured in relation to:

- Sufficient registered practitioners to facilitate the supervision of student nurses;
- Research awareness and the application of research Codes;
- Evidence of continuing professional development of all practice staff;
- Availability of mechanisms for student support, supervision and assessment;
- Availability of mechanisms for educational and clinical audit.

#### Indicators

- Internal quality assurance mechanism in place

#### Databits

(1) Internal quality assurance is in place through evaluation, course management team and curriculum development team. Site visit reports “within the hospital evidence offered of extensive evaluation and audit in relation to aspects of practice and the clinical learning environment.”

(2) Internal quality assurance is in place through evaluation, course management team and curriculum development team. Clinical audit tool being developed and piloted will be forwarded to ABA

(3) Internal quality assurance is in place through course management team and curriculum development team. Informal evaluation exists. Clinical audit tool to be forwarded to ABA

- (4) Internal quality assurance is in place through evaluation, course management team and curriculum development team. Clinical audit tool was forwarded to ABA  
 - CNE provides a four-day teaching and assessing programme to prepare staff to support students in the clinical area.  
 - "There is evidence of the support given to staff in the clinical areas to access further education."
- (5) Internal quality assurance is in place through a quality and audit officer. External examiner system and partnership structures within the management of the programmes are cited as supporting indicators.  
 - A clinical learning audit group has been formed.
- (6) Internal quality assurance is in place through quality audit tool. Formal evaluation exists. Clinical audit results to be forwarded to ABA
- (7) A QAQI self-assessment has been set u in college. Clinical sites (2) "audit structures processes and outcomes. Involved in accreditation." "QA approach to the clinical area and to learning within the clinical area."
- (8) An educational and clinical audit is in progress...external examiner system,...course management structures and partnership between clinicians, nurse educators and Institute and students.. feedback to course management from CNM's and CPC's considered invaluable. Student policies support mechanisms and feedback on assignments."
- (9) Internal quality assurance is in place through evaluation, course management team and curriculum development team. Clinical audit tool was forwarded to ABA  
 - "An active committee is in existence that is well supported by Practice Development and Nursing management."  
 - A condition of approval was "an outline of the quality indicators employed within the health care institution to be submitted to ABA."
- (10) Internal quality assurance is in place through Clinical audit tool every 2 years  
 - "Students expressed concern regarding their placements within the large geographic area of the region."  
 - There is evidence of the support given to staff in the clinical areas to access further education.
- (11) Evidence of quality indicators across most dimensions of the programme. Educational audit tool utilised within all clinical placements."  
 - Booklet of further education "based on local needs analysis" produced annually.
- (12) Within the college each programme undergoes a rigorous process through different stages."  
 - "Through the department, academic review committee and academic council. Student structures evaluation process, external examiner process and the course management team meetings act as quality safeguards."
- (13) Internal quality assurance is in place through evaluation, course management team and curriculum development team. Clinical audit tool awaited by ABA  
 - There is evidence of support given to staff in the clinical areas to access further education but it is at a "developmental stage."  
 - Limited support from nurse academics/lecturers in terms of clinical experience/learning in practice.

Broad categories	Judgements		
	C	P	N
Internal quality assurance			
Clinical audit			
Evaluation			
Clinical learning audit group			
Quality and audit officer			
External examiner system			

#### Sub Questions of the Standard

3.2.2.11 Is there opportunity for the student to experience other European Union health care systems in a clinical placement for a maximum period of twelve weeks duration. Clinical placements are based in institutions approved by the competent authority of the Member State. Any exception to this need to be approved by An Bord Altranais. Are criteria and mechanisms for international exchange students explicit?

#### Indicators

Criteria and structure for student exchange in situ

<b>Databits</b>			
(1) No evidence found (2) Students complete one elective module in year 3 semester 1 which may provide opportunity for travel. Criteria and mechanisms will be considered on an individual basis Electives are literature or community based with one entitled 'nursing in developing worlds' (3) HEI has provision for elective placement. - "Criteria and mechanisms for exchange will be considered on an individual basis." (4) No evidence (5) HEI has provision for elective placement. And inter-institution transfer. (6) No evidence found (7) Two large general hospitals associated with the HEI - Specialist placements in established approved hospitals (psychiatric, children's, midwifery) - Additional placements occur in other health Board sites that were visited - "Congruence between the curriculum and the clinical sites." - "The value of nursing as a contributory factor to healing, well-being and the centrality of the patient with in the ... philosophy was realised in the individual units visited through the locally devised mission statements." (8) College utilises the 'Leonardo' programme and this has been successful with exchanges in place. The International affairs coordinator in college liaises with the programme (9) No evidence found (10) No evidence found (11) No evidence found (12) No evidence found (13) No evidence found			
<b>Broad categories</b>		<b>Judgements</b>	
		<b>C</b>	<b>P</b>
			<b>N</b>
<b>Elective module</b>			
<b>Elective placement</b>			
<b>Nursing in developing worlds</b>			

#### **Clinical Practice Experience Standard.**

Clinical practice experience provides learning opportunities that enable the achievement of competence in clinical nursing skills and stated learning outcomes

<b>Sub Questions of the Standard</b>	
3.2.3.1 Are clinical placements based in health care institutions, which are approved by An Bord Altranais?	
<b>Indicators</b>	
Type of clinical experience offered congruent with course objectives - Philosophy of nursing congruent with course objectives	
<b>Databits</b>	
(1) Cursory reference to the approved practice placement is mentioned as a named institution in the curriculum - Two large general hospitals associated with the HEI - Specialist placements in established approved hospitals (midwifery, children's, psychiatric) - Additional placements occur in sites that were visited by the ABA team to be approved - Roper Logan Tierney model of nursing care in 3 sites and, Nottingham model in one site 2 sites don't identify the name of model used - Learning is viewed as a continuous process for which responsibility is shared (2) Two large general hospitals associated with the HEI - Specialist placements in established approved hospitals (psychiatric)	

- Additional placements occur in other health Board sites that were visited by the ABA team
- Philosophy of nursing addresses concepts of "caring, dignity, health orientation, and the person as an individual."
- Roper, Logan, Tierney model of nursing care in both institutions
- (3) One large general hospital associated with the HEI
- Specialist placements in established approved hospitals (psychiatric)
- Additional placements occur in other health Board sites that were visited
- Teaching team's beliefs about nursing include facilitation, caring, accountability, teamwork and collaboration and knowledgeable and clinically competent.
- (4) One large general hospital associated with the HEI
- Specialist placements in established approved hospitals (psychiatric)
- Additional placements occur in other health Board sites that were visited by the ABA team to be approved
- Objectives of placements reflective of ABA objectives
- "The nursing process is utilised with the Roper Logan and Tierney model of nursing care. Evidence of team nursing and the utilisation of a triage system are evident."
- (5) Two large general hospitals associated with the HEI
- Specialist placements in established approved hospitals (psychiatric, paediatrics and midwifery)
- Additional placements occur in other health Board sites that were visited
- Curriculum states, "the practice of nursing and clinical learning is an essential part of the nursing curriculum..." "Structures and processes are needed to ensure the integration of theory and practice and effective collaboration between third-level nurse lecturers, students and clinical staff in the practice setting." How this is achieved is not articulated.
- Beliefs about nursing include interactive caring process, teamwork and most up-to-date knowledge and skills based on a model of nursing which reflects the holistic nature of patient care
- (6) Three large general hospitals associated with the HEI
- Specialist placements in established approved hospitals (psychiatric and midwifery)
- Additional placements occur in other health Board sites that were visited
- Holistic approach to care espoused. Roper et al model of nursing utilised in the three practice settings.
- (7) Two large general hospitals associated with the HEI
- Specialist placements in established approved hospitals (psychiatric, children's, midwifery)
- Additional placements occur in other health Board sites that were visited
- "Congruence between the curriculum and the clinical sites."
- "The value of nursing as a contributory factor to healing, well-being and the centrality of the patient with in the ... philosophy was realised in the individual units visited through the locally devised mission statements."
- (8) One large general hospital associated with the HEI
- Specialist placements in established approved hospitals (psychiatric, care of the elderly)
- Objectives of placements reflective of ABA objectives
- "Team nursing is the dominant approach to care delivery; however primary nursing is used in specialised areas."
- RLT model and Orem used in the hospital. "All students exposed to both models and others within nursing theory and concepts sessions"
- (9) One large general hospital associated with the HEI
- Specialist placements in established approved hospitals (psychiatric, care of the elderly)
- Additional placements occur in other health Board sites that were visited by the ABA team to be approved
- Objectives of placements reflective of ABA objectives
- "The nursing process is utilised with the Roper Logan and Tierney model of nursing care and Orem's model. Clinical pathways being developed in some areas."
- (10) One large general hospital associated with the HEI
- Specialist placements in established approved hospitals (psychiatric, care of the elderly)
- Additional placements occur in other health Board sites that were visited by the ABA team to be approved
- Objectives of placements reflective of ABA objectives
- "Staff advocates a philosophy based on caring, competence, commitment and respect."
- "The Activities of Daily Living model is utilised. A modified form of team nursing is employed"
- (11) One large general hospital associated with the HEI
- Specialist placements in established approved hospitals (psychiatric, care of the elderly)
- Additional placements occur in other health Board sites that were visited by the ABA team to be

<p>approved</p> <ul style="list-style-type: none"><li>- Objectives of placements reflective of ABA objectives</li><li>-“A systematic approach to nursing care is utilised with the Roper Logan and Tierney model of nursing care.”</li><li>-“Focussed care planning is employed to enhance the social and psychological dimensions of the programme.”</li></ul> <p>(12) One large general hospital associated with the HEI</p> <ul style="list-style-type: none"><li>- Specialist placements in established approved hospitals (psychiatric, care of the older person)</li><li>- Additional placements occur in other health Board sites that were visited by the ABA team to be approved</li><li>- Objectives of placements reflective of ABA objectives</li><li>-“The nursing process is utilised with the Roper Logan and Tierney model of nursing care. Evidence of modified team nursing and the utilisation of patient allocation evident.”</li></ul> <p>(13) One general hospital associated with the HEI with 5 other sites used to achieve the experiences required</p> <ul style="list-style-type: none"><li>- Specialist placements in a number of sites requiring approval from ABA</li><li>- Additional placements occur in other health Board sites that were visited by the ABA team to be approved</li><li>- Objectives of placements reflective of ABA objectives</li><li>-“The Roper Logan and Tierney model of nursing care” underpins the “standardised care plans.”</li></ul>				
Broad categories		Judgements		
		C	P	N
Models of nursing				
Specialist placement				
Philosophy of nursing				
Teaching beliefs – beliefs of nursing				
Nursing process				
Clinical placements				
Up-to-date law				
Interpretation of theory and practice				

<b>Sub Questions of the Standard</b>
3.2.3.2 Does the selection of areas for clinical practice experience reflects the scope of the health care settings and supports the achievement of the learning outcomes of the educational programme?
<b>Indicators</b>
Capacity of the clinical audit tool to support an effective clinical learning environment of the placement site
<b>Databits</b>
<p>(1) Clinical audit tool requires each clinical area to identify learning opportunities for the student and provide a range of learning tools to assist the student achieve their potential in a supported manner.</p> <p>(2) Practice placements selected to ensure that programme learning outcomes are met.</p> <p>- "Practice placements will provide students with the required experience and number of hours stipulated by ABA"</p> <p>- Clinical audit tool requested by ABA</p> <p>(3) Practice placements selected to ensure that programme learning outcomes are met.</p> <p>- Clinical audit tool requested by ABA</p> <p>(4) Practice placements selected to ensure that programme learning outcomes are met.</p> <p>- Clinical audit tool requested by ABA</p> <p>(5) Clinical placement map meets each of the programme requirements in terms of hours and prescribed hours"</p> <p>- "The clinical placement map is designed to provide the students with sufficient exposure to the practice environment to meet the necessary elements of a pre-registration programme."</p> <p>- Information for the map incomplete</p> <p>(6) Excellent clinical learning environment for students, staff highly motivated. Students have a very</p>

- varied clinical experience
- (7) The clinical component of the programme is seen as most important in the ...learning experience.”
- Clinical audit tool requested by ABA
- (8) Audits completed in relation to ABA standards and requirements. This was very much in evidence during external placement visits.
- Clinical audit tool requested by ABA
- (9) Practice placements selected to ensure that programme learning outcomes are met.
- “A most comprehensive audit tool has been devised and utilised to operationalise the site for use to identify and meet the educational requirements.”
  - “Students experience specialist placements early in the programme.”
- (10) Practice placements selected to ensure that programme learning outcomes are met.
- Clinical audit tool requested by ABA
- (11) Practice placements selected to ensure that programme learning outcomes are met.
- Clinical audit tool seen by ABA
- (12) Practice placements selected to ensure that programme learning outcomes are met.
- Clinical audit tool requested by ABA
- (13) Many clients are over 70 years and are dependent on total nursing care. Hospital management take the view that this is an acute medical unit”
- Clinical audit tool requested by ABA

Broad categories	Judgements		
	C	P	N
<b>Clinical audit tool</b> <b>Effective learning environment</b> <b>Clinical placement map</b>			

<b>Sub Questions of the Standard</b>
3.2.3.3 Is student allocation to clinical placements based on the need to integrate theory and practice and to facilitate the progressive development of clinical skills?
<b>Indicators</b>
<ul style="list-style-type: none"> <li>- Complement of learning between theory and practice</li> <li>- Evidence-based practice is supported on the site</li> <li>- Philosophy of education</li> </ul>
<b>Databits</b>
<p>(1) Programme plan identifies areas of clinical learning. Specialist placements can occur throughout the programme and do not appear according to the curriculum to be organised to match theoretical input for all students see sub question 3.2.1.1</p> <ul style="list-style-type: none"> <li>-“Learning is oriented toward clinical practice, professional development and personal growth. Adult education philosophy underpins the educational process and structure.”</li> </ul> <p>(2) Curriculum outlines a philosophy and plan whereby placement in the practice setting is considered central to students’ examination of the relevance and applicability of content explored in class to practice.</p> <ul style="list-style-type: none"> <li>- Development of a “competent, caring, confident adult based on a reflective approach to learning”</li> </ul> <p>(3) Curriculum outlines a philosophy and plan whereby placement in the practice setting is considered central to students’ examination of the relevance and applicability of content explored in class to practice.</p> <ul style="list-style-type: none"> <li>-“Placement in the practice setting is considered central to this examination as the practice setting provides students with the opportunity to test out theory in the reality of practice.”</li> </ul> <p>(4) Curriculum outlines a philosophy and plan whereby taught clinical placements are an integral part of the programme. Placement in the practice setting is considered central to students’ examination of the relevance and applicability of content explored in class to practice.</p> <ul style="list-style-type: none"> <li>- Progressive development included in the expectations of each clinical placement opportunity.</li> </ul> <p>(5) Curriculum outlines, “nursing students need exposure to practice through a range of placements in</p>

different settings in which care is delivered.”

- Programme involves a strong emphasis on the practice of nursing and on an integrated curriculum design. The “proximity between classroom teaching and experiences in nursing practice, relating to particular issues, will enhance the potential for integration between the two.”

(6) Students are viewed as central to their own learning.

- “A wide range of academic and academic/clinical higher education based courses is being supported.”

(7) A team and partnership approach will be applied when assessing the student nurse, as the assessors will consult with colleagues in determining the student nurses’ competence.

- Clinical nurse managers, nurse tutors and third-level institution will agree on the assessment process.”

(8) Curriculum outlines a philosophy and plan whereby taught clinical placements are “an opportunity to consolidate nursing theory and practice in preparation for her role as a registered practitioner.”

Placement in the practice setting is considered central to students’ examination “when students are facilitated to reflect on their experiences.”

- Progressive development included in the expectations of each clinical placement opportunity.

(9) Curriculum outlines a philosophy and plan whereby taught clinical placements are an integral part of the programme. Placement in the practice setting is considered central to students’ examination of the relevance and applicability of content explored in class to practice.

- Progressive development included in the expectations of each clinical placement opportunity.

- Philosophy “developed through consultation.”

(10) Curriculum outlines a philosophy and plan whereby taught clinical placements are an integral part of the programme. Placement in the practice setting is considered central to students’ examination of the relevance and applicability of content explored in class to practice.

- Progressive development included in the expectations of each clinical placement opportunity

(11) Curriculum outlines a philosophy and plan whereby taught clinical placements are an integral part of the programme. Placement in the practice setting is considered central to students’ examination of the relevance and applicability of content explored in class to practice.

- Progressive development included in the expectations of each clinical placement opportunity.

- “Learning is viewed as a life-long process, it is seen as a participative active and an enabling/empowered process.”

(12) Curriculum outlines a philosophy and plan whereby taught clinical placements are an integral part of the programme. Placement in the practice setting is considered central to students’ examination of the relevance and applicability of content explored in class to practice.

(13) Curriculum outlines a philosophy and plan whereby taught clinical placements are an integral part of the programme. Placement in the practice setting is considered central to students’ examination of the relevance and applicability of content explored in class to practice.

Broad categories	Judgements		
	C	P	N
<b>Programme plan</b> <b>Special placement</b> <b>Learning oriented towards clinical practice, professional development and personal growth</b> <b>Proximity between classroom teaching and experiences in nursing practice</b>			

<b>Sub Questions of the Standard</b>
3.2.3.4 Is there opportunity for the student to experience direct contact with the patient or client early in the educational programme?
<b>Indicators</b>
Clinical exposure occurs in the first semester
<b>Databits</b>
(1) Week 15
(2) Year 1, semester 2 weeks 3-7
- “Students also visit clinical area for four hours year 1 semester 1”

(3) Year 1 Semester 1 four hours. Year 1 semester 2 week 3-7 (4) Week 15 (5) Week 17 (6) Year 1 Semester 1 week 11 and 12 (2 weeks prior to Christmas) (7) January semester 2 year 1” (8) Week 15 (9) Day visits take place from week 3 -“First placements occur at week 11” (10) Week 15 (11) Week 10 (12) Week 10 (13) Week 15				
Broad categories		Judgements		
		C	P	N
Semester 1 (x 1)				
Semester 2 (x 4)				

<b>Sub Questions of the Standard</b>
3.2.3.5 Are clearly written learning outcomes/objectives appropriate to the clinical area available to ensure optimal use of valuable clinical experience? Are the learning outcomes/objectives revised as necessary?
<b>Indicators</b>
- Systematic methods of nursing care evident - Clear objectives in each clinical area
<b>Databits</b>
(1) Objectives available in each clinical area visited by team (2) Objectives available in each clinical area visited by team. Aim of nursing care is “to provide individualised holistic care to patients in a safe, friendly environment. The staff endeavours “to provide evidence-based care while maintaining the patients’ privacy and dignity. Provision of care also includes the family...” - Primary method for delivery of nursing care is Primary Nursing (3) Objectives available in each clinical area visited by team -“Learning outcome are available in each clinical area to promote and support student learning during placement.” (4) Objectives available in each clinical area visited by team -“CPC’s are to be commended for their work in the creation and development of a quality learning environment for the students’ practice placement experience.” (5) Objectives available in each clinical area visited by team -“Learning outcome are available in each clinical area to promote and support student learning during placement.” (6) Objectives available in each clinical area visited by team - “Developed with each clinical site experiences at the forefront.” (7) Commended for the coordinated and evidence based approach to the development of policies protocols and guidelines.” (8) Objectives available in each clinical area visited by team -“Considerable evidence of documentary development in clinical practice” -“Evidence that clinicians and their experiences are central to change.” (9) Objectives available in each clinical area visited by team -“Groups develop policies that are pertinent to specific areas.” (10) Objectives available in each clinical area visited by team -“Care planning documentation was reviewed in 1998 and is audited annually.” (11) Objectives available in each clinical area visited by team -“Modified team nursing in existence.”

(12) Objectives available in each clinical area visited by team			
(13) Objectives available in each clinical area visited by team			
Broad categories		Judgements	
		C	P
			N
Knowledge of learning outcomes			
Nurse practitioners			
Jointly identified			
Role of preceptor			

<b>Sub Questions of the Standard</b>
3.2.3.6 Are students and all those involved in meeting their learning needs fully acquainted with the expected learning outcomes relating to that clinical placement?
<b>Indicators</b>
Congruence between student and clinical staff related to learning resources and expected outcomes
<b>Databits</b>
<p>(1) Students reported knowing of the learning outcomes</p> <p>(2) Learning outcomes were jointly identified by the nurse practitioners, clinical placement co-ordinators and nurse lecturers. All nurses are offered an opportunity to complete a course to prepare them for the role of preceptor. Students reported knowing of the learning outcomes</p> <p>(3) Learning outcomes were jointly identified by the nurse practitioners, clinical placement co-ordinators and nurse lecturers. All nurses are offered an opportunity to complete a course to prepare them for the role of preceptor. Students reported knowing of the learning outcomes</p> <p>(4) Learning outcomes were jointly identified by the nurse practitioners, clinical placement co-ordinators and nurse lecturers. All nurses are offered an opportunity to complete a course to prepare them for the role of preceptor. Students reported knowing of the learning outcomes</p> <p>(5) Learning outcomes were jointly identified by the nurse practitioners, clinical placement co-ordinators and nurse lecturers. All nurses are offered an opportunity to complete a course to prepare them for the role of preceptor. Students reported knowing of the learning outcomes</p> <p>(6) There are core objectives for each year of the programme and specific objectives for specialist areas - Students reported, "a structured orientation is utilised within the clinical setting."</p> <p>(7) An audit of care planning was completed. There is a major emphasis within the hospital on auditing the nursing documentation and changes are then instigated following audit results."</p> <p>(8) Learning outcomes were jointly identified by the nurse practitioners, clinical placement co-ordinators and nurse lecturers.</p> <p>- "60% staff have completed ENB 998"</p> <p>- "Ward based sessions are provided in relation to mentoring."</p> <p>(9) Learning outcomes were jointly identified by the nurse practitioners, clinical placement co-ordinators and nurse lecturers.</p> <p>- "Teaching and assessing courses are held frequently."</p> <p>(10) Learning outcomes were jointly "evident within the curriculum and in each clinical site visited."</p> <p>- "Evidence of clinical staff central to the development of clinical learning objectives/outcomes"</p> <p>(11) Learning outcomes were jointly identified by the nurse practitioners, clinical placement co-ordinators and nurse lecturers. All nurses are offered teaching and assessing course.</p> <p>- "Student orientation is provided"</p> <p>(12) Learning outcomes were jointly identified by the nurse practitioners, and nurse lecturers.</p> <p>- "Available access and support for continuing professional</p> <p>(13) Learning outcomes were jointly identified by the nurse practitioners, clinical placement co-ordinators and nurse lecturers. All nurses are offered various courses to prepare them for the role of preceptor.</p>

Broad categories	Judgements		
	C	P	N
<b>Knowledge of learning outcomes</b> <b>Nurse Practitioners</b> <b>Jointly identified</b> <b>Role of preceptor</b>			
<b>Sub Questions of the Standard</b>			
3.2.3.7 Do named registered nurse/midwife tutors in liaison with named clinical placement co-ordinators preceptors and registered nursing/midwifery staff guide and support the students in ensuring that the clinical placement provides an optimum learning environment?			
<b>Indicators</b>			
- Number of CPC's - Student identify CPC's			
<b>Databits</b>			
(1) Students identified CPC as good support - Number of CPC's not captured by reports (2) Students identified CPC as good support - 7 CPC's associated with two main clinical sites - Link tutor also available (3) Students identified CPC as good support - Number of CPC's not identified - "Each clinical placement setting has a named clinical placement coordinator." (4) Students identified CPC as good support - Number of CPC's not identified - Students and staff were critical of the lack of nurse lecturer involvement in the clinical practice environment. (5) Students identified CPC as good support - Number of CPC's not identified - "Each clinical placement setting has a named clinical placement coordinator." (6) Students identified CPC as good support - Number of CPC's not identified (7) CPC's have 30 students each and 6 areas approx." - "Each clinical placement setting has a named clinical placement coordinator." (8) Students identified CPC as good support - Number of CPC's not identified - "Named CPC link system in existence." (9) Students identified CPC as good support - 4 CPC's identified at site visit - "Considerable support from practitioners, nurse managers, the clinical development coordinator." (10) A named CPC is linked to every internal and external placement. - No number of CPC's found (11) Students identified CPC as good support - Number of CPC's not identified (12) Students identified CPC as good support - Number of CPC's not identified - Staff "welcomes students who they indicate contribute to shared learning." (13) Students identified CPC as good support - Number of CPC's not identified - Some flexibility has been introduced in relation to the specific lecturing hours of staff ...for improvement in the area of creating worthwhile links with the clinical areas.			

Broad categories	Judgements		
	C	P	N
<b>CPC's</b> <b>Link Tutor</b> <b>Named CPC</b> <b>Nurse lecturer involved</b>			

<b>Sub Questions of the Standard</b>			
3.2.3.8 Is the supernumerary status of the student is explicit (see Appendix I)?			
<b>Indicators</b>			
Students not rostered while supernumerary			
<b>Databits</b>			
<p>(1) Reported by students "feel that the clinical staff prioritise the learning needs of students nurses during placements" (p.12) embrace the concept "took time to adjust initially" with supernumerary status in one hospital (p.11)</p> <p>(2) Reported that staff have embraced the concept of supernumerary status</p> <p>(3) Reported that familiarisation with the concept of supernumerary status took some time. Efforts to facilitate an awareness of the concept had taken place, however the site visit team were told of "a difficulty" in some areas of the hospital.</p> <p>(4) Reported that familiarisation with the concept of supernumerary status is evident.</p> <p>- "Students complained that they had to complete two assignments while on placement. The students felt that their focus tended to be on the assignments rather than on them maximising all the learning opportunities available."</p> <p>(5) Reported that learning was the focus of their experience in 75% of their clinical experiences."</p> <p>- Difficulties expressed by students when overseas were on orientation assessments</p> <p>(6) Evident and operationalised</p> <p>(7) Staff articulated the focus on learning central to the concept, clinical staff highly supportive, very positive in relation to the contribution of the teaching and assessing programme to the support of students"</p> <p>(8) Reported that familiarisation with the concept of supernumerary status is evident.</p> <p>- "Students agree that it is largely explicit and operationalised as intended. It is part of the orientation programme for new staff nurses."</p> <p>(9) Reported that familiarisation with the concept of supernumerary status is "very evident."</p> <p>- "Clinical staff are delighted to have students."</p> <p>(10) Reported that familiarisation with the concept of supernumerary status is evident.</p> <p>- "Evident through dialogue with clinical staff throughout the hospital."</p> <p>(11) Reported that familiarisation with the concept of supernumerary status is evident.</p> <p>- "The emphasis is on learning and the primacy of learning through doing."</p> <p>(12) Reported that familiarisation with the concept of supernumerary status is evident.</p> <p>- "There is a sense of the desire of clinical staff wanting to contribute to shared learning."</p> <p>(13) Reported that familiarisation with the concept of supernumerary status is evident.</p> <p>- "Students complained that they had to complete two assignments while on placement. The students felt that their focus tended to be on the assignments rather than on them maximising all the learning opportunities available"</p>			
Broad categories	Judgements		
	C	P	N
<b>Embraced concept</b> <b>Positive initially</b> <b>Familiarisation with concept</b> <b>Prioritise the learning needs</b>			

Sub Questions of the Standard				
3.2.3.9 Does clinical practice include experience of the 24-hour cycle of patient care? At all times is there sufficient registered practitioners to facilitate the supervision of student nurses? Is the recommended, ratio of one student to one registered practitioner observed?				
Indicators				
Students allocated to staff nurse when on rostered duty and rostered to evening and night duty				
Databits				
<p>(1) Students report they are assigned to a registered nurse shift by shift</p> <ul style="list-style-type: none"><li>- Ratio can however be 2 students to 1 RGN when student cohorts overlap.</li><li>- Students report satisfaction with clinical support they receive.</li></ul> <p>No evidence collected regarding 24 hour shift</p> <p>(2) Students report they are assigned to a registered nurse shift by shift</p> <ul style="list-style-type: none"><li>- Ratio can however be 6/7 students to 4 RGN's when student cohorts overlap.</li><li>- Students report satisfaction with clinical support they receive</li><li>- No evidence collected regarding 24 hour shift</li></ul> <p>(3) Students report they are assigned to a registered nurse shift by shift</p> <ul style="list-style-type: none"><li>- Students report satisfaction with clinical support they receive</li></ul> <p>(4) Students report they are assigned to a registered nurse shift by shift</p> <ul style="list-style-type: none"><li>- 1:1 ratio</li><li>- Students report satisfaction with clinical support they receive</li></ul> <p>(5) Students report they are assigned to a registered nurse shift by shift</p> <ul style="list-style-type: none"><li>- Students report satisfaction with clinical support they receive</li></ul> <p>(6) Students report satisfaction with clinical support they receive</p> <ul style="list-style-type: none"><li>- Ratio is "Largely 1:1. Problems are experienced particularly during the afternoon shift, but largely the ration is maintained."</li></ul> <p>ABA put in a condition that "an audit be conducted on the impact of supervising nurses on the return to practice and orientation/assessment on the creation of a quality learning environment for students."</p> <p>(7) Most clinicians agreed that the ratio is usually 1:1 the ratio is audited continuously...on occasion the ratio can be 4:6 in general areas but this now less common.</p> <p>(8) This varies in some units visited a 1:1 ratio exists however in some of the larger general wards there were concerns expressed and some wards are experiencing too many students per allocation.</p> <p>(9) The teaching and management staff were anxious to inform the team that students are supervised on a 1:1 ratio.</p> <p>(10) Students report they are assigned to a registered nurse shift by shift</p> <ul style="list-style-type: none"><li>- "Always 1:1 ratio"</li><li>- "There are usually 3 students per shift there are usually 4 registered nurses in the AM and 3 in the PM"</li></ul> <p>(11) The ratio varied. ITU no problem; A+E there was a problem with too many students being allocated (6); surgical wards indicated largely 1:1 but at times could go to 5:6</p> <p>(12) Students report they are assigned to a registered nurse shift by shift</p> <ul style="list-style-type: none"><li>- Ratio of 1:1 is achieved</li><li>- Students report satisfaction with clinical support they receive</li></ul> <p>(13) Students report they are assigned to a registered nurse shift by shift</p> <ul style="list-style-type: none"><li>- 1:1 ratio</li><li>- Students report satisfaction with clinical support they receive</li></ul>				
Broad categories		Judgements		
		C	P	N
Registered nurse shift by shift 2 students to 1 RGN Satisfaction with clinical support				

**Assessment Process Standard.**

The assessment of learning is a continuous process and demonstrates a balanced and integrated distribution throughout the educational programme.

<b>Sub Questions of the Standard</b>
<p>3.2.4.1 Are assessments strategically planned and do they function to:</p> <ul style="list-style-type: none"> <li>• Provide feedback on student progress</li> <li>• Ensure educational standards (theory and practice) are achieved before entry to the next part/year of the educational programme, as appropriate?</li> </ul>
<b>Indicators</b>
<ul style="list-style-type: none"> <li>- Types and amount of assessments</li> <li>- Progression criteria</li> </ul>
<b>Databits</b>
<p>(1) Assessments occur after each term</p> <ul style="list-style-type: none"> <li>- Progression criteria explicit</li> <li>- "Students normally required to have completed the theoretical and clinical assessments in each stage of the course prior to progressing to next stage" p.12</li> <li>- Early provisional feedback reported using a structured pro-forma.</li> </ul> <p>(2) Assessments plan given to each student at beginning of the programme.</p> <ul style="list-style-type: none"> <li>- Progression criteria explicit</li> <li>- Student must pass both written and practice assessment requirements to progress</li> <li>- Early provisional feedback reported using a structured pro-forma</li> </ul> <p>(3) Assessments plan given to each student at beginning of the programme.</p> <ul style="list-style-type: none"> <li>- Progression criteria explicit</li> <li>- Student must pass both written and practice assessment requirements to progress</li> <li>- Early provisional feedback reported using a structured pro-forma.</li> </ul> <p>(4) Assessments plan given to each student at beginning of the programme.</p> <ul style="list-style-type: none"> <li>- Progression criteria explicit</li> <li>- Student must pass both written and practice assessment requirements to progress</li> <li>- Early provisional feedback reported using a structured pro-forma.</li> </ul> <p>(5) Assessments plan given to each student at beginning of the programme.</p> <ul style="list-style-type: none"> <li>- Progression criteria explicit</li> <li>- Student must pass both written and practice assessment requirements to progress</li> <li>- Early provisional feedback reported using a structured pro-forma.</li> </ul> <p>(6) Assessments strategy given to each student in the Book of Modules</p> <ul style="list-style-type: none"> <li>- Progression criteria explicit</li> <li>- Student must pass written assessment and practice attendance requirements to progress</li> <li>- "A separate marking grid for papers and assignments are used and returned for feedback to students"</li> </ul> <p>(7) A structured feedback sheet based on an educational taxonomy.</p> <ul style="list-style-type: none"> <li>- "Evident within the marks and standards document"</li> </ul> <p>(8) Assessments plan given to each student at beginning of the programme.</p> <ul style="list-style-type: none"> <li>- Progression criteria explicit</li> <li>- Student must pass both written and practice assessment requirements to progress</li> <li>- Early provisional feedback reported using a structured pro-forma.</li> <li>- Student feedback evident "supported by favourable comments from extern examiner"</li> </ul> <p>(9) Assessments plan given to each student at beginning of the programme.</p> <ul style="list-style-type: none"> <li>- Progression criteria explicit</li> <li>- Student must pass both written and practice assessment requirements to progress</li> <li>- Early provisional feedback reported using a structured pro-forma.</li> <li>- "A formal system of student feedback exists for the assessment of theory and practice."</li> </ul> <p>(10) Assessments plan given to each student at beginning of the programme.</p> <ul style="list-style-type: none"> <li>- Progression criteria explicit</li> <li>- Student must pass both written and practice assessment requirements to progress</li> <li>- Early provisional feedback reported using a structured pro-forma.</li> </ul> <p>(11) Assessments plan given to each student at beginning of the programme.</p>

<ul style="list-style-type: none"><li>- Progression criteria explicit</li><li>- Student must pass both written and practice assessment requirements to progress</li><li>- Early provisional feedback reported using a structured pro-forma.</li></ul> <p>(12) Assessments plan explicit in the programme.</p> <ul style="list-style-type: none"><li>- Progression criteria explicit</li><li>-“Each module has its own formal continuous and summative assessment strategy.”</li><li>-“Each student receives an evaluation/feedback sheet concerning their work. A taxonomy based on the work of Bloom is employed.”</li></ul> <p>(13) Assessments plan given to each student at beginning of the programme.</p> <ul style="list-style-type: none"><li>- Progression criteria explicit</li><li>- Student must pass both written and practice assessment requirements to progress</li><li>- Early provisional feedback reported using a structured pro-forma</li></ul>				
Broad categories		Judgements		
		C	P	N
Assessment plan Progression explicit Early feedback Structured pro forma				

<b>Sub Questions of the Standard</b>	
3.2.4.2	Are assessments, including final assessment, based on a variety of strategies which are aligned with the subject area, practice setting, and stage of the educational programme and expected learning outcomes?
<b>Indicators</b>	
<ul style="list-style-type: none"> <li>- Type and timing of assessments</li> <li>- Match of assessments to outcome expectations</li> </ul>	
<b>Databits</b>	
<p>(1) The degree/registration programme over the four years outlines 6 examinations and 4 assignments, 1 literature review including critical analysis of practice issues supported by reflective journal and 4 points of clinical competencies assessment the details of which are outlined.</p> <p>(2) Each theoretical unit is assessed using various strategies. The degree/ registration programme outlines 15 examinations and 23 course work assessments. There are four points of clinical competencies assessment the weighting and details of which are outlined.</p> <p>(3) The degree/ registration programme outlines 15 examinations and 23 course work assessments. Four points of clinical competencies assessment the details of which are outlined. The weightings are outlined between coursework and examination.</p> <p>(4) The degree/ registration programme 5 subject areas that are assessed each year by continuous assessment and final examination with clinical placement assessed through workbook and project is detailed but the specificity of assignment is not outlined other than to state: exam (n=14); assignment (n=15); written case study (n=1); research critique (n=1); literature review (n=1); research proposal (n=1).</p> <p>(5) The degree/ registration programme outlines 34 continuous assessment points of examination or assignment that include a clinical practice assignment and 17 examinations. The weightings are outlined between coursework and examination. Clinical competency assessments not outlined</p> <p>(6) The degree/ registration programme outlines 12 examinations, 18 assignments, 6 points of workbook assessment to include clinical learning and 8 in class test points. The weightings are outlined between coursework and examination and each is attributed credit value.</p> <p>(7) The degree/ registration programme outlines assessment points of examination and assignment at the end of each semester and the four principles of the curriculum. 12 assessments in first year &amp; clinical; 14 in second year &amp; clinical; 3 in third year &amp; clinical; 10 in fourth year &amp; clinical. The weightings are outlined between coursework and examination.</p> <p>(8) The degree/ registration programme 5 subject areas that are assessed each year by continuous</p>	

assessment and final examination with clinical placement assessed through workbook and project is detailed but the specificity of assignment is not outlined other than to state: exam (n=14); assignment (n=15); written case study (n=1); research critique (n=1); literature review (n=1); research proposal (n=1).

(9) The degree/registration programme 5 subject areas that are assessed each year by continuous assessment and final examination with clinical placement assessed through workbook and project is detailed but the specificity of assignment is not outlined other than to state: exam (n=14); assignment (n=15); written case study (n=1); research critique (n=1); literature review (n=1); research proposal (n=1).

(10) The degree/registration programme 5 subject areas that are assessed each year by continuous assessment and final examination with clinical placement assessed through workbook and project is detailed but the specificity of assignment is not outlined other than to state: exam (n=14); assignment (n=15); written case study (n=1); research critique (n=1); literature review (n=1); research proposal (n=1).

(11) The degree/registration programme 5 subject areas that are assessed each year by continuous assessment and final examination with clinical placement assessed through workbook and project is detailed but the specificity of assignment is not outlined other than to state: exam (n=14); assignment (n=15); written case study (n=1); research critique (n=1); literature review (n=1); research proposal (n=1).

(12) The degree/registration programme outlines main assessment points and strategies. There is a range of examination or assignments for each of the 28 modules of the programme not including the 9 clinical modules. The clinical modules are all assessed using competence assessment. The other strategies are exam (n=14), continuous assessment e.g. presentation or group seminar (n=7), MCQ (n=6), laboratory (n=3), essay (n=4), project (n=4) which includes 10,000 word research project, reflective practice is identified once and clinical skills is typically associated with another assessment strategy and attributes 10% of the weighting of the module and is cited 7 times.

(13) The degree/registration programme 5 subject areas that are assessed each year by continuous assessment and final examination with clinical placement assessed through workbook and project is detailed but the specificity of assignment is not outlined other than to state: exam (n=14); assignment (n=15); written case study (n=1); research critique (n=1); literature review (n=1); research proposal (n=1).

Broad categories	Judgements		
	C	P	N
Various strategies 8 assessment points Weightings outlined 4 points clinical assessment			

#### Sub Questions of the Standard

3.2.4.3 Do the assessments measure the integration and application of theory to patient care learned throughout the programme and require the student to demonstrate competence within practice through the achievement of learning outcomes in both theory and practice?

#### Indicators

Congruence of the assessment philosophy with the learning outcomes  
 - Type and variety of assessment strategies

#### Databits

- (1) Assessment strategies include examinations, essays, clinical projects, clinical skills laboratory techniques, literature reviews, critiquing research, reflective practice, clinical assessments  
- Knowledge, psychomotor skills and competencies assessed.
- (2) Assessment strategies include examinations and course work without further details  
- Knowledge, psychomotor skills and competencies assessed.  
- Comprehensive competency assessment in place  
“Work continues in this area and it was agreed that there is scope for improvement.”
- (3) Assessment strategies include examinations, essays, clinical projects, clinical skills laboratory techniques, literature reviews, critiquing research, reflective practice, clinical assessments  
- Knowledge, psychomotor skills and competencies assessed.  
- Comprehensive competency assessment in place
- (4) The choice of subject assessment methods and schedules are based upon a number of factors including the hours and credit allocation for the subject and the nature of the subject area.  
- Exams include multiple choice questions, short answer questions, essay questions, and critique of research papers. Course work will include essays, nursing care plans, critical incident analysis, research proposal and the submission of work.
- (5) Assessment strategies include examinations, essays, clinical projects, clinical skills laboratory techniques, literature reviews, critiquing research, reflective practice, clinical assessments  
- Knowledge, psychomotor skills and competencies assessed.  
- Comprehensive competency assessment in place
- (6) Assessment strategies include examinations, essays, clinical projects, in class tests, research project, clinical workbook, seminar, care study  
- “Modules are assessed through a variety of strategies.”
- (7) Assessment strategies include examinations, essays, course work, extended essay, OSCE, objective tests, continuous assessment  
- Comprehensive competency assessment in place
- (8) The choice of subject assessment methods and schedules are based upon a number of factors including the hours and credit allocation for the subject and the nature of the subject area.  
- Exams include “multiple choice questions, short answer questions, essay questions, critique of research papers.”  
- “Course work will include essays, nursing care plans, critical incident analysis, research proposal and the submission
- (9) The choice of subject assessment methods and schedules are based upon a number of factors including the hours and credit allocation for the subject and the nature of the subject area.  
- Exams include multiple choice questions, short answer questions, essay questions, and critique of research papers. Course work will include essays, nursing care plans, critical incident analysis, research proposal and the submission of work.
- (10) The choice of subject assessment methods and schedules are based upon a number of factors including the hours and credit allocation for the subject and the nature of the subject area.  
- Exams include multiple choice questions, short answer questions, essay questions, and critique of research papers. Course work will include essays, nursing care plans, critical incident analysis, research proposal and the submission of work.
- (11) The choice of subject assessment methods and schedules are based upon a number of factors including the hours and credit allocation for the subject and the nature of the subject area.  
- Exams include multiple choice questions, short answer questions, essay questions, and critique of research papers. Course work will include essays, nursing care plans, critical incident analysis, research proposal and the submission of work.
- (12) A variety of strategies will be used for assessments, which will be contextualised in practice.”  
- Exams include multiple choice questions, short answer questions, essay questions, and critique of research papers. Course work will include essays, nursing care plans, critical incident analysis, research proposal and the submission of work
- (13) The choice of subject assessment methods and schedules are based upon a number of factors including the hours and credit allocation for the subject and the nature of the subject area.  
- Exams include multiple choice questions, short answer questions, essay questions, and critique of research papers. Course work will include essays, nursing care plans, critical incident analysis, research proposal and the submission of work.

Broad categories	Judgements		
	C	P	N
Examination			
Clinical projects			
Competence			
Credit allocation			

Sub Questions of the Standard
3.2.4.4 Are the assessment strategies established as reliable and valid measures of learning outcomes?

Indicators
Extern examiner satisfied with strategy

Databits
<p>(1) Extern supports the assessment strategy</p> <p>(2) Reported that Extern supports the assessment strategy</p> <p>- "Validity and reliability of the assessment tools will be evaluated as the programme progresses"</p> <p>(3) Extern supports the assessment strategy</p> <p>- "External examiner commends the college for the reliability of its marking and its use of inter-rater reliability marking."</p> <p>(4) Extern supports the assessment strategy</p> <p>(5) Extern supports the assessment strategy</p> <p>- "External examiner commends the college for the reliability of its marking and its use of inter-rater reliability marking."</p> <p>(6) Extern supports the assessment strategy</p> <p>- "Internal and external moderation is employed."</p> <p>(7) Extern supports the assessment strategy</p> <p>- "Inter-rater reliability marking is utilised by the internal markers. Externs from the social and biological science subjects feed into the assessment process. Feedback from the nursing extern supports the assessments in place</p> <p>(8) Evident within plan, curriculum and marks and standards document.</p> <p>(9) Assessment strategies are based upon valid and reliable techniques</p> <p>(10) Extern supports the assessment strategy</p> <p>(11) Internal moderation employed, prior to external examination. Scripts and assignments are also sent to extern for approval</p> <p>(12) Site visit team supports the assessment strategy</p> <p>(13) Extern supports the assessment strategy</p>

Broad categories	Judgements		
	C	P	N
External support			
Evaluated			
External Reports			
Inter rater reliability			

Sub Questions of the Standard
3.2.4.5 Is there a grading criterion indicating the standard for a pass award required for theoretical and clinical practice assessments? Does the award/grading mechanism acknowledge higher achievements by the student?

Indicators
- Progressive grading criteria utilised
- Pass rate

<b>Databits</b>			
(1) No evidence (2) Grading criteria included in curriculum and provided to students in handbook (3) As 2 above (4) Grading criteria included in curriculum and provided to students in handbook - Pass mark practical 40% and project 60% (5) As 2 above (6) Grading criteria for honours outlined (7) Marks and standards outline the honours standard (8) Grading criteria included in curriculum and provided to students in handbook - Pass mark practical 40% and project 60% - Assignment marking criteria indicated 40% pass mark (9) Grading criteria included in curriculum and provided to students in handbook - Pass mark practical 40% and project 60% - "Assignment marking criteria identify 40% as pass mark" (10) Grading criteria included in curriculum and provided to students in handbook - Pass mark practical 40% and project 60% - Pass mark theoretical 40% (11) Grading criteria included in curriculum and provided to students in handbook - Pass mark practical 40% and project 60% - Theoretical pass mark 40% (12) Grading criteria included in "Handbook of Academic Administration." (13) Grading criteria included in curriculum and provided to students in handbook - Pass mark practical 40% and project 60% - Pass mark theoretical 40%			
<b>Broad categories</b>		<b>Judgements</b>	
		<b>C</b>	<b>P</b>
			<b>N</b>
<b>Grading criteria</b>			
<b>Student handbook</b>			

<b>Sub Questions of the Standard</b>
3.2.4.6 Are assessment regulations relating to compensation, supplemental and appeal mechanisms and conditions for continuance of the educational programme explicit?
<b>Indicators</b>
Existence of assessment regulations
<b>Databits</b>
(1) Curriculum refers to details in the course handbook - Copy of the marks and standards seen by the site visit team (2) Copy of the marks and standards in curriculum and also seen by the site visit team - Procedures for the discussion, checking and appeal of examination results most clear (3) Copy of the marks and standards in curriculum and also seen by the site visit team - Students given copy in handbook - Details of the criteria for compensation, continuation and supplemental examinations. The procedures for discussion, checking and appeal of examination results are explicit (4) Curriculum states "successful progression requires the student to be deemed clinically competent at each stage of the programme." (5) Copy of the marks and standards in curriculum and also seen by the site visit team - Students given copy in handbook - Details of the criteria for compensation, continuation and supplemental examinations. The procedures for discussion, checking and appeal of examination results are explicit (6) Copy of the marks and standards in programme document and also seen by the site visit team

(7) Copy of the marks and standards in curriculum and also seen by the site visit team - Criteria for “compensation, between subjects shall not be permitted.” (8) Curriculum states “successful progression requires the student to be deemed clinically competent at each stage of the programme.” (9) Curriculum states “successful progression requires the student to be deemed clinically competent at each stage of the programme.” -“There is no compensation between theoretical and clinical practice components.” (10) Curriculum states “successful progression requires the student to be deemed clinically competent at each stage of the programme.” (11) Curriculum states “successful progression requires the student to be deemed clinically competent at each stage of the programme.” (12) Curriculum states “students will be assessed on whether competence has been achieved within clinical practice and are deemed to be either competent or not competent, and will be graded on a pass/fail basis.” (13) Curriculum states “successful progression requires the student to be deemed clinically competent at each stage of the programme.”			
Broad categories		Judgements	
Curriculum Course handbook Marks and standards Criteria for compensation procedures	C	P	N

Sub Questions of the Standard			
3.2.4.7 Does the assessment strategy allow compensation between theory and clinical practice components?			
Indicators			
Marks and standards do not allow compensation between theory and practice			
Databits			
(1) No compensation reported and reference is made to the marks and standards (2) No compensation reported (3) As 2 above (4) As 2 above (5) As 2 above (6) As 2 above (7) No compensation permitted (8) No compensation reported -“No compensation may be exercised from, or to, taught clinical placement.” (9) No compensation may be exercised from, or to, subject Taught Clinical Placement.” (10) No compensation may be exercised from, or to, subject Taught Clinical Placement. (11) No compensation may be exercised from, or to, taught Clinical Placement (12) There is no compensation between theory and practice. (13) No compensation reported			
Broad categories		Judgements	
No compensation reported Marks and standards	C	P	N

Sub Questions of the Standard			
3.2.4.8 Is there a mechanism whereby records maintained by the third level institution and health care institution demonstrate that each student meets the declared standards of learning outcomes in clinical and theoretical components and is eligible for registration?			
Indicators			
Individual student record captures the student achievements for registration purposes			
Databits			
(1) Student record is maintained by the HEI with input from the health care institution			
(2) As 1 above			
(3) Student record is maintained by the HEI with input from the health care institution			
- Examinations office keeps records of theoretical and practice assessments			
(4) Student record is maintained by Allocations Officer in the HEI with input from the health care institution			
(5) Student record is maintained by the HEI with input from the health care institution			
- Examinations office keeps records of theoretical and practice assessments			
(6) Student record is maintained by the HEI with input from the health care institution			
-“Students must fulfil the An Bord standards and requirements.”			
(7) Student record is maintained by the HEI with input from the health care institution			
-“Students must meet all requirements of the programme.”			
(8) Student record is maintained by Allocations Officer in the HEI with input from the health care institution			
-“The issue of progression, EU requirements made explicit and no students referred to this matter			
(9) Student record is maintained by Allocations Officer in the HEI with input from the health care institution			
(10) Student record is maintained by Allocations Officer in the HEI with input from the health care institution			
(11) Student record is maintained by Allocations Officer in the HEI with input from the health care institution			
(12) Explicit and specifies that students must meet all the requirements of the programme			
(13) Student record is maintained by Allocations Liaison Officer in the HEI with input from the health care institution			
Broad categories		Judgements	
Student record maintained Record of theoretical and clinical assessment Input for Health Care Institute	C	P	N

Sub Questions of the Standard			
3.2.4.9 Is eligibility to register with An Bord Altranais based on successful completion of the educational programme and the successful achievement of both the theoretical and clinical assessments?			
Indicators			
Individual student record			
Databits			
(1) Eligibility for registration is confirmed within the curriculum (2) Eligibility for registration is confirmed within the curriculum - Assessment records are kept in the examinations office (3) Eligibility for registration is confirmed within the curriculum based on ABA requirements (4) Eligibility for registration is confirmed from the site visit and the curriculum (5) Eligibility for registration is confirmed within the curriculum based on ABA requirements			

(6) Eligibility for registration is confirmed within the programme document based on ABA requirement				
(7) Eligibility for registration is confirmed within the site visit based on ABA requirements				
(8) Eligibility for registration is confirmed from the site visit and the curriculum				
(9) Criteria for registration are evident				
(10) Eligibility for registration is confirmed from the site visit and the curriculum				
-“Ensure minimum E.U. requirements are met.”				
(11) Eligibility for registration is confirmed from the site visit and the curriculum				
(12) Eligibility for registration is confirmed from the site visit and the curriculum				
(13) Eligibility for registration is confirmed from the site visit and the curriculum				
Broad categories		Judgements		
		C	P	N
Individual student record				
Confirmed within curriculum				
Confirmed from site visit				

Sub Questions of the Standard			
3.2.5.1 Are external examiners appointed by the third level institution in accordance with specified criteria?			
Indicators			
Congruence that Extern appointed according to specific criteria of the HEI - CV's of the extern examiner			
Databits			
(1) Site visit reports evidence was supplied to the team (2) Site visit reports evidence supplied to the team. ABA requested CV's to be forwarded to them (3) As 1above (4) As 1 above (5) As 1 above (6) As 1 above (7) As 1 above (8) Site visit reports evidence was supplied to the team -“The college will furnish CV's of extern” (9) HEI criteria in place - Condition of approval requires CV's of external examiners be forwarded to ABA (10) Site visit reports evidence was supplied to the team (11) Site visit reports evidence was supplied to the team - CV's of extern requested by ABA (12) Site visit reports evidence was supplied to the team - CV's requested by ABA (13) Site visit reports evidence was supplied to the team			
Broad categories		Judgements	
Site report evidence CV's requested CV's forwarded	C	P	N

Databits			
(1) Site visit reports evidence supplied to the team. - ABA request the CV's of externs are forwarded to them as part of Annual Report (2) Site visit reports evidence supplied to the team. - ABA requested CV's be forwarded to them (3) Site visit reports evidence supplied to the team. - ABA requested CV's be forwarded to them (4) Site visit reports evidence supplied to the team. - ABA requested CV's be forwarded to them (5) Site visit reports evidence supplied to the team and current extern meets the criteria. - ABA requested CV's be forwarded to them (6) Site visit reports evidence supplied to the team and current extern meets the criteria - ABA requested CV's be forwarded to them (7) Site visit reports evidence supplied to the team and current externs (2) meet the criteria (8) Site visit reports evidence supplied to the team - ABA requested CV's be forwarded to them - "Site visit team had full access to external examiners report, a composite of same per subject/cohort will be forwarded as part of an annual report to ABA." (9) Site visit reports evidence supplied to the team - ABA requested CV's be forwarded to them (10) Site visit reports evidence supplied to the team - ABA requested CV's be forwarded to them (11) Site visit reports evidence supplied to the team - ABA requested CV's be forwarded to them (12) Site visit reports evidence supplied to the team. - ABA requested CV's be forwarded to them (13) Site visit reports evidence supplied to the team - ABA requested CV's be forwarded to them			
Broad categories	Judgements		
	C	P	N
Site visit report CV's forwarded			

Sub Questions of the Standard			
3.2.5.2 Is the role of the external examiner explicit and does it function to:			
<ul style="list-style-type: none"><li>• Maintain the quality and standards of registration programmes;</li><li>• Ensure the assessment strategies for theory and practice are reliable and equitable;</li><li>• Ensure individual students are treated fairly?</li></ul>			
Indicators			
Congruence that the role of the extern is quality assuring the assessment process of the HEI			
Databits			
(1) Site visit reports evidence supplied to the team			
(2) As 1 above			
(3) Site visit reports evidence supplied to the team			
- Criteria outlined in curriculum			
(4) As 1 above			
(5) Site visit reports evidence supplied to the team			
- Criteria outlined in curriculum			
(6) Site visit reports evidence supplied to the team			
(7) Site visit reports evidence supplied to the team			
(8) Site visit reports evidence supplied to the team			
(9) Site visit reports evidence supplied to the team			
(10) Site visit reports evidence was supplied to the team			
(11) Site visit reports evidence supplied to the team			
(12) Site visit reports evidence supplied to the team			
- External examination will “examine and moderate assessment instruments and grades and will be guided by the HEI rules”			
(13) Site visit reports evidence was supplied to the team			
Broad categories		Judgements	
Criteria in curriculum Site visit reports	C	P	N

Sub Questions of the Standard			
3.2.5.3 Do the criteria for selecting external examiners for nursing studies require they:			
<ul style="list-style-type: none"> <li>• Are registered nurses with professional qualifications appropriate to the registration programme being examined;</li> <li>• Hold academic and teaching qualifications and have at least 3 years full-time teaching experience in courses appropriate to the registration programme being examined;</li> <li>• Have experience in examining and assessing registration students;</li> <li>• Have experience in the development, management, delivery and evaluation of registration programmes;</li> <li>• Have at least 2 years full-time experience in the area of clinical practice appropriate to the registration programme being examined.</li> </ul>			
Indicators			
Nursing studies externs are RGN's with 2 years general nursing experience and 3 years teaching experience on general nursing programmes - CV's of the externs			

## APPENDIX E

### Method of Data Analysis

(Example of how the Broad Categories were  
extracted by the Expert Group with Follow-up  
Linkages to the Core Categories)

**METHOD OF DATA ANALYSIS**  
**(Example of how the Broad Categories were extracted by the Expert Group with Follow-up Linkages to the Core Categories)**

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
3.2.1.1. Are all statutory and regulatory requirements of An Bord Altranais and European Directives met?	Hours	Knowledge for practice
<p>3.2.1.2</p> <p>(1) <b>Curriculum Development Committee</b> in situ</p> <p>(2) A course <b>Committee</b> representative of all stakeholders have "an operational remit for the programme." The programme board has an overall remit of programme <b>Development</b> and monitoring quality.</p> <p>(3) Course <b>Committee</b> and Programme Board in situ</p> <p>- Terms of reference of programme board includes "consider and recommend to Faculties new programmes and changes to existing programmes following recommendation as appropriate from Course <b>Committee</b>"</p> <p>(4) A national approach to <b>Curriculum Development</b> was adopted in the <b>Development</b> of this <b>Curriculum</b>" (6 sites).</p> <p>- Course <b>Committee</b> reported by site visit team with "representation from college, nurse education, management and clinical staff."</p> <p>- "Agreement to major amendments will be obtained from (accrediting body)."</p> <p>- "Every year the institute undertakes a review of its courses"</p> <p>(5) Professional Advisory <b>Group</b> exists to work in partnership with and provide advice on all relevant professional nursing and health service issues to the Head of the School" Programme Board in situ, Academic Council, staff/student liaison meetings and education and training <b>Committees</b> in situ.</p> <p>(6) Board of studies oversees the whole programme... A range of <b>Committees</b>...function to co-ordinate the theoretical and clinical dimensions of the programme and facilitate effective liaison between the hospital and the university."</p> <p>(7) Programme Board in situ "programme <b>Development Group</b> for each year" "a strategic <b>Group</b> for the management of all registration programmes and a local joint working <b>Group</b>"</p> <p>(8) "A national approach to <b>Curriculum Development</b> was adopted in the <b>Development</b> of this <b>Curriculum</b>" (6 sites).</p> <p>- "The relationship within and between the</p>	<p><b>Committee Group Curriculum Development</b></p>	<p>Governance</p>

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>Institutes providing nurse education was emphasised.”</p> <ul style="list-style-type: none"> <li>- Nurse Education <b>Committee</b> reported by site visit team with “representation from college, nurse education, management and clinical staff.”</li> <li>-“Agreement to major amendments will be obtained from (accrediting body).”</li> <li>-“Every year the institute undertakes a review of its courses”</li> </ul> <p>(9) A national approach to <b>Curriculum Development</b> was adopted in the <b>Development of this Curriculum</b>” (6 sites).</p> <ul style="list-style-type: none"> <li>-Course Board meetings – 2 per term.</li> <li>-“Joint Academic Workshop which meets bi-monthly” reported by site visit team with “representation from college, nurse education, management and clinical staff.”</li> <li>-“Agreement to major amendments will be obtained from (accrediting body).”</li> <li>-“Every year the institute undertakes a review of its courses”</li> </ul> <p>(10) A national approach to <b>Curriculum Development</b> was adopted in the <b>Development of this Curriculum</b>” (6 sites).</p> <ul style="list-style-type: none"> <li>- “Agreement to any major amendments will be obtained from (accrediting body).”</li> <li>- “Every year the institute undertakes a review of its courses”</li> <li>- “Evidence of partnership structure between college and the health care institutions.”</li> </ul> <p>(11) A national approach to <b>Curriculum Development</b> was adopted in the <b>Development of this Curriculum</b>” (6 sites).</p> <ul style="list-style-type: none"> <li>- Course <b>Committee</b> reported by site visit team with “representation from college, nurse education, management and clinical staff.”</li> <li>- “Agreement to any major amendments will be obtained from (accrediting body).”</li> <li>- “Site visit team was provided with a detailed breakdown of the local, regional and national <b>Committee</b> structures in place”</li> </ul> <p>(12) A BSc Steering <b>Committee</b> exists</p> <p>A programme evaluation structure is outlined which identifies an Annual Course Management Meeting, Staff and Student Consultative <b>Committee</b> and the BSc Steering <b>Committee</b>.</p> <ul style="list-style-type: none"> <li>- Site Visit report states “challenges existed in relation to change and the differing perspectives within the partnership.”</li> </ul> <p>(13) A national approach to <b>Curriculum Development</b> was adopted in the <b>Development of this Curriculum</b> (6 sites).</p> <ul style="list-style-type: none"> <li>- Course <b>Committee</b> reported by site visit team with “representation from college, nurse education, management and clinical staff.”</li> <li>- “Agreement to any major amendments will be obtained from (accrediting body).”</li> </ul>		

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
- "Every year the institute undertakes a review of its courses"		
<b>3.2.1.3</b> (1) Individual student record maintained (2) Individual student record maintained (3) Individual student record maintained in the Department of Nursing. Admissions and Examination office maintain computerised record of student registration and examination results (4) Database kept by the institute of individual student record –"all documentation is returned to the Allocations Officer" (5) Admissions and Exam office maintain computerised record of student registration and exam results (6) "A number of lecturers conduct spot checks on the attendance." "Tutorial attendance in social science is afforded marks." Hospital maintains records. Record of student registration and examination results (7) Individual student record maintained on a database. (8) "Computerised record of individual student." All documentation from attendance at lectures and clinical placements are collated by the institute (9) Database kept by the institute of individual student record. - "All attendance is rigorously monitored." (10) Database kept by the institute of individual student record. -"Allocations officer central to monitoring attendance is in place" (11) Database kept by the institute of individual student record. -"A coordinated and comprehensive recording system is in place." (12) Data is centralised in the School of Nursing (13) Database kept by the institute of individual student record. - " The Allocations Liaison Officer collates the clinical attendance...information is amalgamated into one central record of attendance"	Individual record Database Student record Computerised record	Quality in education
<b>3.2.1.4</b> (1) Clinical placements well monitored difficulty in monitoring lecture attendance but spot checks undertaken. - Evidence reported less than 60% attendance in some lecturers. -"Staff record attendance at tutorials" - Specified in student handbook (2) Clinical placements well monitored. Individual lecturers monitor attendance reported	Well monitored Difficulty in monitoring Monitoring students in clinical placements Monitoring in college	Quality in education

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>to site visit team</p> <p>(3) Clinical placements well monitored. -“College record attendance twice daily”</p> <p>(4) Clinical placements well monitored by CPC’s. Individual lecturers monitor attendance at each lecture reported to site visit team -“Mechanism for recording student attendance was explicit in the student handbook.”</p> <p>(5) Clinical placements well monitored and practice hours are measured to ensure each student has completed sufficient hours so that they may apply for registration on completion of the programme. Individual student record maintained in the Department of Nursing. In college record of attendance maintained during tutorials and laboratory sessions only.</p> <p>(6) Clinical placements well monitored. -“College lecturers within biological and social sciences have complained regarding poor attendance”</p> <p>(7) Difficulties associated with recording attendance were articulated. - “Records of attendance are kept for <b>Group</b> teaching and tutorials.” -“Random checking of large <b>Groups</b>” - “Students with attendance problems are raised at programme board.”</p> <p>(8) “CPC’s monitor placement attendance daily” - “Mechanism for recording student attendance was explicit in the student handbook.” - “Attendance is recorded for every class”</p> <p>(9) Clinical placements well monitored by CPC’s. Individual lecturers monitor attendance at each lecture reported to site visit team. -“Secretaries in the school keep updated records of absences.” -“Regulations regarding student attendance are clearly spelled out in the course and the student handbook.”</p> <p>(10) Clinical placements well monitored by CPC’s. Individual lecturers monitor attendance at lectures “morning and evening” reported to site visit team - “Policies, procedures and disciplinary approaches are used in a partnership approach to ensure minimum EU requirements are met.”</p> <p>(11) Clinical placements well monitored by CPC’s. Individual lecturers monitor attendance at each lecture reported to site visit team - “The commitment of this standard is strengthened by the policy document given to all students.”</p> <p>(12) Clinical placements well monitored by CPC’s. -“Currently recording student attendance occurs informally within the college.”</p>		

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>(13) Clinical placements well monitored by CPC's.</p> <p>- "Daily record of theoretical attendance"</p>		
<p><b>3.2.1.5</b></p> <p>(1) Course <b>Committee</b> meet once per term</p> <p>(2) Programme Board meets to co-ordinate and manage the programme</p> <p>(3) Programme Board meets to co-ordinate and manage the programme "membership emphasises partnership between the key stakeholders in the college and the health care institution."</p> <p>(4) Course <b>Committee</b> meets to co-ordinate and manage the programme</p> <p>- "Structure, terms of reference and membership were evident."</p> <p>(5) Professional Advisory <b>Group</b> meets to co-ordinate and manage the programme.</p> <p>- "The college provided a comprehensive overview of the partnership based structures that exist to facilitate the management of the programme"</p> <p>(6) Programme Team consists of three <b>Groups</b>: programme team, health services personnel, and nurse teachers. "A good reciprocal relationship exists between the key stakeholders in the college and the health care</p> <p>(7) "<b>Curriculum Development</b> and implementation process conducted under the auspices of the <b>Curriculum Development Committee</b>"</p> <p>(8) Nurse Education <b>Committee</b> meets to co-ordinate and manage the programme</p> <p>- "Course boards manage the General programme."</p> <p>(9) Course <b>Committee</b> meets to co-ordinate and manage the programme</p> <p>(10) Nurses are central to the course structures that manage the educational programme.</p> <p>(11) <b>Committees</b> include: a regional consultative <b>Committee</b>, a local tripartite <b>Group</b>, <b>Curriculum Group</b>, course board, strategic management/steering <b>Committee</b> and a hospital based education <b>Committee</b>."</p> <p>- "Structure, terms of reference and membership were evident."</p> <p>(12) "A Course Management Team" meets to co-ordinate and manages the programme "this will advise on the integration of each element of the programme and seek to encourage the continuing review and <b>Development</b> of the programme."</p> <p>(13) <b>Committee</b> representation evident</p>	<p>Meets</p> <p>Co-ordinate</p> <p>Manage</p>	<p>Governance</p>

CODES	BROAD CATEGORIES	CORE CATEGORIES
<p><b>3.2.1.6</b></p> <p>(1) Course <b>Committee</b> in situ</p> <p>(2) Programme Board in situ</p> <p>(3) Programme Board in situ and a <b>Curriculum steering Group</b>, assessment of practice <b>Group</b>, communication <b>Group</b> and a resource <b>Group</b> which include key stakeholders</p> <p>(4) Course <b>Committee</b> in situ</p> <p>- "Representation from college, nurse education, management and clinical staff."</p> <p>(5) Professional Advisory Board in situ and a clinical learning support <b>Group</b> which include key stakeholders</p> <p>(6) Programme Team in situ "The use of a flow chart detailing the <b>Committees</b> and structures that manage the programme. A comprehensive detailed breakdown of the role and function of the key stakeholders within the management of the programme was provided."</p> <p>(7) Programme Board "contains student representatives"</p> <p>"Local Joint Working <b>Group</b> facilitates the participation of the key stakeholders"</p> <p>(8) Nurse education <b>Committee</b> in situ</p> <p>- "Representation from college, nurse education, management and clinical staff."</p> <p>- Course Board manages the programme</p> <p>(9) Course <b>Committee</b> in situ</p> <p>- "Representation from college, nurse education, management and clinical staff."</p> <p>(10) Nurses are central to the course board, academic council, and the exams board</p> <p>(11) Course <b>Committee</b> in situ</p> <p>- "Representation from college, nurse education, management and clinical staff."</p> <p>(12) Course Management Team in situ "full representation of all interests."</p> <p>- "Several hospital-based <b>Committees</b> operate to manage the programme."</p> <p>(13) Local Joint Working <b>Group Committee</b> in situ</p> <p>- "Representation from college, nurse education, management and clinical staff."</p>	<p><b>Committee</b></p> <p>Programme board</p>	<p>Governance</p>

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<b>3.2.1.7</b> (1) University criteria in place (2) University criteria in place (3) University criteria in place (4) HETAC criteria in place (5) Site visit team report university criteria in place (6) University criteria evident (7) Externs "appointed in accordance with University criteria" (8) "External examiners lay an important role in monitoring the appropriateness of the programme and assessment and the standards achieved in both course work and examinations" (10) HETAC criteria in place (11) HETAC criteria in place (12) University criteria in place in the Handbook of Academic administration (13) HETAC criteria in place	Role explicit	Quality in Education
<b>3.2.1.8</b> (1) CV's of staff requested by ABA. - Specialist teachers to programme identified at site visit - 17 WTE nurse tutor staff (2) CV's of staff requested by ABA. - Specialist teachers to programme identified at site visit - 16 WTE nurse tutor staff (3) CV's of staff requested by ABA. - Specialist teachers to programme identified at site visit - 8 WTE nurse tutor staff - 3 non-RNT's (4) CV's of staff requested by ABA. - Specialist teachers to programme identified at site visit - 8 WTE lecturing staff - 2 RNT's - 1 head of Department (5) CV's of staff included in <b>Curriculum</b> . - Specialist teachers to programme identified at site visit - 10 WTE nurse tutor staff - 5 non-RNT's (6) CV's of staff requested by ABA. - Specialist teachers to programme identified at site visit "Clinical nurse and nurse specialists and other members of the multi-disciplinary team provide input into the programme." - 6 WTE nurse tutor staff - 3 non-RNT's (7) CV's of staff requested by ABA. - Specialist teachers to programme identified by the <b>Curriculum</b>	Staffing issues Ratio Qualifications	Quality in Education

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>(8) CV's of staff requested by ABA.          - "College lecturers in physical and social sciences provide a significant input into the programme. A variety of clinical nurses including nurse specialists, nursing practice Development staff, nurse managers and medical staff also contribute to the programme"          - 4 WTE lecturing staff          - 1.5 RNT's          - 1 head of Department</p> <p>(9) CV's of staff requested by ABA.          - Specialist teachers to programme identified at site visit          - 5 lecturing staff          - 5 RNT's          - 1 head of Department</p> <p>(10) Specialist teachers to programme identified at site visit          - 6.5 WTE RNT staff          - 2 RNT's in training          - 1 head of Department</p> <p>(11) CV's of staff requested by ABA.          - Specialist teachers, multidisciplinary health care professionals provide input to the programme as identified at site visit          - Number of tutors not identified</p> <p>(12) CV's of staff requested by ABA.          - Specialist teachers to programme identified at site visit          - "Interdepartmental, lecturers from the department of life sciences, sciences, maths, government and society, psychology and philosophy."          - 1 head of Department          - "List of nurse lecturers to be forwarded to ABA"</p> <p>(13) CV's of staff requested by ABA.          - Specialist teachers to programme identified at site visit          - 2 RNT's          - 1 head of Department          - Recruitment on-going</p>		
<p><b>3.2.1.9</b></p> <p>(1) Ratio 1:12 tutor to student ratio          - CV's of staff requested by ABA          - 17 WTE nurse tutor staff</p> <p>(2) Ratio 1:15 tutor to student ratio          - CV's of staff requested by ABA</p> <p>(3) Ratio 1:15 tutor to student ratio          - CV's of staff requested by ABA</p> <p>(4) Ratio 1:15 tutor to student ratio <b>not</b> achieved          - CV's of staff seen by ABA on site visit</p> <p>(5) Ratio 1:15 tutor to student ratio</p> <p>(6) Ratio 1:25 tutor to student ratio          - CV's of staff requested by ABA</p> <p>(7) Ratio unknown</p>	Ratio	Quality in Education

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<ul style="list-style-type: none"> <li>- CV's of staff requested by ABA</li> <li>(8) Ratio 1:16 tutor to student ratio achieved</li> <li>- CV's of staff seen by ABA on site visit</li> <li>(9) 5 of lecturing staff are RNT's</li> <li>- 5 staff were undertaking RNT programmes</li> <li>- CV's to be forwarded to ABA</li> <li>(10) 2 of the lecturing staff are studying to obtain their RNT qualification</li> <li>(11) Unknown from documentation</li> <li>(12) Unknown</li> <li>- CV's requested by ABA</li> <li>(13) A degree of concern was expressed in relation to some members of staff employed on a temporary or pro-term basis.</li> </ul>		
<b>3.2.1.10</b> <ul style="list-style-type: none"> <li>(1) CV's of staff requested by ABA</li> <li>(2) CV's of staff requested by ABA</li> <li>- 1 acting tutor reported to the site visit team</li> <li>(3) CV's of staff requested by ABA</li> <li>- 3 acting tutors reported to the site visit team</li> <li>(4) 2 of the lecturing staff are at lecturer grade while 6 are at Assistant Lecturer grade</li> <li>- Only 2 of the lecturing staff are RNT's</li> <li>(5) CV's of staff requested by ABA</li> <li>- 5 acting tutors reported to the site visit team</li> <li>(6) CV's of staff requested by ABA</li> <li>- 3 acting tutors reported to the site visit team</li> <li>(7) CV's of staff requested by ABA</li> <li>- Unknown</li> <li>(8) Ratio 1:16 tutor to student ratio achieved</li> <li>- CV's of staff seen by ABA on site visit</li> <li>(9) 5 of the lecturing staff are RNT's</li> <li>- 5 staff were undertaking RNT programmes</li> <li>- CV's to be forwarded to ABA</li> <li>(10) 2 of the lecturing staff are studying to obtain their RNT qualification</li> <li>(11) Unknown from documentation</li> <li>(12) Unknown</li> <li>- CV's requested by ABA</li> <li>(13) A degree of concern was expressed in relation to ...members of staff employed on a temporary or pro-term basis.</li> </ul>	Qualifications Staffing issues	Quality in Education
<b>3.2.1.11</b> <ul style="list-style-type: none"> <li>(1) Experienced tutors are course co-ordinators. CV's requested by ABA</li> <li>(2) Experienced tutors are course co-ordinators</li> <li>(3) Experienced tutors are course co-ordinators "all modules addressing nursing theory/practice content will be led and taught by appropriately qualified registered nurses/midwives."</li> <li>(4) Unknown</li> <li>(5) Experienced tutors are course co-ordinators.</li> <li>- PIN numbers of staff not reported</li> <li>(6) "Nurse tutors co-ordinators and facilitate modules in both the university and the hospital</li> </ul>	Experience Qualification	Quality in Education

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>setting. Tutors have a class tutor responsibility.”          “All nurse teachers contribute to modules addressing nursing theory/practice.”          (7) Degree “coordinated and managed by College lecturers appointed as course leaders by the Head of School. The leaders are responsible for the day-to-day management of the programme.” “Module leader is responsible for ensuring the module is delivered according to Curriculum plan.”          (8) Unknown          (9) Unknown          (10) Unknown          (11) Unknown          (12) Unknown - no evidence collected          - CV’s requested          (13) Teaching staff coordinate modules and programmes at pre-registration level.</p>		
<p><b>3.2.1.12</b>          (1) No practice level agreements reported          - Staff link tutor role in clinical practice          (2) Nurse tutors liase with students while on clinical placement          (3) Nurse tutors acknowledged they could strengthen links with the clinical area but current time constraints and necessary prioritisation of workload limit this          (4) Nurse lecturers/tutors responsible for delivering the theoretical component of the programme do not have involvement in or contact with clinical areas          (5) 4 lecturers maintain clinical contracts for 2-4 days per month          (6) “Teaching staff ...are involved in the large number of <b>Committees</b> central to the operationalisation of the programme and the hospital services”          (7) “The teaching of the clinical aspects will also be facilitated by the college lecturers and by clinical staff.”          (8) “Nurse teachers are involved in continuing and in-service education such as IV study days, cannulation, continence, infection control, cares planning, CPR and ACLS.”          (9) Liaison/link tutor identified “in all areas.”          (10) Link tutor system in operation, links extend across health Board facilities          (11) Nurse lecturers/tutors have a link tutor role in operation          (12) A named link tutor linked to each clinical area          (13) Nurse lecturers/tutors responsible for delivering the theoretical component of the programme “operate a link lecturer system...reported as weak in some areas an non-existent in others</p>	<p>Clinical Links          Liaison Role          Workload</p>	<p>Knowledge for Practice</p>

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p><b>3.2.1.13</b></p> <p>(1) Clinical staffs report a staff <b>Development</b> department. Professional <b>Development</b> planning is in progress in the hospital It is well resourced and has increased staff morale</p> <p>- Diary of staff <b>Development</b> to be sent to ABA</p> <p>(2) Commitment to staff <b>Development</b> acknowledged but mechanism not reported</p> <p>(3) Commitment to staff <b>Development</b> acknowledged but mechanism not developed</p> <p>- "Nurse lecturers will liase with students while on clinical placements"</p> <p>(4) Lecturers have a research remit</p> <p>(5) Commitment to staff <b>Development</b> acknowledged through research and publication,</p> <p>- Link tutor role</p> <p>(6) A journal club exists to promote the appreciation of evidence-based practice at clinical level." "A three week research appreciation is facilitated in the hospital." "A comprehensive range of databases and ward based IT facilities promote and support evidence</p> <p>(7) A significant education and training culture in existence" "A large range of in-service programmes</p> <p>(8) An in-service programme was detailed."</p> <p>(9) 200 staff have undertaken the teaching and assessing course. Many nurse undertaking further studies.</p> <p>(10) Lecturers engage in "continuing and in-service education role...involved in practice <b>Development</b></p> <p>(11) "Currently teaching and assessing and degrees for nurses are offered."</p> <p>- "A regional programme exists"</p> <p>(12) Link tutors system utilised</p> <p>(13) One lecturer is "completing a masters degree to register as a nurse tutor</p>	<p>Staff <b>Development</b></p> <p>Liaison</p> <p>Research</p>	<p>Knowledge for Practice</p>
<p><b>3.2.1.14</b></p> <p>(1) Data not collected</p> <p>(2) As 1 above</p> <p>(3) Commitment to the sub-standard acknowledged but no evidence reported</p> <p>(4) As 1 above</p> <p>(5) No evidence reported</p> <p>(6) No evidence found</p> <p>(7) "The teaching staff will be supported in their work by administrative staff employed within the School."</p> <p>(8) As 1 above</p> <p>(9) Data not found</p> <p>(10) Data not collected</p> <p>(11) Data not found</p> <p>(12) Data not collected</p> <p>(13) There was satisfaction expressed in relation to the administrative support provided...this had</p>	<p>Administrative Staff</p>	<p>Governance</p>

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
been a concern		
<p><b>3.2.1.15</b></p> <p>(1) 7 main computer labs.</p> <ul style="list-style-type: none"> <li>- Some shared teaching with other nursing programmes offered by the college (250 students per intake)</li> <li>- Good IT links between HEI and the main hospital sites</li> <li>- Good audio-visual facilities</li> <li>- Full extensive list of nursing journals and databases in library</li> <li>- Students report being unhappy with access to college libraries due to geographical difficulties</li> <li>- New school building awaiting completion</li> </ul> <p>(2) 12 main computer labs. With total 360 personal computers</p> <ul style="list-style-type: none"> <li>- Some shared teaching with other nursing programmes offered by the college</li> <li>- Good IT links between HEI and the main hospital sites</li> <li>- Good audio-visual facilities</li> <li>- Full extensive list of nursing journals and databases in library</li> <li>- Over 5000 nursing texts in library</li> <li>- Over 1750 seating spaces in library</li> </ul> <p>(3) 12 main computer labs. With total 360 personal computers</p> <ul style="list-style-type: none"> <li>- Some shared teaching with other nursing programmes offered by the college</li> <li>- Good IT links between HEI and the main hospital sites</li> <li>- Good audio-visual facilities</li> <li>- Full extensive list of nursing journals and databases in library</li> <li>- Over 5000 nursing texts in library</li> <li>- Over 1750 seating spaces in library</li> </ul> <p>(4) "One of the most significant deficits in the library is the inadequate number of reading stations which was "based on projected enrolments conducted in 1991"</p> <ul style="list-style-type: none"> <li>- "An electronic database is available to students"</li> <li>- "The hard copy of professional nursing journals on display (or stored) was extremely limited. The stock of nursing texts was inadequate to meet the needs of students. A major investment in the nursing component of the library is required as a matter of urgency if the pre-registration students are to acquire the appropriate skills to enable them deliver evidenced based care to patients/clients."</li> <li>- New building for nursing being constructed.</li> </ul> <p>(5) Computer labs are available to students.</p> <ul style="list-style-type: none"> <li>- Good IT links in the HEI and between HEI and the main hospital site</li> <li>- Very good audio-visual facilities</li> <li>- 400 PC's with many diverse search facilities</li> </ul>	<p>Physical Resources</p> <p>Environmental Resources</p>	<p>Quality of Education</p>

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>and full text options,</p> <ul style="list-style-type: none"> <li>- Mentoring suite,</li> <li>- 18 small <b>Groups</b> for <b>Group</b> study,</li> <li>- New purpose built school</li> </ul> <p>(6) Computer labs. Are available to students.</p> <ul style="list-style-type: none"> <li>- Good IT links in the HEI and between HEI and the main hospital site</li> <li>- Good audio-visual facilities</li> </ul> <p>- "A range of clinical nursing journals is available to students within the library."</p> <p>- "Fulltime librarian manages the services "</p> <p>(7) Students have full access to the educational, social, recreational and support services."</p> <p>- "Library has a very large nursing section"</p> <p>- "There are advanced plans regarding a new school..."</p> <ul style="list-style-type: none"> <li>- College has excellent IT facilities and photocopying facilities are adequate."</li> </ul> <p>- "Students have access to Ethernet which has multiple applications of information technology, including CD-ROM and on-line databases, the internet and e-mail as well as word processing and other data processing software."</p> <p>(8) The library is stocked with a good supply of physical social and nursing science texts. There is ample study areas and access to IT resources."</p> <p>- "An electronic database is available to students"</p> <p>- "Excellent IT facilities were identified."</p> <ul style="list-style-type: none"> <li>- Ratio nearly 1:3 computer to student</li> <li>- Video conferencing facilities, laptops &amp; LCD screen, OHP's, TV &amp; video in each classroom."</li> <li>- New building for nursing being constructed.</li> </ul> <p>(9) An electronic database is available to students"</p> <ul style="list-style-type: none"> <li>- "A budget of 7040 euro per annum is dedicated to nursing journals."</li> <li>- "Evidence of adequate facilities and plans for future <b>Developments</b> demonstrated."</li> </ul> <p>(10) Evidence of appropriate educational facilities and resources within the school of nursing"</p> <ul style="list-style-type: none"> <li>- "There are 3 librarians"</li> <li>- "Across the sites sharing of resources and ease of access"</li> <li>- "From anywhere the student has access to IT."</li> </ul> <p>(11) A comprehensive library resource is available within the campus. A librarian is assigned to address nursing. Space, hardcopy resources and IT/educational resources within the library and the campus are excellent."</p> <ul style="list-style-type: none"> <li>- "A full and comprehensive list of journals specific to the programme was presented to the team."</li> <li>- "Well supplied practice suite and adequate teaching, meeting and office space."</li> <li>- "Comprehensive range of audio-visual support resources."</li> </ul>		

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>(12) There is a large modern library with an extensive nursing section within the college.”</p> <ul style="list-style-type: none"> <li>- “Access to relevant databases”</li> <li>- “Students have full access to the educational, social and recreational and support services within the college.”</li> <li>- “IT and Audio visual and other aids are available.”</li> </ul> <p>(13) “33 different hard copy nursing and health journals available.”</p> <ul style="list-style-type: none"> <li>- “Recently received €34,000 worth of books for the nursing programme”</li> <li>- “Ratio of 1 PC to 5 students exists across campus”</li> <li>- Library under “pressure to provide additional space”</li> <li>- New clinical skills facility “represents a tremendous, if belated, step forward”</li> <li>- “An update regarding the receipt of anticipated equipment for the clinical skills laboratory is to be furnished to ABA”</li> <li>- “Development of the existing site for the construction of a new department” awaited</li> </ul>		
<p><b>3.2.1.16</b></p> <p>(1) Entry criteria explicit. 3 students left in 2002. Oversubscribed in 2003.</p> <p>(2) Entry criteria explicit Exit interview and form filling outlined in <b>Curriculum</b>. 3 students left in 2003</p> <p>(3) Entry criteria explicit Exit interview and form filling outlined in <b>Curriculum</b>. 7 students left in 2002 and 3 in 2003</p> <p>(4) “Students will comply with entry requirements of ABA and the CAO. 4 students left in 2002 and 5 in 2003</p> <p>(5) Entry criteria explicit Exit criteria not reported. 3 students left in 2002 and 4 in 2003.</p> <p>(6) Entry criteria explicit Exit criteria for students not achieving in the programme identified in the Marks and Standards. 6 students left in 2002 and 4 in 2003.</p> <p>(7) Evidence found CAO. 14 students left in 2002 and 5 in 2003</p> <p>(8) Students will comply with entry requirements of ABA and the CAO. 1 student left in 2002 only.</p> <p>(9) Students will comply with entry requirements of ABA and the CAO. No student withdrawals</p> <ul style="list-style-type: none"> <li>- “Successful progression requires the student to be deemed clinically competent.”</li> </ul> <p>(10) Students will comply with entry requirements of ABA and the CAO.</p> <ul style="list-style-type: none"> <li>- No annual report received for 2002, 2003, 2004. No data submitted re withdrawals</li> </ul>	<p>Entry criteria Exit criteria Attrition rates</p>	<p>Governance</p>

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>(11) Students will comply with entry requirements of ABA and the CAO” - 2 withdrawals in 2002-2003</p> <p>(12) Students will comply with entry requirements of ABA and the CAO.” - 3 students left the programme in 2002.</p> <p>(13) Students will comply with entry requirements of ABA and the CAO “ - No attrition reported</p>		
<p><b>3.2.1.17</b></p> <p>(1) Entry criteria explicit. 2 deferrals in 2003</p> <p>(2) Interruption policy in place</p> <p>(3) Interruption policy in place</p> <p>(4) The students reported they were “unsure of the criteria if students missed time on placement due to illness or unforeseen circumstances.”</p> <p>(5) Not reported</p> <p>(6) All passed modules carry an exemption that is limited to a period of 5 years from the date the student originally achieved the exemption. Students who fail to complete required hours and or a pass judgement may repeat”</p> <p>(7) All clinical placements requirements must be completed before the results in the clinical assessment are submitted to the Board of Examiners</p> <p>(8) Data collected from all sources identified is then compiled and computerised records are kept for each student. A mechanism exists to identify potential problems before they arise. The partnership between the college and the health care institutions is to be commended in relation to meeting this essential standard.</p> <p>(9) At course Board meetings (2 per term), student attendance is discussed in combination with performance and actions agreed and implemented. 2 deferrals in 2002</p> <p>(10) The policies “ensure minimum EU requirements are met.” - No annual report received for 2002, 2003, 2004</p> <p>(11) No deferrals reported - “Data is collated and tabulated weekly”</p> <p>(12) Some confusion exists in relation to the '42 days - No deferrals reported to ABA</p> <p>(13) No deferrals reported</p>	<p>Interruption policy Student attendance Deferrals</p>	<p>Governance</p>
<p><b>3.2.1.18</b></p> <p>(1) No evidence</p> <p>(2) Transfer policy most explicit</p> <p>(3) Transfer policy most explicit and comprehensive - Each application looked at on an individual basis</p> <p>(4) Transfer policy not reported. One student transferred in 2002</p>	<p>Transfer Policy ECTS Transfer Numbers</p>	<p>Quality</p>

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>(5) Transfer policy based on ECTS system and allows for "inter-institutional transfer for students within Ireland and abroad"</p> <p>(6) Students who have undertaken relevant studies may be exempt from particular modules. This will be at the discretion of the Board of Studies to be established at the University.</p> <p>(7) No evidence found. 2 students transferred in 2003</p> <p>(8) Transfer policy not reported</p> <p>(9) Transfer policy not reported</p> <p>- No students appear to have transferred out or in between 2002 and 2004</p> <p>(10) Transfer policy not reported</p> <p>- No annual report received for 2002, 2003, 2004</p> <p>(11) 2 transfers accepted in 2004</p> <p>(12) Transfer policy nor numbers not reported</p> <p>(13) No transfers reported</p>		
<p><b>3.2.1.19</b></p> <p>(1) College counselling services, student health services, chaplains, personal tutor system and course leaders are identified as student supports</p> <p>(2) College counselling services, student health services, child care facilities, chaplains and campus ministry, personal tutor system, staff-student forum form student supports</p> <p>(3) College counselling services, sport and recreation, student health services, chaplains and campus ministry, personal tutor system, staff-student forum forms student supports</p> <p>- Student booklet outlines all services</p> <p>(4) College counselling services, student health services, chaplains and campus sport facilities</p> <p>- Studies advisors provided with both an academic and pastoral responsibility</p> <p>(5) College counselling services, excellent sport and recreation facilities, student health services, chaplains and campus ministry, personal tutor system, staff-student forum forms student supports</p> <p>- Student booklet outlines all services</p> <p>(6) College counselling services, sport and recreation, student health services, chaplains and campus ministry, personal tutor system, staff-student forum forms student supports</p> <p>- Student booklet outlines all services</p> <p>(7) Students have access to all student services including recreational facilities and the college counselling services</p> <p>- Student booklet outlines all services</p> <p>(8) Students have full access to all college academic, sporting and support facilities.</p> <p>- "Studies advisors are provided for each student and have both academic and pastoral responsibilities."</p> <p>(9) Identified link tutor and CPC will support the</p>	<p>Student Services Student Support Student Academic Guidance Health Services Counselling</p>	<p>Quality of Education</p>

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>learning process and be available to facilitate students to maximise available learning opportunities.</p> <ul style="list-style-type: none"> <li>- College counselling services, student health services, chaplains and campus sport facilities.</li> </ul> <p>(10) College counselling services, student health services, chaplains and campus sport facilities</p> <ul style="list-style-type: none"> <li>- Studies advisors provided with both an academic and pastoral responsibility</li> </ul> <p>(11) Students have full access to the College educational, social and recreational facilities</p> <ul style="list-style-type: none"> <li>- "Studies advisors provided with both an academic and pastoral responsibility"</li> </ul> <p>(12) College counselling services, student health services, chaplains and campus sport facilities</p> <ul style="list-style-type: none"> <li>- "Students are allocated to Registered nurses and are supported by CPC's"</li> <li>- "It is incumbent upon the educators to support these learners within a student centred approach."</li> </ul> <p>(13) Library, IT and clinical skills only reported.</p> <ul style="list-style-type: none"> <li>- Tutors provide support as academic advisors</li> </ul>		
<p><b>3.2.1.20</b></p> <p>Annual report sent to ABA (x1-9)</p> <p>(10) Annual report not sent to ABA for years 2002, 2003, 2004</p> <p>(11) Annual report sent to ABA</p> <p>(12) Annual report sent to ABA for the intakes of 2002, 2003</p> <p>(13) Annual report sent to ABA in 2004.</p>	Annual Reports	Quality of Education
<p><b>3.2.2.1</b></p> <p>(1) Programme meets ABA and EU input requirements.</p> <p>The content for each of the specialist areas for the 3 years is the same and the learning outcome is the same "discuss the role of the nurse and the principles of caring for the client, in the specialist nursing client <b>Group</b> settings" Curr. 1, p.34, 50, 51, 65, 66</p> <p>(2) Programme meets ABA and EU input requirements in year 2 and 3.</p> <p>(3) Programme meets ABA and EU input requirements</p> <ul style="list-style-type: none"> <li>- Specialist placements experienced between year 2 and year 3.</li> <li>- Theoretical preparation occurs in modules of these years</li> </ul> <p>(4) Programme meets ABA and EU input requirements</p> <ul style="list-style-type: none"> <li>- "Experience a holistic approach to care for patients/clients experiencing a range of medical/surgical problems."</li> <li>- "Emphasis is placed on the provision of the most appropriate care and in particular on primary health care."</li> </ul> <p>2<sup>nd</sup> year main theoretical specialist areas in 3<sup>rd</sup></p>	Holistic Approach An Bord Altranais and EU requirements	Knowledge for Practice

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>year childcare and paediatrics 20 hours no plan or report available to see the clinical exposure of the students to the specialties.</p> <p>(5) Programme meets ABA and EU input requirements</p> <ul style="list-style-type: none"> <li>- Specialist placements experienced between year 2 and year 3 with paediatrics or community in year 4.</li> <li>- Theoretical preparation occurs in modules of these years</li> </ul> <p>(6) Programme meets ABA and EU input requirements</p> <ul style="list-style-type: none"> <li>- Specialist placements experienced between year 2 and year 3.</li> <li>- Theoretical preparation occurs in modules of these years</li> </ul> <p>(7) Programme meets ABA and EU input requirements</p> <ul style="list-style-type: none"> <li>- Specialist placements experienced between year 2 and year 4.</li> <li>- Theoretical preparation occurs in modules of these years</li> </ul> <p>(8) Programme meets ABA and EU input requirements</p> <ul style="list-style-type: none"> <li>- "Taught clinical placement is an integral part of the 4 year programme. ...students will be exposed to a wide variety of clinical allocations which will prepare them to operate within an increasingly complex and demanding health care setting."</li> <li>- 2<sup>nd</sup> year main theoretical specialist areas in 3<sup>rd</sup> year childcare and paediatrics 20 hours no plan or report available to see the clinical exposure of the students to the specialties.</li> </ul> <p>(9) Programme meets ABA and EU input requirements</p> <ul style="list-style-type: none"> <li>- "Experience a holistic approach to care for patients/clients experiencing a range of medical/surgical problems."</li> <li>- 2<sup>nd</sup> year main theoretical specialist areas in 3<sup>rd</sup> year childcare and paediatrics 20 hours no plan or report available to see the clinical exposure of the students to the specialties.</li> <li>- There are 48 areas identified where students can learn in the region."</li> </ul> <p>(10) Programme meets ABA and EU input requirements</p> <ul style="list-style-type: none"> <li>- 2<sup>nd</sup> year main theoretical specialist areas in 3<sup>rd</sup> year childcare and paediatrics 20 hours no plan or report available to see the clinical exposure of the students to the specialties.</li> <li>- "Procuring psychiatric placements for the general students was creating a difficulty"</li> </ul> <p>(11) Programme meets ABA and EU input requirements</p> <ul style="list-style-type: none"> <li>- 2<sup>nd</sup> year main theoretical specialist areas in 3<sup>rd</sup> year childcare and paediatrics 20 hours no plan</li> </ul>		

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>or report available to see the clinical exposure of the students to the specialties.</p> <p>(12) Programme meets ABA and EU input requirements</p> <ul style="list-style-type: none"> <li>- "Skills necessary for providing a holistic approach to caring for patients/clients."</li> <li>- Emphasis is placed in the four-year descriptors on "they can acquire the skills of critical analysis, problem-solving, decision-making, reflective skills, and abilities essential to the art and science of nursing."</li> <li>- Main theoretical specialist areas in 3<sup>rd</sup> year childcare and paediatrics, maternity, older-person, mental health. 4<sup>th</sup> year teaching includes critical care nursing and internship of rostered placement.</li> <li>- Clinical exposure of the students to the specialties occurs during supernumerary placements.</li> </ul> <p>(13) <b>Curriculum</b> attests it meets ABA and EU input requirements</p> <ul style="list-style-type: none"> <li>- 2<sup>nd</sup> year main theoretical specialist areas in 3<sup>rd</sup> year childcare and paediatrics 20 hours.</li> <li>- Programme</li> <li>- Is dependant on a large number of external placements to achieve the required experiences of a registration programme.</li> </ul>		
<p><b>3.2.2.2</b></p> <p>(1) Indicative content requirements appear to be met.</p> <ul style="list-style-type: none"> <li>- <b>Curriculum</b> design is based on Skilbeck's Situational Model purporting to be dynamic, flexible and Lawton's model of cultural analysis of nursing practice for health. Core Broad categories that interweave subjects at a Developmental level comprise the design.</li> </ul> <p>(2) Planning team has ensured that the indicative content outlined by ABA (2000) has been addressed in the programme. The self-audit identifies that the programme has been shaped by the recommendations of the Nursing Education Forum (2000)</p> <ul style="list-style-type: none"> <li>- <b>Curriculum</b> is based on "Beattie's fourfold model of <b>Curriculum</b> design" with Roach's '5C's' of caring identified as "core skills which facilitate the delivery of systematic individualised nursing care."</li> </ul> <p>(3) Planning team has ensured that the indicative content outlined by ABA (2000) has been addressed in the programme. The self-audit identifies that the programme has been shaped by the recommendations of the Nursing Education Forum (2000)</p> <ul style="list-style-type: none"> <li>- An eclectic approach to <b>Curriculum Development</b> has been adopted, informed by the post-technocratic model of French and Cross</li> </ul>	<p><b>Curriculum Model</b> Theoretical Basis Nursing Education Forum Indicative Content</p>	<p>Knowledge for Practice</p>

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>(4) Planning team has ensured that the indicative content outlined by ABA (2000) has been addressed in the programme. The <b>Curriculum</b> identifies that the programme has been shaped by the recommendations of the Nursing Education Forum (2000) "flexibility, eclecticism, transferability and progression, evidence based practice and shared learning are outlined."</p> <p>(5) Planning team has ensured that the indicative content outlined by ABA (2000) has been addressed in the programme. The <b>Curriculum</b> identifies that the programme has been shaped by the recommendations of the Nursing Education Forum (2000) p.5</p> <p>- An integrated <b>Curriculum</b> design is attributed to the programme with no specific theorist identified.</p> <p>(6) Programme document and the indicative content identifies the syllabus of ABA (2000) has been addressed in the programme. The <b>Curriculum</b> outline identifies the programme has been shaped by the recommendations of the Nursing Education Forum (2000)</p> <p>- The <b>Curriculum</b> framework "is conceptualised along two curricular strands – vertical and horizontal." The vertical is "based on becoming a professional nurse" in "five role dimensions" and the horizontal relate to "beliefs and values about nursing, knowledge in nursing and the nature of learning."</p> <p>(7) Planning team has acknowledged the statutory requirements indicative content outlined by ABA (2000). The <b>Curriculum</b> identifies that the programme has been shaped by the recommendations of the Nursing Education Forum (2000)</p> <p>(8) Planning team has ensured that the indicative content outlined by ABA (2000) has been addressed in the programme. The <b>Curriculum</b> identifies that the programme has been shaped by the recommendations of the Nursing Education Forum (2000) "flexibility, eclecticism, transferability and progression, evidence based practice and shared learning are outlined."</p> <p>- "An eclectic approach to <b>Curriculum Development</b> is adopted."</p> <p>(9) Planning team has ensured that the indicative content outlined by ABA (2000) has been addressed in the programme. The <b>Curriculum</b> identifies that the programme has been shaped by the recommendations of the Nursing Education Forum (2000) "flexibility, eclecticism, transferability and progression, evidence based practice and shared learning are outlined."</p> <p>(10) Planning team has ensured that the indicative content outlined by ABA (2000) has been addressed in the programme. The</p>		

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p><b>Curriculum</b> identifies that the programme has been shaped by the recommendations of the Nursing Education Forum (2000) “flexibility, eclecticism, transferability and progression, evidence based practice and shared learning are outlined.”</p> <p>-“Evidence based congruent philosophy centralised on caring.”</p> <p>(11) Planning team has ensured that the indicative content outlined by ABA (2000) has been addressed in the programme. The <b>Curriculum</b> identifies that the programme has been shaped by the recommendations of the Nursing Education Forum (2000) “flexibility, eclecticism, transferability and progression, evidence based practice and shared learning are outlined.”</p> <p>- “<b>Curriculum</b> is based on a post-technocratic model emphasising evidence</p> <p>(12) <b>Curriculum</b> states, “the eclectic approach (Wiles and Bondi 2002, Nurse Education Forum 2000, &amp; Beattie 1987) acknowledges the ethos of adult learning while meeting the standards and requirements of ABA ensured the acquisition of professional competencies at point of registration.”</p> <p>- The <b>Curriculum</b> identifies that the programme has been shaped by the recommendations of the Nursing Education Forum (2000) “flexibility, eclecticism, transferability and progression, evidence based practice and shared learning” are outlined.</p> <p>(13) Planning team has ensured that the indicative content outlined by ABA (2000) has been addressed in the programme. The <b>Curriculum</b> identifies that the programme has been shaped by the recommendations of the Nursing Education Forum (2000) “flexibility, eclecticism, transferability and progression, evidence based practice and shared learning are outlined.”</p>		
<p><b>3.2.2.3</b></p> <p>(1) Nurse tutors are course leaders</p> <p>- 3 core Broad categories underpin the framework of the <b>Curriculum</b></p> <p>- Concepts articulated include valuing the person, caring, rights of the individual, optimal health orientation, choice, knowledge and skill. There is recognition of frailty and illness as well as primary care.</p> <p>- Research is intertwined throughout the programme content.</p> <p>(2) Nurse tutors are course leaders and a diagrammatic representation of the planning and <b>Development</b> of the programme is contained in the <b>Curriculum</b></p>	<p>Evidence-based Nurse Tutors Nursing Concepts</p>	<p>Knowledge for Practice</p>

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>- Selection of programme content has been guided by professional nursing knowledge based on principles identified by the <b>Development Group</b>.</p> <p>(3) Nurse tutors are course leaders</p> <p>- Selection of programme content has not been attributed to a particular nurse theorist</p> <p>- "Philosophy based on holism, individualism, person-centred, caring, and wellness oriented philosophy of nursing that is rationalised and based on evidence."</p> <p>(4) Nurse tutors are course leaders</p> <p>- No particular nursing theory identified which underpins the <b>Curriculum</b> as the document states "the diverse nature of nursing disciplines involved militated against adopting an explicit <b>Curriculum</b> model. Core principles include a bio/psycho/social focus on the individual and the care delivered."</p> <p>(5) Nurse tutors are course leaders</p> <p>- Selection of programme content has not been attributed to a particular nurse theorist</p> <p>- An attributable philosophy is not articulated but the programme seeks to answer questions identified by participants of consultative meetings</p> <p>- Fundamental issues are addressed including compassion for people who are vulnerable and/or disadvantaged; sensitivity to the experience and backgrounds of people in the care of nurses; the distinctive contribution that can be made by nurses in the pursuit of 'health gain'; the personal and professional <b>Development</b> of each individual student; research, knowledge and nursing practice."</p> <p>(6) Nurse tutors are course leaders</p> <p>- Selection of programme content is attributed to Benner's and White's 5 ways of knowing nursing.</p> <p>- Philosophy related to "beliefs and values on nursing, the person receiving nursing care, health and health care, the environment in which nursing is practised and learned, and education and learning" are articulated.</p> <p>(7) <b>Curriculum Development</b> team comprise nurse teachers</p> <p>- Selection of programme content has not been attributed to a particular nurse theorist – four principal courses of study per year</p> <p>- "General nursing is conceptualised as a therapeutic caring process. It is concerned with meeting the deficits in the individual's capacities for health maintenance and health restoration, with particular emphasis on the needs of adults experiencing altered health."</p> <p>(8) Nurse tutors are course leaders</p> <p>- No particular nursing theory identified which</p>		

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>underpins the <b>Curriculum</b> as the document states "the diverse nature of nursing disciplines involved militated against adopting an explicit <b>Curriculum</b> model. Core principles include a bio/psycho/social focus on the individual and the care delivered."</p> <p>- "Nursing theory, nursing research, educational theory and research guide the <b>Curriculum</b>."</p> <p>(9) Nurse tutors are course leaders</p> <p>- No particular nursing theory identified which underpins the <b>Curriculum</b> as the document states "the diverse nature of nursing disciplines involved militated against adopting an explicit <b>Curriculum</b> model. Core principles include a bio/psycho/social focus on the individual and the care delivered."</p> <p>- "Philosophy of the <b>Curriculum</b> is on the wellness to illness continuum"</p> <p>(10) Nurse tutors are course leaders</p> <p>- No particular nursing theory identified which underpins the <b>Curriculum</b> as the document states "the diverse nature of nursing disciplines involved militated against adopting an explicit <b>Curriculum</b> model. Core principles include a bio/psycho/social focus on the individual and the care delivered."</p> <p>- "Centralised on caring"</p> <p>(11) Nurse tutors are course leaders</p> <p>- No particular nursing theory identified which underpins the <b>Curriculum</b> as the document states "the diverse nature of nursing disciplines involved militated against adopting an explicit <b>Curriculum</b> model. Core principles include a bio/psycho/social focus on the individual and the care delivered."</p> <p>- "A systematic approach to nursing care is employed utilising this model."</p> <p>(12) Nurse tutors are course leaders</p> <p>- Nursing theories of Orem and King identified as framing the <b>Curriculum</b> at site visit but not in <b>Curriculum</b> document</p> <p>- "Practice is based on the best available evidence."</p> <p>- "The nursing process is integral to planning care and practice delivery."</p> <p>- "Spiral model"</p> <p>(13) Nurse tutors are course leaders</p> <p>- No particular nursing theory identified which underpins the <b>Curriculum</b> as the document states "the diverse nature of nursing disciplines involved militated against adopting an explicit <b>Curriculum</b> model. Core principles include a bio/psycho/social focus on the individual and the care delivered."</p>		

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p><b>3.2.2.4</b></p> <p>(1) <b>Curriculum Development</b> team comprises all key stakeholders according to site visit team but evidence from the <b>Curriculum</b> suggests it comprises only teaching staff Students are central to evaluation and on the course management team</p> <p>(2) <b>Curriculum Development</b> team comprises clinical, management and education expertise Evaluation tool included in the <b>Curriculum</b> and "is part of becoming a learning organisation" Students, staff and extern examiner evaluate programme</p> <p>(3) <b>Curriculum Development</b> team comprises clinical, management and education expertise - Students not formally involved in <b>Curriculum</b> evaluation but do have an informal involvement - ABA recommend this is prioritised</p> <p>(4) <b>Curriculum Development</b> team comprises clinical, management and education expertise -"Students have a role to play in the evaluation of the <b>Curriculum</b> they would not appear to be central to that process."</p> <p>(5) <b>Curriculum Development</b> team comprises clinical, management and education expertise - Students formally involved in <b>Curriculum</b> evaluation through the office of the registrar which is associated with audit in the college as opposed to formal evaluation to create change in the programme</p> <p>(6) <b>Curriculum Development</b> team comprises clinical, management and education expertise - Students involved in <b>Curriculum</b> evaluation at a module level and a "comprehensive clinical placement evaluation tool" was reported. "Student evaluation data and tutorial evaluation has contributed to change."</p> <p>(7) <b>Curriculum Development</b> team comprises clinical, management and education expertise - Evaluation includes students and the educational and clinical staff employing triangulation."</p> <p>(8) <b>Curriculum Development</b> team comprises clinical, management and education expertise -"Students are involved in student council that has direct access to academic council." "Students participate in the course board." "Formal theory and clinical placement evaluation occurs at the end of each year."</p> <p>(9) <b>Curriculum Development</b> team comprises clinical, management and education expertise -"At the end of the year students will evaluate both theoretical and practical components." -"The JAWS system builds students experiences, comments and suggestions into the <b>Curriculum</b> on an ongoing basis."</p>	<p>All key stakeholders Expertise Students Role</p>	<p>Knowledge for Practice</p>

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>(10) <b>Curriculum Development</b> team comprises clinical, management and education expertise -“No formal mechanism exists, evaluation is considered problematic</p> <p>(11) <b>Curriculum Development</b> team comprises clinical, management and education expertise -“Students are part of the course board, they are central to the annual course review.” -“Evaluation takes place at end of modules, and placements</p> <p>(12) Students not identified in course management arrangements but are involved in programme evaluation at the Staff and Student Consultative <b>Committee</b>, which feeds into the evaluation structure. -“End of module and end of semester evaluation.”</p> <p>(13) <b>Curriculum Development</b> team comprises clinical, management and education expertise -“Evaluation of modules and the programme occurs. There is no formal evaluation of the clinical areas and this would be welcomed by clinicians”</p>		
<p><b>3.2.2.5</b></p> <p>(1) <b>Curriculum</b> purports to be “dynamic and flexible enough to facilitate change in nurse education, nursing practice and health care delivery”...in that it “involves critical appraisal of the school situation” and is systematically <b>Developmental</b> in approach - Sequencing of theory and clinical evident in plan</p> <p>(2) Principles guiding programme design include “the centrality of practice should be made explicit in module outlines...Broad categories should be developed and built on throughout the programme.” Module outline descriptors demonstrate Broad categories are coherent, logically sequenced and facilitate the integration of theory and practice. The site visit reports “change in practice influences curricular <b>Development</b> and review.”</p> <p>(3) Programme is designed to ensure it is coherent, logically sequenced and facilitates the integration of theory and practice. -“Considered responsive and flexible because it is practice driven.”</p> <p>(4) Programme is designed to ensure it is coherent, logically sequenced and facilitates the integration of theory and practice. - <b>Curriculum</b> is “grounded in values and beliefs relating to the nature of four fundamental concepts: nursing, environment, person and health nursing is considered both an art and a science...the nurse practitioner seeks to provide services that meet the preventative, promotional,</p>	<p>Dynamic, Systematic, Flexible, Principles Centrality of practice coherent</p>	<p>Knowledge for practice</p>

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>supportive, curative, rehabilitative and palliative health care needs of families, <b>Groups</b> and communities.”</p> <p>(5) Programme is designed to ensure it is coherent, logically sequenced and facilitates the integration of theory and practice and is <b>Developmental</b>.</p> <p>- Considered responsive and flexible because “the curricula are designed to be responsive to health care need.”</p> <p>(6) “<b>Curriculum</b> is responsive to evidence/research, ABA standards and requirements and modularisation.” “Societal change and needs of the nursing profession create a dynamic for the</p> <p>(7) Programme is designed to ensure it is logically sequenced and diagrammatically it demonstrates vertical and horizontal relationships between the courses and modules.</p> <p>-“The <b>Curriculum</b> is responsive to contemporary issues in health care and is continually updated based on extensive evaluation.”</p> <p>(8) Programme is designed to ensure it is coherent, logically sequenced and facilitates the integration of theory and practice.</p> <p>- <b>Curriculum</b> is “grounded in values and beliefs relating to the nature of four fundamental concepts: nursing, environment, person and health nursing is considered both an art and a science...the nurse practitioner seeks to provide services that meet the preventative, promotional, supportive, curative, rehabilitative and palliative health care needs of families, <b>Groups</b> and communities.”</p> <p>(9) Programme is designed to ensure it is coherent, logically sequenced and facilitates the integration of theory and practice.</p> <p>- <b>Curriculum</b> is “grounded in values and beliefs relating to the nature of four fundamental concepts: nursing environment, person and health nursing is considered both an art and a science...the nurse practitioner seeks to provide services that meet the preventative, promotional, supportive, curative, rehabilitative and palliative health care needs of families, <b>Groups</b> and communities.”</p> <p>(10) Programme is designed to ensure it is coherent, logically sequenced and facilitates the integration of theory and practice.</p> <p>- <b>Curriculum</b> is “grounded in values and beliefs relating to the nature of four fundamental concepts: nursing, environment, person and health nursing is considered both an art and a science...the nurse practitioner seeks to provide services that meet the preventative, promotional, supportive, curative, rehabilitative and palliative</p>		

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>health care needs of families, <b>Groups</b> and communities.”</p> <p>(11) Programme is designed to ensure it is coherent, logically sequenced and facilitates the integration of theory and practice.</p> <p>- <b>Curriculum</b> is “grounded in values and beliefs relating to the nature of four fundamental concepts: nursing, environment, person and health nursing is considered both an art and a science...the nurse practitioner seeks to provide services that meet the preventative, promotional, supportive, curative, rehabilitative and palliative health care needs of families, <b>Groups</b> and communities.”</p> <p>-“NEATE report, ABA, policy changes, programme evaluation and research drive the evolution of the <b>Curriculum</b>.”</p> <p>(12) Programme is designed to ensure it is coherent, logically sequenced and facilitates the integration of theory and practice.</p> <p>- <b>Curriculum</b> is “grounded in values and beliefs relating to the nature of four fundamental concepts: nursing, environment, person and health nursing is considered both an art and a science...the nurse practitioner seeks to provide services that meet the preventative, promotional, supportive, curative, rehabilitative and palliative health care needs of families, <b>Groups</b> and communities.”</p> <p>(13) Programme is designed to ensure it is coherent, logically sequenced and facilitates the integration of theory and practice.</p> <p>- <b>Curriculum</b> is “grounded in values and beliefs relating to the nature of four fundamental concepts: nursing, environment, person and health nursing is considered both an art and a science...the nurse practitioner seeks to provide services that meet the preventative, promotional, supportive, curative, rehabilitative and palliative health care needs of families, <b>Groups</b> and communities.”</p>		
<p><b>3.2.2.6</b></p> <p>(1) Lectures, tutorials, seminars, interactive discussion, <b>Group</b> work, simulation, computer-assisted learning, reflective practice exercises, protected study time, study guides, supervised practice, clinical teaching, clinical laboratories, demonstrations, problem-solving scenarios, case studies, role play, presentations and nursing care conferences comprise the range of strategies employed.</p> <p>(2) Types of strategies “chosen to develop students’ deeper understanding rather than focusing on recall alone...to develop students’ problem solving and analytical skills.” Strategies include: reflective practice, negotiated learning</p>	<p>Teaching learning strategy</p> <p>Reflective practice</p> <p>Problem solving</p> <p>Self direction</p> <p>Student centred</p> <p>Experiential activities</p>	<p>Knowledge for Practice</p>

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>contracts, experiential learning includes role play, debating, student presentations, clinical laboratories, demonstrations. Lectures were cited 29 times as a strategy, small <b>Group</b> work 14 times, seminars 12 times, interactive discussion 9 times, experiential activities 10 times, with other strategies cited less than 5 times each: protected study time, study guides, supervised practice, clinical teaching and case studies "congruent on the subject matter."</p> <p>(3) "Reflection is a key learning strategy employed in the programme." Strategies include: reflective practice, negotiated learning contracts, experiential learning includes role play, debating, student presentations, clinical laboratories, demonstrations. Lectures were the most cited strategy (n=29), seminars (n=12), interactive discussion (n=9), <b>Group</b> work (n=14), protected study time, study guides, supervised practice, clinical teaching and case studies "congruent on the subject matter."</p> <p>(4) Types of strategies include: Lectures, tutorials, seminars, clinical and interpersonal skills, reflective practice <b>Groups</b>, use of case studies and simulations, small <b>Group</b> work teaching, experiential learning, role play, reading. Reflection is a key learning strategy and each student is guaranteed 4 hours of reflective time per week in clinical practice.</p> <p>- Students stated they "spent many contact hours in the classroom and most of the theoretical component of the course was delivered by lecturers."</p> <p>(5) Within the college there is a reliance on lectures, demonstrations and tutorials. The variety ranges from structured to unstructured, teacher to student-centred and includes computer assisted learning."</p> <p>- Strategies not included</p> <p>(6) College depends on lectures, <b>Group</b> work/discussion and tutorials</p> <p>- Lectures were the most cited strategy (n=41), seminars (n=3), tutorials (n=27) <b>Group</b> work/discussion (n=30), protected study time, role-play, study guides, supervised practice, clinical teaching/practical workshops and reflection "congruent on the subject matter."</p> <p>(7) Lectures were the most cited strategy (n=36), seminars (n=19), interactive discussion (n=19), workshops (n=12) <b>Group</b> work (n=6), case studies (n=8), IT based strategies (n=6), video assisted discussion (n=7), practical (n=5), and most notably reflection only cited 5 times in all the unit descriptors.</p> <p>- "Strategies range from student to teacher centred. The focus is on the <b>Development</b> of self-directed and autonomous learners."</p>		

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>(8) Types of strategies include: "Lectures n=23, tutorials n=10, seminars n=10, practical demonstration n=9, reflective practice n=13, care studies n=13 and simulations n=9, small <b>Group</b> work n=13, role play n=10, <b>Group</b> discussion n=17, projects n=12, AV n=15.</p> <p>- "Students will be expected to reflect upon their own practice and the theoretical issues relevant to it."</p> <p>- Clinical placements use "supervised practice, role modelling, ward report, care plans case conferences, clinical rounds, multi-disciplinary team meetings, peer <b>Group</b> teaching, recording of critical incidents, clinical supervision, preceptorship, supervised ward management."</p> <p>- "strategies were identified on a continuum from student-centred to teacher-centred."</p> <p>(9) Types of strategies include: "Lectures n=23, tutorials n=10, seminars n=10, practical demonstration n=9, reflective practice n=13, care studies n=13 and simulations n=9, small <b>Group</b> work n=13, role play n=10, <b>Group</b> discussion n=17, projects n=12, AV n=15.</p> <p>- "Students will be expected to reflect upon their own practice and the theoretical issues relevant to it."</p> <p>- Clinical placements use "supervised practice, role modelling, ward report, care plans, case conferences, clinical rounds, multi-disciplinary team meetings, peer <b>Group</b> teaching, recording of critical incidents, clinical supervision, preceptorship, supervised ward management."</p> <p>- "Selected as appropriate to the subject, the student and teacher and the context in which the learning is taking place."</p> <p>(10) Types of strategies include: "Lectures n=23, tutorials n=10, seminars n=10, practical demonstration n=9, reflective practice n=13, care studies n=13 and simulations n=9, small <b>Group</b> work n=13, role play n=10, <b>Group</b> discussion n=17, projects n=12, AV n=15.</p> <p>- "There is an evidence based linkage between strategies utilised and the content of the module/unit of study."</p> <p>(11) Types of strategies include: "Lectures n=23, tutorials n=10, seminars n=10, practical demonstration n=9, reflective practice n=13, care studies n=13 and simulations n=9, small <b>Group</b> work n=13, role play n=10, <b>Group</b> discussion n=17, projects n=12, AV n=15.</p> <p>- "Students will be expected to reflect upon their own practice and the theoretical issues relevant to it."</p> <p>- Clinical placements use "supervised practice, role modelling, ward report, care plans, case conferences, clinical rounds, multi-disciplinary team meetings, peer <b>Group</b> teaching, recording</p>		

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>of critical incidents, clinical supervision, preceptorship, supervised ward management.”- “selected as appropriate to the subject, the student and teacher and the context in which the learning is taking place.”</p> <p>(12) <b>Curriculum</b> states “teaching and learning strategies which promote evidence-based practice through research, critical thinking, and reflection.”</p> <p>–“Strategies are determined within college based on subject matter and <b>Group</b>/class size.”</p> <p>“Lectures, tutorials, practical demonstrations and supervised practice are the dominant strategies within college.”</p> <p>Each module identifies the same range of teaching strategies so it cannot be determined from the <b>Curriculum</b> which ones are most widely used. In addition to the above strategies include, discussion, seminars, reflective practice, <b>Group</b> work, small <b>Group</b> teaching, enquiry-based learning, SDL, role play, audio visual, laboratory and reading.</p> <p>(13) Types of strategies in the <b>Curriculum</b> include: “Lectures, tutorials, seminars, clinical and interpersonal skills, reflective practice <b>Groups</b>, use of care studies and simulations, small <b>Group</b> work teaching, experiential learning, role play, reading. Reflection is a key learning strategy and each student is guaranteed 4 hours of reflective time per week in clinical practice.”</p> <p>–“A full and broad range of teaching methodologies is advocated within the programme.”</p>		
<p><b>3.2.2.7</b></p> <p>(1) Discussion <b>Group</b>, tutorial, reflective writing, lecture and role modelling appear the most favoured strategies identified from the individual units of learning from the <b>Curriculum</b> however only the nursing units attribute strategies with the other strategies employed less frequently. Some strategies not utilised in the units as seen below</p> <p>Lectures (n=6); tutorials (n=7); seminars (n=4); interactive discussion (n=7); <b>Group</b> work (n=4); simulation, computer-assisted learning, reflective practice exercises (n=7; protected study time, study guides, supervised practice, clinical teaching, clinical laboratories, demonstrations (n=5); problem-solving scenarios, care plans (n=4); case studies (n=1); role modelling (n=7); presentations / case conferences (n=1); Workshop (n=3); Team meetings (n=1); Practicals (n=1); Lab. Work (n=2); Experiential learning (n=2); Nursing care conference</p>	Teaching and learning strategies	Knowledge for Practice

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>(2) "A variety of teaching strategies are employed in the programme. They are congruent with the subject matter. An outline of the teaching strategies used is made explicit in all nursing units" although a comprehensive idea of the utilisation of the most used strategies for each unit of study is not possible to identify.</p> <p>(3) Lecture, discussion <b>Group</b> and reflection appear the most favoured strategies with the other strategies employed less frequently</p> <p>(4) Lecture, discussion <b>Group</b> and reflection appear the most favoured strategies with the other strategies employed less frequently.</p> <ul style="list-style-type: none"> <li>- The breakdown of strategies is not explicit in the <b>Curriculum</b></li> <li>- The <b>Curriculum</b> is content driven with an over-reliance on lectures</li> <li>- Evidence within the timetable that there is some utilisation of tutorials and <b>Group</b> work for certain subjects.</li> </ul> <p>(5) The aims of the programme infer a wide range of approaches but no evidence could be found to support a finding</p> <ul style="list-style-type: none"> <li>- There is a reliance on lectures, demonstrations and tutorials. The variety ranges from structured to unstructured, teacher to student-centred and includes computer assisted learning."</li> </ul> <p>(6) Lecture, discussion <b>Group</b> and reflection appear the most favoured strategies with the other strategies employed less frequently. IT. was cited on four occasion but it be gleaned that as a strategy it was available more than cited</p> <p>(7) Lecture, seminar, discussion appear the most favoured strategies with the other strategies employed less frequently</p> <p>(8) Lecture, discussion <b>Group</b> and reflection appear the most favoured strategies along with audio-visual aids and the other strategies employed less frequently.</p> <ul style="list-style-type: none"> <li>- Evidence within the timetable that there is some utilisation of tutorials and <b>Group</b> work for certain subjects.</li> </ul> <p>(9) Lecture, discussion <b>Group</b> and reflection appear the most favoured strategies with the other strategies employed less frequently.</p> <ul style="list-style-type: none"> <li>- Evidence from the site visit "lesson plans are available that demonstrate other approaches"</li> </ul> <p>(10) Lecture, discussion <b>Group</b> and reflection appear the most favoured strategies with the other strategies employed less frequently.</p> <ul style="list-style-type: none"> <li>- "Eclectic variety of teaching strategies employed."</li> </ul> <p>(11) Lecture, discussion <b>Group</b> and reflection appear the most favoured strategies with the other strategies employed less frequently.</p> <ul style="list-style-type: none"> <li>- "A wide range of strategies including teacher and student centred approaches reflecting the</li> </ul>		

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>educational philosophy is employed across the programme.”</p> <p>(12) The breakdown of strategies is not explicit in the <b>Curriculum</b></p> <p>-“College has Dean of Teaching and Learning.”</p> <p>(13) Lecture, discussion <b>Group</b> and reflection appear the most favoured strategies with the other strategies employed less frequently.</p> <p>- The breakdown of strategies is not explicit in the <b>Curriculum</b></p> <p>-“Concerns regarding the length of the teaching day were raised by the students, these concerns are contrary to the philosophy of the programme”</p>		
<p><b>3.2.2.8</b></p> <p>(1) The 6 learning outcomes of the programme and the 3 aims of the clinical placement state concepts are part of the overall and individual unit learning outcomes of the programme.</p> <p>- Reflection is identified throughout the programme as a teaching/learning strategy(see 3.2.1.7)</p> <p>(2) The self audit states “content and assessment strategies... will assist them to problem solve in a variety of contexts, select information appropriate to their practice, and use pertinent research Codes.”</p> <p>- The 3 concepts are part of the overall (p.64) and individual unit learning outcomes and assessment strategies of the programme.</p> <p>- Reflection is “incorporated into various units of the programme. CPC’s and Nurse Tutors assist students reflect on their experiences during clinical placement.”</p> <p>- A discreet section of the <b>Curriculum</b> is devoted to reflective practice (p.164)</p> <p>(3) The concepts are part of the overall and individual unit learning outcomes and assessment strategies of the programme</p> <p>(4) The concepts are part of the overall and individual unit learning outcomes and assessment strategies of the programme including formulation of formal essays; nursing care plans; critical incident analysis, research proposal and the submission of work demonstrating competence.</p> <p>- In year 1 “students are introduced to the concept of reflective practice in theory as a teaching strategy “<b>Group</b> reflection” and content as “the nature of reflection; reflection and nursing; reflective journals and diaries.”</p> <p>- Students are “allocated 4 hours per week protected time-out from service delivery for reflection and clinical supervision during supernumerary and rostered placements.”</p> <p>-“Students’ opportunity to reflect and engage in self-discovery is primarily confined to their time</p>	<p>Reflection</p> <p>Problem Solving</p> <p>Ethical dimension of nursing care</p> <p>Work care plans</p> <p>Work assessment</p>	<p>Knowledge for Practice</p>

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>within clinical allocations.”</p> <p>(5) The concepts are articulated as part of the overall aim and learning objectives and individual unit learning outcomes and assessment strategies of the programme e.g. “adopt a reflective, problem-solving approach that ensures that the ethical dimension of nursing care is recognised and respected</p> <p>(6) The concepts are expressed in the terminal characteristics and the aims of the programme.</p> <ul style="list-style-type: none"> <li>- The individual units of learning identify module outcomes e.g. “to enable students to develop critical thinking about moral perspectives and to deal effectively with ethical dilemmas encountered in practice.”</li> <li>- Reflection underpins the philosophy of the programme.”</li> </ul> <p>(7) The concepts are part of the overall aim of the programme and individual unit learning outcomes and the teaching methods of the programme.</p> <ul style="list-style-type: none"> <li>- Research is taught in year 2 and year 4 and assessed accordingly.</li> </ul> <p>(8) The concepts are part of the overall and individual unit learning outcomes and assessment strategies of the programme including formulation of formal essays; nursing care plans; critical incident analysis, research proposal and the submission of work demonstrating competence.</p> <ul style="list-style-type: none"> <li>- “Theoretical concepts underlying reflection addressed in year 1, assignments incorporate reflective dimensions, reflection in practice is commenced during the first clinical placement.” - “<b>Group reflection</b>” and content as “the nature of reflection; reflection and nursing; reflective journals and diaries.”</li> <li>- Students are “allocated 4 hours per week protected time-out from service delivery for reflection and clinical supervision during supernumerary and rostered placements.”</li> </ul> <p>(9) The concepts are part of the overall and individual unit learning outcomes and assessment strategies of the programme including formulation of formal essays; nursing care plans; critical incident analysis, research proposal and the submission of work demonstrating competence.</p> <ul style="list-style-type: none"> <li>- Reflection is built into the <b>Curriculum</b> and is taught as a learning strategy.”</li> <li>- In year 1 “students are introduced to the concept of reflective practice in theory as a teaching strategy “<b>Group reflection</b>” and content as “the nature of reflection; reflection and nursing; reflective journals and diaries.”</li> <li>- Students are “allocated 4 hours per week protected time-out from service delivery for</li> </ul>		

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>reflection and clinical supervision during supernumerary and rostered placements.”</p> <p>-“Students’ opportunity to reflect and engage in self-discovery is primarily confined to their time within clinical allocations.”</p> <p>(10) The concepts are part of the overall and individual unit learning outcomes and assessment strategies of the programme including formulation of formal essays; nursing care plans; critical incident analysis, research proposal and the submission of work demonstrating competence.</p> <p>- In year 1 “students are introduced to the concept of reflective practice in theory as a teaching strategy “<b>Group reflection</b>” and content as “the nature of reflection; reflection and nursing; reflective journals and diaries.”</p> <p>- Students are “allocated 4 hours per week protected time-out from service delivery for reflection and clinical supervision during supernumerary and rostered placements.”</p> <p>-“A collaborative exercise to link theory and practice.”</p> <p>(11) The concepts are part of the overall and individual unit learning outcomes and assessment strategies of the programme including formulation of formal essays; nursing care plans; critical incident analysis, research proposal and the submission of work demonstrating competence.</p> <p>- In year 1 “students are introduced to the concept of reflective practice in theory as a teaching strategy</p> <p>- Students are “allocated 4 hours per week protected time-out from service delivery for reflection and clinical supervision during supernumerary and rostered placements.”</p> <p>-“A variety of models of reflection are utilised.”</p> <p>-“Students utilise a model of their choice to complete some theoretical assessment.”</p> <p>(12) The concepts are part of the <b>Curriculum</b> design.</p> <p>-“Critical analysis technique is employed.”</p> <p>- The concepts are articulated associated with the clinical placements content.</p> <p>(13) The concepts are part of the overall and individual unit learning outcomes and assessment strategies of the programme including formulation of formal essays; nursing care plans; critical incident analysis, research proposal and the submission of work demonstrating competence.</p> <p>-“Significant support required in terms of clinical facilitation of this process. While this is identified in the <b>Curriculum</b> (p.13) it was not experienced in reality...students are afforded the time for reflection however in many areas</p>		

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
registered nurses find facilitating this difficult.”		
<p><b>3.2.2.9</b></p> <p>(1) <b>Curriculum</b> states “learning outcomes of the programme will be fully integrated into the assessment strategy at all levels and will include assessments such as examinations, essays, clinical projects, clinical skills, laboratory techniques, literature review, critiquing research, reflective practice, clinical assessments</p> <p>(2) Clinical and theoretical learning are assessed according to a plan</p> <ul style="list-style-type: none"> <li>- Competency assessment outlined in detail to reflect ABA e-learning</li> </ul> <p>(3) Clinical and theoretical learning are assessed according to a plan</p> <ul style="list-style-type: none"> <li>- Competency assessment outlined in detail to reflect ABA e-learning</li> </ul> <p>(4) Clinical and theoretical learning are assessed through continuous assessment and final examination for the 5 subject areas in each of the 4 years of the programme. In addition to the identified written assignment and exam there is a written case study, research critique, literature review, and research proposal. Taught clinical placement is assessed through a workbook and a project for each of the four years.</p> <ul style="list-style-type: none"> <li>- The aim of the course “is to prepare a competent knowledgeable and accountable practitioner, who can provide holistic, systematic care for individuals and <b>Groups</b> in a variety of settings within an increasingly culturally diverse health care system.”</li> <li>- The learning outcomes are those of ABA 2000 p.13</li> </ul> <p>(5) Clinical and theoretical learning are assessed according to a plan.</p> <ul style="list-style-type: none"> <li>- OSCE and practice portfolio are outlined.</li> <li>- Transferable skills and their attributes of communication; <b>Group</b> work; interpersonal; personal; organisational; problem solving; social and community awareness; resource management; information technology; clinical nursing skills are identified.</li> </ul> <p>(6) Clinical and theoretical learning are assessed according to a plan</p> <ul style="list-style-type: none"> <li>- Clinical practice required completion of hours and clinical workbook</li> </ul> <p>(7) Clinical and theoretical learning are assessed according to a plan</p> <ul style="list-style-type: none"> <li>- Competency assessment outlined in detail to reflect ABA e-learning and ABA documents</li> </ul> <p>(8) Clinical and theoretical learning are assessed through continuous assessment and final examination for the 5 subject areas in each of the 4 years of the programme. In addition to the identified written assignment and exam there is a</p>	<p>Assessment strategy</p> <p>Clinical nursing skills</p> <p>Clinical assessment</p> <p>Theory assessment</p> <p>OSCE Workbook</p> <p>Continuous Assessment</p> <p>Final Exam</p>	<p>Knowledge for Practice</p>

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>written case study, research critique, literature review, and research proposal. Taught clinical placement is assessed through a workbook and a project for each of the four years.</p> <p>- The aim of the course "is to prepare a competent knowledgeable and accountable practitioner, who can provide holistic, systematic care for individuals and <b>Groups</b> in a variety of settings within an increasingly culturally diverse health care system."</p> <p>- The learning outcomes are those of ABA 2000 p.13</p> <p>(9) The aim of the course "is to prepare a competent knowledgeable and accountable practitioner, who can provide holistic, systematic care for individuals and <b>Groups</b> in a variety of settings within an increasingly culturally diverse health care system."</p> <p>- The learning outcomes are those of ABA 2000 p.13 (10)</p> <p>(10) The aim of the course "is to prepare a competent knowledgeable and accountable practitioner, who can provide holistic, systematic care for individuals and <b>Groups</b> in a variety of settings within an increasingly culturally diverse health care system."</p> <p>- The learning outcomes are those of ABA 2000 p.13</p> <p>(11) Clinical and theoretical learning are assessed through continuous assessment and final examination for the 5subject areas in each of the 4 years of the programme. In addition to the identified written assignment and exam there is a written case study, research critique, literature review, and research proposal. Taught clinical placement is assessed through a workbook and a project for each of the four years.</p> <p>- The aim of the course "is to prepare a competent knowledgeable and accountable practitioner, who can provide holistic, systematic care for individuals and <b>Groups</b> in a variety of settings within an increasingly culturally diverse health care system."</p> <p>- The learning outcomes are those of ABA 2000 p.13</p> <p>(12) Clinical and theoretical learning are assessed through continuous assessment and final examination for the 6 modules in each of the 2 semesters of the 4 year programme. In addition to the identified written assignments and examinations there is a written case study, research critique, literature review, and research proposal. Taught clinical placement is assessed through a workbook and a project for each of the four years.</p> <p>- The learning outcomes are those of ABA 2000</p>		

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>p.13 (13) The aim of the course “is to prepare a competent knowledgeable and accountable practitioner, who can provide holistic, systematic care for individuals and <b>Groups</b> in a variety of settings within an increasingly culturally diverse health care system.” - The learning outcomes are those of ABA 2000 p.13</p>		
<p><b>3.2.2.10</b> (1) Internal quality assurance is in place through evaluation, course management team and <b>Curriculum Development</b> team. Site visit reports “within the hospital evidence offered of extensive evaluation and audit in relation to aspects of practice and the clinical learning environment.” (2) Internal quality assurance is in place through evaluation, course management team and <b>Curriculum Development</b> team. Clinical audit tool being developed and piloted will be forwarded to ABA (3) Internal quality assurance is in place through course management team and <b>Curriculum Development</b> team. Informal evaluation exists. Clinical audit tool to be forwarded to ABA (4) Internal quality assurance is in place through evaluation, course management team and <b>Curriculum Development</b> team. Clinical audit tool was forwarded to ABA - CNE provides a four-day teaching and assessing programme to prepare staff to support students in the clinical area. -“There is evidence of the support given to staff in the clinical areas to access further education.” (5) Internal quality assurance is in place through a quality and audit officer. External examiner system and partnership structures within the management of the programmes are cited as supporting indicators. - A clinical learning audit <b>Group</b> has been formed . (6) Internal quality assurance is in place through quality audit tool. Formal evaluation exists. Clinical audit results to be forwarded to ABA (7) “A QA/QI self-assessment has been set u in college” Clinical sites (2) “audit structures processes and outcomes. Involved in accreditation.” ”QA approach to the clinical area and to learning within the clinical area.” (8) An educational and clinical audit is in progress...external examiner system...course management structures and partnership between clinicians, nurse educators and Institute and students.. feedback to course management from CNM’s and CPC’s considered invaluable.</p>	<p>Internal Quality Assurance Clinical Audit Evaluation Clinical Learning Audit <b>Group</b> Quality and Audit Officer External Examiner System</p>	<p>Quality</p>

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>Student policies support mechanisms and feedback on assignments.”</p> <p>(9) Internal quality assurance is in place through evaluation, course management team and <b>Curriculum Development</b> team. Clinical audit tool was forwarded to ABA</p> <p>-“An active <b>Committee</b> is in existence that is well supported by Practice <b>Development</b> and Nursing management.”</p> <p>- A condition of approval was “an outline of the quality indicators employed within the health care institution to be submitted to ABA.”</p> <p>(10) Internal quality assurance is in place through Clinical audit tool every 2 years</p> <p>-“Students expressed concern regarding their placements within the large geographic area of the region.”</p> <p>-There is evidence of the support given to staff in the clinical areas to access further education.</p> <p>(11) Evidence of quality indicators across most dimensions of the programme. Educational audit tool utilised within all clinical placements.” – Booklet of further education “based on local needs analysis” produced annually.</p> <p>(12) Within the college each programme undergoes a rigorous process through different stages.”</p> <p>-“Through the department, academic review <b>Committee</b> and academic council. Student structures evaluation process, external examiner process and the course management team meetings act as quality safeguards.”</p> <p>(13) Internal quality assurance is in place through evaluation, course management team and <b>Curriculum Development</b> team. Clinical audit tool awaited by ABA</p> <p>-There is evidence of support given to staff in the clinical areas to access further education but it is at a “<b>Developmental</b> stage.”</p> <p>- Limited support from nurse academics/lecturers in terms of clinical experience/learning in practice.</p>		
<p><b>3.2.2.11</b></p> <p>(1) No evidence found</p> <p>(2) “Students complete one elective module in year 3 semester 1 which may provide opportunity for travel. Criteria and mechanisms will be considered on an individual basis”</p> <p>Electives are literature or community based with one entitled ‘nursing in developing worlds’</p> <p>(3) HEI has provision for elective placement. “Criteria and mechanisms for exchange will be considered on an individual basis.”</p> <p>(4) No evidence</p> <p>(5) HEI has provision for elective placement. And inter-institution transfer.</p>	<p>Elective Module</p> <p>Elective Placement</p> <p>Nursing in</p> <p>Developing Worlds</p>	<p>Knowledge for Practice</p>

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>(6) No evidence found</p> <p>(7) Two large general hospitals associated with the HEI</p> <ul style="list-style-type: none"> <li>- Specialist placements in established approved hospitals (psychiatric, children's, midwifery)</li> <li>- Additional placements occur in other health Board sites that were visited</li> <li>- "Congruence between the <b>Curriculum</b> and the clinical sites."</li> <li>- "The value of nursing as a contributory factor to healing, well-being and the centrality of the patient with in the ...philosophy was realised in the individual units visited through the locally devised mission statements."</li> </ul> <p>(8) College utilises the 'Leonardo' programme and this has been successful with exchanges in place. The International affairs coordinator in college liaises with the programme</p> <p>(9) No evidence found</p> <p>(10) No evidence found</p> <p>(11) No evidence found</p> <p>(12) No evidence found</p> <p>(13) No evidence found</p>		
<p><b>3.2.3.1</b></p> <p>(1) cursory reference to the approved practice placement is mentioned as a named institution in the <b>Curriculum</b></p> <ul style="list-style-type: none"> <li>- Two large general hospitals associated with the HEI</li> <li>- Specialist placements in established approved hospitals (midwifery, children's, psychiatric)</li> <li>- Additional placements occur in sites that were visited by the ABA team to be approved</li> <li>- Roper Logan Tierney model of nursing care in 3 sites and, Nottingham model in one site, 2 sites don't identify the name of model used</li> <li>- Learning is viewed as a continuous process for which responsibility is shared</li> </ul> <p>(2) Two large general hospitals associated with the HEI</p> <ul style="list-style-type: none"> <li>- Specialist placements in established approved hospitals (psychiatric)</li> <li>- Additional placements occur in other health Board sites that were visited by the ABA team</li> <li>- Philosophy of nursing addresses concepts of "caring, dignity, health orientation, and the person as an individual."</li> <li>- Roper, Logan, Tierney model of nursing care in both institutions</li> </ul> <p>(3) One large general hospital associated with the HEI</p> <ul style="list-style-type: none"> <li>- Specialist placements in established approved hospitals (psychiatric)</li> <li>- Additional placements occur in other health Board sites that were visited</li> <li>- Teaching team's beliefs about nursing include</li> </ul>	<p>Models of Nursing</p> <p>Specialist Placement</p> <p>Philosophy of nursing</p> <p>Teaching beliefs</p> <p>Beliefs of nursing</p> <p>Nursing process</p> <p>Clinical placements</p> <p>Up-to-date law</p> <p>Interpretation of theory and practice</p>	<p>Knowledge for Practice</p>

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>facilitation, caring, accountability, teamwork and collaboration and knowledgeable and clinically competent.</p> <p>(4) One large general hospital associated with the HEI</p> <ul style="list-style-type: none"> <li>- Specialist placements in established approved hospitals (psychiatric)</li> <li>- Additional placements occur in other health Board sites that were visited by the ABA team to be approved</li> <li>- Objectives of placements reflective of ABA objectives</li> <li>- "The nursing process is utilised with the Roper Logan and Tierney model of nursing care. Evidence of team nursing and the utilisation of a triage system are evident."</li> </ul> <p>(5) Two large general hospitals associated with the HEI</p> <ul style="list-style-type: none"> <li>- Specialist placements in established approved hospitals (psychiatric, paediatrics and midwifery)</li> <li>- Additional placements occur in other health Board sites that were visited</li> <li>- <b>Curriculum</b> states, "the practice of nursing and clinical learning is an essential part of the nursing <b>Curriculum</b>... "Structures and processes are needed to ensure the integration of theory and practice and effective collaboration between third-level nurse lecturers, students and clinical staff in the practice setting." How this is achieved is not articulated.</li> <li>- Beliefs about nursing include interactive caring process, teamwork and most up-to-date knowledge and skills based on a model of nursing which reflects the holistic nature of patient care</li> </ul> <p>(6) Three large general hospitals associated with the HEI</p> <ul style="list-style-type: none"> <li>- Specialist placements in established approved hospitals (psychiatric and midwifery)</li> <li>- Additional placements occur in other health Board sites that were visited</li> <li>- Holistic approach to care espoused. Roper et al model of nursing utilised in the three practice settings.</li> </ul> <p>(7) Two large general hospitals associated with the HEI</p> <ul style="list-style-type: none"> <li>- Specialist placements in established approved hospitals (psychiatric, children's, midwifery)</li> <li>- Additional placements occur in other health Board sites that were visited</li> <li>- "Congruence between the <b>Curriculum</b> and the clinical sites."</li> <li>- "The value of nursing as a contributory factor to healing, well-being and the centrality of the patient with in the ... philosophy was realised in the individual units visited through the locally devised mission statements."</li> </ul>		

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>(8) One large general hospital associated with the HEI</p> <ul style="list-style-type: none"> <li>- Specialist placements in established approved hospitals (psychiatric, care of the elderly)</li> <li>- Objectives of placements reflective of ABA objectives</li> <li>- "Team nursing is the dominant approach to care delivery; however primary nursing is used in specialised areas."</li> <li>- RLT model and Orem used in the hospital. "All students exposed to both models and others within nursing theory and concepts sessions"</li> </ul> <p>(9) One large general hospital associated with the HEI</p> <ul style="list-style-type: none"> <li>- Specialist placements in established approved hospitals (psychiatric, care of the elderly)</li> <li>- Additional placements occur in other health Board sites that were visited by the ABA team to be approved</li> <li>- Objectives of placements reflective of ABA objectives</li> <li>- "The nursing process is utilised with the Roper Logan and Tierney model of nursing care and Orem's model. Clinical pathways being developed in some areas."</li> </ul> <p>(10) One large general hospital associated with the HEI</p> <ul style="list-style-type: none"> <li>- Specialist placements in established approved hospitals (psychiatric, care of the elderly)</li> <li>- Additional placements occur in other health Board sites that were visited by the ABA team to be approved</li> <li>- Objectives of placements reflective of ABA objectives</li> <li>- "Staff advocates a philosophy based on caring, competence, commitment and respect."</li> <li>- "The Activities of Daily Living model is utilised. A modified form of team nursing is employed"</li> </ul> <p>(11) One large general hospital associated with the HEI</p> <ul style="list-style-type: none"> <li>- Specialist placements in established approved hospitals (psychiatric, care of the elderly)</li> <li>- Additional placements occur in other health Board sites that were visited by the ABA team to be approved</li> <li>- Objectives of placements reflective of ABA objectives</li> <li>- "A systematic approach to nursing care is utilised with the Roper Logan and Tierney model of nursing care."</li> <li>- "Focussed care planning is employed to enhance the social and psychological dimensions of the programme."</li> </ul> <p>(12) One large general hospital associated with the HEI</p> <ul style="list-style-type: none"> <li>- Specialist placements in established approved</li> </ul>		

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>hospitals (psychiatric, care of the older person)</p> <ul style="list-style-type: none"> <li>- Additional placements occur in other health Board sites that were visited by the ABA team to be approved -objectives of placements reflective of ABA objectives</li> <li>-“The nursing process is utilised with the Roper Logan and Tierney model of nursing care. Evidence of modified team nursing and the utilisation of patient allocation evident.”</li> <li>(13) One general hospital associated with the HEI with 5 other sites used to achieve the experiences required</li> <li>- Specialist placements in a number of sites requiring approval from ABA</li> <li>- Additional placements occur in other health Board sites that were visited by the ABA team to be approved</li> <li>- Objectives of placements reflective of ABA objectives</li> <li>-“The Roper Logan and Tierney model of nursing care” underpins the “standardised care plans.”</li> </ul>		
<p><b>3.2.3.2</b></p> <p>(1) Clinical audit tool requires each clinical area to identify learning opportunities for the student and provide a range of learning tools to assist the student achieve their potential in a supported manner.</p> <p>(2) Practice placements selected to ensure that programme learning outcomes are met.</p> <ul style="list-style-type: none"> <li>-“Practice placements will provide students with the required experience and number of hours stipulated by ABA”</li> <li>- Clinical audit tool requested by ABA</li> </ul> <p>(3) Practice placements selected to ensure that programme learning outcomes are met.</p> <ul style="list-style-type: none"> <li>- Clinical audit tool requested by ABA</li> </ul> <p>(4) Practice placements selected to ensure that programme learning outcomes are met.</p> <ul style="list-style-type: none"> <li>- Clinical audit tool requested by ABA</li> </ul> <p>(5) Clinical placement map meets each of the programme requirements in terms of hours and prescribed hours”</p> <ul style="list-style-type: none"> <li>- “The clinical placement map is designed to provide the students with sufficient exposure to the practice environment to meet the necessary elements of a pre-registration programme.”</li> <li>- Information for the map incomplete</li> </ul> <p>(6) Excellent clinical learning environment for students, staff highly motivated. Students have a very varied clinical experience</p> <p>(7) The clinical component of the programme is seen as most important in the ...learning experience.”</p> <ul style="list-style-type: none"> <li>- Clinical audit tool requested by ABA</li> </ul> <p>(8) Audits completed in relation to ABA</p>	<p>Clinical Audit Tool</p> <p>Effective learning environment</p> <p>Clinical Placement Map</p>	<p>Knowledge for Practice</p>

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>standards and requirements. This was very much in evidence during external placement visits.</p> <ul style="list-style-type: none"> <li>- Clinical audit tool requested by ABA</li> </ul> <p>(9) Practice placements selected to ensure that programme learning outcomes are met.</p> <ul style="list-style-type: none"> <li>- “A most comprehensive audit tool has been devised and utilised to operationalise the site for use to identify and meet the educational requirements.”</li> <li>- “Students experience specialist placements early in the programme.”</li> </ul> <p>(10) Practice placements selected to ensure that programme learning outcomes are met.</p> <ul style="list-style-type: none"> <li>- Clinical audit tool requested by ABA</li> </ul> <p>(11) Practice placements selected to ensure that programme learning outcomes are met.</p> <ul style="list-style-type: none"> <li>- Clinical audit tool seen by ABA</li> </ul> <p>(12) Practice placements selected to ensure that programme learning outcomes are met.</p> <ul style="list-style-type: none"> <li>- Clinical audit tool requested by ABA</li> </ul> <p>(13) Many clients are over 70 years and are dependent on total nursing care. Hospital management take the view that this is an acute medical unit”</p> <ul style="list-style-type: none"> <li>- Clinical audit tool requested by ABA</li> </ul>		
<p><b>3.2.3.3</b></p> <p>(1) Programme plan identifies areas of clinical learning. Specialist placements can occur throughout the programme and do not appear according to the <b>Curriculum</b> to be organised to match theoretical input for all students see sub question 3.2.1.1</p> <ul style="list-style-type: none"> <li>- “Learning is oriented toward clinical practice, professional <b>Development</b> and personal growth. Adult education philosophy underpins the educational process and structure.”</li> </ul> <p>(2) <b>Curriculum</b> outlines a philosophy and plan whereby placement in the practice setting is considered central to students’ examination of the relevance and applicability of content explored in class to practice.</p> <ul style="list-style-type: none"> <li>- <b>Development</b> of a “competent, caring, confident adult based on a reflective approach to learning”</li> </ul> <p>(3) <b>Curriculum</b> outlines a philosophy and plan whereby placement in the practice setting is considered central to students’ examination of the relevance and applicability of content explored in class to practice.</p> <ul style="list-style-type: none"> <li>- “Placement in the practice setting is considered central to this examination as the practice setting provides students with the opportunity to test out theory in the reality of practice.”</li> </ul> <p>(4) <b>Curriculum</b> outlines a philosophy and plan whereby taught clinical placements are an integral part of the programme. Placement in the</p>	<p>Programme Plan Special placement Learning oriented to clinical practice, professional <b>Development</b> and personal growth <b>Curriculum</b> philosophy – need for exposure to practice through a range of placements Proximity between classroom teaching and experiences in nursing practice</p>	<p>Knowledge for Practice</p>

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>practice setting is considered central to students' examination of the relevance and applicability of content explored in class to practice.</p> <p>- Progressive <b>Development</b> included in the expectations of each clinical placement opportunity.</p> <p>(5) <b>Curriculum</b> outlines, "nursing students need exposure to practice through a range of placements in different settings in which care is delivered."</p> <p>- Programme involves a strong emphasis on the practice of nursing and on an integrated <b>Curriculum</b> design. The "proximity between classroom teaching and experiences in nursing practice, relating to particular issues, will enhance the potential for integration between the two."</p> <p>(6) Students are viewed as central to their own learning.</p> <p>- "Wide ranges of academic and academic/clinical higher education based courses are being supported."</p> <p>(7) A team and partnership approach will be applied when assessing the student nurse as the assessors will consult with colleagues in determining the student nurses' competence. Clinical nurse managers, nurse tutors and third-level institution will agree on the assessment process."</p> <p>(8) <b>Curriculum</b> outlines a philosophy and plan whereby taught clinical placements are "an opportunity to consolidate nursing theory and practice in preparation for her role as a registered practitioner." Placement in the practice setting is considered central to students' examination "when students are facilitated to reflect on their experiences."</p> <p>- Progressive <b>Development</b> included in the expectations of each clinical placement opportunity.</p> <p>(9) <b>Curriculum</b> outlines a philosophy and plan whereby taught clinical placements are an integral part of the programme. Placement in the practice setting is considered central to students' examination of the relevance and applicability of content explored in class to practice.</p> <p>- Progressive <b>Development</b> included in the expectations of each clinical placement opportunity.</p> <p>- Philosophy "developed through consultation."</p> <p>(10) <b>Curriculum</b> outlines a philosophy and plan whereby taught clinical placements are an integral part of the programme. Placement in the practice setting is considered central to students' examination of the relevance and applicability of content explored in class to practice.</p> <p>- Progressive <b>Development</b> included in the</p>		

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>expectations of each clinical placement opportunity</p> <p>(11) <b>Curriculum</b> outlines a philosophy and plan whereby taught clinical placements are an integral part of the programme. Placement in the practice setting is considered central to students' examination of the relevance and applicability of content explored in class to practice. -progressive <b>Development</b> included in the expectations of each clinical placement opportunity.</p> <p>-“Learning is viewed as a life-long process, it is seen as a participative active and an enabling/empowered process.”</p> <p>(12) <b>Curriculum</b> outlines a philosophy and plan whereby taught clinical placements are an integral part of the programme. Placement in the practice setting is considered central to students' examination of the relevance and applicability of content explored in class to practice.</p> <p>(13) <b>Curriculum</b> outlines a philosophy and plan whereby taught clinical placements are an integral part of the programme. Placement in the practice setting is considered central to students' examination of the relevance and applicability of content explored in class to practice.</p>		
<p><b>3.2.3.4</b></p> <p>(1) Week 15</p> <p>(2) Year 1, semester 2 weeks 3-7</p> <p>- “Students also visit clinical area for four hours year 1 semester 1”</p> <p>(3) Year 1 Semester 1 four hours. Year 1 semester 2 week 3-7</p> <p>(4) Week 15</p> <p>(5) Week 17</p> <p>(6) Year 1 Semester 1 week 11 and 12 (2 weeks prior to Christmas)</p> <p>(7) January semester 2 year 1”</p> <p>(8) Week 15</p> <p>(9)“Day visits take place from week 3”</p> <p>-“First placements occur at week 11”</p> <p>(10) Week 15</p> <p>(11) Week 10</p> <p>(12) Week 10</p> <p>(13) Week 15</p>	<p>Semester 1 (x 1)</p> <p>Semester 2 (x 4)</p>	<p>Knowledge for Practice</p>
<p><b>3.2.3.5</b></p> <p>(1) Objectives available in each clinical area visited by team</p> <p>(2) Objectives available in each clinical area visited by team. Aim of nursing care is “to provide individualised holistic care to patients in a safe, friendly environment. The staff endeavours “to provide evidence-based care while maintaining the patients' privacy and dignity. Provision of care also includes the family...”</p>	<p>Objectives available</p> <p>Aim of Nursing Care</p> <p>Primary Nursing</p> <p>Learning Outcomes</p> <p>CPC's</p>	<p>Knowledge for Practice</p>

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>- Primary method for delivery of nursing care is Primary Nursing</p> <p>(3) Objectives available in each clinical area visited by team</p> <p>- "Learning outcome are available in each clinical area to promote and support student learning during placement."</p> <p>(4) Objectives available in each clinical area visited by team</p> <p>- "CPC's are to be commended for their work in the creation and <b>Development</b> of a quality learning environment for the students' practice placement experience."</p> <p>(5) Objectives available in each clinical area visited by team</p> <p>- "Learning outcome are available in each clinical area to promote and support student learning during placement."</p> <p>(6) Objectives available in each clinical area visited by team "developed with each clinical site experiences at the forefront."</p> <p>(7) Commended for the coordinated and evidence based approach to the <b>Development</b> of policies protocols and guidelines."</p> <p>(8) Objectives available in each clinical area visited by team</p> <p>- "Considerable evidence of documentary <b>Development</b> in clinical practice"</p> <p>- "Evidence that clinicians and their experiences are central to change."</p> <p>(9) Objectives available in each clinical area visited by team</p> <p>- "Groups develop policies that are pertinent to specific areas."</p> <p>(10) Objectives available in each clinical area visited by team</p> <p>- "Care planning documentation was reviewed in 1998 and is audited annually."</p> <p>(11) Objectives available in each clinical area visited by team</p> <p>- "Modified team nursing in existence."</p> <p>(12) Objectives available in each clinical area visited by team</p> <p>(13) Objectives available in each clinical area visited by team</p>		
<p><b>3.2.3.6</b></p> <p>(1) Students reported knowing of the learning outcomes</p> <p>(2) Learning outcomes were jointly identified by the nurse practitioners, clinical placement co-ordinators and nurse lecturers. All nurses are offered an opportunity to complete a course to prepare them for the role of preceptor. Students reported knowing of the learning outcomes</p> <p>(3) Learning outcomes were jointly identified by the nurse practitioners, clinical placement co-ordinators and nurse lecturers. All nurses are</p>	<p>Knowledge of learning outcomes</p> <p>Nurse Practitioners jointly identified role of preceptor</p>	<p>Knowledge of Practice</p>

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>offered an opportunity to complete a course to prepare them for the role of preceptor. Students reported knowing of the learning outcomes</p> <p>(4) Learning outcomes were jointly identified by the nurse practitioners, clinical placement co-ordinators and nurse lecturers. All nurses are offered an opportunity to complete a course to prepare them for the role of preceptor. Students reported knowing of the learning outcomes</p> <p>(5) Learning outcomes were jointly identified by the nurse practitioners, clinical placement co-ordinators and nurse lecturers. All nurses are offered an opportunity to complete a course to prepare them for the role of preceptor. Students reported knowing of the learning outcomes</p> <p>(6) "There are core objectives for each year of the programme and specific objectives for specialist areas</p> <p>Students reported "a structured orientation is utilised within the clinical setting."</p> <p>(7) An audit of care planning was completed. There is a major emphasis within the hospital on auditing the nursing documentation and changes are then instigated following audit results."</p> <p>(8) Learning outcomes were jointly identified by the nurse practitioners, clinical placement co-ordinators and nurse lecturers.</p> <p>- "60% staff have completed ENB 998"</p> <p>- "Ward based sessions are provided in relation to mentoring."</p> <p>(9) Learning outcomes were jointly identified by the nurse practitioners, clinical placement co-ordinators and nurse lecturers.</p> <p>- "Teaching and assessing courses are held frequently."</p> <p>(10) Learning outcomes were jointly "evident within the <b>Curriculum</b> and in each clinical site visited."</p> <p>- "Evidence of clinical staff central to the <b>Development</b> of clinical learning objectives/outcomes"</p> <p>(11) Learning outcomes were jointly identified by the nurse practitioners, clinical placement co-ordinators and nurse lecturers. All nurses are offered teaching and assessing course.</p> <p>- "Student orientation is provided"</p> <p>(12) Learning outcomes were jointly identified by the nurse practitioners, and nurse lecturers.</p> <p>- "Available access and support for continuing professional</p> <p>(13) Learning outcomes were jointly identified by the nurse practitioners, clinical placement co-ordinators and nurse lecturers. All nurses are offered various courses to prepare them for the role of preceptor.</p>		
3.2.3.7		

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>(1) Students identified CPC as good support - Number of CPC's not captured by reports</p> <p>(2) Students identified CPC as good support - 7 CPC's associated with two main clinical sites - Link tutor also available</p> <p>(3) Students identified CPC as good support - Number of CPC's not identified - "Each clinical placement setting has a named clinical placement coordinator."</p> <p>(4) Students identified CPC as good support - Number of CPC's not identified - Students and staff were critical of the lack of nurse lecturer involvement in the clinical practice environment.</p> <p>(5) Students identified CPC as good support - Number of CPC's not identified - "Each clinical placement setting has a named clinical placement coordinator."</p> <p>(6) Students identified CPC as good support - Number of CPC's not identified</p> <p>(7) CPC's have 30 students each and 6 areas approx." - "Each clinical placement setting has a named clinical placement coordinator."</p> <p>(8) Students identified CPC as good support - Number of CPC's not identified - "Named CPC link system in existence."</p> <p>(9) Students identified CPC as good support - 4 CPC's identified at site visit - "Considerable support from practitioners, nurse managers, the clinical <b>Development</b> coordinator."</p> <p>(10) A named CPC is linked to every internal and external placement. - No number of CPC's found</p> <p>(11) Students identified CPC as good support - Number of CPC's not identified</p> <p>(12) Students identified CPC as good support - Number of CPC's not identified - Staff "welcomes students who they indicate contribute to shared learning"</p> <p>(13) Students identified CPC as good support - Number of CPC's not identified - Some flexibility has been introduced in relation to the specific lecturing hours of staff ...for improvement in the area of creating worthwhile links with the clinical areas.</p>	<p>CPC's link Tutor Named CPC Nurse Lecturer involved</p>	<p>Knowledge for Practice</p>
<p><b>3.2.3.8</b></p> <p>(1) Reported by students "feel that the clinical staff prioritise the learning needs of students nurses during placements" (p.12) embrace the concept "took time to adjust initially" with supernumerary status in one hospital (p.11)</p> <p>(2) Reported that staff have embraced the concept of supernumerary status</p> <p>(3) Reported that familiarisation with the concept</p>	<p>Embraced concept Positive initially Familiarisation with concept Prioritise the learning needs</p>	<p>Quality</p>

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>of supernumerary status took some time. Efforts to facilitate an awareness of the concept had taken place, however the site visit team were told of "a difficulty" in some areas of the hospital.</p> <p>(4) Reported that familiarisation with the concept of supernumerary status is evident.</p> <p>- "Students complained that they had to complete two assignments while on placement. The students felt that their focus tended to be on the assignments rather than on them maximising all the learning opportunities available."</p> <p>(5) Reported that learning was the focus of their experience in 75% of their clinical experiences."</p> <p>- Difficulties expressed by students when overseas were on orientation assessments</p> <p>(6) Evident and operationalised</p> <p>(7) Staff articulated the focus on learning central to the concept, clinical staff highly supportive, very positive in relation to the contribution of the teaching and assessing programme to the support of students"</p> <p>(8) Reported that familiarisation with the concept of supernumerary status is evident.</p> <p>- "students agree that it is largely explicit and operationalised as intended. It is part of the orientation programme for new staff nurses."</p> <p>(9) Reported that familiarisation with the concept of supernumerary status is "very evident."</p> <p>- "Clinical staff are delighted to have students."</p> <p>(10) Reported that familiarisation with the concept of supernumerary status is evident.</p> <p>- "Evident through dialogue with clinical staff throughout the hospital."</p> <p>(11) Reported that familiarisation with the concept of supernumerary status is evident.</p> <p>- "The emphasis is on learning and the primacy of learning through doing."</p> <p>(12) Reported that familiarisation with the concept of supernumerary status is evident.</p> <p>- "There is a sense of the desire of clinical staff wanting to contribute to shared learning."</p> <p>(13) Reported that familiarisation with the concept of supernumerary status is evident.</p> <p>- "Students complained that they had to complete two assignments while on placement. The students felt that their focus tended to be on the assignments rather than on them maximising all the learning opportunities available"</p>		
<p><b>3.2.3.9</b></p> <p>(1) Students report they are assigned to a registered nurse shift by shift</p> <p>- Ratio can however be 2 students to 1 RGN when student cohorts overlap.</p> <p>- Students report satisfaction with clinical support they receive.</p> <p>No evidence collected regarding 24 hour shift</p>	<p>Registered nurse shift by shift</p> <p>Two students to One RGN</p> <p>Satisfaction with Clinical Support</p>	<p>Knowledge for Practice</p>

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>(2) Students report they are assigned to a registered nurse shift by shift</p> <ul style="list-style-type: none"> <li>- Ratio can however be 6/7 students to 4 RGN's when student cohorts overlap.</li> <li>- Students report satisfaction with clinical support they receive</li> <li>- No evidence collected regarding 24 hour shift</li> </ul> <p>(3) Students report they are assigned to a registered nurse shift by shift</p> <ul style="list-style-type: none"> <li>- Students report satisfaction with clinical support they receive</li> </ul> <p>(4) Students report they are assigned to a registered nurse shift by shift</p> <ul style="list-style-type: none"> <li>- 1:1 ratio</li> <li>- Students report satisfaction with clinical support they receive</li> </ul> <p>(5) Students report they are assigned to a registered nurse shift by shift</p> <ul style="list-style-type: none"> <li>- Students report satisfaction with clinical support they receive</li> </ul> <p>(6) Students report satisfaction with clinical support they receive</p> <ul style="list-style-type: none"> <li>- Ratio is "Largely 1:1. Problems are experienced particularly during ht afternoon shift, but largely the ration is maintained."</li> </ul> <p>ABA put in a condition that "an audit be conducted on the impact of supervising nurses on the return to practice and orientation/assessment on the creation of a quality learning environment for students."</p> <p>(7) Most clinicians agreed that the ratio is usually 1:1 the ratio is audited continuously...on occasion the ratio can be 4:6 in general areas but this now less common.</p> <p>(8) This varies in some units visited a 1:1 ratio exists however in some of the larger general wards there were concerns expressed and some wards are experiencing too many students per allocation.</p> <p>(9) The teaching and management staff were anxious to inform the team that students are supervised on a 1:1 ratio.</p> <p>(10) Students report they are assigned to a registered nurse shift by shift</p> <ul style="list-style-type: none"> <li>- "Always 1:1 ratio"</li> <li>- "There are usually 3 students per shift there are usually 4 registered nurses in the AM and 3 in the PM"</li> </ul> <p>(11) The ratio varied. ICU no problem; A+E there was a problem with too many students being allocated (6); surgical wards indicated largely 1:1 but at times could go to 5:6</p> <p>(12) Students report they are assigned to a registered nurse shift by shift</p> <ul style="list-style-type: none"> <li>- Ratio of 1:1 is achieved</li> <li>- Students report satisfaction with clinical support they receive</li> </ul>		

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>(13) Students report they are assigned to a registered nurse shift by shift</p> <ul style="list-style-type: none"> <li>- 1:1 ratio</li> <li>- Students report satisfaction with clinical support they receive</li> </ul>		
<p><b>3.2.4.1</b></p> <p>(1) Assessments occur after each term</p> <ul style="list-style-type: none"> <li>- Progression criteria explicit</li> <li>- "Students normally required to have completed the theoretical and clinical assessments in each stage of the course prior to progressing to next stage" p.12</li> <li>- Early provisional feedback reported using a structured pro-forma.</li> </ul> <p>(2) Assessments plan given to each student at beginning of the programme.</p> <ul style="list-style-type: none"> <li>- Progression criteria explicit</li> <li>- Student must pass both written and practice assessment requirements to progress</li> <li>- Early provisional feedback reported using a structured pro-forma</li> </ul> <p>(3) Assessments plan given to each student at beginning of the programme.</p> <ul style="list-style-type: none"> <li>- Progression criteria explicit</li> <li>- Student must pass both written and practice assessment requirements to progress</li> <li>- Early provisional feedback reported using a structured pro-forma.</li> </ul> <p>(4) Assessments plan given to each student at beginning of the programme.</p> <ul style="list-style-type: none"> <li>- Progression criteria explicit</li> <li>- Student must pass both written and practice assessment requirements to progress</li> <li>- Early provisional feedback reported using a structured pro-forma.</li> </ul> <p>(5) Assessments plan given to each student at beginning of the programme.</p> <ul style="list-style-type: none"> <li>- Progression criteria explicit</li> <li>- Student must pass both written and practice assessment requirements to progress</li> <li>- Early provisional feedback reported using a structured pro-forma.</li> </ul> <p>(6) Assessments strategy given to each student in the Book of Modules</p> <ul style="list-style-type: none"> <li>- Progression criteria explicit</li> <li>- Student must pass written assessment and practice attendance requirements to progress</li> <li>- "A separate marking grid for papers and assignments are used and returned for feedback to students"</li> </ul> <p>(7) A structured feedback sheet based on an educational taxonomy.</p> <ul style="list-style-type: none"> <li>- "Evident within the marks and standards document"</li> </ul> <p>(8) Assessments plan given to each student at beginning of the programme.</p>	<p>Assessment Plan Progression explicit Early feedback Structured pro-forma</p>	<p>Quality</p>

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<ul style="list-style-type: none"> <li>- Progression criteria explicit</li> <li>- Student must pass both written and practice assessment requirements to progress</li> <li>- Early provisional feedback reported using a structured pro-forma.</li> <li>- Student feedback evident "supported by favourable comments from extern examiner"</li> </ul> <p>(9) Assessments plan given to each student at beginning of the programme.</p> <ul style="list-style-type: none"> <li>- Progression criteria explicit</li> <li>- Student must pass both written and practice assessment requirements to progress</li> <li>- Early provisional feedback reported using a structured pro-forma.</li> </ul> <p>- "A formal system of student feedback exists for the assessment of theory and practice."</p> <p>(10) Assessments plan given to each student at beginning of the programme.</p> <ul style="list-style-type: none"> <li>- Progression criteria explicit</li> <li>- Student must pass both written and practice assessment requirements to progress</li> <li>- Early provisional feedback reported using a structured pro-forma.</li> </ul> <p>(11) Assessments plan given to each student at beginning of the programme.</p> <ul style="list-style-type: none"> <li>- Progression criteria explicit</li> <li>- Student must pass both written and practice assessment requirements to progress</li> <li>- Early provisional feedback reported using a structured pro-forma.</li> </ul> <p>(12) Assessments plan explicit in the programme.</p> <ul style="list-style-type: none"> <li>- Progression criteria explicit</li> </ul> <p>- "Each module has its own formal continuous and summative assessment strategy."</p> <p>- "Each student receives an evaluation/feedback sheet concerning their work. A taxonomy based on the work of Bloom is employed."</p> <p>(13) Assessments plan given to each student at beginning of the programme.</p> <ul style="list-style-type: none"> <li>- Progression criteria explicit</li> <li>- Student must pass both written and practice assessment requirements to progress</li> <li>- Early provisional feedback reported using a structured pro-forma</li> </ul>		
<p><b>3.2.4.2</b></p> <p>(1) The degree/registration programme outlines 6 examinations and 4 assignments, including a literature review and additionally this is supported by a reflective journal/portfolio and four points of clinical competencies assessment the details of which are omitted.</p> <p>(2) Each theoretical unit is assessed using various strategies. Work continues in this area and it was agreed that there is scope for improvement." The degree/registration</p>		Quality of Education

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>programme outlines 15 examinations and 23 course work assessments. There are four points of clinical competencies assessment the weighting and details of which are outlined.</p> <p>(3) The degree/registration programme outlines 15 examinations and 23 course work assessments. Four points of clinical competencies assessment the details of which are outlined. The weightings are outlined between coursework and examination.</p> <p>(4) The degree/ registration programme 5 subject areas that are assessed each year by continuous assessment and final examination with clinical placement assessed through workbook and project is detailed but the specificity of assignment is not outlined other than to state: exam (n=14); assignment (n=15); written case study (n=1); research critique (n=1); literature review (n=1); research proposal (n=1).</p> <p>(5) The degree/registration programme outlines 34 continuous assessment points of examination or assignment, which include a clinical practice assignment and 17 examinations. The weightings are outlined between coursework and examination. Clinical competency assessments not outlined</p> <p>(6) The degree/ registration programme outlines 12 examinations, 18 assignments, 6 points of workbook assessment to include clinical learning and 8 in class test points. The weightings are outlined between coursework and examination and each is attributed credit value.</p> <p>(7) The degree/ registration programme outlines assessment points of examination and assignment at the end of each semester and the four principles of the <b>Curriculum</b>. 12 assessments in first year &amp; clinical; 14 in second year &amp; clinical; 3 in third year &amp; clinical; 10 in fourth year &amp; clinical. The weightings are outlined between coursework and examination.</p> <p>(8) The degree/ registration programme 5 subject areas that are assessed each year by continuous assessment and final examination with clinical placement assessed through workbook and project is detailed but the specificity of assignment is not outlined other than to state: exam (n=14); assignment (n=15); written case study (n=1); research critique (n=1); literature review (n=1); research proposal (n=1).</p> <p>(9) The degree/registration programme 5 subject areas that are assessed each year by continuous assessment and final examination with clinical placement assessed through workbook and project is detailed but the specificity of assignment is not outlined other than to state: exam (n=14); assignment (n=15); written case study (n=1); research critique (n=1); literature</p>		

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>review (n=1); research proposal (n=1).</p> <p>(10) The degree/registration programme 5 subject areas that are assessed each year by continuous assessment and final examination with clinical placement assessed through workbook and project is detailed but the specificity of assignment is not outlined other than to state: exam (n=14); assignment (n=15); written case study (n=1); research critique (n=1); literature review (n=1); research proposal (n=1)</p> <p>(11) The degree/registration programme 5 subject areas that are assessed each year by continuous assessment and final examination with clinical placement assessed through workbook and project is detailed but the specificity of assignment is not outlined other than to state: exam (n=14); assignment (n=15); written case study (n=1); research critique (n=1); literature review (n=1); research proposal (n=1)</p> <p>(12) The degree/registration programme outlines main assessment points and strategies. There is a range of examination or assignments for each of the 28 modules of the programme not including the 9 clinical modules. The clinical modules are all assessed using competence assessment. The other strategies are exam (n=14), continuous assessment e.g. presentation or <b>Group</b> seminar (n=7), MCQ (n=6), laboratory (n=3), essay (n=4), project (n=4) which includes 10,000 word research project, reflective practice is identified once and clinical skills is typically associated with another assessment strategy and attributes 10% of the weighting of the module and is cited 7 times.</p> <p>(13) The degree/registration programme 5 subject areas that are assessed each year by continuous assessment and final examination with clinical placement assessed through workbook and project is detailed but the specificity of assignment is not outlined other than to state: exam (n=14); assignment (n=15); written case study (n=1); research critique (n=1); literature review (n=1); research proposal (n=1)</p>		
<p><b>3.2.4.3</b></p> <p>(1) Assessment strategies include examinations, essays, clinical projects, clinical skills laboratory techniques, literature reviews, critiquing research, reflective practice, clinical assessments</p> <ul style="list-style-type: none"> <li>- Knowledge, psychomotor skills and competencies assessed.</li> </ul> <p>(2) Assessment strategies include examinations and course work without further details</p> <ul style="list-style-type: none"> <li>- Knowledge, psychomotor skills and competencies assessed.</li> <li>- Comprehensive competency assessment in place</li> </ul>	<p>Examination Clinical Projects Competence Credit Allocation</p>	<p>Knowledge for practice</p>

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>“Work continues in this area and it was agreed that there is scope for improvement.”</p> <p>(3) Assessment strategies include examinations, essays, clinical projects, clinical skills laboratory techniques, literature reviews, critiquing research, reflective practice, clinical assessments</p> <ul style="list-style-type: none"> <li>- Knowledge, psychomotor skills and competencies assessed.</li> <li>- Comprehensive competency assessment in place</li> </ul> <p>(4) The choice of subject assessment methods and schedules are based upon a number of factors including the hours and credit allocation for the subject and the nature of the subject area.</p> <ul style="list-style-type: none"> <li>- Exams include multiple choice questions, short answer questions, essay questions, and critique of research papers. Course work will include essays, nursing care plans, critical incident analysis, research proposal and the submission of work.</li> </ul> <p>(5) Assessment strategies include examinations, essays, clinical projects, clinical skills laboratory techniques, literature reviews, critiquing research, reflective practice, clinical assessments</p> <ul style="list-style-type: none"> <li>- Knowledge, psychomotor skills and competencies assessed.</li> <li>- Comprehensive competency assessment in place</li> </ul> <p>(6) Assessment strategies include examinations, essays, clinical projects, in class tests, research project, clinical workbook, seminar, care study</p> <ul style="list-style-type: none"> <li>-“Modules are assessed through a variety of strategies.”</li> </ul> <p>(7) Assessment strategies include examinations, essays, course work, extended essay, OSCE, objective tests, continuous assessment</p> <ul style="list-style-type: none"> <li>- Comprehensive competency assessment in place</li> </ul> <p>(8) The choice of subject assessment methods and schedules are based upon a number of factors including the hours and credit allocation for the subject and the nature of the subject area.</p> <ul style="list-style-type: none"> <li>- Exams include “multiple choice questions, short answer questions, essay questions, critique of research papers.” “Course work will include essays, nursing care plans, critical incident analysis, research proposal and the submission</li> </ul> <p>(9) The choice of subject assessment methods and schedules are based upon a number of factors including the hours and credit allocation for the subject and the nature of the subject area.</p> <ul style="list-style-type: none"> <li>- Exams include multiple choice questions, short answer questions, essay questions, and critique of research papers. Course work will include essays, nursing care plans, critical incident analysis, research proposal and the submission of work.</li> </ul>		

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>(10) The choice of subject assessment methods and schedules are based upon a number of factors including the hours and credit allocation for the subject and the nature of the subject area.</p> <p>- Exams include multiple choice questions, short answer questions, essay questions, and critique of research papers. Course work will include essays, nursing care plans, critical incident analysis, research proposal and the submission of work.</p> <p>(11) The choice of subject assessment methods and schedules are based upon a number of factors including the hours and credit allocation for the subject and the nature of the subject area.</p> <p>- Exams include multiple choice questions, short answer questions, essay questions, and critique of research papers. Course work will include essays, nursing care plans, critical incident analysis, research proposal and the submission of work.</p> <p>(12) A variety of strategies will be used for assessments, which will be contextualised in practice.”</p> <p>- Exams include multiple choice questions, short answer questions, essay questions, and critique of research papers. Course work will include essays, nursing care plans, critical incident analysis, research proposal and the submission of work</p> <p>(13) The choice of subject assessment methods and schedules are based upon a number of factors including the hours and credit allocation for the subject and the nature of the subject area.</p> <p>- Exams include multiple choice questions, short answer questions, essay questions, and critique of research papers. Course work will include essays, nursing care plans, critical incident analysis, research proposal and the submission of work.</p>		
<p><b>3.2.4.4</b></p> <p>(1) Extern supports the assessment strategy</p> <p>(2) Reported that Extern supports the assessment strategy</p> <p>- “Validity and reliability of the assessment tools will be evaluated as the programme progresses”</p> <p>(3) Extern supports the assessment strategy</p> <p>-“External examiner commends the college for the reliability of its marking and its use of inter-rater reliability marking.”</p> <p>(4) Extern supports the assessment strategy</p> <p>(5) Extern supports the assessment strategy</p> <p>- “External examiner commends the college for the reliability of its marking and its use of inter-rater reliability marking.”</p> <p>(6) Extern supports the assessment strategy</p> <p>-“Internal and external moderation is employed.”</p> <p>(7) Extern supports the assessment strategy</p>	<p>External support evaluated</p> <p>External reports</p> <p>Inter-rater reliability</p>	<p>Quality</p>

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>-“Inter-rater reliability marking is utilised by the internal markers. Externs from the social and biological science subjects feed into the assessment process. Feedback from the nursing extern supports the assessments in place</p> <p>(8) Evident within plan, <b>Curriculum</b> and marks and standards document.</p> <p>(9) Assessment strategies are based upon valid and reliable techniques</p> <p>(10) Extern supports the assessment strategy</p> <p>(11) Internal moderation employed, prior to external examination. Scripts and assignments are also sent to extern for approval”</p> <p>(12) Site visit team supports the assessment strategy</p> <p>(13) Extern supports the assessment strategy</p>		
<p><b>3.2.4.5</b></p> <p>(1) No evidence</p> <p>(2) Grading criteria included in Curriculum and provided to students in handbook</p> <p>(3) As 2 above</p> <p>(4) <b>Grading</b> criteria included in Curriculum and provided to students in handbook</p> <p>- Pass mark practical 40% and project 60%</p> <p>(5) As 2 above</p> <p>(6) Grading criteria for honours outlined</p> <p>(7) Marks and standards outline the honours standard</p> <p>(8) Grading criteria included in <b>Curriculum</b> and provided to students in handbook</p> <p>- Pass mark practical 40% and project 60%</p> <p>- Assignment marking criteria indicated 40% pass mark</p> <p>(9) Grading criteria included in <b>Curriculum</b> and provided to students in handbook</p> <p>- Pass mark practical 40% and project 60%</p> <p>-“Assignment marking criteria identify 40% as pass mark”</p> <p>(10) Grading criteria included in <b>Curriculum</b> and provided to students in handbook</p> <p>- Pass mark practical 40% and project 60%</p> <p>- Pass mark theoretical 40%</p> <p>(11) Grading criteria included in <b>Curriculum</b> and provided to students in handbook</p> <p>- Pass mark practical 40% and project 60%</p> <p>- Theoretical pass mark 40%</p> <p>(12) Grading criteria included in “Handbook of Academic Administration.”</p> <p>(13) Grading criteria included in <b>Curriculum</b> and provided to students in handbook</p> <p>- Pass mark practical 40% and project 60%</p> <p>- Pass mark theoretical 40%</p>	<p>Grading criteria</p> <p>Student handbook</p>	<p>Quality</p>
<p><b>3.2.4.6</b></p> <p>(1) <b>Curriculum</b> refers to details in the course handbook</p>	<p><b>Curriculum</b></p> <p>Course handbook</p>	<p>Governance</p>

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<ul style="list-style-type: none"> <li>- Copy of the marks and standards seen by the site visit team</li> <li>(2) Copy of the marks and standards in <b>Curriculum</b> and also seen by the site visit team</li> <li>- Procedures for the discussion, checking and appeal of examination results most clear</li> <li>(3) Copy of the marks and standards in <b>Curriculum</b> and also seen by the site visit team</li> <li>- Students given copy in handbook</li> <li>- Details of the criteria for compensation, continuation and supplemental examinations. The procedures for discussion, checking and appeal of examination results are explicit</li> <li>(4) <b>Curriculum</b> states "successful progression requires the student to be deemed clinically competent at each stage of the programme."</li> <li>(5) Copy of the marks and standards in <b>Curriculum</b> and also seen by the site visit team</li> <li>- Students given copy in handbook</li> <li>- Details of the criteria for compensation, continuation and supplemental examinations. The procedures for discussion, checking and appeal of examination results are explicit</li> <li>(6) Copy of the marks and standards in programme document and also seen by the site visit team</li> <li>(7) Copy of the marks and standards in <b>Curriculum</b> and also seen by the site visit team</li> <li>- Criteria for "compensation, between subjects shall not be permitted."</li> <li>(8) <b>Curriculum</b> states "successful progression requires the student to be deemed clinically competent at each stage of the programme."</li> <li>(9) <b>Curriculum</b> states "successful progression requires the student to be deemed clinically competent at each stage of the programme."</li> <li>- "There is no compensation between theoretical and clinical practice components."</li> <li>(10) <b>Curriculum</b> states "successful progression requires the student to be deemed clinically competent at each stage of the programme."</li> <li>(11) <b>Curriculum</b> states "successful progression requires the student to be deemed clinically competent at each stage of the programme."</li> <li>(12) <b>Curriculum</b> states "students will be assessed on whether competence has been achieved within clinical practice and are deemed to be either competent or not competent, and will be graded on a pass/fail basis."</li> <li>(13) <b>Curriculum</b> states "successful progression requires the student to be deemed clinically competent at each stage of the programme."</li> </ul>	<p>Marks and Standards Compensation procedures</p>	
<p><b>3.2.4.7</b></p> <ul style="list-style-type: none"> <li>(1) No compensation reported and reference is made to the marks and standards</li> <li>(2) No compensation reported</li> </ul>	<p>No compensation Marks and Standards</p>	<p>Governance</p>

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>(3) As 2 above  (4) As 2 above  (5) As 2 above  (6) As 2 above  (7) No compensation permitted  (8) No compensation reported  -“No compensation may be exercised from, or to, taught clinical placement.”  (9) No compensation may be exercised from, or to, subject Taught Clinical Placement.”  (10) No compensation may be exercised from, or to, subject Taught Clinical Placement.  (11) No compensation may be exercised from, or to, taught Clinical Placement  (12) There is no compensation between theory and practice.  (13) No compensation reported</p>		
<p><b>3.2.4.8</b>  (1) Student record is maintained by the HEI with input from the health care institution  (2) As 1 above  (3) Student record is maintained by the HEI with input from the health care institution  - Examinations office keeps records of theoretical and practice assessments  (4) Student record is maintained by Allocations Officer in the HEI with input from the health care institution  (5) Student record is maintained by the HEI with input from the health care institution  - Examinations office keeps records of theoretical and practice assessments  (6) Student record is maintained by the HEI with input from the health care institution  -“Students must fulfil the An Bord standards and requirements.”  (7) Student record is maintained by the HEI with input from the health care institution  -“Students must meet all requirements of the programme.”  (8) Student record is maintained by Allocations Officer in the HEI with input from the health care institution  -“The issue of progression, EU requirements made explicit and no students referred to this matter  (9) Student record is maintained by Allocations Officer in the HEI with input from the health care institution  (10) Student record is maintained by Allocations Officer in the HEI with input from the health care institution  (11) Student record is maintained by Allocations Officer in the HEI with input from the health care institution  (12) Explicit and specifies that students must</p>	<p>Student record  Record of  Theoretical and  Clinical Assessment</p>	<p>Governance</p>

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>meet all the requirements of the programme</p> <p>(13) Student record is maintained by Allocations Liaison Officer in the HEI with input from the health care institution</p>		
<p><b>3.2.4.9</b></p> <p>(1) Eligibility for registration is confirmed within the <b>Curriculum</b></p> <p>(2) Eligibility for registration is confirmed within the <b>Curriculum</b></p> <p>- Assessment records are kept in the examinations office</p> <p>(3) Eligibility for registration is confirmed within the <b>Curriculum</b> based on ABA requirements</p> <p>(4) Eligibility for registration is confirmed from the site visit and the <b>Curriculum</b></p> <p>(5) Eligibility for registration is confirmed within the <b>Curriculum</b> based on ABA requirements</p> <p>(6) Eligibility for registration is confirmed within the programme document based on ABA requirement</p> <p>(7) Eligibility for registration is confirmed within the site visit based on ABA requirements</p> <p>(8) Eligibility for registration is confirmed from the site visit and the <b>Curriculum</b></p> <p>(9) Criteria for registration are evident</p> <p>(10) Eligibility for registration is confirmed from the site visit and the <b>Curriculum</b></p> <p>-“Ensure minimum E.U. requirements are met.”</p> <p>(11) Eligibility for registration is confirmed from the site visit and the <b>Curriculum</b></p> <p>(12) Eligibility for registration is confirmed from the site visit and the <b>Curriculum</b></p> <p>(13) Eligibility for registration is confirmed from the site visit and the <b>Curriculum</b></p>	<p>Individual student record</p> <p>Eligibility for negotiation</p>	<p>Governance</p>

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<b>3.2.5.1</b> (1) Site visit reports evidence was supplied to the team (2) Site visit reports evidence supplied to the team. ABA requested CV's to be forwarded to them (3) As 1 above (4) As 1 above (5) As 1 above (6) As 1 above (7) As 1 above (8) Site visit reports evidence was supplied to the team - "The college will furnish CV's of extern" (9) HEI criteria in place - Condition of approval requires CV's of external examiners be forwarded to ABA (10) Site visit reports evidence was supplied to the team (11) Site visit reports evidence was supplied to the team - CV's of extern requested by ABA (12) Site visit reports evidence was supplied to the team - CV's requested by ABA (13) Site visit reports evidence was supplied to the team	Site report evidence CV's requested CV's forwarded	Quality of Education
<b>3.2.5.2</b> (1) Site visit reports evidence supplied to the team (2) As 1 above (3) Site visit reports evidence supplied to the team - Criteria outlined in <b>Curriculum</b> (4) As 1 above (5) Site visit reports evidence supplied to the team - Criteria outlined in <b>Curriculum</b> (6) Site visit reports evidence supplied to the team (7) Site visit reports evidence supplied to the team (8) Site visit reports evidence supplied to the team (9) Site visit reports evidence supplied to the team (10) Site visit reports evidence was supplied to the team (11) Site visit reports evidence supplied to the team (12) Site visit reports evidence supplied to the team - External examination will "examine and moderate assessment instruments and grades and will be guided by the HEI rules"	Criteria in <b>Curriculum</b> Site Visit Reports	Quality of Education

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
(13) Site visit reports evidence was supplied to the team		
<p><b>3.2.5.3</b></p> <p>(1) Site visit reports evidence supplied to the team. ABA request the CV's of externs are forwarded to them as part of Annual Report</p> <p>(2) Site visit reports evidence supplied to the team. ABA requested CV's be forwarded to them</p> <p>(3) Site visit reports evidence supplied to the team. ABA requested CV's be forwarded to them</p> <p>(4) Site visit reports evidence supplied to the team. ABA requested CV's be forwarded to them</p> <p>(5) Site visit reports evidence supplied to the team and current extern meets the criteria. ABA requested CV's be forwarded to them</p> <p>(6) Site visit reports evidence supplied to the team and current extern meets the criteria ABA requested CV's be forwarded to them</p> <p>(7) Site visit reports evidence supplied to the team and current externs (2) meet the criteria</p> <p>(8) Site visit reports evidence supplied to the team ABA requested CV's be forwarded to them -“Site visit team had full access to external examiners report, a composite of same per subject/cohort will be forwarded as part of an annual report to ABA.”</p> <p>(9) Site visit reports evidence supplied to the team ABA requested CV's be forwarded to them</p> <p>(10) Site visit reports evidence supplied to the team ABA requested CV's be forwarded to them</p> <p>(11) Site visit reports evidence supplied to the team. ABA requested CV's be forwarded to them</p> <p>(12) Site visit reports evidence supplied to the team. ABA requested CV's be forwarded to them</p> <p>(13) Site visit reports evidence supplied to the team. ABA requested CV's be forwarded to them</p>	Site visit report CV's forwarded	Quality of Education

## APPENDIX F

Core Categories - Broad

**CORE CATEGORIES (BROAD)**  
**(Governance)**

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p><b>3.2.1.2</b></p> <p>(1) Curriculum development committee in situ</p> <p>(2) A course committee representative of all stakeholders have “an operational remit for the programme.” The programme board has an overall remit of programme development and monitoring quality.</p> <p>(3) Course committee and Programme Board in situ</p> <ul style="list-style-type: none"> <li>- Terms of reference of programme board includes “consider and recommend to Faculties new programmes and changes to existing programmes following recommendation as appropriate from Course Committee”</li> </ul> <p>(4) A national approach to curriculum development was adopted in the development of this curriculum” (6 sites).</p> <ul style="list-style-type: none"> <li>- Course committee reported by site visit team with “representation from college, nurse education, management and clinical staff.”</li> <li>-“Agreement to major amendments will be obtained from (accrediting body).”</li> <li>-“Every year the institute undertakes a review of its courses”</li> </ul> <p>(5) Professional Advisory Group exists to work in partnership with and provide advice on all relevant professional nursing and health service issues to the Head of the School” Programme Board in situ, Academic Council, staff/student liaison meetings and education and training committees in situ.</p> <p>(6) Board of studies oversees the whole programme... A range of committees...function to co-ordinate the theoretical and clinical dimensions of the programme and facilitate effective liaison between the hospital and the university.”</p> <p>(7) Programme Board in situ “programme development group for each year” “A strategic group for the management of all registration programmes and a local joint working group”</p> <p>(8) A national approach to curriculum development was adopted in the development of this curriculum (6 sites).</p> <ul style="list-style-type: none"> <li>-“The relationship within and between the Institutes providing nurse education was emphasised.”</li> <li>- Nurse Education committee reported by site visit team with “representation from college, nurse education, management and clinical staff.”</li> <li>-“Agreement to major amendments will be</li> </ul>	<p>Committee Group Curriculum Development</p>	<p>Governance</p>

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>obtained from (accrediting body)."</p> <p>-“Every year the institute undertakes a review of its courses”</p> <p>(9) A national approach to curriculum development was adopted in the development of this curriculum” (6 sites).</p> <p>- Course Board meetings – two per term.</p> <p>-“Joint Academic Workshop which meets bi-monthly” reported by site visit team with “representation from college, nurse education, management and clinical staff.”</p> <p>-“Agreement to major amendments will be obtained from (accrediting body).”</p> <p>-“Every year the institute undertakes a review of its courses”</p> <p>(10) A national approach to curriculum development was adopted in the development of this curriculum” (6 sites).</p> <p>-“Agreement to any major amendments will be obtained from (accrediting body).”</p> <p>-“Every year the institute undertakes a review of its courses”</p> <p>-“Evidence of partnership structure between college and the health care institutions.”</p> <p>(11) A national approach to curriculum development was adopted in the development of this curriculum” (6 sites).</p> <p>- Course committee reported by site visit team with “representation from college, nurse education, management and clinical staff.”</p> <p>-“Agreement to any major amendments will be obtained from (accrediting body).”</p> <p>-“Site visit team was provided with a detailed breakdown of the local, regional and national committee structures in place”</p> <p>(12) A BSc Steering Committee exists</p> <p>A programme evaluation structure is outlined which identifies an Annual Course Management Meeting, Staff and Student Consultative Committee and the BSc Steering Committee.</p> <p>- Site Visit report states “challenges existed in relation to change and the differing perspectives within the partnership.”</p> <p>(13) A national approach to curriculum development was adopted in the development of this curriculum (6 sites).</p> <p>- Course committee reported by site visit team with “representation from college, nurse education, management and clinical staff.”</p> <p>-“Agreement to any major amendments will be obtained from (accrediting body).”</p> <p>-“Every year the institute undertakes a review of its courses”</p>		
<p><b>3.2.1.5</b></p> <p>(1) Course committee meet once per term</p> <p>(2) Programme Board meets to co-ordinate and</p>	<p>Meets</p> <p>Co-ordinates</p>	<p>Governance</p>

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>manage the programme</p> <p>(3) Programme Board meets to co-ordinate and manage the programme “membership emphasises partnership between the key stakeholders in the college and the health care institution.”</p> <p>(4) Course Committee meets to co-ordinate and manage the programme</p> <p>-“Structure, terms of reference and membership were evident.”</p> <p>(5) Professional Advisory Group meets to co-ordinate and manage the programme.</p> <p>-“The college provided a comprehensive overview of the partnership based structures that exist to facilitate the management of the programme”</p> <p>(6) Programme Team consists of three groups: programme team, health services personnel, and nurse teachers. “A good reciprocal relationship exists between the key stakeholders in the college and the health care</p> <p>(7) Curriculum development and implementation process conducted under the auspices of the curriculum development committee”</p> <p>(8) Nurse Education Committee meets to co-ordinate and manage the programme</p> <p>-“Course boards manage the General programme.”</p> <p>(9) Course Committee meets to co-ordinate and manage the programme</p> <p>(10) Nurses are central to the course structures that manage the educational programme.</p> <p>(11) Committees include: a regional consultative committee, a local tripartite group, curriculum group, course board, strategic management/steering committee and a hospital based education committee.”</p> <p>-“Structure, terms of reference and membership were evident.”</p> <p>(12) “A Course Management Team” meets to co-ordinate and manage the programme “this will advise on the integration of each element of the programme and seek to encourage the continuing review and development of the programme.”</p> <p>(13) Committee representation evident</p>	Management	
<p><b>3.2.1.6</b></p> <p>(1) Course Committee in situ</p> <p>(2) Programme Board in situ</p> <p>(3) Programme Board in situ and a curriculum steering group, assessment of practice group, communication group and a resource group which include key stakeholders</p> <p>(4) Course committee in situ</p> <p>-“Representation from college, nurse education, management and clinical staff.”</p> <p>(5) Professional Advisory Board in situ and a</p>	Committee Programme board	Governance

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>clinical learning support group which include key stakeholders</p> <p>(6) Programme Team in situ “The use of a flow chart detailing the committees and structures that manage the programme. A comprehensive detailed breakdown of the role and function of the key stakeholders within the management of the programme was provided.”</p> <p>(7) Programme Board “contains student representatives”</p> <p>“Local Joint Working Group facilitates the participation of the key stakeholders”</p> <p>(8) Nurse education committee in situ</p> <p>-“Representation from college, nurse education, management and clinical staff.”</p> <p>- Course Board manages the programme</p> <p>(9) Course committee in situ</p> <p>-“Representation from college, nurse education, management and clinical staff.”</p> <p>(10) Nurses are central to the course board, academic council, and the exams board</p> <p>(11) Course committee in situ</p> <p>-“Representation from college, nurse education, management and clinical staff.”</p> <p>(12) Course Management Team in situ “full representation of all interests.”</p> <p>-“Several hospital-based committees operate to manage the programme.”</p> <p>(13) Local Joint Working group committee in situ</p> <p>-“Representation from college, nurse education, management and clinical staff.”</p>		
<p><b>3.2.1.14</b></p> <p>(1) Data not collected</p> <p>(2) As 1 above</p> <p>(3) Commitment to the sub-standard acknowledged but no evidence reported</p> <p>(4) As 1 above</p> <p>(5) No evidence reported</p> <p>(6) No evidence found</p> <p>(7) The teaching staff will be supported in their work by administrative staff employed within the School.</p> <p>(8) As 1 above</p> <p>(9) Data not found</p> <p>(10) Data not collected</p> <p>(11) Data not found</p> <p>(12) Data not collected</p> <p>(13) There was satisfaction expressed in relation to the administrative support provided...this had been a concern</p>	<p>No evidence</p> <p>Administrative Staff</p>	<p>Governance</p>
<p><b>3.2.1.16</b></p> <p>(1) Entry criteria explicit. 3 students left in 2002. Oversubscribed in 2003.</p> <p>(2) Entry criteria explicit</p> <p>Exit interview and form filling outlined in</p>	<p>Explicit criteria on entry</p> <p>Explicit criteria on exit</p>	<p>Governance</p>

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>curriculum. 3 students left in 2003</p> <p>(3) Entry criteria explicit Exit interview and form filling outlined in curriculum. 7 students left in 2002 and 3 in 2003</p> <p>(4) Students will comply with entry requirements of ABA and the CAO. 4 students left in 2002 and 5 in 2003</p> <p>(5) Entry criteria explicit Exit criteria not reported. 3 students left in 2002 and 4 in 2003.</p> <p>(6) Entry criteria explicit Exit criteria for students not achieving in the programme identified in the Marks and Standards. 6 students left in 2002 and 4 in 2003.</p> <p>(7) Evidence found CAO. 14 students left in 2002 and 5 in 2003</p> <p>(8) Students will comply with entry requirements of ABA and the CAO. 1 student left in 2002 only.</p> <p>(9) Students will comply with entry requirements of ABA and the CAO. No student withdrawals -“Successful progression requires the student to be deemed clinically competent.”</p> <p>(10) Students will comply with entry requirements of ABA and the CAO. - No annual report received for 2002, 2003, 2004. No data submitted re withdrawals</p> <p>(11) Students will comply with entry requirements of ABA and the CAO” - 2 withdrawals in 2002-2003</p> <p>(12) Students will comply with entry requirements of ABA and the CAO.” - 3 students left the programme in 2002.</p> <p>(13) Students will comply with entry requirements of ABA and the CAO “ - No attrition reported</p>		
<p><b>3.2.1.17</b></p> <p>(1) Entry criteria explicit. 2 deferrals in 2003</p> <p>(2) Interruption policy in place</p> <p>(3) Interruption policy in place</p> <p>(4) The students reported they were “unsure of the criteria if students missed time on placement due to illness or unforeseen circumstances.”</p> <p>(5) Not reported</p> <p>(6) All passed modules carry an exemption that is limited to a period of 5 years from the date the student originally achieved the exemption. Students who fail to complete required hours and or a pass judgement may repeat”</p> <p>(7) All clinical placements requirements must be completed before the results in the clinical assessment are submitted to the Board of Examiners</p> <p>(8) Data collected from all sources identified is then compiled and computerised records are kept for each student. A mechanism exists to identify</p>	<p>Interpretation policy Explicit criteria on entry Explicit criteria on exit</p>	<p>Governance</p>

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>potential problems before they arise. The partnership between the college and the health care institutions is to be commended in relation to meeting this essential standard.</p> <p>(9) At course Board meetings (2 per term), student attendance is discussed in combination with performance and actions agreed and implemented. 2 deferrals in 2002</p> <p>(10) The policies "ensure minimum EU requirements are met."</p> <p>- No annual report received for 2002, 2003, 2004</p> <p>(11) No deferrals reported</p> <p>- "Data is collated and tabulated weekly"</p> <p>(12) -Some confusion exists in relation to the '42 days</p> <p>- No deferrals reported to ABA</p> <p>(13) No deferrals reported</p>		
<p><b>3.2.4.6</b></p> <p>(1) Curriculum refers to details in the course handbook</p> <p>- Copy of the marks and standards seen by the site visit team</p> <p>(2) Copy of the marks and standards in curriculum and also seen by the site visit team</p> <p>- Procedures for the discussion, checking and appeal of examination results most clear</p> <p>(3) Copy of the marks and standards in curriculum and also seen by the site visit team</p> <p>- Students given copy in handbook</p> <p>- Details of the criteria for compensation, continuation and supplemental examinations. The procedures for discussion, checking and appeal of examination results are explicit</p> <p>(4) Curriculum states "successful progression requires the student to be deemed clinically competent at each stage of the programme."</p> <p>(5) Copy of the marks and standards in curriculum and also seen by the site visit team</p> <p>- Students given copy in handbook</p> <p>- Details of the criteria for compensation, continuation and supplemental examinations. The procedures for discussion, checking and appeal of examination results are explicit</p> <p>(6) Copy of the marks and standards in programme document and also seen by the site visit team</p> <p>(7) Copy of the marks and standards in curriculum and also seen by the site visit team</p> <p>- Criteria for "compensation, between subjects shall not be permitted."</p> <p>(8) Curriculum states "successful progression requires the student to be deemed clinically competent at each stage of the programme."</p> <p>(9) Curriculum states "successful progression requires the student to be deemed clinically competent at each stage of the programme."</p>	<p>Curriculum</p> <p>Course handbook</p> <p>Marks and Standards</p> <p>Criterion for compensation procedures</p>	<p>Governance</p>

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>-“There is no compensation between theoretical and clinical practice components.”</p> <p>(10) Curriculum states “successful progression requires the student to be deemed clinically competent at each stage of the programme.”</p> <p>(11) Curriculum states “successful progression requires the student to be deemed clinically competent at each stage of the programme.”</p> <p>(12) Curriculum states “students will be assessed on whether competence has been achieved within clinical practice and are deemed to be either competent or not competent, and will be graded on a pass/fail basis.”</p> <p>(13) Curriculum states “successful progression requires the student to be deemed clinically competent at each stage of the programme.”</p>		
<p><b>3.2.4.7</b></p> <p>(1) No compensation reported and reference is made to the marks and standards</p> <p>(2) No compensation reported</p> <p>(3) As 2 above</p> <p>(4) As 2 above</p> <p>(5) As 2 above</p> <p>(6) As 2 above</p> <p>(7) No compensation permitted</p> <p>(8) No compensation reported</p> <p>-“No compensation may be exercised from, or to, taught clinical placement.”</p> <p>(9) No compensation may be exercised from, or to, subject Taught Clinical Placement.”</p> <p>(10) No compensation may be exercised from, or to, subject Taught Clinical Placement.</p> <p>(11) No compensation may be exercised from, or to, taught Clinical Placement</p> <p>(12) There is no compensation between theory and practice.</p> <p>(13) No compensation reported</p>	<p>No compensation reported</p> <p>Marks and Standards</p>	<p>Governance</p>
<p><b>3.2.4.8</b></p> <p>(1) Student record is maintained by the HEI with input from the health care institution</p> <p>(2) As 1 above</p> <p>(3) Student record is maintained by the HEI with input from the health care institution</p> <p>- Examinations office keeps records of theoretical and practice assessments</p> <p>(4) Student record is maintained by Allocations Officer in the HEI with input from the health care institution</p> <p>(5) Student record is maintained by the HEI with input from the health care institution</p> <p>- Examinations office keeps records of theoretical and practice assessments</p> <p>(6) Student record is maintained by the HEI with input from the health care institution</p> <p>-“Students must fulfil the An Bord standards and</p>	<p>Student record maintained</p> <p>Record of Theoretical and Clinical Assessment Input for Health Care Institution</p>	<p>Governance</p>

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>requirements.”</p> <p>(7) Student record is maintained by the HEI with input from the health care institution</p> <p>-“Students must meet all requirements of the programme.”</p> <p>(8) Student record is maintained by Allocations Officer in the HEI with input from the health care institution</p> <p>-“The issue of progression, EU requirements made explicit and no students referred to this matter</p> <p>(9) Student record is maintained by Allocations Officer in the HEI with input from the health care institution</p> <p>(10) Student record is maintained by Allocations Officer in the HEI with input from the health care institution</p> <p>(11) Student record is maintained by Allocations Officer in the HEI with input from the health care institution</p> <p>(12) Explicit and specifies that students must meet all the requirements of the programme</p> <p>(13) Student record is maintained by Allocations Liaison Officer in the HEI with input from the health care institution</p>		
<p><b>3.2.4.9</b></p> <p>(1) Eligibility for registration is confirmed within the curriculum</p> <p>(2) Eligibility for registration is confirmed within the curriculum</p> <p>- Assessment records are kept in the examinations office</p> <p>(3) Eligibility for registration is confirmed within the curriculum based on ABA requirements</p> <p>(4) Eligibility for registration is confirmed from the site visit and the curriculum</p> <p>(5) Eligibility for registration is confirmed within the curriculum based on ABA requirements</p> <p>(6) Eligibility for registration is confirmed within the programme document based on ABA requirement</p> <p>(7) Eligibility for registration is confirmed within the site visit based on ABA requirements</p> <p>(8) Eligibility for registration is confirmed from the site visit and the curriculum</p> <p>(9) Criteria for registration are evident</p> <p>(10) Eligibility for registration is confirmed from the site visit and the curriculum</p> <p>-“Ensure minimum EU requirements are met.”</p> <p>(11) Eligibility for registration is confirmed from the site visit and the curriculum</p> <p>(12) Eligibility for registration is confirmed from the site visit and the curriculum</p> <p>(13) Eligibility for registration is confirmed from the site visit and the curriculum</p>	<p>Individual student record</p> <p>Confirmed within curriculum</p> <p>Confirmed from site visit</p>	<p>Governance</p>

## CORE CATEGORIES (Quality in Education)

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<b>3.2.1.3</b> (1) Individual student record maintained (2) Individual student record maintained (3) Individual student record maintained in the Department of Nursing. Admissions and Examination office maintain computerised record of student registration and examination results (4) Database kept by the institute of individual student record - "All documentation is returned to the Allocations Officer" (5) Admissions and Exam office maintain computerised record of student registration and exam results (6) A number of lecturers conduct spot checks on the attendance." "Tutorial attendance in social science is afforded marks." Hospital maintains records. Record of student registration and examination results (7) Individual student record maintained on a database. (8) Computerised record of individual student. All documentation from attendance at lectures and clinical placements are collated by the institute (9) Database kept by the institute of individual student record. -"All attendance is rigorously monitored." (10) Database kept by the institute of individual student record. -"Allocations officer central to monitoring attendance is in place" (11) Database kept by the institute of individual student record. -"A coordinated and comprehensive recording system is in place." (12) Data is centralised in the School of Nursing (13) Database kept by the institute of individual student record. -" The Allocations Liaison Officer collates the clinical attendance...information is amalgamated into one central record of attendance"	Individual record Database Student record Computerised record	Quality in Education
<b>3.2.1.4</b> (1) Clinical placements well monitored difficulty in monitoring lecture attendance but spot checks undertaken. -Evidence reported less than 60% attendance in some lecturers. - Specified in student handbook (2) Clinical placements well monitored difficulty in monitoring lecture attendance but spot checks	Well monitored Difficulty in monitoring Monitoring students in clinical placements Monitoring in	Quality in Education

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>undertaken. -Evidence reported less than 60% attendance in some lecturers.</p> <p>- Specified in student handbook</p> <p>(3) Clinical placements well monitored difficulty in monitoring lecture attendance but spot checks undertaken – evidence reported less than 60% attendance in some lectures.</p> <p>- Specified in student handbook.</p> <p>(4) Clinical placements well monitored.</p> <p>-“College record attendance twice daily”</p> <p>(5) Clinical placements well monitored and practice hours are measured to ensure each student has completed sufficient hours so that they may apply for registration on completion of the programme.</p> <p>Individual student record maintained in the Department of Nursing. In college record of attendance maintained during tutorials and laboratory sessions only.</p> <p>(6) Clinical placements well monitored.</p> <p>-“College lecturers within biological and social sciences have complained regarding poor attendance”</p> <p>(7) Difficulties associated with recording attendance were articulated.</p> <p>- “Records of attendance are kept for group teaching and tutorials.”</p> <p>-“Random checking of large groups”</p> <p>-“Students with attendance problems are raised at programme board.”</p> <p>(8) CPC’s monitor placement attendance daily</p> <p>-“Mechanism for recording student attendance was explicit in the student handbook.”</p> <p>-“Attendance is recorded for every class”</p> <p>(9) Clinical placements well monitored by CPC’s. Individual lecturers monitor attendance at each lecture reported to site visit team. -</p> <p>“Secretaries I the school keep updated records of absences.”</p> <p>-“Regulations regarding student attendance are clearly spelled out in the course and the student handbook.”</p> <p>(10) Clinical placements well monitored by CPC’s. Individual lecturers monitor attendance at lectures “morning and evening” reported to site visit team</p> <p>-“Policies, procedures and disciplinary approaches are used in a partnership approach to ensure minimum EU requirements are met.”</p> <p>(11) Clinical placements well monitored by CPC’s. Individual lecturers monitor attendance at each lecture reported to site visit team</p> <p>-“The commitment of this standard is strengthened by the policy document given to all students.”</p> <p>(12) Clinical placements well monitored by CPC’s.</p>	college	

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>-“Currently recording student attendance occurs informally within the college.”</p> <p>(13) Clinical placements well monitored by CPC’s.</p> <p>-“Daily record of theoretical attendance”</p>		
<p><b>3.2.1.7</b></p> <p>University criteria in place x7</p> <p>(6) University criteria evident</p> <p>(7) Externs “appointed in accordance with University criteria”</p> <p>(8) External examiners lay an important role in monitoring the appropriateness of the programme and assessment and the standards achieved in both course work and examinations</p> <p>(10) HETAC criteria in place</p> <p>(11) HETAC criteria in place</p> <p>(12) University criteria in place in the Handbook of Academic administration</p> <p>(13) HETAC criteria in place</p>	Role explicit	Quality in Education
<p><b>3.2.1.8</b></p> <p>(1) CV’s of staff requested by ABA.</p> <p>- Specialist teachers to programme identified at site visit</p> <p>- 7 WTE nurse tutor staff</p> <p>(2) As above except 16 WTE nurse tutor staff</p> <p>(3) As 1 above except</p> <p>- 8 WTE nurse tutor staff</p> <p>- 3 non-RNT’s</p> <p>(4) As 1 above except</p> <p>- 8 WTE lecturing staff</p> <p>- RNT’s</p> <p>- 1 head of Department</p> <p>(5) As 1 above except</p> <p>- 10 WTE nurse tutor staff</p> <p>- 5 non-RNT’s</p> <p>(6) CV’s of staff requested by ABA.</p> <p>- Specialist teachers to programme identified at site visit</p> <p>“Clinical nurse and nurse specialists and other members of the multi-disciplinary team provide input into the programme.”</p> <p>- 6 WTE nurse tutor staff</p> <p>- 3 non-RNT’s</p> <p>(7) CV’s of staff requested by ABA.</p> <p>- Specialist teachers to programme identified by the curriculum</p> <p>(8) CV’s of staff requested by ABA.</p> <p>- “College lecturers in physical and social sciences provide a significant input into the programme. A variety of clinical nurses including nurse specialists, nursing practice development staff, nurse managers and medical staff also contribute to the programme”</p> <p>- 4 WTE lecturing staff</p> <p>- 1.5 RNT’s</p>	Staffing issues Ratio Qualifications	Quality in Education

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<ul style="list-style-type: none"> <li>- 1 head of Department</li> <li>(9) CV's of staff requested by ABA.</li> <li>- Specialist teachers to programme identified at site visit</li> <li>- 5 lecturing staff</li> <li>- 5 RNT's</li> <li>- 1 head of Department</li> <li>(10) Specialist teachers to programme identified at site visit</li> <li>- 6.5 WTE RNT staff</li> <li>- 2 RNT's in training</li> <li>- 1 head of Department</li> <li>(11) CV's of staff requested by ABA.</li> <li>- Specialist teachers, multidisciplinary health care professionals provide input to the programme as identified at site visit</li> <li>- Number of tutors not identified</li> <li>(12) CV's of staff requested by ABA.</li> <li>- Specialist teachers to programme identified at site visit</li> <li>- "Interdepartmental, lecturers from the department of life sciences, sciences, maths, government and society, psychology and philosophy."</li> <li>- 1 head of Department</li> <li>- "List of nurse lecturers to be forwarded to ABA"</li> <li>(13) CV's of staff requested by ABA.</li> <li>- Specialist teachers to programme identified at site visit</li> <li>- 2 RNT's</li> <li>- 1 head of Department</li> <li>- Recruitment on-going</li> </ul>		
<p><b>3.2.1.8</b></p> <ul style="list-style-type: none"> <li>(1) CV's of staff requested by ABA.</li> <li>- Specialist teachers to programme identified at site visit</li> <li>- 17 WTE nurse tutor staff</li> <li>(2) As above except 16 WTE nurse tutor staff</li> <li>(3) As 1 above except</li> <li>- 8 WTE nurse tutor staff</li> <li>- 3 non-RNT's</li> <li>(4) As 1 above except</li> <li>- 8 WTE lecturing staff</li> <li>- 2 RNT's</li> <li>- 1 head of Department</li> <li>(5) As 1 above except</li> <li>- 10 WTE nurse tutor staff</li> <li>- 5 non-RNT's</li> <li>(6) CV's of staff requested by ABA.</li> <li>- Specialist teachers to programme identified at site visit</li> <li>- "Clinical nurse and nurse specialists and other members of the multi-disciplinary team provide input into the programme."</li> <li>- 6 WTE nurse tutor staff</li> </ul>	Ratio	Quality in Education

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<ul style="list-style-type: none"> <li>- 3 non-RNT's</li> <li>(7) CV's of staff requested by ABA.</li> <li>- Specialist teachers to programme identified by the curriculum</li> <li>(8) CV's of staff requested by ABA.</li> <li>- "College lecturers in physical and social sciences provide a significant input into the programme. A variety of clinical nurses including nurse specialists, nursing practice development staff, nurse managers and medical staff also contribute to the programme"</li> <li>- 4 WTE lecturing staff</li> <li>- 1.5 RNT's</li> <li>- 1 head of Department</li> <li>(9) CV's of staff requested by ABA.</li> <li>- Specialist teachers to programme identified at site visit</li> <li>- 5 lecturing staff</li> <li>- 5 RNT's</li> <li>- 1 head of Department</li> <li>(10) Specialist teachers to programme identified at site visit</li> <li>- 6.5 WTE RNT staff</li> <li>- 2 RNT's in training</li> <li>- 1 head of Department</li> <li>(11) CV's of staff requested by ABA.</li> <li>- Specialist teachers, multidisciplinary health care professionals provide input to the programme as identified at site visit</li> <li>- Number of tutors not identified</li> <li>(12) CV's of staff requested by ABA.</li> <li>- Specialist teachers to programme identified at site visit</li> <li>- "Interdepartmental, lecturers from the department of life sciences, sciences, maths, government and society, psychology and philosophy."</li> <li>- 1 head of Department</li> <li>- "List of nurse lecturers to be forwarded to ABA"</li> <li>(13) CV's of staff requested by ABA.</li> <li>- Specialist teachers to programme identified at site visit</li> <li>- 2 RNT's</li> <li>- 1 head of Department</li> <li>- Recruitment on-going</li> </ul>		
<p><b>3.2.1.10</b></p> <ul style="list-style-type: none"> <li>(1) CV's of staff requested by ABA</li> <li>(2) CV's of staff requested by ABA</li> <li>- 1 acting tutor reported to the site visit team</li> <li>(3) CV's of staff requested by ABA</li> <li>- 3 acting tutors reported to the site visit team</li> <li>(4) 2 of the lecturing staff are at lecturer grade while 6 are at Assistant Lecturer grade</li> <li>- Only 2 of the lecturing staff are RNT's</li> <li>(5) CV's of staff requested by ABA</li> </ul>	<p>Qualifications Staffing issues</p>	<p>Quality in Education</p>

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<ul style="list-style-type: none"> <li>- 5 acting tutors reported to the site visit team</li> <li>(6) CV's of staff requested by ABA</li> <li>- 3 acting tutors reported to the site visit team</li> <li>(7) CV's of staff requested by ABA</li> <li>- Unknown</li> <li>(8) Ratio 1:16 tutor to student ratio achieved</li> <li>- CV's of staff seen by ABA on site visit</li> <li>(9) 5 of the lecturing staff are RNT's</li> <li>- 5 staff were undertaking RNT programmes</li> <li>- CV's to be forwarded to ABA</li> <li>(10) 2 of the lecturing staff are studying to obtain their RNT qualification</li> <li>(11) Unknown from documentation</li> <li>(12) Unknown</li> <li>- CV's requested by ABA</li> <li>(13) A degree of concern was expressed in relation to ...members of staff employed on a temporary or pro-term basis.</li> </ul>		
<p><b>3.2.1.11</b></p> <ul style="list-style-type: none"> <li>(1) Experienced tutors are course co-ordinators. CV's requested by ABA</li> <li>(2) Experienced tutors are course co-ordinators</li> <li>(3) Experienced tutors are course co-ordinators "all modules addressing nursing theory/practice content will be led and taught by appropriately qualified registered nurses/midwives."</li> <li>(4) Unknown</li> <li>(5) Experienced tutors are course co-ordinators.</li> <li>- PIN numbers of staff not reported</li> <li>(6) Nurse tutors co-ordinators and facilitate modules in both the university and the hospital setting. Tutors have a class tutor responsibility. "All nurse teachers contribute to modules addressing nursing theory/practice."</li> <li>(7) Degree "coordinated and managed by College lecturers appointed as course leaders by the Head of School. The leaders are responsible for the day-to-day management of the programme." "Module leader is responsible for ensuring the module is delivered according to curriculum plan."</li> <li>(8) Unknown</li> <li>(9) Unknown</li> <li>(10) Unknown</li> <li>(11) Unknown</li> <li>(12) Unknown - no evidence collected</li> <li>- CV's requested</li> <li>(13) Teaching staff coordinates modules and programmes at pre-registration level.</li> </ul>	Experience Qualification	Quality in Education
<p><b>3.2.1.15</b></p> <ul style="list-style-type: none"> <li>(1) 7 main computer labs.</li> <li>- Some shared teaching with other nursing programmes offered by the college (250 students per intake)</li> <li>- Good IT links between HEI and the main</li> </ul>	Physical Resources Environmental Resources	Quality in Education

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>hospital sites</p> <ul style="list-style-type: none"> <li>- Good audio-visual facilities</li> <li>- Full extensive list of nursing journals and databases in library</li> <li>- Students report being unhappy with access to college libraries due to geographical difficulties</li> <li>- New school building awaiting completion</li> </ul> <p>(2) 12 main computer labs. With total 360 personal computers</p> <ul style="list-style-type: none"> <li>- Some shared teaching with other nursing programmes offered by the college</li> <li>- Good IT links between HEI and the main hospital sites</li> <li>- Good audio-visual facilities</li> <li>- Full extensive list of nursing journals and databases in library</li> <li>- Over 5000 nursing texts in library</li> <li>- Over 1750 seating spaces in library</li> </ul> <p>(3) 12 main computer labs. With total 360 personal computers</p> <ul style="list-style-type: none"> <li>- Some shared teaching with other nursing programmes offered by the college</li> <li>- Good IT links between HEI and the main hospital sites</li> <li>- Good audio-visual facilities</li> <li>- Full extensive list of nursing journals and databases in library</li> <li>- Over 5000 nursing texts in library</li> <li>- Over 1750 seating spaces in library</li> </ul> <p>(4) One of the most significant deficits in the library is the inadequate number of reading stations which was "based on projected enrolments conducted in 1991"</p> <ul style="list-style-type: none"> <li>- "An electronic database is available to students"</li> <li>- "The hard copy of professional nursing journals on display (or stored) was extremely limited. The stock of nursing texts was inadequate to meet the needs of students. A major investment in the nursing component of the library is required as a matter of urgency if the pre-registration students are to acquire the appropriate skills to enable them deliver evidenced based care to patients/clients."</li> <li>- New building for nursing being constructed.</li> </ul> <p>(5) One of the most significant deficits in the library is the inadequate number of reading stations which was "based on projected enrolments conducted in 1991"</p> <ul style="list-style-type: none"> <li>- "An electronic database is available to students"</li> <li>- "The hard copy of professional nursing journals on display (or stored) was extremely limited. The stock of nursing texts was inadequate to meet the needs of students. A major investment in the nursing component of the library is required as a matter of urgency if the pre-registration students are to acquire the appropriate skills to enable them deliver evidenced based care to</li> </ul>		

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>patients/clients.”</p> <ul style="list-style-type: none"> <li>- New building for nursing being constructed.</li> </ul> <p>(6) Computer labs. Are available to students.</p> <ul style="list-style-type: none"> <li>- Good IT links in the HEI and between HEI and the main hospital site</li> <li>- Good audio-visual facilities</li> </ul> <p>“A range of clinical nursing journals is available to students within the library.”</p> <p>“Fulltime librarian manages the services “</p> <p>(7) Students have full access to the educational, social, recreational and support services.”</p> <ul style="list-style-type: none"> <li>- “Library has a very large nursing section”</li> <li>- “There are advanced plans regarding a new school...</li> <li>- College has excellent IT facilities and photocopying facilities are adequate.”</li> <li>- “Students have access to Ethernet which has multiple applications of information technology, including CD-ROM and on-line databases, the internet and e-mail as well as word processing and other data processing software.”</li> </ul> <p>(8) The library is stocked with a good supply of physical social and nursing science texts. There is ample study areas and access to IT resources.”</p> <ul style="list-style-type: none"> <li>- “An electronic database is available to students”</li> <li>- “Excellent IT facilities were identified.”</li> <li>- Ratio nearly 1:3 computer to student</li> <li>- Video conferencing facilities, laptops &amp; LCD screen, OHP’s, TV &amp; video in each classroom.”</li> <li>- New building for nursing being constructed.</li> </ul> <p>(9) An electronic database is available to students”</p> <ul style="list-style-type: none"> <li>- “A budget of 7040 euro per annum is dedicated to nursing journals.”</li> <li>- “Evidence of adequate facilities and plans for future developments demonstrated.”</li> </ul> <p>(10) Evidence of appropriate educational facilities and resources within the school of nursing”</p> <ul style="list-style-type: none"> <li>- “There are 3 librarians”</li> <li>- “Across the sites sharing of resources and ease of access”</li> <li>- “From anywhere the student has access to IT.”</li> </ul> <p>(11) A comprehensive library resource is available within the campus. A librarian is assigned to address nursing. Space, hardcopy resources and IT/educational resources within the library and the campus are excellent.”</p> <ul style="list-style-type: none"> <li>- “A full and comprehensive list of journals specific to the programme was presented to the team.”</li> <li>- “Well supplied practice suite and adequate teaching, meeting and office space.”</li> <li>- “Comprehensive range of audio-visual support resources.”</li> </ul> <p>(12) There is a large modern library with an extensive nursing section within the college.”</p>		

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>-“Access to relevant databases”</p> <p>-“Students have full access to the educational, social and recreational and support services within the college.”</p> <p>-“IT and Audio visual and other aids are available.”</p> <p>(13) 33 different hard copy nursing and health journals available.”</p> <p>-“Recently received €34,000 worth of books for the nursing programme”</p> <p>-“Ratio of 1 PC to 5 students exists across campus”</p> <p>- Library under “pressure to provide additional space”</p> <p>- New clinical skills facility “represents a tremendous, if belated, step forward”</p> <p>-“An update regarding the receipt of anticipated equipment for the clinical skills laboratory is to be furnished to ABA”</p> <p>-“Development of the existing site for the construction of a new department” awaited</p>		
<p><b>3.2.1.18</b></p> <p>(1) No evidence</p> <p>(2) Transfer policy most explicit</p> <p>(3) Transfer policy most explicit and comprehensive</p> <p>- Each application looked at on an individual basis</p> <p>(4) Transfer policy not reported. One student transferred in 2002</p> <p>(5) Transfer policy based on ECTS system and allows for “inter-institutional transfer for students within Ireland and abroad”</p> <p>(6) Students who have undertaken relevant studies may be exempt from particular modules. This will be at the discretion of the Board of Studies to be established at the University.”</p> <p>(7) No evidence found. 2 students transferred in 2003</p> <p>(8) Transfer policy not reported</p> <p>(9) Transfer policy not reported</p> <p>- No students appear to have transferred out or in between 2002 and 2004</p> <p>(10) Transfer policy not reported</p> <p>- No annual report received for 2002, 2003, 2004</p> <p>(11) 2 transfers accepted in 2004</p> <p>(12) Transfer policy nor numbers not reported</p> <p>(13) No transfers reported</p>	<p>Transfer Policy ECTS</p>	<p>Quality in Education</p>
<p><b>3.2.1.19</b></p> <p>(1) College counselling services, student health services, chaplains, personal tutor system and course leaders are identified as student supports</p> <p>(2) College counselling services, student health services, child care facilities, chaplains and campus ministry, personal tutor system, staff-</p>	<p>Student Services Student Support Student Academic Guidance Health Services Counselling</p>	<p>Quality in Education</p>

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>student forum form student supports (3) College counselling services, sport and recreation, student health services, chaplains and campus ministry, personal tutor system, staff-student forum forms student supports - Student booklet outlines all services (4) College counselling services, student health services, chaplains and campus sport facilities - Studies advisors provided with both an academic and pastoral responsibility (5) College counselling services, excellent sport and recreation facilities, student health services, chaplains and campus ministry, personal tutor system, staff-student forum forms student supports - Student booklet outlines all services (6) College counselling services, sport and recreation, student health services, chaplains and campus ministry, personal tutor system, staff-student forum forms student supports - Student booklet outlines all services (7) Students have access to all student services including recreational facilities and the college counselling services” - Student booklet outlines all services (8) Students have full access to all college academic, sporting and support facilities.” -“Studies advisors are provided for each student and have both academic and pastoral responsibilities.” (9) Identified link tutor and CPC will support the learning process and be available to facilitate students to maximise available learning opportunities.” - College counselling services, student health services, chaplains and campus sport facilities. (10) College counselling services, student health services, chaplains and campus sport facilities - Studies advisors provided with both an academic and pastoral responsibility (11) Students have full access to the College educational, social and recreational facilities” -“Studies advisors provided with both an academic and pastoral responsibility” (12) College counselling services, student health services, chaplains and campus sport facilities -“Students are allocated to Registered nurses and are supported by CPC’s” -“It is incumbent upon the educators to support these learners within a student centred approach.” (13) Library, IT and clinical skills only reported. - Tutors provide support as academic advisors</p>		
<p><b>3.2.1.20</b> Annual report sent to ABA (x1-9) (10) Annual report not sent to ABA for years</p>	<p>Health Care Institution Audit</p>	<p>Quality in Education</p>

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
2002, 2003, 2004 (11) Annual report sent to ABA (12) Annual report sent to ABA for the intakes of 2002, 2003 (13) Annual report sent to ABA in 2004.	Higher Education Institute Self Audit Regulation Monitoring	
<b>3.2.2.10</b> (1) Internal quality assurance is in place through evaluation, course management team and curriculum development team. Site visit reports "within the hospital evidence offered of extensive evaluation and audit in relation to aspects of practice and the clinical learning environment." (2) Internal quality assurance is in place through evaluation, course management team and curriculum development team. Clinical audit tool being developed and piloted will be forwarded to ABA (3) Internal quality assurance is in place through course management team and curriculum development team. Informal evaluation exists. Clinical audit tool to be forwarded to ABA (4) Internal quality assurance is in place through evaluation, course management team and curriculum development team. Clinical audit tool was forwarded to ABA - CNE provides a four-day teaching and assessing programme to prepare staff to support students in the clinical area. - "There is evidence of the support given to staff in the clinical areas to access further education." (5) Internal quality assurance is in place through a quality and audit officer. External examiner system and partnership structures within the management of the programmes are cited as supporting indicators. - A clinical learning audit group has been formed (6) Internal quality assurance is in place through quality audit tool. Formal evaluation exists. Clinical audit results to be forwarded to ABA (7) A QA/QI self-assessment has been set up in college Clinical sites (2) "audit structures processes and outcomes. Involved in accreditation." "QA approach to the clinical area and to learning within the clinical area." (8) An educational and clinical audit is in progress...external examiner system...course management structures and partnership between clinicians, nurse educators and Institute and students... feedback to course management from CNM's and CPC's considered invaluable. Student policies support mechanisms and feedback on assignments." (9) Internal quality assurance is in place through evaluation, course management team and curriculum development team. Clinical audit tool	Internal Quality Assurance Clinical Audit Evaluation Clinical Learning Audit Group Quality and Audit Officer External Examiner System	Quality in Education

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>was forwarded to ABA</p> <p>-“An active committee is in existence that is well supported by Practice Development and Nursing management.”</p> <p>- A condition of approval was “an outline of the quality indicators employed within the health care institution to be submitted to ABA.”</p> <p>(10) Internal quality assurance is in place through Clinical audit tool every 2 years</p> <p>-“Students expressed concern regarding their placements within the large geographic area of the region.”</p> <p>-There is evidence of the support given to staff in the clinical areas to access further education.</p> <p>(11) Evidence of quality indicators across most dimensions of the programme. Educational audit tool utilised within all clinical placements.”</p> <p>- Booklet of further education “based on local needs analysis” produced annually.</p> <p>(12) Within the college each programme undergoes a rigorous process through different stages.”</p> <p>-“Through the department, academic review committee and academic council. Student structures evaluation process, external examiner process and the course management team meetings act as quality safeguards.”</p> <p>(13) Internal quality assurance is in place through evaluation, course management team and curriculum development team. Clinical audit tool awaited by ABA</p> <p>-There is evidence of support given to staff in the clinical areas to access further education but it is at a “developmental stage.”</p> <p>- Limited support from nurse academics/lecturers in terms of clinical experience/learning in practice.</p>		
<p><b>3.2.3.8</b></p> <p>(1) Reported by students “feel that the clinical staff prioritise the learning needs of students nurses during placements” (p.12) embrace the concept “took time to adjust initially” with supernumerary status in one hospital (p.11)</p> <p>(2) Reported that staff have embraced the concept of supernumerary status</p> <p>(3) Reported that familiarisation with the concept of supernumerary status took some time. Efforts to facilitate an awareness of the concept had taken place, however the site visit team were told of “a difficulty” in some areas of the hospital.</p> <p>(4) Reported that familiarisation with the concept of supernumerary status is evident.</p> <p>-“Students complained that they had to complete two assignments while on placement. The students felt that their focus tended to be on the assignments rather than on them maximising all</p>	<p>Embraced concept</p> <p>Positive initially</p> <p>Familiarisation with concept</p> <p>Prioritise the learning needs</p>	<p>Quality in Education</p>

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>the learning opportunities available.”</p> <p>(5) Reported that learning was the focus of their experience in 75% of their clinical experiences.”</p> <p>- Difficulties expressed by students when overseas were on orientation assessments</p> <p>(6) Evident and operationalised</p> <p>(7) Staff articulated the focus on learning central to the concept, clinical staff highly supportive, very positive in relation to the contribution of the teaching and assessing programme to the support of students”</p> <p>(8) Reported that familiarisation with the concept of supernumerary status is evident.</p> <p>-“Students agree that it is largely explicit and operationalised as intended. It is part of the orientation programme for new staff nurses.”</p> <p>(9) Reported that familiarisation with the concept of supernumerary status is “very evident.”</p> <p>-“ Clinical staff are delighted to have students.”</p> <p>(10) Reported that familiarisation with the concept of supernumerary status is evident.</p> <p>-“Evident through dialogue with clinical staff throughout the hospital.”</p> <p>(11) Reported that familiarisation with the concept of supernumerary status is evident.</p> <p>-“The emphasis is on learning and the primacy of learning through doing ”</p> <p>(12) Reported that familiarisation with the concept of supernumerary status is evident.</p> <p>-“There is a sense of the desire of clinical staff wanting to contribute to shared learning.”</p> <p>(13) Reported that familiarisation with the concept of supernumerary status is evident.</p> <p>-“Students complained that they had to complete two assignments while on placement. The students felt that their focus tended to be on the assignments rather than on them maximising all the learning opportunities available”</p>		
<p><b>3.2.4.1</b></p> <p>(1) Assessments occur after each term</p> <p>- Progression criteria explicit</p> <p>-“Students normally required to have completed the theoretical and clinical assessments in each stage of the course prior to progressing to next stage” p.12</p> <p>- Early provisional feedback reported using a structured pro-forma.</p> <p>(2) Assessments plan given to each student at beginning of the programme.</p> <p>- Progression criteria explicit</p> <p>- Student must pass both written and practice assessment requirements to progress</p> <p>- Early provisional feedback reported using a structured pro-forma</p> <p>(3) Assessments plan given to each student at beginning of the programme.</p>	<p>Assessment Plan</p> <p>Progression explicit</p> <p>Early feedback</p> <p>Structured pro-forma</p>	<p>Quality in Education</p>

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<ul style="list-style-type: none"> <li>- Progression criteria explicit</li> <li>- Student must pass both written and practice assessment requirements to progress</li> <li>- Early provisional feedback reported using a structured pro-forma.</li> </ul> <p>(4) Assessments plan given to each student at beginning of the programme.</p> <ul style="list-style-type: none"> <li>- Progression criteria explicit</li> <li>- Student must pass both written and practice assessment requirements to progress</li> <li>- Early provisional feedback reported using a structured pro-forma.</li> </ul> <p>(5) Assessments plan given to each student at beginning of the programme.</p> <ul style="list-style-type: none"> <li>- Progression criteria explicit</li> <li>- Student must pass both written and practice assessment requirements to progress</li> <li>- Early provisional feedback reported using a structured pro-forma.</li> </ul> <p>(6) Assessments strategy given to each student in the Book of Modules</p> <ul style="list-style-type: none"> <li>- Progression criteria explicit</li> <li>- Student must pass written assessment and practice attendance requirements to progress</li> <li>- "A separate marking grid for papers and assignments are used and returned for feedback to students"</li> </ul> <p>(7) A structured feedback sheet based on an educational taxonomy.</p> <p>- "Evident within the marks and standards document"</p> <p>(8) Assessments plan given to each student at beginning of the programme.</p> <ul style="list-style-type: none"> <li>- Progression criteria explicit</li> <li>- Student must pass both written and practice assessment requirements to progress</li> <li>- Early provisional feedback reported using a structured pro-forma.</li> <li>- Student feedback evident "supported by favourable comments from extern examiner"</li> </ul> <p>(9) Assessments plan given to each student at beginning of the programme.</p> <ul style="list-style-type: none"> <li>- Progression criteria explicit</li> <li>- Student must pass both written and practice assessment requirements to progress</li> <li>- Early provisional feedback reported using a structured pro-forma.</li> <li>- "A formal system of student feedback exists for the assessment of theory and practice."</li> </ul> <p>(10) Assessments plan given to each student at beginning of the programme.</p> <ul style="list-style-type: none"> <li>- Progression criteria explicit</li> <li>- Student must pass both written and practice assessment requirements to progress</li> <li>- Early provisional feedback reported using a structured pro-forma.</li> </ul> <p>(11) Assessments plan given to each student at</p>		

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>beginning of the programme.</p> <ul style="list-style-type: none"> <li>- Progression criteria explicit</li> <li>- Student must pass both written and practice assessment requirements to progress</li> <li>- Early provisional feedback reported using a structured pro-forma.</li> </ul> <p>(12) Assessments plan explicit in the programme.</p> <ul style="list-style-type: none"> <li>- Progression criteria explicit</li> <li>-“Each module has its own formal continuous and summative assessment strategy.”</li> <li>-“Each student receives an evaluation/feedback sheet concerning their work. A taxonomy based on the work of Bloom is employed.”</li> </ul> <p>(13) Assessments plan given to each student at beginning of the programme.</p> <ul style="list-style-type: none"> <li>- Progression criteria explicit</li> <li>- Student must pass both written and practice assessment requirements to progress</li> <li>- Early provisional feedback reported using a structured pro-forma</li> </ul>		
<p><b>3.2.4.2</b></p> <p>(1) The degree/registration programme outlines 10 assessment points of examination or assignment and four points of clinical competencies assessment the weighting of which and the details of which are omitted</p> <p>(2) Each theoretical unit is assessed using various strategies. Work continues in this area and it was agreed that there is scope for improvement.” The degree/registration programme outlines 8 assessment points of examination or assignment at the end of each semester and four points of clinical competencies assessment the weighting of which and the details of which have to be confirmed.</p> <p>(3) The degree/registration programme outlines 8 assessment points of examination or assignment at the end of each semester and four points of clinical competencies assessment the details of which are not outlined. The weightings are outlined between coursework and examination.</p> <p>(4) The degree/registration programme outlines 8 assessment points of examination or assignment at the end of each semester and four points of clinical competencies assessment the weighting of which is detailed but the specificity is not outlined</p> <p>(5) The degree/registration programme outlines 8 assessment points of examination or assignment at the end of each semester and four points of clinical competencies assessment the details of which are not outlined. The weightings are outlined between coursework and examination</p> <p>(6) The degree/ registration programme outlines 12 examinations, 18 assignments, 6 points of</p>	<p>Various strategies</p> <p>Eight (8) assessment points</p> <p>Weightings outlined</p> <p>Four points (4) clinical assessment</p>	<p>Quality in Education</p>

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>workbook assessment to include clinical learning and 8 in class test points. The weightings are outlined between coursework and examination and each is attributed credit value.</p> <p>(7) The degree/ registration programme outlines assessment points of examination and assignment at the end of each semester and the four principles of the curriculum. 12 assessments in first year &amp; clinical; 14 in second year &amp; clinical; 3 in third year &amp; clinical; 10 in fourth year &amp; clinical. The weightings are outlined between coursework and examination.</p> <p>(8) The degree/ registration programme 5 subject areas that are assessed each year by continuous assessment and final examination with clinical placement assessed through workbook and project is detailed but the specificity of assignment is not outlined other than to state: exam (n=14); assignment (n=15); written case study (n=1); research critique (n=1); literature review (n=1); research proposal (n=1).</p> <p>(9) The degree/registration programme 5 subject areas that are assessed each year by continuous assessment and final examination with clinical placement assessed through workbook and project is detailed but the specificity of assignment is not outlined other than to state: exam (n=14); assignment (n=15); written case study (n=1); research critique (n=1); literature review (n=1); research proposal (n=1).</p> <p>(10) The degree/registration programme 5 subject areas that are assessed each year by continuous assessment and final examination with clinical placement assessed through workbook and project is detailed but the specificity of assignment is not outlined other than to state: exam (n=14); assignment (n=15); written case study (n=1); research critique (n=1); literature review (n=1); research proposal (n=1)</p> <p>(11) The degree/registration programme 5 subject areas that are assessed each year by continuous assessment and final examination with clinical placement assessed through workbook and project is detailed but the specificity of assignment is not outlined other than to state: exam (n=14); assignment (n=15); written case study (n=1); research critique (n=1); literature review (n=1); research proposal (n=1)</p> <p>(12) The degree/registration programme outlines main assessment points and strategies. There is a range of examination or assignments for each of the 28 modules of the programme not including the 9 clinical modules. The clinical modules are all assessed using competence assessment. The other strategies are exam (n=14), continuous assessment e.g. presentation or group seminar (n=7), MCQ (n=6), laboratory (n=3), essay</p>		

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>(n=4), project (n=4) which includes 10,000 word research project, reflective practice is identified once and clinical skills is typically associated with another assessment strategy and attributes 10% of the weighting of the module and is cited 7 times.</p> <p>(13) The degree/registration programme 5 subject areas that are assessed each year by continuous assessment and final examination with clinical placement assessed through workbook and project is detailed but the specificity of assignment is not outlined other than to state: exam (n=14); assignment (n=15); written case study (n=1); research critique (n=1); literature review (n=1); research proposal (n=1)</p>		
<p><b>3.2.4.4</b></p> <p>(1) Extern supports the assessment strategy</p> <p>(2) Reported that Extern supports the assessment strategy</p> <p>- "Validity and reliability of the assessment tools will be evaluated as the programme progresses"</p> <p>(3) Extern supports the assessment strategy</p> <p>- "External examiner commends the college for the reliability of its marking and its use of inter-rater reliability marking."</p> <p>(4) Extern supports the assessment strategy</p> <p>(5) Extern supports the assessment strategy</p> <p>- "External examiner commends the college for the reliability of its marking and its use of inter-rater reliability marking."</p> <p>(6) Extern supports the assessment strategy</p> <p>- "Internal and external moderation is employed."</p> <p>(7) Extern supports the assessment strategy</p> <p>- "Inter-rater reliability marking is utilised by the internal markers. Externs from the social and biological science subjects feed into the assessment process. Feedback from the nursing extern supports the assessments in place</p> <p>(8) Evident within plan, curriculum and marks and standards document.</p> <p>(9) Assessment strategies are based upon valid and reliable techniques</p> <p>(10) Extern supports the assessment strategy</p> <p>(11) Internal moderation employed, prior to external examination. Scripts and assignments are also sent to extern for approval"</p> <p>(12) Site visit team supports the assessment strategy</p> <p>(13) Extern supports the assessment strategy</p>	<p>External support evaluated</p> <p>External reports</p> <p>Inter-rater reliability</p>	<p>Quality in Education</p>
<p><b>3.2.4.5</b></p> <p>(1) No evidence</p> <p>(2) Grading criteria included in curriculum and provided to students in handbook</p> <p>(3) As 2 above</p> <p>(4) Grading criteria included in curriculum and</p>	<p>Grading criteria</p> <p>Student handbook</p>	<p>Quality in Education</p>

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>provided to students in handbook</p> <ul style="list-style-type: none"> <li>- Pass mark practical 40% and project 60%</li> </ul> <p>(5) As 2 above</p> <p>(6) Grading criteria for honours outlined</p> <p>(7) Marks and standards outline the honours standard</p> <p>(8) Grading criteria included in curriculum and provided to students in handbook</p> <ul style="list-style-type: none"> <li>- Pass mark practical 40% and project 60%</li> <li>- Assignment marking criteria indicated 40% pass mark</li> </ul> <p>(9) Grading criteria included in curriculum and provided to students in handbook</p> <ul style="list-style-type: none"> <li>- Pass mark practical 40% and project 60%</li> <li>- "Assignment marking criteria identify 40% as pass mark"</li> </ul> <p>(10) Grading criteria included in curriculum and provided to students in handbook</p> <ul style="list-style-type: none"> <li>- Pass mark practical 40% and project 60%</li> <li>- Pass mark theoretical 40%</li> </ul> <p>(11) Grading criteria included in curriculum and provided to students in handbook</p> <ul style="list-style-type: none"> <li>- Pass mark practical 40% and project 60%</li> <li>- Theoretical pass mark 40%</li> </ul> <p>(12) Grading criteria included in "Handbook of Academic Administration."</p> <p>(13) Grading criteria included in curriculum and provided to students in handbook</p> <ul style="list-style-type: none"> <li>- Pass mark practical 40% and project 60%</li> <li>- Pass mark theoretical 40%</li> </ul>		
<p><b>3.2.5.1</b></p> <p>(1) Site visit reports evidence was supplied to the team</p> <p>(2) Site visit reports evidence supplied to the team. ABA requested CV's to be forwarded to them</p> <p>(3) As 1 above</p> <p>(4) As 1 above</p> <p>(5) As 1 above</p> <p>(6) As 1 above</p> <p>(7) As 1 above</p> <p>(8) Site visit reports evidence was supplied to the team</p> <ul style="list-style-type: none"> <li>- "The college will furnish CV's of extern"</li> </ul> <p>(9) HEI criteria in place</p> <ul style="list-style-type: none"> <li>- Condition of approval requires CV's of external examiners be forwarded to ABA</li> </ul> <p>(10) Site visit reports evidence was supplied to the team</p> <p>(11) Site visit reports evidence was supplied to the team</p> <ul style="list-style-type: none"> <li>- CV's of extern requested by ABA</li> </ul> <p>(12) Site visit reports evidence was supplied to the team</p> <ul style="list-style-type: none"> <li>- CV's requested by ABA</li> </ul> <p>(13) Site visit reports evidence was supplied to</p>	<p>Site report evidence CV's requested CV's forwarded</p>	<p>Quality in Education</p>

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
the team		
<p><b>3.2.5.2</b></p> <p>(1) Site visit reports evidence supplied to the team</p> <p>(2) As 1 above</p> <p>(3) Site visit reports evidence supplied to the team</p> <p>- Criteria outlined in curriculum</p> <p>(4) As 1 above</p> <p>(5) Site visit reports evidence supplied to the team</p> <p>- Criteria outlined in curriculum</p> <p>(6) Site visit reports evidence supplied to the team</p> <p>(7) Site visit reports evidence supplied to the team</p> <p>(8) Site visit reports evidence supplied to the team</p> <p>(9) Site visit reports evidence supplied to the team</p> <p>(10) Site visit reports evidence was supplied to the team</p> <p>(11) Site visit reports evidence supplied to the team</p> <p>(12) Site visit reports evidence supplied to the team</p> <p>- External examination will “examine and moderate assessment instruments and grades and will be guided by the HEI rules”</p> <p>(13) Site visit reports evidence was supplied to the team</p>	<p>Criteria in curriculum</p> <p>Site Visit Reports</p>	<p>Quality in Education</p>
<p><b>3.2.5.3</b></p> <p>(1) Site visit reports evidence supplied to the team. ABA request the CV's of externs are forwarded to them as part of Annual Report</p> <p>(2) Site visit reports evidence supplied to the team. ABA requested CV's be forwarded to them</p> <p>(3) Site visit reports evidence supplied to the team. ABA requested CV's be forwarded to them</p> <p>(4) Site visit reports evidence supplied to the team. ABA requested CV's be forwarded to them</p> <p>(5) Site visit reports evidence supplied to the team and current extern meets the criteria. -ABA requested CV's be forwarded to them</p> <p>(6) Site visit reports evidence supplied to the team and current extern meets the criteria</p> <p>- ABA requested CV's be forwarded to them</p> <p>(7) Site visit reports evidence supplied to the team and current externs (2) meet the criteria</p> <p>(8) Site visit reports evidence supplied to the team</p> <p>ABA requested CV's be forwarded to them</p> <p>-“Site visit team had full access to external examiners report, a composite of same per</p>	<p>Site visit report</p> <p>CV's forwarded</p>	<p>Quality in Education</p>

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>subject/cohort will be forwarded as part of an annual report to ABA.”</p> <p>(9) Site visit reports evidence supplied to the team ABA requested CV's be forwarded to them</p> <p>(10) Site visit reports evidence supplied to the team ABA requested CV's be forwarded to them</p> <p>(11) Site visit reports evidence supplied to the team - ABA requested CV's be forwarded to them</p> <p>(12) Site visit reports evidence supplied to the team. - ABA requested CV's be forwarded to them</p> <p>(13) Site visit reports evidence supplied to the team ABA requested CV's be forwarded to them</p>		

## CORE CATEGORIES (Knowledge for Practice)

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p><b>3.2.5.3</b></p> <p>(1) Site visit reports evidence supplied to the team. ABA request the CV's of externs are forwarded to them as part of Annual Report</p> <p>(2) Site visit reports evidence supplied to the team. ABA requested CV's be forwarded to them</p> <p>(3) Site visit reports evidence supplied to the team. ABA requested CV's be forwarded to them</p> <p>(4) Site visit reports evidence supplied to the team. ABA requested CV's be forwarded to them</p> <p>(5) Site visit reports evidence supplied to the team and current extern meets the criteria.</p> <p>- ABA requested CV's be forwarded to them</p> <p>(6) Site visit reports evidence supplied to the team and current extern meets the criteria</p> <p>- ABA requested CV's be forwarded to them</p> <p>(7) Site visit reports evidence supplied to the team and current externs (2) meet the criteria</p> <p>(8) Site visit reports evidence supplied to the team</p> <p>ABA requested CV's be forwarded to them</p> <p>- "Site visit team had full access to external examiners report, a composite of same per subject/cohort will be forwarded as part of an annual report to ABA."</p> <p>(9) Site visit reports evidence supplied to the team</p> <p>ABA requested CV's be forwarded to them</p> <p>(10) Site visit reports evidence supplied to the team</p> <p>ABA requested CV's be forwarded to them</p> <p>(11) Site visit reports evidence supplied to the team</p> <p>- ABA requested CV's be forwarded to them</p> <p>(12) Site visit reports evidence supplied to the team.</p> <p>- ABA requested CV's be forwarded to them</p> <p>(13) Site visit reports evidence supplied to the team</p> <p>ABA requested CV's be forwarded to them</p>	<p>Clinical Links Liaison Role Workload</p>	<p>Knowledge for Practice</p>
<p><b>3.2.1.13</b></p> <p>(1) Clinical staffs report a staff development department. Professional development planning is in progress in the hospital It is well resourced and has increased staff morale</p> <p>- Diary of staff development to be sent to ABA</p> <p>(2) Commitment to staff development acknowledged but mechanism not reported</p> <p>(3) Commitment to staff development acknowledged but mechanism not developed</p> <p>- "Nurse lecturers will liase with students while</p>	<p>Staff Development Liaison Research</p>	<p>Knowledge for Practice</p>

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>on clinical placements”</p> <p>(4) Lecturers have a research remit</p> <p>(5) Commitment to staff development acknowledged through research and publication, - Link tutor role</p> <p>(6) A journal club exists to promote the appreciation of evidence-based practice at clinical level.” “A three week research appreciation is facilitated in the hospital.”</p> <p>“A comprehensive range of databases and ward based IT facilities promote and support evidence</p> <p>(7) A significant education and training culture in existence” “A large range of in-service programmes</p> <p>(8) An in-service programme was detailed.”</p> <p>(9) 200 staff have undertaken the teaching and assessing course. Many nurse undertaking further studies.</p> <p>(10) Lecturers engage in “continuing and in-service education role...involved in practice development</p> <p>(11) Currently teaching and assessing and degrees for nurses are offered.”</p> <p>-“A regional programme exists”</p> <p>(12) Link tutors system utilised</p> <p>(13) One lecturer is “completing a masters degree to register as a nurse tutor</p>		
<p><b>3.2.2.1</b></p> <p>(1) Programme meets ABA and EU input requirements.</p> <p>The content for each of the specialist areas for the 3 years is the same and the learning outcome is the same “discuss the role of the nurse and the principles of caring for the client, in the specialist nursing client group settings” Curr. 1, p.34, 50, 51, 65, 66</p> <p>(2) Programme meets ABA and EU input requirements in year 2 and 3.</p> <p>(3) Programme meets ABA and EU input requirements</p> <p>- Specialist placements experienced between year 2 and year 3.</p> <p>- Theoretical preparation occurs in modules of these years</p> <p>(4) Programme meets ABA and EU input requirements</p> <p>-“Experience a holistic approach to care for patients/clients experiencing a range of medical/surgical problems.”</p> <p>-“Emphasis is placed on the provision of the most appropriate care and in particular on primary health care.”</p> <p>2<sup>nd</sup> year main theoretical specialist areas in 3<sup>rd</sup> year childcare and paediatrics 20 hours no plan or report available to see the clinical exposure of the students to the specialties.</p>	<p>Holistic Approach An Bord Altranais and EU requirements</p>	<p>Knowledge for Practice</p>

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>(5) Programme meets ABA and EU input requirements</p> <ul style="list-style-type: none"> <li>- Specialist placements experienced between year 2 and year 3 with paediatrics or community in year 4.</li> <li>-Theoretical preparation occurs in modules of these years</li> </ul> <p>(6) Programme meets ABA and EU input requirements</p> <ul style="list-style-type: none"> <li>- Specialist placements experienced between year 2 and year 3.</li> <li>- Theoretical preparation occurs in modules of these years</li> </ul> <p>(7) Programme meets ABA and EU input requirements</p> <ul style="list-style-type: none"> <li>- Specialist placements experienced between year 2 and year 4.</li> <li>- Theoretical preparation occurs in modules of these years</li> </ul> <p>(8) Programme meets ABA and EU input requirements</p> <ul style="list-style-type: none"> <li>-“Taught clinical placement is an integral part of the 4 year programme...students will be exposed to a wide variety of clinical allocations which will prepare them to operate within an increasingly complex and demanding health care setting.”</li> <li>- 2<sup>nd</sup> year main theoretical specialist areas in 3<sup>rd</sup> year childcare and paediatrics 20 hours no plan or report available to see the clinical exposure of the students to the specialties.</li> </ul> <p>(9) Programme meets ABA and EU input requirements</p> <ul style="list-style-type: none"> <li>-“Experience a holistic approach to care for patients/clients experiencing a range of medical/surgical problems.”</li> <li>- 2<sup>nd</sup> year main theoretical specialist areas in 3<sup>rd</sup> year childcare and paediatrics 20 hours no plan or report available to see the clinical exposure of the students to the specialties.</li> <li>- There are 48 areas identified where students can learn in the region.”</li> </ul> <p>(10) Programme meets ABA and EU input requirements</p> <ul style="list-style-type: none"> <li>- 2<sup>nd</sup> year main theoretical specialist areas in 3<sup>rd</sup> year childcare and paediatrics 20 hours no plan or report available to see the clinical exposure of the students to the specialties.</li> <li>- “Procuring psychiatric placements for the general students was creating a difficulty”</li> </ul> <p>(11) Programme meets ABA and EU input requirements</p> <ul style="list-style-type: none"> <li>- 2<sup>nd</sup> year main theoretical specialist areas in 3<sup>rd</sup> year childcare and paediatrics 20 hours no plan or report available to see the clinical exposure of the students to the specialties.</li> </ul> <p>(12) Programme meets ABA and EU input</p>		

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>requirements</p> <ul style="list-style-type: none"> <li>-“Skills necessary for providing a holistic approach to caring for patients/clients.”</li> <li>- Emphasis is placed in the four-year descriptors on “they can acquire the skills of critical analysis, problem-solving, decision-making, reflective skills, and abilities essential to the art and science of nursing.”</li> <li>- Main theoretical specialist areas in 3<sup>rd</sup> year childcare and paediatrics, maternity, older-person, mental health. 4<sup>th</sup> year teaching includes critical care nursing and internship of rostered placement.</li> <li>- Clinical exposure of the students to the specialties occurs during supernumerary placements.</li> </ul> <p>(13) Curriculum attests it meets ABA and EU input requirements</p> <ul style="list-style-type: none"> <li>- 2<sup>nd</sup> year main theoretical specialist areas in 3<sup>rd</sup> year childcare and paediatrics 20 hours.</li> <li>- Programme is dependant on a large number of external placements to achieve the required experiences of a registration programme.</li> </ul>		
<p><b>3.2.2.2</b></p> <p>(1) Indicative content requirements appear to be met.</p> <ul style="list-style-type: none"> <li>- Curriculum design is based on Skilbeck’s Situational Model purporting to be dynamic, flexible and Lawton’s model of cultural analysis of nursing practice for health. Core Broad categories, which interweave subjects at a developmental level, comprise the design.</li> </ul> <p>(2) Planning team has ensured that the indicative content outlined by ABA (2000) has been addressed in the programme. The self-audit identifies that the programme has been shaped by the recommendations of the Nursing Education Forum (2000)</p> <ul style="list-style-type: none"> <li>- Curriculum is based on “Beattie’s fourfold model of curriculum design” with Roach’s ‘5C’s’ of caring identified as “core skills which facilitate the delivery of systematic individualised nursing care.”</li> </ul> <p>(3) Planning team has ensured that the indicative content outlined by ABA (2000) has been addressed in the programme. The self-audit identifies that the programme has been shaped by the recommendations of the Nursing Education Forum (2000)</p> <ul style="list-style-type: none"> <li>- An eclectic approach to curriculum development has been adopted, informed by the post-technocratic model of French and Cross</li> </ul> <p>(4) Planning team has ensured that the indicative content outlined by ABA (2000) has been addressed in the programme. The curriculum identifies that the programme has been shaped by</p>	<p>Curriculum Model Theoretical Basis Nursing Education Forum Indicative Content</p>	<p>Knowledge for Practice</p>

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>the recommendations of the Nursing Education Forum (2000) “flexibility, eclecticism, transferability and progression, evidence based practice and shared learning are outlined.”</p> <p>(5) Planning team has ensured that the indicative content outlined by ABA (2000) has been addressed in the programme. The curriculum identifies that the programme has been shaped by the recommendations of the Nursing Education Forum (2000) p.5</p> <p>- An integrated curriculum design is attributed to the programme with no specific theorist identified.</p> <p>(6) Programme document and the indicative content identifies the syllabus of ABA (2000) has been addressed in the programme. The curriculum outline identifies the programme has been shaped by the recommendations of the Nursing Education Forum (2000)</p> <p>- The curriculum framework “is conceptualised along two curricular strands – vertical and horizontal.” The vertical is “based on becoming a professional nurse” in “five role dimensions” and the horizontal relate to “beliefs and values about nursing, knowledge in nursing and the nature of learning.”</p> <p>(7) Planning team has acknowledged the statutory requirements indicative content outlined by ABA (2000). The curriculum identifies that the programme has been shaped by the recommendations of the Nursing Education Forum (2000)</p> <p>(8) Planning team has ensured that the indicative content outlined by ABA (2000) has been addressed in the programme.</p> <p>The curriculum identifies that the programme has been shaped by the recommendations of the Nursing Education Forum (2000) “flexibility, eclecticism, transferability and progression, evidence based practice and shared learning are outlined.”</p> <p>-“An eclectic approach to curriculum development is adopted.”</p> <p>(9) Planning team has ensured that the indicative content outlined by ABA (2000) has been addressed in the programme. The curriculum identifies that the programme has been shaped by the recommendations of the Nursing Education Forum (2000) “flexibility, eclecticism, transferability and progression, evidence based practice and shared learning are outlined.”</p> <p>(10) Planning team has ensured that the indicative content outlined by ABA (2000) has been addressed in the programme. The curriculum identifies that the programme has been shaped by the recommendations of the Nursing Education Forum (2000) “flexibility, eclecticism, transferability and progression,</p>		

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>evidence based practice and shared learning are outlined.”</p> <p>-“Evidence based congruent philosophy centralised on caring.”</p> <p>(11) Planning team has ensured that the indicative content outlined by ABA (2000) has been addressed in the programme. The curriculum identifies that the programme has been shaped by the recommendations of the Nursing Education Forum (2000) “flexibility, eclecticism, transferability and progression, evidence based practice and shared learning are outlined.”</p> <p>-“Curriculum is based on a post-technocratic model emphasising evidence</p> <p>(12) Curriculum states, “the eclectic approach (Wiles and Bondi 2002, Nurse Education Forum 2000, &amp; Beattie 1987) acknowledges the ethos of adult learning while meeting the standards and requirements of ABA ensured the acquisition of professional competencies at point of registration.”</p> <p>-The curriculum identifies that the programme has been shaped by the recommendations of the Nursing Education Forum (2000) “flexibility, eclecticism, transferability and progression, evidence based practice and shared learning” are outlined.</p> <p>(13) Planning team has ensured that the indicative content outlined by ABA (2000) has been addressed in the programme. The curriculum identifies that the programme has been shaped by the recommendations of the Nursing Education Forum (2000) “flexibility, eclecticism, transferability and progression, evidence based practice and shared learning are outlined.”</p>		
<p><b>3.2.2.3</b></p> <p>(1) Nurse tutors are course leaders</p> <ul style="list-style-type: none"> <li>- 3 core Broad categories underpin the framework of the curriculum</li> <li>- Concepts articulated include valuing the person, caring, rights of the individual, optimal health orientation, choice, knowledge and skill. There is recognition of frailty and illness as well as primary care.</li> <li>- Research is intertwined throughout the programme content.</li> </ul> <p>(2) Nurse tutors are course leaders and a diagrammatic representation of the planning and development of the programme is contained in the curriculum</p> <ul style="list-style-type: none"> <li>- Selection of programme content has been guided by professional nursing knowledge based on principles identified by the development group.</li> </ul>	<p>Evidence-based Nurse Tutors Nursing Concepts</p>	<p>Knowledge for Practice</p>

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>(3) Nurse tutors are course leaders</p> <ul style="list-style-type: none"> <li>- Selection of programme content has not been attributed to a particular nurse theorist</li> <li>- "Philosophy based on holism, individualism, person-centred, caring, and wellness oriented philosophy of nursing that is rationalised and based on evidence."</li> </ul> <p>(4) Nurse tutors are course leaders</p> <ul style="list-style-type: none"> <li>- No particular nursing theory identified which underpins the curriculum as the document states "the diverse nature of nursing disciplines involved militated against adopting an explicit curriculum model. Core principles include a bio/psycho/social focus on the individual and the care delivered."</li> </ul> <p>(5) Nurse tutors are course leaders</p> <ul style="list-style-type: none"> <li>- Selection of programme content has not been attributed to a particular nurse theorist</li> <li>- An attributable philosophy is not articulated but the programme seeks to answer questions identified by participants of consultative meetings</li> <li>- Fundamental issues are addressed including compassion for people who are vulnerable and/or disadvantaged; sensitivity to the experience and backgrounds of people in the care of nurses; the distinctive contribution that can be made by nurses in the pursuit of 'health gain'; the personal and professional development of each individual student; research, knowledge and nursing practice."</li> </ul> <p>(6) Nurse tutors are course leaders</p> <ul style="list-style-type: none"> <li>- Selection of programme content is attributed to Benner's and White's 5 ways of knowing nursing.</li> <li>- Philosophy related to "beliefs and values on nursing, the person receiving nursing care, health and health care, the environment in which nursing is practised and learned, and education and learning" are articulated.</li> </ul> <p>(7) Curriculum development team comprise nurse teachers</p> <ul style="list-style-type: none"> <li>- Selection of programme content has not been attributed to a particular nurse theorist – four principal courses of study per year</li> <li>- "General nursing is conceptualised as a therapeutic caring process. It is concerned with meeting the deficits in the individual's capacities for health maintenance and health restoration, with particular emphasis on the needs of adults experiencing altered health."</li> </ul> <p>(8) Nurse tutors are course leaders</p> <ul style="list-style-type: none"> <li>- No particular nursing theory identified which underpins the curriculum as the document states "the diverse nature of nursing disciplines involved militated against adopting an explicit curriculum model. Core principles include a</li> </ul>		

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>bio/psycho/social focus on the individual and the care delivered.”</p> <p>-“Nursing theory, nursing research, educational theory and research guide the curriculum.”</p> <p>(9) Nurse tutors are course leaders</p> <p>- No particular nursing theory identified which underpins the curriculum as the document states “the diverse nature of nursing disciplines involved militated against adopting an explicit curriculum model. Core principles include a bio/psycho/social focus on the individual and the care delivered.”</p> <p>-“Philosophy of the curriculum is on the wellness to illness continuum”</p> <p>(10) Nurse tutors are course leaders</p> <p>- No particular nursing theory identified which underpins the curriculum as the document states “the diverse nature of nursing disciplines involved militated against adopting an explicit curriculum model. Core principles include a bio/psycho/social focus on the individual and the care delivered.”</p> <p>-“Centralised on caring”</p> <p>(11) Nurse tutors are course leaders</p> <p>- No particular nursing theory identified which underpins the curriculum as the document states “the diverse nature of nursing disciplines involved militated against adopting an explicit curriculum model. Core principles include a bio/psycho/social focus on the individual and the care delivered.”</p> <p>-“A systematic approach to nursing care is employed utilising this model.”</p> <p>(12) Nurse tutors are course leaders</p> <p>- Nursing theories of Orem and King identified as framing the curriculum at site visit but not in curriculum document</p> <p>-“Practice is based on the best available evidence.”</p> <p>-“The nursing process is integral to planning care and practice delivery.”</p> <p>-“Spiral model”</p> <p>(13) Nurse tutors are course leaders</p> <p>- No particular nursing theory identified which underpins the curriculum as the document states “the diverse nature of nursing disciplines involved militated against adopting an explicit curriculum model. Core principles include a bio/psycho/social focus on the individual and the care delivered.”</p>		

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p><b>3.2.2.4</b></p> <p>(1) Curriculum development team comprises all key stakeholders according to site visit team but evidence from the curriculum suggests it comprises only teaching staff Students are central to evaluation and on the course management team</p> <p>(2) Curriculum development team comprises clinical, management and education expertise Evaluation tool included in the curriculum and "is part of becoming a learning organisation" Students, staff and extern examiner evaluate programme</p> <p>(3) Curriculum development team comprises clinical, management and education expertise - Students not formally involved in curriculum evaluation but do have an informal involvement - ABA recommend this is prioritised</p> <p>(4) Curriculum development team comprises clinical, management and education expertise - "Students have a role to play in the evaluation of the curriculum they would not appear to be central to that process."</p> <p>(5) Curriculum development team comprises clinical, management and education expertise - Students formally involved in curriculum evaluation through the office of the registrar which is associated with audit in the college as opposed to formal evaluation to create change in the programme</p> <p>(6) Curriculum development team comprises clinical, management and education expertise - Students involved in curriculum evaluation at a module level and a "comprehensive clinical placement evaluation tool" was reported. "Student evaluation data and tutorial evaluation has contributed to change."</p> <p>(7) Curriculum development team comprises clinical, management and education expertise - Evaluation includes students and the educational and clinical staff employing triangulation."</p> <p>(8) Curriculum development team comprises clinical, management and education expertise - "Students are involved in student council that has direct access to academic council." "Students participate in the course board." "Formal theory and clinical placement evaluation occurs at the end of each year."</p> <p>(9) Curriculum development team comprises clinical, management and education expertise - "At the end of the year students will evaluate both theoretical and practical components." - "The JAWS system builds students experiences, comments and suggestions into the curriculum on an ongoing basis."</p> <p>(10) Curriculum development team comprises</p>	<p>All key stakeholders Expertise Students Role</p>	<p>Knowledge for Practice</p>

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>clinical, management and education expertise -“No formal mechanism exists, evaluation is considered problematic (11) Curriculum development team comprises clinical, management and education expertise -“Students are part of the course board, they are central to the annual course review.” -“Evaluation takes place at end of modules, and placements (12) Students not identified in course management arrangements but are involved in programme evaluation at the Staff and Student Consultative Committee, which feeds into the evaluation structure. -“End of module and end of semester evaluation.” (13) Curriculum development team comprises clinical, management and education expertise -“Evaluation of modules and the programme occurs. There is no formal evaluation of the clinical areas and this would be welcomed by clinicians”</p>		
<p><b>3.2.2.5</b> (1) Curriculum purports to be “dynamic and flexible enough to facilitate change in nurse education, nursing practice and health care delivery”...in that it “involves critical appraisal of the school situation” ...is systematically developmental in approach - Sequencing of theory and clinical evident in plan (2) Principles guiding programme design include “the centrality of practice should be made explicit in module outlines...Broad categories should be developed and built on throughout the programme.” Module outline descriptors demonstrate Broad categories are coherent, logically sequenced and facilitate the integration of theory and practice. The site visit reports, “change in practice influences curricular development and review.” (3) Programme is designed to ensure it is coherent, logically sequenced and facilitates the integration of theory and practice. -“Considered responsive and flexible because it is practice driven.” (4) Programme is designed to ensure it is coherent, logically sequenced and facilitates the integration of theory and practice. - Curriculum is “grounded in values and beliefs relating to the nature of four fundamental concepts: nursing, environment, person and health nursing is considered both an art and a science...the nurse practitioner seeks to provide services that meet the preventative, promotional, supportive, curative, rehabilitative and palliative</p>	<p>Dynamic, Systematic, Flexible, Principles Centrality of practice coherent</p>	<p>Knowledge for Practice</p>

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>health care needs of families, groups and communities.”</p> <p>(5) Programme is designed to ensure it is coherent, logically sequenced and facilitates the integration of theory and practice and is developmental.</p> <p>- Considered responsive and flexible because “the curricula are designed to be responsive to health care need.”</p> <p>(6) Curriculum is responsive to evidence/research, ABA standards and requirements and modularisation.” “Societal change and needs of the nursing profession create a dynamic for the</p> <p>(7) Programme is designed to ensure it is logically sequenced and diagrammatically it demonstrates vertical and horizontal relationships between the courses and modules.</p> <p>-“The curriculum is responsive to contemporary issues in health care and is continually updated based on extensive evaluation.”</p> <p>(8) Programme is designed to ensure it is coherent, logically sequenced and facilitates the integration of theory and practice.</p> <p>- Curriculum is “grounded in values and beliefs relating to the nature of four fundamental concepts: nursing, environment, person and health nursing is considered both an art and a science...the nurse practitioner seeks to provide services that meet the preventative, promotional, supportive, curative, rehabilitative and palliative health care needs of families, groups and communities.”</p> <p>(9) Programme is designed to ensure it is coherent, logically sequenced and facilitates the integration of theory and practice.</p> <p>- Curriculum is “grounded in values and beliefs relating to the nature of four fundamental concepts: nursing environment, person and health nursing is considered both an art and a science...the nurse practitioner seeks to provide services that meet the preventative, promotional, supportive, curative, rehabilitative and palliative health care needs of families, groups and communities.”</p> <p>(10) Programme is designed to ensure it is coherent, logically sequenced and facilitates the integration of theory and practice.</p> <p>- Curriculum is “grounded in values and beliefs relating to the nature of four fundamental concepts: nursing, environment, person and health nursing is considered both an art and a science...the nurse practitioner seeks to provide services that meet the preventative, promotional, supportive, curative, rehabilitative and palliative health care needs of families, groups and communities.”</p>		

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>(11) Programme is designed to ensure it is coherent, logically sequenced and facilitates the integration of theory and practice.  - Curriculum is “grounded in values and beliefs relating to the nature of four fundamental concepts: nursing, environment, person and health nursing is considered both an art and a science...the nurse practitioner seeks to provide services that meet the preventative, promotional, supportive, curative, rehabilitative and palliative health care needs of families, groups and communities.”  -“NEATE report, ABA, policy changes, programme evaluation and research drive the evolution of the curriculum.”</p> <p>(12) Programme is designed to ensure it is coherent, logically sequenced and facilitates the integration of theory and practice.  - Curriculum is “grounded in values and beliefs relating to the nature of four fundamental concepts: nursing, environment, person and health nursing is considered both an art and a science...the nurse practitioner seeks to provide services that meet the preventative, promotional, supportive, curative, rehabilitative and palliative health care needs of families, groups and communities.”</p> <p>(13) Programme is designed to ensure it is coherent, logically sequenced and facilitates the integration of theory and practice.  - Curriculum is “grounded in values and beliefs relating to the nature of four fundamental concepts: nursing, environment, person and health nursing is considered both an art and a science...the nurse practitioner seeks to provide services that meet the preventative, promotional, supportive, curative, rehabilitative and palliative health care needs of families, groups and communities.”</p>		
<p><b>3.2.2.6</b>  (1) Lectures, tutorials, seminars, interactive discussion, group work, simulation, computer-assisted learning, reflective practice exercises, protected study time, study guides, supervised practice, clinical teaching, clinical laboratories, demonstrations, problem-solving scenarios, case studies, role play, presentations and nursing care conferences comprise the range of strategies employed.  (2) Types of strategies “chosen to develop students’ deeper understanding rather than focusing on recall alone...to develop students’ problem solving and analytical skills.” Strategies include: reflective practice, negotiated learning contracts, experiential learning includes role play, debating, student presentations, clinical</p>	<p>Teaching learning strategy  Reflective practice  Problem solving  Self direction  Student centred  Experiential activities</p>	<p>Knowledge for Practice</p>

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>laboratories, demonstrations. Lectures were cited 29 times as a strategy, small group work 14 times, seminars 12 times, interactive discussion 9 times, experiential activities 10 times, with other strategies cited less than 5 times each: protected study time, study guides, supervised practice, clinical teaching and case studies "congruent on the subject matter."</p> <p>(3) Reflection is a key learning strategy employed in the programme." Strategies include: reflective practice, negotiated learning contracts, experiential learning includes role play, debating, student presentations, clinical laboratories, demonstrations. Lectures were the most cited strategy (n=29), seminars (n=12), interactive discussion (n=9), group work (n=14), protected study time, study guides, supervised practice, clinical teaching and case studies "congruent on the subject matter."</p> <p>(4) Types of strategies include: Lectures, tutorials, seminars, clinical and interpersonal skills, reflective practice groups, use of case studies and simulations, small group work teaching, experiential learning, role play, reading. Reflection is a key learning strategy and each student is guaranteed 4 hours of reflective time per week in clinical practice.</p> <p>- Students stated they "spent many contact hours in the classroom and most of the theoretical component of the course was delivered by lecturers."</p> <p>(5) Within the college there is a reliance on lectures, demonstrations and tutorials. The variety ranges from structured to unstructured, teacher to student-centred and includes computer assisted learning."</p> <p>- Strategies not included</p> <p>(6) College depends on lectures, group work/discussion and tutorials -Lectures were the most cited strategy (n=41), seminars (n=3), tutorials (n=27) group work/discussion (n=30), protected study time, role-play, study guides, supervised practice, clinical teaching/practical workshops and reflection "congruent on the subject matter."</p> <p>(7) Lectures were the most cited strategy (n=36), seminars (n=19), interactive discussion (n=19), workshops (n=12) group work (n=6), case studies (n=8), IT based strategies (n=6), video assisted discussion (n=7), practical (n=5), and most notably reflection only cited 5 times in all the unit descriptors.</p> <p>- "Strategies range from student to teacher centred. The focus is on the development of self-directed and autonomous learners."</p> <p>(8) Types of strategies include: "Lectures n=23, tutorials n=10, seminars n=10, practical</p>		

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>demonstration n=9, reflective practice n=13, care studies n=13 and simulations n=9, small group work n=13, role play n=10, group discussion n=17, projects n=12, AV n=15.</p> <p>-“Students will be expected to reflect upon their own practice and the theoretical issues relevant to it.”</p> <p>- Clinical placements use “supervised practice, role modelling, ward report, care plans case conferences, clinical rounds, multi-disciplinary team meetings, peer group teaching, recording of critical incidents, clinical supervision, preceptorship, supervised ward management.”</p> <p>-“Strategies were identified on a continuum from student-centred to teacher-centred.”</p> <p>(9) Types of strategies include: “Lectures n=23, tutorials n=10, seminars n=10, practical demonstration n=9, reflective practice n=13, care studies n=13 and simulations n=9, small group work n=13, role play n=10, group discussion n=17, projects n=12, AV n=15.</p> <p>-“Students will be expected to reflect upon their own practice and the theoretical issues relevant to it.” -Clinical placements use “supervised practice, role modelling, ward report, care plans, case conferences, clinical rounds, multi-disciplinary team meetings, peer group teaching, recording of critical incidents, clinical supervision, preceptorship, supervised ward management.”</p> <p>- “Selected as appropriate to the subject, the student and teacher and the context in which the learning is taking place.”</p> <p>(10) Types of strategies include: “Lectures n=23, tutorials n=10, seminars n=10, practical demonstration n=9, reflective practice n=13, care studies n=13 and simulations n=9, small group work n=13, role play n=10, group discussion n=17, projects n=12, AV n=15.</p> <p>-“There is an evidence based linkage between strategies utilised and the content of the module/unit of study.”</p> <p>(11) Types of strategies include: “Lectures n=23, tutorials n=10, seminars n=10, practical demonstration n=9, reflective practice n=13, care studies n=13 and simulations n=9, small group work n=13, role play n=10, group discussion n=17, projects n=12, AV n=15.</p> <p>-“Students will be expected to reflect upon their own practice and the theoretical issues relevant to it.”</p> <p>- Clinical placements use “supervised practice, role modelling, ward report, care plans, case conferences, clinical rounds, multi-disciplinary team meetings, peer group teaching, recording of critical incidents, clinical supervision, preceptorship, supervised ward management.”</p>		

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>-“Selected as appropriate to the subject, the student and teacher and the context in which the learning is taking place.”</p> <p>(12) Curriculum states “teaching and learning strategies which promote evidence-based practice through research, critical thinking, and reflection.”</p> <p>-“Strategies are determined within college based on subject matter and group/class size.”</p> <p>“Lectures, tutorials, practical demonstrations and supervised practice are the dominant strategies within college.”</p> <p>Each module identifies the same range of teaching strategies so it cannot be determined from the curriculum which ones are most widely used. In addition to the above strategies include, discussion, seminars, reflective practice, group work, small group teaching, enquiry-based learning, SDL, role-play, audiovisual, laboratory and reading.</p> <p>(13) Types of strategies in the curriculum include: “Lectures, tutorials, seminars, clinical and interpersonal skills, reflective practice groups, use of care studies and simulations, small group work teaching, experiential learning, role play, reading. Reflection is a key learning strategy and each student is guaranteed 4 hours of reflective time per week in clinical practice.”</p> <p>-“A full and broad range of teaching methodologies is advocated within the programme.”</p>		
<p><b>3.2.2.7</b></p> <p>(1) Discussion group, tutorial, reflective writing, lecture and role modelling appear the most favoured strategies identified from the individual units of learning from the curriculum however only the nursing units attribute strategies with the other strategies employed less frequently. Some strategies not utilised in the units as seen below Lectures n=6; tutorials n=7; seminars n=4; Interactive discussion n=7; group work n=4; simulation, computer-assisted learning, reflective practice exercises n=7; protected study time, study guides, supervised practice, clinical teaching, clinical laboratories, demonstrations n=5; problem-solving scenarios, care plans n=4; case studies n=1; role modelling n=6; presentations, case conferences n=1; Workshop n=3; Team meetings n=1; Practicals n=1; Lab. Work n=2; Experiential learning n=2 and Nursing care conference</p> <p>(2) A variety of teaching strategies are employed in the programme. They are congruent with the subject matter. An outline of the teaching strategies used is made explicit in all nursing units” although a comprehensive idea of the</p>	Teaching and learning strategies	Knowledge for Practice

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>utilisation of the most used strategies for each unit of study is not possible to identify.</p> <p>(3) Lecture, discussion group and reflection appear the most favoured strategies with the other strategies employed less frequently</p> <p>(4) Lecture, discussion group and reflection appear the most favoured strategies with the other strategies employed less frequently.</p> <ul style="list-style-type: none"> <li>- The breakdown of strategies is not explicit in the curriculum</li> <li>- The curriculum is content driven with an over-reliance on lectures</li> <li>- Evidence within the timetable that there is some utilisation of tutorials and group work for certain subjects.</li> </ul> <p>(5) The aims of the programme infer a wide range of approaches but no evidence could be found to support a finding</p> <ul style="list-style-type: none"> <li>- There is a reliance on lectures, demonstrations and tutorials. The variety ranges from structured to unstructured, teacher to student-centred and includes computer assisted learning."</li> </ul> <p>(6) Lecture, discussion group and reflection appear the most favoured strategies with the other strategies employed less frequently. IT was cited on four occasion but it be gleaned that as a strategy it was available more than cited</p> <p>(7) Lecture, seminar, discussion appear the most favoured strategies with the other strategies employed less frequently</p> <p>(8) Lecture, discussion group and reflection appear the most favoured strategies along with audio-visual aids and the other strategies employed less frequently.</p> <ul style="list-style-type: none"> <li>- Evidence within the timetable that there is some utilisation of tutorials and group work for certain subjects.</li> </ul> <p>(9) Lecture, discussion group and reflection appear the most favoured strategies with the other strategies employed less frequently.</p> <ul style="list-style-type: none"> <li>- Evidence from the site visit "lesson plans are available that demonstrate other approaches"</li> </ul> <p>(10) Lecture, discussion group and reflection appear the most favoured strategies with the other strategies employed less frequently.</p> <ul style="list-style-type: none"> <li>- "Eclectic variety of teaching strategies employed."</li> </ul> <p>(11) Lecture, discussion group and reflection appear the most favoured strategies with the other strategies employed less frequently.</p> <ul style="list-style-type: none"> <li>- "A wide range of strategies including teacher and student centred approaches reflecting the educational philosophy is employed across the programme."</li> </ul> <p>(12) The breakdown of strategies is not explicit in the curriculum</p> <ul style="list-style-type: none"> <li>- "College has Dean of Teaching and Learning."</li> </ul>		

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>(13) Lecture, discussion group and reflection appear the most favoured strategies with the other strategies employed less frequently.</p> <ul style="list-style-type: none"> <li>- The breakdown of strategies is not explicit in the curriculum</li> <li>-“Concerns regarding the length of the teaching day were raised by the students, these concerns are contrary to the philosophy of the programme”</li> </ul>		
<p><b>3.2.2.8</b></p> <p>(1) The 6 learning outcomes of the programme and the 3 aims of the clinical placement state concepts are part of the overall and individual unit learning outcomes of the programme.</p> <ul style="list-style-type: none"> <li>- Reflection is identified throughout the programme as a teaching/learning strategy see 3.2.1.7</li> </ul> <p>(2) The self audit states “content and assessment strategies... will assist them to problem solve in a variety of contexts, select information appropriate to their practice, and use pertinent research Codes.”</p> <ul style="list-style-type: none"> <li>-The 3 concepts are part of the overall (p.64) and individual unit learning outcomes and assessment strategies of the programme.</li> <li>- Reflection is “incorporated into various units of the programme. CPC’s and Nurse Tutors assist students reflect on their experiences during clinical placement.” A discreet section of the curriculum is devoted to reflective practice (p.164)</li> </ul> <p>(3) The concepts are part of the overall and individual unit learning outcomes and assessment strategies of the programme</p> <p>(4) The concepts are part of the overall and individual unit learning outcomes and assessment strategies of the programme including formulation of formal essays; nursing care plans; critical incident analysis, research proposal and the submission of work demonstrating competence.</p> <ul style="list-style-type: none"> <li>- In year 1 “students are introduced to the concept of reflective practice in theory as a teaching strategy “group reflection” and content as “the nature of reflection; reflection and nursing; reflective journals and diaries.”</li> <li>- Students are “allocated 4 hours per week protected time-out from service delivery for reflection and clinical supervision during supernumerary and rostered placements.”</li> <li>-“Students’ opportunity to reflect and engage in self-discovery is primarily confined to their time within clinical allocations.”</li> </ul> <p>(5) The concepts are articulated as part of the overall aim and learning objectives and individual unit learning outcomes and assessment strategies of the programme e.g.</p>	<p>Reflection Problem Solving Ethical dimension of nursing care Work care plans Work assessment</p>	<p>Knowledge for Practice</p>

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>“adopt a reflective, problem-solving approach that ensures that the ethical dimension of nursing care is recognised and respected</p> <p>(6) The concepts are expressed in the terminal characteristics and the aims of the programme.</p> <ul style="list-style-type: none"> <li>- The individual units of learning identify module outcomes e.g. “to enable students to develop critical thinking about moral perspectives and to deal effectively with ethical dilemmas encountered in practice.”</li> <li>- Reflection underpins the philosophy of the programme.”</li> </ul> <p>(7) The concepts are part of the overall aim of the programme and individual unit learning outcomes and the teaching methods of the programme.</p> <ul style="list-style-type: none"> <li>- Research is taught in year 2 and year 4 and assessed accordingly.</li> </ul> <p>(8) The concepts are part of the overall and individual unit learning outcomes and assessment strategies of the programme including formulation of formal essays; nursing care plans; critical incident analysis, research proposal and the submission of work demonstrating competence.</p> <ul style="list-style-type: none"> <li>-“Theoretical concepts underlying reflection addressed in year 1, assignments incorporate reflective dimensions, reflection in practice is commenced during the first clinical placement.” -</li> <li>“group reflection” and content as “the nature of reflection; reflection and nursing; reflective journals and diaries.”</li> <li>- Students are “allocated 4 hours per week protected time-out from service delivery for reflection and clinical supervision during supernumerary and rostered placements.”</li> </ul> <p>(9) The concepts are part of the overall and individual unit learning outcomes and assessment strategies of the programme including formulation of formal essays; nursing care plans; critical incident analysis, research proposal and the submission of work demonstrating competence.</p> <ul style="list-style-type: none"> <li>- Reflection is built into the curriculum and is taught as a learning strategy.”</li> <li>- In year 1 “students are introduced to the concept of reflective practice in theory as a teaching strategy “group reflection” and content as “the nature of reflection; reflection and nursing; reflective journals and diaries.”</li> <li>- Students are “allocated 4 hours per week protected time-out from service delivery for reflection and clinical supervision during supernumerary and rostered placements.”</li> <li>-“Students’ opportunity to reflect and engage in self-discovery is primarily confined to their time within clinical allocations.”</li> </ul>		

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>(10) The concepts are part of the overall and individual unit learning outcomes and assessment strategies of the programme including formulation of formal essays; nursing care plans; critical incident analysis, research proposal and the submission of work demonstrating competence.</p> <ul style="list-style-type: none"> <li>- In year 1 "students are introduced to the concept of reflective practice in theory as a teaching strategy "group reflection" and content as "the nature of reflection; reflection and nursing; reflective journals and diaries."</li> <li>- Students are "allocated 4 hours per week protected time-out from service delivery for reflection and clinical supervision during supernumerary and rostered placements."</li> <li>- "A collaborative exercise to link theory and practice."</li> </ul> <p>(11) The concepts are part of the overall and individual unit learning outcomes and assessment strategies of the programme including formulation of formal essays; nursing care plans; critical incident analysis, research proposal and the submission of work demonstrating competence.</p> <ul style="list-style-type: none"> <li>- In year 1 "students are introduced to the concept of reflective practice in theory as a teaching strategy</li> <li>- Students are "allocated 4 hours per week protected time-out from service delivery for reflection and clinical supervision during supernumerary and rostered placements."</li> <li>- "A variety of models of reflection are utilised."</li> <li>- "Students utilise a model of their choice to complete some theoretical assessment."</li> </ul> <p>(12) The concepts are part of the curriculum design.</p> <ul style="list-style-type: none"> <li>- "Critical analysis technique is employed."</li> <li>- The concepts are articulated associated with the clinical placements content.</li> </ul> <p>(13) The concepts are part of the overall and individual unit learning outcomes and assessment strategies of the programme including formulation of formal essays; nursing care plans; critical incident analysis, research proposal and the submission of work demonstrating competence.</p> <ul style="list-style-type: none"> <li>- "Significant support required in terms of clinical facilitation of this process. While this is identified in the curriculum (p.13) it was not experienced in reality...students are afforded the time for reflection however in many areas registered nurses find facilitating this difficult."</li> </ul>		
<p><b>3.2.2.9</b> (1) Curriculum states "learning outcomes of the programme will be fully integrated into the</p>	<p>Assessment strategy Clinical nursing</p>	<p>Knowledge for Practice</p>

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>assessment strategy at all levels and will include assessments such as examinations, essays, clinical projects, clinical skills, laboratory techniques, literature review, critiquing research, reflective practice, clinical assessments</p> <p>(2) Clinical and theoretical learning are assessed according to a plan</p> <ul style="list-style-type: none"> <li>- Competency assessment outlined in detail to reflect ABA e-learning</li> </ul> <p>(3) Clinical and theoretical learning are assessed according to a plan</p> <ul style="list-style-type: none"> <li>- Competency assessment outlined in detail to reflect ABA e-learning</li> </ul> <p>(4) Clinical and theoretical learning are assessed through continuous assessment and final examination for the 5 subject areas in each of the 4 years of the programme. In addition to the identified written assignment and exam there is a written case study, research critique, literature review, and research proposal. Taught clinical placement is assessed through a workbook and a project for each of the four years.</p> <ul style="list-style-type: none"> <li>- The aim of the course "is to prepare a competent knowledgeable and accountable practitioner, who can provide holistic, systematic care for individuals and groups in a variety of settings within an increasingly culturally diverse health care system."</li> <li>- The learning outcomes are those of ABA 2000 p.13</li> </ul> <p>(5) Clinical and theoretical learning are assessed according to a plan.</p> <ul style="list-style-type: none"> <li>- OSCE and practice portfolio are outlined.</li> <li>- Transferable skills and their attributes of communication; group work; interpersonal; personal; organisational; problem solving; social and community awareness; resource management; information technology; clinical nursing skills are identified.</li> </ul> <p>(6) Clinical and theoretical learning are assessed according to a plan</p> <ul style="list-style-type: none"> <li>- Clinical practice required completion of hours and clinical workbook</li> </ul> <p>(7) Clinical and theoretical learning are assessed according to a plan</p> <ul style="list-style-type: none"> <li>- Competency assessment outlined in detail to reflect ABA e-learning and ABA documents</li> </ul> <p>(8) Clinical and theoretical learning are assessed through continuous assessment and final examination for the 5 subject areas in each of the 4 years of the programme. In addition to the identified written assignment and exam there is a written case study, research critique, literature review, and research proposal. Taught clinical placement is assessed through a workbook and a project for each of the four years.</p> <ul style="list-style-type: none"> <li>- The aim of the course "is to prepare a</li> </ul>	<p>skills</p> <p>Clinical assessment</p> <p>Theory assessment</p> <p>OSCE Workbook</p> <p>Continuous Assessment</p> <p>Final Exam</p>	

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>competent knowledgeable and accountable practitioner, who can provide holistic, systematic care for individuals and groups in a variety of settings within an increasingly culturally diverse health care system.”</p> <p>- The learning outcomes are those of ABA 2000 p.13</p> <p>(9) The aim of the course “is to prepare a competent knowledgeable and accountable practitioner, who can provide holistic, systematic care for individuals and groups in a variety of settings within an increasingly culturally diverse health care system.”</p> <p>- The learning outcomes are those of ABA 2000 p.13 (10)</p> <p>(10) The aim of the course “is to prepare a competent knowledgeable and accountable practitioner, who can provide holistic, systematic care for individuals and groups in a variety of settings within an increasingly culturally diverse health care system.”</p> <p>- The learning outcomes are those of ABA 2000 p.13</p> <p>(11) Clinical and theoretical learning are assessed through continuous assessment and final examination for the 5subject areas in each of the 4 years of the programme. In addition to the identified written assignment and exam there is a written case study, research critique, literature review, and research proposal. Taught clinical placement is assessed through a workbook and a project for each of the four years.</p> <p>- The aim of the course “is to prepare a competent knowledgeable and accountable practitioner, who can provide holistic, systematic care for individuals and groups in a variety of settings within an increasingly culturally diverse health care system.”</p> <p>- The learning outcomes are those of ABA 2000 p.13</p> <p>(12) Clinical and theoretical learning are assessed through continuous assessment and final examination for the 6 modules in each of the 2 semesters of the 4 year programme. In addition to the identified written assignments and examinations there is a written case study, research critique, literature review, and research proposal. Taught clinical placement is assessed through a workbook and a project for each of the four years.</p> <p>- The learning outcomes are those of ABA 2000 p.13</p> <p>(13) The aim of the course “is to prepare a competent knowledgeable and accountable practitioner, who can provide holistic, systematic care for individuals and groups in a variety of</p>		

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>settings within an increasingly culturally diverse health care system.”</p> <p>- The learning outcomes are those of ABA 2000 p.13</p>		
<p><b>3.2.2.11</b></p> <p>(1) No evidence found</p> <p>(2) Students complete one elective module in year 3 semester 1 which may provide opportunity for travel. Criteria and mechanisms will be considered on an individual basis”</p> <p>Electives are literature or community based with one entitled 'nursing in developing worlds'</p> <p>(3) HEI has provision for elective placement. “Criteria and mechanisms for exchange will be considered on an individual basis.”</p> <p>(4) No evidence</p> <p>(5) HEI has provision for elective placement. And inter-institution transfer.</p> <p>(6) No evidence found</p> <p>(7) Two large general hospitals associated with the HEI</p> <p>- Specialist placements in established approved hospitals (psychiatric, children's, midwifery)</p> <p>- Additional placements occur in other health Board sites that were visited</p> <p>-“Congruence between the curriculum and the clinical sites.” “The value of nursing as a contributory factor to healing, well-being and the centrality of the patient with in the ...philosophy was realised in the individual units visited through the locally devised mission statements.”</p> <p>(8) College utilises the 'Leonardo' programme and this has been successful with exchanges in place. The International affairs coordinator in college liases with the programme</p> <p>(9) No evidence found</p> <p>(10) No evidence found</p> <p>(11) No evidence found</p> <p>(12) No evidence found</p> <p>(13) No evidence found</p>	<p>Elective Module</p> <p>Elective Placement</p> <p>Nursing in Developing Worlds</p>	<p>Knowledge for Practice</p>
<p><b>3.2.3.1</b></p> <p>(1) Cursory reference to the approved practice placement is mentioned as a named institution in the curriculum</p> <p>- Two large general hospitals associated with the HEI</p> <p>- Specialist placements in established approved hospitals (midwifery, children's, psychiatric)</p> <p>- Additional placements occur in sites that were visited by the ABA team to be approved</p> <p>- Roper Logan Tierney model of nursing care in 3 sites and, Nottingham model in one site</p> <p>2 sites don't identify the name of model used</p> <p>- Learning is viewed as a continuous process for which responsibility is shared</p>	<p>Models of Nursing</p> <p>Specialist Placement</p> <p>Philosophy of nursing</p> <p>Teaching beliefs</p> <p>Beliefs of nursing</p> <p>Nursing process</p> <p>Clinical placements</p> <p>Up-to-date law</p> <p>Interpretation of theory and practice</p>	<p>Knowledge for Practice</p>

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>(2) Two large general hospitals associated with the HEI</p> <ul style="list-style-type: none"> <li>- Specialist placements in established approved hospitals (psychiatric)</li> <li>- Additional placements occur in other health Board sites that were visited by the ABA team</li> <li>- Philosophy of nursing addresses concepts of "caring, dignity, health orientation, and the person as an individual."</li> <li>- Roper, Logan, Tierney model of nursing care in both institutions</li> </ul> <p>(3) One large general hospital associated with the HEI</p> <ul style="list-style-type: none"> <li>- Specialist placements in established approved hospitals (psychiatric)</li> <li>- Additional placements occur in other health Board sites that were visited</li> <li>- Teaching team's beliefs about nursing include facilitation, caring, accountability, teamwork and collaboration and knowledgeable and clinically competent.</li> </ul> <p>(4) One large general hospital associated with the HEI</p> <ul style="list-style-type: none"> <li>- Specialist placements in established approved hospitals (psychiatric)</li> <li>- Additional placements occur in other health Board sites that were visited by the ABA team to be approved</li> <li>- Objectives of placements reflective of ABA objectives</li> <li>- "The nursing process is utilised with the Roper Logan and Tierney model of nursing care. Evidence of team nursing and the utilisation of a triage system are evident."</li> </ul> <p>(5) Two large general hospitals associated with the HEI</p> <ul style="list-style-type: none"> <li>- Specialist placements in established approved hospitals (psychiatric, paediatrics and midwifery)</li> <li>- Additional placements occur in other health Board sites that were visited</li> <li>- Curriculum states, "the practice of nursing and clinical learning is an essential part of the nursing curriculum..." "Structures and processes are needed to ensure the integration of theory and practice and effective collaboration between third-level nurse lecturers, students and clinical staff in the practice setting." How this is achieved is not articulated.</li> <li>- Beliefs about nursing include interactive caring process, teamwork and most up-to-date knowledge and skills based on a model of nursing which reflects the holistic nature of patient care</li> </ul> <p>(6) Three large general hospitals associated with the HEI</p> <ul style="list-style-type: none"> <li>- Specialist placements in established approved hospitals (psychiatric and midwifery)</li> </ul>		

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>- Additional placements occur in other health Board sites that were visited</p> <p>- Holistic approach to care espoused. Roper et al model of nursing utilised in the three practice settings.</p> <p>(7) Two large general hospitals associated with the HEI</p> <p>- Specialist placements in established approved hospitals (psychiatric, children's, midwifery)</p> <p>- Additional placements occur in other health Board sites that were visited</p> <p>- "Congruence between the curriculum and the clinical sites." "The value of nursing as a contributory factor to healing, well-being and the centrality of the patient with in the ... philosophy was realised in the individual units visited through the locally devised mission statements."</p> <p>(8) One large general hospital associated with the HEI</p> <p>- Specialist placements in established approved hospitals (psychiatric, care of the elderly)</p> <p>- Objectives of placements reflective of ABA objectives</p> <p>- "Team nursing is the dominant approach to care delivery; however primary nursing is used in specialised areas."</p> <p>- RLT model and Orem used in the hospital. "All students exposed to both models and others within nursing theory and concepts sessions"</p> <p>(9) One large general hospital associated with the HEI</p> <p>- Specialist placements in established approved hospitals (psychiatric, care of the elderly)</p> <p>- Additional placements occur in other health Board sites that were visited by the ABA team to be approved</p> <p>- Objectives of placements reflective of ABA objectives</p> <p>- "The nursing process is utilised with the Roper Logan and Tierney model of nursing care and Orem's model. Clinical pathways being developed in some areas."</p> <p>(10) One large general hospital associated with the HEI</p> <p>- Specialist placements in established approved hospitals (psychiatric, care of the elderly)</p> <p>- Additional placements occur in other health Board sites that were visited by the ABA team to be approved</p> <p>- Objectives of placements reflective of ABA objectives</p> <p>- "Staff advocates a philosophy based on caring, competence, commitment and respect."</p> <p>- "The Activities of Daily Living model is utilised. A modified form of team nursing is employed"</p> <p>(11) One large general hospital associated with</p>		

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>the HEI</p> <ul style="list-style-type: none"> <li>- Specialist placements in established approved hospitals (psychiatric, care of the elderly)</li> <li>- Additional placements occur in other health Board sites that were visited by the ABA team to be approved</li> <li>- Objectives of placements reflective of ABA objectives</li> <li>- "A systematic approach to nursing care is utilised with the Roper Logan and Tierney model of nursing care."</li> <li>- "Focussed care planning is employed to enhance the social and psychological dimensions of the programme."</li> </ul> <p>(12) One large general hospital associated with the HEI</p> <ul style="list-style-type: none"> <li>- Specialist placements in established approved hospitals (psychiatric, care of the older person)</li> <li>- Additional placements occur in other health Board sites that were visited by the ABA team to be approved -objectives of placements reflective of ABA objectives</li> <li>- "The nursing process is utilised with the Roper Logan and Tierney model of nursing care. Evidence of modified team nursing and the utilisation of patient allocation evident."</li> </ul> <p>(13) One general hospital associated with the HEI with 5 other sites used to achieve the experiences required</p> <ul style="list-style-type: none"> <li>- Specialist placements in a number of sites requiring approval from ABA</li> <li>- Additional placements occur in other health Board sites that were visited by the ABA team to be approved</li> <li>- Objectives of placements reflective of ABA objectives</li> <li>- "The Roper Logan and Tierney model of nursing care" underpins the "standardised care plans."</li> </ul>		
<p><b>3.2.3.2</b></p> <p>(1) Clinical audit tool requires each clinical area to identify learning opportunities for the student and provide a range of learning tools to assist the student achieve their potential in a supported manner.</p> <p>(2) Practice placements selected to ensure that programme learning outcomes are met.</p> <ul style="list-style-type: none"> <li>- "Practice placements will provide students with the required experience and number of hours stipulated by ABA"</li> <li>- Clinical audit tool requested by ABA</li> </ul> <p>(3) Practice placements selected to ensure that programme learning outcomes are met.</p> <ul style="list-style-type: none"> <li>- Clinical audit tool requested by ABA</li> </ul> <p>(4) Practice placements selected to ensure that</p>	<p>Clinical Audit Tool Effective learning environment Clinical Placement Map</p>	<p>Knowledge for Practice</p>

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>programme learning outcomes are met.</p> <ul style="list-style-type: none"> <li>- Clinical audit tool requested by ABA</li> </ul> <p>(5) Clinical placement map meets each of the programme requirements in terms of hours and prescribed hours”</p> <ul style="list-style-type: none"> <li>- “The clinical placement map is designed to provide the students with sufficient exposure to the practice environment to meet the necessary elements of a pre-registration programme.”</li> <li>- Information for the map incomplete</li> </ul> <p>(6) Excellent clinical learning environment for students, staff highly motivated. Students have a very varied clinical experience</p> <p>(7) The clinical component of the programme is seen as most important in the ...learning experience.”</p> <ul style="list-style-type: none"> <li>- Clinical audit tool requested by ABA</li> </ul> <p>(8) Audits completed in relation to ABA standards and requirements. This was very much in evidence during external placement visits.</p> <ul style="list-style-type: none"> <li>- Clinical audit tool requested by ABA</li> </ul> <p>(9) Practice placements selected to ensure that programme learning outcomes are met.</p> <ul style="list-style-type: none"> <li>- “A most comprehensive audit tool has been devised and utilised to operationalise the site for use to identify and meet the educational requirements.”</li> <li>- “Students experience specialist placements early in the programme.”</li> </ul> <p>(10) Practice placements selected to ensure that programme learning outcomes are met.</p> <ul style="list-style-type: none"> <li>- Clinical audit tool requested by ABA</li> </ul> <p>(11) Practice placements selected to ensure that programme learning outcomes are met.</p> <ul style="list-style-type: none"> <li>- Clinical audit tool seen by ABA</li> </ul> <p>(12) Practice placements selected to ensure that programme learning outcomes are met.</p> <ul style="list-style-type: none"> <li>- Clinical audit tool requested by ABA</li> </ul> <p>(13) Many clients are over 70 years and are dependent on total nursing care. Hospital management take the view that this is an acute medical unit”</p> <ul style="list-style-type: none"> <li>- Clinical audit tool requested by ABA</li> </ul>		
<p><b>3.2.3.3</b></p> <p>(1) Programme plan identifies areas of clinical learning. Specialist placements can occur throughout the programme and do not appear according to the curriculum to be organised to match theoretical input for all students see sub question 3.2.1.1</p> <ul style="list-style-type: none"> <li>- “Learning is oriented toward clinical practice, professional development and personal growth. Adult education philosophy underpins the educational process and structure.”</li> </ul> <p>(2) Curriculum outlines a philosophy and plan whereby placement in the practice setting is</p>	<p>Programme Plan Special placement Learning oriented to clinical practice, professional development and personal growth Curriculum philosophy – need for exposure to practice through a range of placements</p>	<p>Knowledge for Practice</p>

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>considered central to students' examination of the relevance and applicability of content explored in class to practice.</p> <ul style="list-style-type: none"> <li>- Development of a "competent, caring, confident adult based on a reflective approach to learning"</li> </ul> <p>(3) Curriculum outlines a philosophy and plan whereby placement in the practice setting is considered central to students' examination of the relevance and applicability of content explored in class to practice.</p> <ul style="list-style-type: none"> <li>- "Placement in the practice setting is considered central to this examination as the practice setting provides students with the opportunity to test out theory in the reality of practice."</li> </ul> <p>(4) Curriculum outlines a philosophy and plan whereby taught clinical placements are an integral part of the programme. Placement in the practice setting is considered central to students' examination of the relevance and applicability of content explored in class to practice.</p> <ul style="list-style-type: none"> <li>- Progressive development included in the expectations of each clinical placement opportunity.</li> </ul> <p>(5) Curriculum outlines, "nursing students need exposure to practice through a range of placements in different settings in which care is delivered."</p> <ul style="list-style-type: none"> <li>- Programme involves a strong emphasis on the practice of nursing and on an integrated curriculum design. The "proximity between classroom teaching and experiences in nursing practice, relating to particular issues, will enhance the potential for integration between the two."</li> </ul> <p>(6) Students are viewed as central to their own learning.</p> <ul style="list-style-type: none"> <li>- "A wide range of academic and academic/clinical higher education based courses is being supported."</li> </ul> <p>(7) A team and partnership approach will be applied when assessing the student nurse, as the assessors will consult with colleagues in determining the student nurses' competence. Clinical nurse managers, nurse tutors and third-level institution will agree on the assessment process."</p> <p>(8) Curriculum outlines a philosophy and plan whereby taught clinical placements are "an opportunity to consolidate nursing theory and practice in preparation for her role as a registered practitioner." Placement in the practice setting is considered central to students' examination "when students are facilitated to reflect on their experiences."</p> <ul style="list-style-type: none"> <li>- Progressive development included in the expectations of each clinical placement</li> </ul>	<p>Proximity between classroom teaching and experiences in nursing practice</p>	

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>opportunity.</p> <p>(9) Curriculum outlines a philosophy and plan whereby taught clinical placements are an integral part of the programme. Placement in the practice setting is considered central to students' examination of the relevance and applicability of content explored in class to practice.</p> <ul style="list-style-type: none"> <li>- Progressive development included in the expectations of each clinical placement opportunity.</li> <li>- Philosophy "developed through consultation."</li> </ul> <p>(10) Curriculum outlines a philosophy and plan whereby taught clinical placements are an integral part of the programme. Placement in the practice setting is considered central to students' examination of the relevance and applicability of content explored in class to practice.</p> <ul style="list-style-type: none"> <li>- Progressive development included in the expectations of each clinical placement opportunity</li> </ul> <p>(11) Curriculum outlines a philosophy and plan whereby taught clinical placements are an integral part of the programme. Placement in the practice setting is considered central to students' examination of the relevance and applicability of content explored in class to practice.</p> <ul style="list-style-type: none"> <li>- Progressive development included in the expectations of each clinical placement opportunity.</li> </ul> <p>- "Learning is viewed as a life-long process, it is seen as a participative active and an enabling/empowered process."</p> <p>(12) Curriculum outlines a philosophy and plan whereby taught clinical placements are an integral part of the programme. Placement in the practice setting is considered central to students' examination of the relevance and applicability of content explored in class to practice.</p> <p>(13) Curriculum outlines a philosophy and plan whereby taught clinical placements are an integral part of the programme. Placement in the practice setting is considered central to students' examination of the relevance and applicability of content explored in class to practice.</p>		
<p><b>3.2.3.4</b></p> <p>(1) Week 15</p> <p>(2) Year 1, semester 2 weeks 3-7</p> <ul style="list-style-type: none"> <li>- "Students also visit clinical area for four hours year 1 semester 1"</li> </ul> <p>(3) Year 1 Semester 1 four hours. Year 1 semester 2 week 3-7</p> <p>(4) Week 15</p> <p>(5) Week 17</p> <p>(6) Year 1 Semester 1 week 11 and 12 (2 weeks prior to Christmas)</p> <p>(7) January semester 2 year 1"</p>	<p>Semester 1 (x 1)</p> <p>Semester 2 (x 4)</p>	<p>Knowledge for Practice</p>

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
(8) Week 15 (9) "Day visits take place from week 3" -"First placements occur at week 11" (10) Week 15 (11) Week 10 (12) Week 10 (13) Week 15		
<b>3.2.3.5</b> (1) Objectives available in each clinical area visited by team (2) Objectives available in each clinical area visited by team. Aim of nursing care is "to provide individualised holistic care to patients in a safe, friendly environment. The staff endeavours "to provide evidence-based care while maintaining the patients' privacy and dignity. Provision of care also includes the family..." - Primary method for delivery of nursing care is Primary Nursing (3) Objectives available in each clinical area visited by team - "Learning outcome are available in each clinical area to promote and support student learning during placement." (4) Objectives available in each clinical area visited by team -"CPC's are to be commended for their work in the creation and development of a quality learning environment for the students' practice placement experience." (5) Objectives available in each clinical area visited by team -"Learning outcome are available in each clinical area to promote and support student learning during placement." (6) Objectives available in each clinical area visited by team "developed with each clinical site experiences at the forefront." (7) Commended for the coordinated and evidence based approach to the development of policies protocols and guidelines." (8) Objectives available in each clinical area visited by team -"Considerable evidence of documentary development in clinical practice" -"Evidence that clinicians and their experiences are central to change." (9) Objectives available in each clinical area visited by team -"Groups develop policies that are pertinent to specific areas." (10) Objectives available in each clinical area visited by team -"Care planning documentation was reviewed in 1998 and is audited annually."	Objectives available Aim of Nursing Care Primary Nursing Learning Outcomes CPC's	Knowledge for Practice

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>(11) Objectives available in each clinical area visited by team          -"Modified team nursing in existence."          (12) Objectives available in each clinical area visited by team          (13) Objectives available in each clinical area visited by team</p>		
<p><b>3.2.3.6</b>          (1) Students reported knowing of the learning outcomes          (2) Learning outcomes were jointly identified by the nurse practitioners, clinical placement co-ordinators and nurse lecturers. All nurses are offered an opportunity to complete a course to prepare them for the role of preceptor. Students reported knowing of the learning outcomes          (3) Learning outcomes were jointly identified by the nurse practitioners, clinical placement co-ordinators and nurse lecturers. All nurses are offered an opportunity to complete a course to prepare them for the role of preceptor. Students reported knowing of the learning outcomes          (4) Learning outcomes were jointly identified by the nurse practitioners, clinical placement co-ordinators and nurse lecturers. All nurses are offered an opportunity to complete a course to prepare them for the role of preceptor. Students reported knowing of the learning outcomes          (5) Learning outcomes were jointly identified by the nurse practitioners, clinical placement co-ordinators and nurse lecturers. All nurses are offered an opportunity to complete a course to prepare them for the role of preceptor. Students reported knowing of the learning outcomes          (6) "There are core objectives for each year of the programme and specific objectives for specialist areas          Students reported, "a structured orientation is utilised within the clinical setting."          (7) An audit of care planning was completed. There is a major emphasis within the hospital on auditing the nursing documentation and changes are then instigated following audit results."          (8) Learning outcomes were jointly identified by the nurse practitioners, clinical placement co-ordinators and nurse lecturers.          -"60% staff have completed ENB 998"          -"Ward based sessions are provided in relation to mentoring."          (9) Learning outcomes were jointly identified by the nurse practitioners, clinical placement co-ordinators and nurse lecturers.          -"Teaching and assessing courses are held frequently."          (10) Learning outcomes were jointly "evident within the curriculum and in each clinical site visited." -"evidence of clinical staff central to</p>	<p>Knowledge of learning outcomes          Nurse Practitioners jointly identified role of preceptor</p>	<p>Knowledge for Practice</p>

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>the development of clinical learning objectives/outcomes”</p> <p>(11) Learning outcomes were jointly identified by the nurse practitioners, clinical placement co-ordinators and nurse lecturers. All nurses are offered teaching and assessing course.</p> <p>-“Student orientation is provided”</p> <p>(12) Learning outcomes were jointly identified by the nurse practitioners, and nurse lecturers.</p> <p>-“Available access and support for continuing professional</p> <p>(13) Learning outcomes were jointly identified by the nurse practitioners, clinical placement co-ordinators and nurse lecturers. All nurses are offered various courses to prepare them for the role of preceptor.</p>		
<p><b>3.2.3.7</b></p> <p>(1) Students identified CPC as good support</p> <p>- Number of CPC’s not captured by reports</p> <p>(2) Students identified CPC as good support</p> <p>- 7 CPC’s associated with two main clinical sites</p> <p>- Link tutor also available</p> <p>(3) Students identified CPC as good support</p> <p>- Number of CPC’s not identified</p> <p>-“Each clinical placement setting has a named clinical placement coordinator.”</p> <p>(4) Students identified CPC as good support</p> <p>- Number of CPC’s not identified</p> <p>- Students and staff were critical of the lack of nurse lecturer involvement in the clinical practice environment.</p> <p>(5) Students identified CPC as good support</p> <p>- Number of CPC’s not identified</p> <p>- “Each clinical placement setting has a named clinical placement coordinator.”</p> <p>(6) Students identified CPC as good support</p> <p>- Number of CPC’s not identified</p> <p>(7) CPC’s have 30 students each and 6 areas approx.”</p> <p>-“Each clinical placement setting has a named clinical placement coordinator.”</p> <p>(8) Students identified CPC as good support</p> <p>- Number of CPC’s not identified</p> <p>-“Named CPC link system in existence.”</p> <p>(9) Students identified CPC as good support</p> <p>- 4 CPC’s identified at site visit</p> <p>- “Considerable support from practitioners, nurse managers, the clinical development coordinator.”</p> <p>(10) A named CPC is linked to every internal and external placement.</p> <p>- No number of CPC’s found</p> <p>(11) Students identified CPC as good support</p> <p>- Number of CPC’s not identified</p> <p>(12) Students identified CPC as good support</p> <p>- Number of CPC’s not identified</p> <p>- Staff “welcomes students who they indicate</p>	<p>CPC’s link Tutor Named CPC Nurse Lecturer involved</p>	<p>Knowledge for Practice</p>

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>contribute to shared learning.”</p> <p>(13) Students identified CPC as good support</p> <ul style="list-style-type: none"> <li>- Number of CPC's not identified</li> <li>- Some flexibility has been introduced in relation to the specific lecturing hours of staff ...for improvement in the area of creating worthwhile links with the clinical areas.</li> </ul>		
<p><b>3.2.3.9</b></p> <p>(1) Students report they are assigned to a registered nurse shift by shift</p> <ul style="list-style-type: none"> <li>- Ratio can however be 2 students to 1 RGN when student cohorts overlap.</li> <li>- Students report satisfaction with clinical support they receive.</li> </ul> <p>No evidence collected regarding 24 hour shift</p> <p>(2) Students report they are assigned to a registered nurse shift by shift</p> <ul style="list-style-type: none"> <li>- Ratio can however be 6/7 students to 4 RGN's when student cohorts overlap.</li> <li>- Students report satisfaction with clinical support they receive</li> <li>- No evidence collected regarding 24 hour shift</li> </ul> <p>(3) Students report they are assigned to a registered nurse shift by shift</p> <ul style="list-style-type: none"> <li>- Students report satisfaction with clinical support they receive</li> </ul> <p>(4) Students report they are assigned to a registered nurse shift by shift</p> <ul style="list-style-type: none"> <li>- 1:1 ratio</li> <li>- Students report satisfaction with clinical support they receive</li> </ul> <p>(5) Students report they are assigned to a registered nurse shift by shift</p> <ul style="list-style-type: none"> <li>- Students report satisfaction with clinical support they receive</li> </ul> <p>(6) Students report satisfaction with clinical support they receive</p> <ul style="list-style-type: none"> <li>- Ratio is “Largely 1:1. Problems are experienced particularly during ht afternoon shift, but largely the ration is maintained.”</li> </ul> <p>ABA put in a condition that “an audit be conducted on the impact of supervising nurses on the return to practice and orientation/assessment on the creation of a quality learning environment for students.”</p> <p>(7) Most clinicians agreed that the ratio is usually 1:1 the ratio is audited continuously...on occasion the ratio can be 4:6 in general areas but this now less common.</p> <p>(8) This varies in some units visited a 1:1 ratio exists however in some of the larger general wards there were concerns expressed and some wards are experiencing too many students per allocation</p> <p>(9) “The teaching and management staff were anxious to inform the team that students are</p>	<p>Registered nurse shift by shift</p> <p>Two students to One RGN</p> <p>Satisfaction with Clinical Support</p>	<p>Knowledge for Practice</p>

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>supervised on a 1:1 ratio.”</p> <p>(10) Students report they are assigned to a registered nurse shift by shift</p> <ul style="list-style-type: none"> <li>- “Always 1:1 ratio”</li> <li>- “There are usually 3 students per shift there are usually 4 registered nurses in the AM and 3 in the PM”</li> </ul> <p>(11) The ratio varied. ITU no problem; A+E there was a problem with too many students being allocated (6); surgical wards indicated largely 1:1 but at times could go to 5:6</p> <p>(12) Students report they are assigned to a registered nurse shift by shift</p> <ul style="list-style-type: none"> <li>- Ratio of 1:1 is achieved</li> <li>- Students report satisfaction with clinical support they receive</li> </ul> <p>(13) Students report they are assigned to a registered nurse shift by shift</p> <ul style="list-style-type: none"> <li>- 1:1 ratio</li> <li>- Students report satisfaction with clinical support they receive</li> </ul>		
<p><b>3.2.4.3</b></p> <p>(1) Assessment strategies include examinations, essays, clinical projects, clinical skills laboratory techniques, literature reviews, critiquing research, reflective practice, clinical assessments</p> <ul style="list-style-type: none"> <li>- Knowledge, psychomotor skills and competencies assessed.</li> </ul> <p>(2) Assessment strategies include examinations and course work without further details</p> <ul style="list-style-type: none"> <li>- Knowledge, psychomotor skills and competencies assessed.</li> <li>- Comprehensive competency assessment in place</li> </ul> <p>“Work continues in this area and it was agreed that there is scope for improvement.”</p> <p>(3) Assessment strategies include examinations, essays, clinical projects, clinical skills laboratory techniques, literature reviews, critiquing research, reflective practice, clinical assessments</p> <ul style="list-style-type: none"> <li>- Knowledge, psychomotor skills and competencies assessed.</li> <li>- Comprehensive competency assessment in place</li> </ul> <p>(4) The choice of subject assessment methods and schedules are based upon a number of factors including the hours and credit allocation for the subject and the nature of the subject area.</p> <ul style="list-style-type: none"> <li>- Exams include multiple choice questions, short answer questions, essay questions, and critique of research papers. Course work will include essays, nursing care plans, critical incident analysis, research proposal and the submission of work.</li> </ul> <p>(5) Assessment strategies include examinations, essays, clinical projects, clinical skills laboratory</p>	<p>Examination Clinical Projects Competence Credit Allocation</p>	<p>Knowledge for practice</p>

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>techniques, literature reviews, critiquing research, reflective practice, clinical assessments</p> <ul style="list-style-type: none"> <li>- Knowledge, psychomotor skills and competencies assessed.</li> <li>- Comprehensive competency assessment in place</li> </ul> <p>(6) Assessment strategies include examinations, essays, clinical projects, in class tests, research project, clinical workbook, seminar, care study</p> <p>-“Modules are assessed through a variety of strategies.”</p> <p>(7) Assessment strategies include examinations, essays, course work, extended essay, OSCE, objective tests, continuous assessment</p> <ul style="list-style-type: none"> <li>- Comprehensive competency assessment in place</li> </ul> <p>(8) The choice of subject assessment methods and schedules are based upon a number of factors including the hours and credit allocation for the subject and the nature of the subject area.</p> <ul style="list-style-type: none"> <li>- Exams include “multiple choice questions, short answer questions, essay questions, critique of research papers.” “Course work will include essays, nursing care plans, critical incident analysis, research proposal and the submission</li> </ul> <p>(9) The choice of subject assessment methods and schedules are based upon a number of factors including the hours and credit allocation for the subject and the nature of the subject area.</p> <ul style="list-style-type: none"> <li>- Exams include multiple choice questions, short answer questions, essay questions, and critique of research papers. Course work will include essays, nursing care plans, critical incident analysis, research proposal and the submission of work.</li> </ul> <p>(10) The choice of subject assessment methods and schedules are based upon a number of factors including the hours and credit allocation for the subject and the nature of the subject area.</p> <ul style="list-style-type: none"> <li>- Exams include multiple choice questions, short answer questions, essay questions, and critique of research papers. Course work will include essays, nursing care plans, critical incident analysis, research proposal and the submission of work.</li> </ul> <p>(11) The choice of subject assessment methods and schedules are based upon a number of factors including the hours and credit allocation for the subject and the nature of the subject area.</p> <ul style="list-style-type: none"> <li>- Exams include multiple choice questions, short answer questions, essay questions, and critique of research papers. Course work will include essays, nursing care plans, critical incident analysis, research proposal and the submission of work.</li> </ul> <p>(12) A variety of strategies will be used for assessments, which will be contextualised in</p>		

DATABITS	BROAD CATEGORIES	CORE CATEGORIES
<p>practice.”</p> <p>- Exams include multiple choice questions, short answer questions, essay questions, and critique of research papers. Course work will include essays, nursing care plans, critical incident analysis, research proposal and the submission of work</p> <p>(13) The choice of subject assessment methods and schedules are based upon a number of factors including the hours and credit allocation for the subject and the nature of the subject area.</p> <p>- Exams include multiple choice questions, short answer questions, essay questions, and critique of research papers. Course work will include essays, nursing care plans, critical incident analysis, research proposal and the submission of work.</p>		

## APPENDIX F (B)

Core Categories (Broad and Higher Order)

**APPENDIX F (B)**

**CORE CATEGORIES (BROAD AND HIGHER ORDER)**  
**(Governance)**

<b>DATABITS</b>	<b>BROAD CATEGORIES</b>	<b>HIGHER ORDER CATEGORIES</b>	<b>CORE CATEGORIES</b>
<p><b>3.2.1.2</b></p> <p>(1) Curriculum development committee in situ</p> <p>(2) A course committee representative of all stakeholders have "an operational remit for the programme." The programme board has an overall remit of programme development and monitoring quality.</p> <p>(3) Course committee and Programme Board in situ</p> <ul style="list-style-type: none"> <li>- Terms of reference of programme board includes " consider and recommend to Faculties new programmes and changes to existing programmes following recommendation as appropriate from Course Committee"</li> </ul> <p>(4) A national approach to curriculum development was adopted in the development of this curriculum" (6 sites).</p> <ul style="list-style-type: none"> <li>- Course committee reported by site visit team with "representation from college, nurse education, management and clinical staff."</li> <li>- "Agreement to major amendments will be obtained from (accrediting body)."</li> <li>- "Every year the institute undertakes a review of its courses"</li> </ul> <p>(5) Professional Advisory Group exists to work in partnership with and provide advice on all relevant professional nursing and health service issues to the Head of the School" Programme Board in situ, Academic Council, staff/student liaison meetings and education and training committees in situ.</p> <p>(6) Board of studies oversees the whole programme... A range of committees...function to co-ordinate the theoretical and clinical dimensions of the programme and facilitate effective liaison between the hospital and the university."</p> <p>(7) Programme Board in situ "programme development group for each year" "a strategic group for the management of all registration programmes and a local joint working group"</p> <p>(8) A national approach to curriculum development was adopted in the development of this curriculum" (6 sites).</p> <ul style="list-style-type: none"> <li>- "The relationship within and between the Institutes providing nurse education was emphasised."</li> <li>- Nurse Education committee reported by site visit team with "representation from college, nurse education, management and clinical staff."</li> </ul>	Committee Group	Partnership	Governance

DATABITS	BROAD CATEGORIES	HIGHER ORDER CATEGORIES	CORE CATEGORIES
<p>-“Agreement to major amendments will be obtained from (accrediting body).”</p> <p>-“Every year the institute undertakes a review of its courses”</p> <p>(9) A national approach to curriculum development was adopted in the development of this curriculum” (6 sites).</p> <p>- Course Board meetings – 2 per term.</p> <p>-“Joint Academic Workshop which meets bi-monthly” reported by site visit team with “representation from college, nurse education, management and clinical staff.”</p> <p>-“Agreement to major amendments will be obtained from (accrediting body).”</p> <p>-“Every year the institute undertakes a review of its courses”</p> <p>(10) A national approach to curriculum development was adopted in the development of this curriculum” (6 sites).</p> <p>-“Agreement to any major amendments will be obtained from (accrediting body).”</p> <p>-“Every year the institute undertakes a review of its courses”</p> <p>-“Evidence of partnership structure between college and the health care institutions.”</p> <p>(11) A national approach to curriculum development was adopted in the development of this curriculum” (6 sites).</p> <p>- Course committee reported by site visit team with “representation from college, nurse education, management and clinical staff.”</p> <p>-“Agreement to any major amendments will be obtained from (accrediting body).”</p> <p>-“Site visit team was provided with a detailed breakdown of the local, regional and national committee structures in place”</p> <p>(12) A BSc Steering Committee exists</p> <p>A programme evaluation structure is outlined which identifies an Annual Course Management Meeting, Staff and Student Consultative Committee and the BSc Steering Committee.</p> <p>- Site Visit report states “challenges existed in relation to change and the differing perspectives within the partnership.”</p> <p>(13) A national approach to curriculum development was adopted in the development of this curriculum (6 sites).</p> <p>- Course committee reported by site visit team with “representation from college, nurse education, management and clinical staff.”</p> <p>-“Agreement to any major amendments will be obtained from (accrediting body).”</p> <p>-“Every year the institute undertakes a review of its courses”</p>			

DATABITS	BROAD CATEGORIES	HIGHER ORDER CATEGORIES	CORE CATEGORIES
<b>3.2.1.5</b> (1) Course committee meet once per term (2) Programme Board meets to co-ordinate and manage the programme (3) Programme Board meets to co-ordinate and manage the programme "membership emphasises partnership between the key stakeholders in the college and the health care institution." (4) Course Committee meets to co-ordinate and manage the programme -"Structure, terms of reference and membership were evident." (5) Professional Advisory Group meets to co-ordinate and manage the programme. -"The college provided a comprehensive overview of the partnership based structures that exist to facilitate the management of the programme" (6) Programme Team consists of three groups: programme team, health services personnel, and nurse teachers. "A good reciprocal relationship exists between the key stakeholders in the college and the health care (7) Curriculum development and implementation process conducted under the auspices of the curriculum development committee" (8) Nurse Education Committee meets to co-ordinate and manage the programme -"Course boards manage the General programme." (9) Course Committee meets to co-ordinate and manage the programme (10) Nurses are central to the course structures that manage the educational programme. (11) Committees include: a regional consultative committee, a local tripartite group, curriculum group, course board, strategic management/steering committee and a hospital based education committee." -"Structure, terms of reference and membership were evident." (12) A Course Management Team" meets to co-ordinate and manage the programme "this will advise on the integration of each element of the programme and seek to encourage the continuing review and development of the programme." (13) Committee representation evident	Co-ordinates Management	Partnership	Governance
<b>3.2.1.6</b> (1) Course Committee in situ (2) Programme Board in situ (3) Programme Board in situ and a curriculum steering group, assessment of practice group, communication group and a resource group	Committee	Partnership	Governance

DATABITS	BROAD CATEGORIES	HIGHER ORDER CATEGORIES	CORE CATEGORIES
<p>which include key stakeholders</p> <p>(4) Course committee in situ -“Representation from college, nurse education, management and clinical staff.”</p> <p>(5) Professional Advisory Board in situ and a clinical learning support group which include key stakeholders</p> <p>(6) Programme Team in situ “The use of a flow chart detailing the committees and structures that manage the programme. A comprehensive detailed breakdown of the role and function of the key stakeholders within the management of the programme was provided.”</p> <p>(7) Programme Board “contains student representatives” “Local Joint Working Group facilitates the participation of the key stakeholders”</p> <p>(8) Nurse education committee in situ -“Representation from college, nurse education, management and clinical staff.” - Course Board manages the programme</p> <p>(9) Course committee in situ -“Representation from college, nurse education, management and clinical staff.”</p> <p>(10) Nurses are central to the course board, academic council, and the exams board</p> <p>(11) Course committee in situ -“Representation from college, nurse education, management and clinical staff.”</p> <p>(12) Course Management Team in situ “full representation of all interests.” -“Several hospital-based committees operate to manage the programme.”</p> <p>(13) Local Joint Working group committee in situ -“Representation from college, nurse education, management and clinical staff.”</p>			
<p><b>3.2.1.14</b></p> <p>(1) Data not collected</p> <p>(2) As 1 above</p> <p>(3) Commitment to the sub-standard acknowledged but no evidence reported</p> <p>(4) As 1 above</p> <p>(5) No evidence reported</p> <p>(6) No evidence found</p> <p>(7) The teaching staff will be supported in their work by administrative staff employed within the School</p> <p>(8) As 1 above</p> <p>(9) Data not found</p> <p>(10) Data not collected</p> <p>(11) Data not found</p> <p>(12) Data not collected</p> <p>(13) There was satisfaction expressed in relation to the administrative support provided...this had</p>	Administrative staff	Partnership	Governance

DATABITS	BROAD CATEGORIES	HIGHER ORDER CATEGORIES	CORE CATEGORIES
been a concern			
<b>3.2.1.16</b> (1) Entry criteria explicit. 3 students left in 2002. Oversubscribed in 2003. (2) Entry criteria explicit - Exit interview and form filling outlined in curriculum. 3 students left in 2003 (3) Entry criteria explicit - Exit interview and form filling outlined in curriculum. 7 students left in 2002 and 3 in 2003 (4) Students will comply with entry requirements of ABA and the CAO. 4 students left in 2002 and 5 in 2003 (5) Entry criteria explicit - Exit criteria not reported. 3 students left in 2002 and 4 in 2003. (6) Entry criteria explicit Exit criteria for students not achieving in the programme identified in the Marks and Standards. 6 students left in 2002 and 4 in 2003. (7) Evidence found CAO. 14 students left in 2002 and 5 in 2003 (8) Students will comply with entry requirements of ABA and the CAO. 1 student left in 2002 only. (9) Students will comply with entry requirements of ABA and the CAO. No student withdrawals -“Successful progression requires the student to be deemed clinically competent.” (10) Students will comply with entry requirements of ABA and the CAO. - No annual report received for 2002, 2003, 2004. No data submitted re withdrawals (11) Students will comply with entry requirements of ABA and the CAO” - 2 withdrawals in 2002-2003 (12) Students will comply with entry requirements of ABA and the CAO.” - 3 students left the programme in 2002. (13) Students will comply with entry requirements of ABA and the CAO “ - No attrition reported	Entry criteria Exit criteria	Systems / Processes	Governance
<b>3.2.1.17</b> (1) Entry criteria explicit. 2 deferrals in 2003 (2) Interruption policy in place (3) Interruption policy in place (4) The students reported they were “unsure of the criteria if students missed time on placement due to illness or unforeseen circumstances.” (5) Not reported (6) All passed modules carry an exemption which is limited to a period of 5 years from the date the student originally achieved the exemption. Students who fail to complete	Interpretation policy Entry criteria Exit criteria	Systems / Processes	Governance

DATABITS	BROAD CATEGORIES	HIGHER ORDER CATEGORIES	CORE CATEGORIES
<p>required hours and or a pass judgement may repeat”</p> <p>(7) All clinical placements requirements must be completed before the results in the clinical assessment are submitted to the Board of Examiners</p> <p>(8) Data collected from all sources identified is then compiled and computerised records are kept for each student. A mechanism exists to identify potential problems before they arise. The partnership between the college and the health care institutions is to be commended in relation to meeting this essential standard.</p> <p>(9) At course Board meetings (2 per term), student attendance is discussed in combination with performance and actions agreed and implemented. 2 deferrals in 2002</p> <p>(10) The policies “ensure minimum EU requirements are met.”</p> <p>- No annual report received for 2002, 2003, 2004</p> <p>(11) No deferrals reported</p> <p>-“Data is collated and tabulated weekly”</p> <p>(12) -Some confusion exists in relation to the '42 days</p> <p>- No deferrals reported to ABA</p> <p>(13) No deferrals reported</p>			
<p><b>3.2.4.6</b></p> <p>(1) Curriculum refers to details in the course handbook</p> <p>- Copy of the marks and standards seen by the site visit team</p> <p>(2) Copy of the marks and standards in curriculum and also seen by the site visit team</p> <p>- Procedures for the discussion, checking and appeal of examination results most clear</p> <p>(3) Copy of the marks and standards in curriculum and also seen by the site visit team</p> <p>- Students given copy in handbook</p> <p>- Details of the criteria for compensation, continuation and supplemental examinations. The procedures for discussion, checking and appeal of examination results are explicit</p> <p>(4) Curriculum states “successful progression requires the student to be deemed clinically competent at each stage of the programme.”</p> <p>(5) Copy of the marks and standards in curriculum and also seen by the site visit team</p> <p>- Students given copy in handbook</p> <p>- Details of the criteria for compensation, continuation and supplemental examinations. The procedures for discussion, checking and appeal of examination results are explicit</p> <p>(6) Copy of the marks and standards in programme document and also seen by the site visit team</p>	<p>Course handbook</p> <p>Marks and Standards</p> <p>Criterion for compensation procedures</p>	<p>Support structures</p>	<p>Governance</p>

<b>DATABITS</b>	<b>BROAD CATEGORIES</b>	<b>HIGHER ORDER CATEGORIES</b>	<b>CORE CATEGORIES</b>
<p>(7) Copy of the marks and standards in curriculum and also seen by the site visit team - Criteria for "compensation, between subjects shall not be permitted."</p> <p>(8) Curriculum states "successful progression requires the student to be deemed clinically competent at each stage of the programme."</p> <p>(9) Curriculum states "successful progression requires the student to be deemed clinically competent at each stage of the programme." -"There is no compensation between theoretical and clinical practice components."</p> <p>(10) Curriculum states "successful progression requires the student to be deemed clinically competent at each stage of the programme."</p> <p>(11) Curriculum states "successful progression requires the student to be deemed clinically competent at each stage of the programme."</p> <p>(12) Curriculum states "students will be assessed on whether competence has been achieved within clinical practice and are deemed to be either competent or not competent, and will be graded on a pass/fail basis."</p> <p>(13) Curriculum states "successful progression requires the student to be deemed clinically competent at each stage of the programme."</p>			
<p><b>3.2.4.7</b></p> <p>(1) No compensation reported and reference is made to the marks and standards</p> <p>(2) No compensation reported</p> <p>(3) As 2 above</p> <p>(4) As 2 above</p> <p>(5) As 2 above</p> <p>(6) As 2 above</p> <p>(7) No compensation permitted</p> <p>(8) No compensation reported -"No compensation may be exercised from, or to, taught clinical placement."</p> <p>(9) No compensation may be exercised from, or to, subject Taught Clinical Placement."</p> <p>(10) No compensation may be exercised from, or to, subject Taught Clinical Placement.</p> <p>(11) No compensation may be exercised from, or to, taught Clinical Placement</p> <p>(12) There is no compensation between theory and practice.</p> <p>(13) No compensation reported</p>	No compensation Marks and Standards	Support structures	Governance
<p><b>3.2.4.8</b></p> <p>(1) Student record is maintained by the HEI with input from the health care institution</p> <p>(2) As 1 above</p> <p>(3) Student record is maintained by the HEI with input from the health care institution - Examinations office keeps records of</p>	Record of Theoretical and Clinical Assessment	Systems / Processes	Governance

DATABITS	BROAD CATEGORIES	HIGHER ORDER CATEGORIES	CORE CATEGORIES
<p>theoretical and practice assessments</p> <p>(4) Student record is maintained by Allocations Officer in the HEI with input from the health care institution</p> <p>(5) Student record is maintained by the HEI with input from the health care institution</p> <p>- Examinations office keeps records of theoretical and practice assessments</p> <p>(6) Student record is maintained by the HEI with input from the health care institution</p> <p>-“Students must fulfil the An Bord standards and requirements.”</p> <p>(7) Student record is maintained by the HEI with input from the health care institution</p> <p>-“Students must meet all requirements of the programme.”</p> <p>(8) Student record is maintained by Allocations Officer in the HEI with input from the health care institution</p> <p>-“The issue of progression, EU requirements made explicit and no students referred to this matter</p> <p>(9) Student record is maintained by Allocations Officer in the HEI with input from the health care institution</p> <p>(10) Student record is maintained by Allocations Officer in the HEI with input from the health care institution</p> <p>(11) Student record is maintained by Allocations Officer in the HEI with input from the health care institution</p> <p>(12) Explicit and specifies that students must meet all the requirements of the programme</p> <p>(13) Student record is maintained by Allocations Liaison Officer in the HEI with input from the health care institution</p>			
<p><b>3.2.4.9</b></p> <p>(1) Eligibility for registration is confirmed within the curriculum</p> <p>(2) Eligibility for registration is confirmed within the curriculum</p> <p>- Assessment records are kept in the examinations office</p> <p>(3) Eligibility for registration is confirmed within the curriculum based on ABA requirements</p> <p>(4) Eligibility for registration is confirmed from the site visit and the curriculum</p> <p>(5) Eligibility for registration is confirmed within the curriculum based on ABA requirements</p> <p>(6) Eligibility for registration is confirmed within the programme document based on ABA requirement</p> <p>(7) Eligibility for registration is confirmed within the site visit based on ABA requirements</p> <p>(8) Eligibility for registration is confirmed from</p>	Eligibility for registration	Systems / Processes	Governance

DATABITS	BROAD CATEGORIES	HIGHER ORDER CATEGORIES	CORE CATEGORIES
<p>the site visit and the curriculum</p> <p>(9) Criteria for registration are evident</p> <p>(10) Eligibility for registration is confirmed from the site visit and the curriculum</p> <p>-“Ensure minimum EU requirements are met.”</p> <p>(11) Eligibility for registration is confirmed from the site visit and the curriculum</p> <p>(12) Eligibility for registration is confirmed from the site visit and the curriculum</p> <p>(13) Eligibility for registration is confirmed from the site visit and the curriculum</p>			

## CORE CATEGORIES

(Quality in Education)

DATABITS	BROAD CATEGORIES	HIGHER ORDER CATEGORIES	CORE CATEGORIES
<b>3.2.1.3</b> (1) Individual student record maintained (2) Individual student record maintained (3) Individual student record maintained in the Department of Nursing. Admissions and Examination office maintain computerised record of student registration and examination results (4) Database kept by the institute of individual student record - "All documentation is returned to the Allocations Officer" (5) Admissions and Exam office maintain computerised record of student registration and exam results (6) A number of lecturers conduct spot checks on the attendance. "Tutorial attendance in social science is afforded marks." Hospital maintains records. Record of student registration and examination results (7) Individual student record maintained on a database. (8) Computerised record of individual student." All documentation from attendance at lectures and clinical placements are collated by the institute (9) Database kept by the institute of individual student record. -"All attendance is rigorously monitored." (10) Database kept by the institute of individual student record. -"Allocations officer central to monitoring attendance is in place" (11) Database kept by the institute of individual student record. -"A coordinated and comprehensive recording system is in place." (12) Data is centralised in the School of Nursing (13) Database kept by the institute of individual student record. -" The Allocations Liaison Officer collates the clinical attendance...information is amalgamated into one central record of attendance"	Student record Database	Monitoring	Quality in Education
<b>3.2.1.4</b> (1) Clinical placements well monitored difficulty in monitoring lecture attendance but spot checks undertaken. -Evidence reported less than 60% attendance in some	Well monitored Difficulty in monitoring Monitoring in	Monitoring	Quality in Education

DATABITS	BROAD CATEGORIES	HIGHER ORDER CATEGORIES	CORE CATEGORIES
<p>lecturers.</p> <p>- Specified in student handbook</p> <p>(2) Clinical placements well monitored difficulty in monitoring lecture attendance but spot checks undertaken. -Evidence reported less than 60% attendance in some lecturers.</p> <p>- Specified in student handbook</p> <p>(3) Clinical placements well monitored difficulty in monitoring lecture attendance but spot checks undertaken – evidence reported less than 60% attendance in some lectures.</p> <p>- Specified in student handbook.</p> <p>(4) Clinical placements well monitored. -“College record attendance twice daily”</p> <p>(5) Clinical placements well monitored and practice hours are measured to ensure each student has completed sufficient hours so that they may apply for registration on completion of the programme. Individual student record maintained in the Department of Nursing. In college record of attendance maintained during tutorials and laboratory sessions only.</p> <p>(6) Clinical placements well monitored. -“College lecturers within biological and social sciences have complained regarding poor attendance”</p> <p>(7) Difficulties associated with recording attendance were articulated. - “Records of attendance are kept for group teaching and tutorials.”</p> <p>-“Random checking of large groups”</p> <p>-“Students with attendance problems are raised at programme board.”</p> <p>(8) CPC’s monitor placement attendance daily”</p> <p>-“Mechanism for recording student attendance was explicit in the student handbook.”</p> <p>-“Attendance is recorded for every class”</p> <p>(9) Clinical placements well monitored by CPC’s. Individual lecturers monitor attendance at each lecture reported to site visit team.</p> <p>-“Secretaries I the school keep updated records of absences.”</p> <p>-“Regulations regarding student attendance are clearly spelled out in the course and the student handbook.”</p> <p>(10) Clinical placements well monitored by CPC’s. Individual lecturers monitor attendance at lectures “morning and evening” reported to site visit team</p> <p>-“Policies, procedures and disciplinary</p>	<p>clinical placements</p> <p>Monitoring in college</p>		

DATABITS	BROAD CATEGORIES	HIGHER ORDER CATEGORIES	CORE CATEGORIES
<p>approaches are used in a partnership approach to ensure minimum EU requirements are met.”</p> <p>(11) Clinical placements well monitored by CPC’s. Individual lecturers monitor attendance at each lecture reported to site visit team</p> <p>-“The commitment of this standard is strengthened by the policy document given to all students.”</p> <p>(12) Clinical placements well monitored by CPC’s.</p> <p>-“Currently recording student attendance occurs informally within the college.”</p> <p>(13) Clinical placements well monitored by CPC’s.</p> <p>-“Daily record of theoretical attendance”</p>			
<p><b>3.2.1.7</b></p> <p>University criteria in place x7</p> <p>(6) University criteria evident</p> <p>(7) Externs “appointed in accordance with University criteria”</p> <p>(8) External examiners lay an important role in monitoring the appropriateness of the programme and assessment and the standards achieved in both course work and examinations</p> <p>(10) HETAC criteria in place</p> <p>(11) HETAC criteria in place</p> <p>(12) University criteria in place in the Handbook of Academic administration</p> <p>(13) HETAC criteria in place</p>	<p>Role explicit Monitoring</p>	<p>Monitoring</p>	<p>Quality in Education</p>
<p><b>3.2.1.8</b></p> <p>(1) CV’s of staff requested by ABA.</p> <p>- Specialist teachers to programme identified at site visit</p> <p>- 17 WTE nurse tutor staff</p> <p>(2) As above except 16 WTE nurse tutor staff</p> <p>(3) As 1 above except</p> <p>- 8 WTE nurse tutor staff</p> <p>- 3 non-RNT’s</p> <p>(4) As 1 above except</p> <p>- 8 WTE lecturing staff</p> <p>- 2 RNT’s</p> <p>- 1 head of Department</p> <p>(5) As 1 above except</p> <p>- 10 WTE nurse tutor staff</p> <p>- 5 non-RNT’s</p> <p>(6) CV’s of staff requested by ABA.</p> <p>- Specialist teachers to programme identified at site visit</p> <p>“Clinical nurse and nurse specialists and other members of the multi-disciplinary</p>	<p>Staffing issues</p> <p>Ratio</p> <p>Qualifications</p>	<p>Resources</p>	<p>Quality in Education</p>

DATABITS	BROAD CATEGORIES	HIGHER ORDER CATEGORIES	CORE CATEGORIES
<p>team provide input into the programme.”</p> <ul style="list-style-type: none"> <li>- 6 WTE nurse tutor staff</li> <li>- 3 non-RNT's</li> </ul> <p>(7) CV's of staff requested by ABA.</p> <ul style="list-style-type: none"> <li>- Specialist teachers to programme identified by the curriculum</li> </ul> <p>(8) CV's of staff requested by ABA.</p> <ul style="list-style-type: none"> <li>- “College lecturers in physical and social sciences provide a significant input into the programme. A variety of clinical nurses including nurse specialists, nursing practice development staff, nurse managers and medical staff also contribute to the programme”</li> <li>- 4 WTE lecturing staff</li> <li>- 1.5 RNT's</li> <li>- 1 head of Department</li> </ul> <p>(9) CV's of staff requested by ABA.</p> <ul style="list-style-type: none"> <li>- Specialist teachers to programme identified at site visit</li> <li>- 5 lecturing staff</li> <li>- 5 RNT's</li> <li>- 1 head of Department</li> </ul> <p>(10) Specialist teachers to programme identified at site visit</p> <ul style="list-style-type: none"> <li>- 6.5 WTE RNT staff</li> <li>- 2 RNT's in training</li> <li>- 1 head of Department</li> </ul> <p>(11) CV's of staff requested by ABA.</p> <ul style="list-style-type: none"> <li>- Specialist teachers, multidisciplinary health care professionals provide input to the programme as identified at site visit</li> <li>- Number of tutors not identified</li> </ul> <p>(12) CV's of staff requested by ABA.</p> <ul style="list-style-type: none"> <li>- Specialist teachers to programme identified at site visit</li> <li>- “Interdepartmental, lecturers from the department of life sciences, sciences, maths, government and society, psychology and philosophy.”</li> <li>- 1 head of Department</li> <li>- “List of nurse lecturers to be forwarded to ABA”</li> </ul> <p>(13) CV's of staff requested by ABA.</p> <ul style="list-style-type: none"> <li>- Specialist teachers to programme identified at site visit</li> <li>- 2 RNT's</li> <li>- 1 head of Department</li> <li>- Recruitment on-going</li> </ul>			
<p><b>3.2.1.8</b></p> <p>(1) CV's of staff requested by ABA.</p> <ul style="list-style-type: none"> <li>- Specialist teachers to programme identified at site visit</li> <li>- 17 WTE nurse tutor staff</li> </ul> <p>(2) As above except 16 WTE nurse tutor</p>	Ratio	Resources	Quality in Education

DATABITS	BROAD CATEGORIES	HIGHER ORDER CATEGORIES	CORE CATEGORIES
<p>staff</p> <p>(3) As 1 above except</p> <ul style="list-style-type: none"> <li>- 8 WTE nurse tutor staff</li> <li>- 3 non-RNT's</li> </ul> <p>(4) As 1 above except</p> <ul style="list-style-type: none"> <li>- 8 WTE lecturing staff</li> <li>- 2 RNT's</li> <li>- 1 head of Department</li> </ul> <p>(5) As 1 above except</p> <ul style="list-style-type: none"> <li>- 10 WTE nurse tutor staff</li> <li>- 5 non-RNT's</li> </ul> <p>(6) CV's of staff requested by ABA.</p> <ul style="list-style-type: none"> <li>- Specialist teachers to programme identified at site visit</li> </ul> <p>"Clinical nurse and nurse specialists and other members of the multi-disciplinary team provide input into the programme."</p> <ul style="list-style-type: none"> <li>- 6 WTE nurse tutor staff</li> <li>- 3 non-RNT's</li> </ul> <p>(7) CV's of staff requested by ABA.</p> <ul style="list-style-type: none"> <li>- Specialist teachers to programme identified by the curriculum</li> </ul> <p>(8) CV's of staff requested by ABA.</p> <p>- "College lecturers in physical and social sciences provide a significant input into the programme. A variety of clinical nurses including nurse specialists, nursing practice development staff, nurse managers and medical staff also contribute to the programme"</p> <ul style="list-style-type: none"> <li>- 4 WTE lecturing staff</li> <li>- 1.5 RNT's</li> <li>- 1 head of Department</li> </ul> <p>(9) CV's of staff requested by ABA.</p> <ul style="list-style-type: none"> <li>- Specialist teachers to programme identified at site visit</li> <li>- 5 lecturing staff</li> <li>- 5 RNT's</li> <li>- 1 head of Department</li> </ul> <p>(10) Specialist teachers to programme identified at site visit</p> <ul style="list-style-type: none"> <li>- 6.5 WTE RNT staff</li> <li>- 2 RNT's in training</li> <li>- 1 head of Department</li> </ul> <p>(11) CV's of staff requested by ABA.</p> <ul style="list-style-type: none"> <li>- Specialist teachers, multidisciplinary health care professionals provide input to the programme as identified at site visit</li> <li>- Number of tutors not identified</li> </ul> <p>(12) CV's of staff requested by ABA.</p> <ul style="list-style-type: none"> <li>- Specialist teachers to programme identified at site visit</li> </ul> <p>- "Interdepartmental, lecturers from the department of life sciences, sciences, maths, government and society, psychology and philosophy."</p>			

DATABITS	BROAD CATEGORIES	HIGHER ORDER CATEGORIES	CORE CATEGORIES
<ul style="list-style-type: none"> <li>- 1 head of Department</li> <li>- "List of nurse lecturers to be forwarded to ABA"</li> <li>(13) CV's of staff requested by ABA.</li> <li>- Specialist teachers to programme identified at site visit</li> <li>- 2 RNT's</li> <li>- 1 head of Department</li> <li>- Recruitment on-going</li> </ul>			
<b>3.2.1.10</b> (1) CV's of staff requested by ABA (2) CV's of staff requested by ABA - 1 acting tutor reported to the site visit team (3) CV's of staff requested by ABA - 3 acting tutors reported to the site visit team (4) Two of the lecturing staff are at lecturer grade while 6 are at Assistant Lecturer grade - Only 2 of the lecturing staff are RNT's (5) CV's of staff requested by ABA - 5 acting tutors reported to the site visit team (6) CV's of staff requested by ABA - 3 acting tutors reported to the site visit team (7) CV's of staff requested by ABA - Unknown (8) Ratio 1:16 tutor to student ratio achieved - CV's of staff seen by ABA on site visit (9) Five of the lecturing staff are RNT's - 5 staff were undertaking RNT programmes - CV's to be forwarded to ABA (10) Two of the lecturing staff are studying to obtain their RNT qualification (11) Unknown from documentation (12) Unknown - CV's requested by ABA (13) A degree of concern was expressed in relation to ...members of staff employed on a temporary or pro-term basis.	Qualifications Staffing issues	Resources	Quality in Education
<b>3.2.1.11</b> (1) Experienced tutors are course co-ordinators. CV's requested by ABA (2) Experienced tutors are course co-ordinators (3) Experienced tutors are course co-ordinators "all modules addressing nursing theory/practice content will be led and taught by appropriately qualified registered nurses/midwives."	Experience Qualification	Resources	Quality in Education

DATABITS	BROAD CATEGORIES	HIGHER ORDER CATEGORIES	CORE CATEGORIES
<p>(4) Unknown</p> <p>(5) Experienced tutors are course co-ordinators.</p> <ul style="list-style-type: none"> <li>- PIN numbers of staff not reported</li> </ul> <p>(6) Nurse tutors co-ordinators and facilitate modules in both the university and the hospital setting. Tutors have a class tutor responsibility. "All nurse teachers contribute to modules addressing nursing theory/practice."</p> <p>(7) Degree "coordinated and managed by College lecturers appointed as course leaders by the Head of School. The leaders are responsible for the day-to-day management of the programme." "Module leader is responsible for ensuring the module is delivered according to curriculum plan."</p> <p>(8) Unknown</p> <p>(9) Unknown</p> <p>(10) Unknown</p> <p>(11) Unknown</p> <p>(12) Unknown - no evidence collected</p> <ul style="list-style-type: none"> <li>- CV's requested</li> </ul> <p>(13) Teaching staff coordinate modules and programmes at pre-registration level.</p>			
<p><b>3.2.1.15</b></p> <p>(1) 7 main computer labs.</p> <ul style="list-style-type: none"> <li>- Some shared teaching with other nursing programmes offered by the college (250 students per intake)</li> <li>- Good IT links between HEI and the main hospital sites</li> <li>- Good audio-visual facilities</li> <li>- Full extensive list of nursing journals and databases in library</li> <li>- Students report being unhappy with access to college libraries due to geographical difficulties</li> <li>- New school building awaiting completion</li> </ul> <p>(2) 12 main computer labs. With total 360 personal computers</p> <ul style="list-style-type: none"> <li>- Some shared teaching with other nursing programmes offered by the college</li> <li>- Good IT links between HEI and the main hospital sites</li> <li>- Good audio-visual facilities</li> <li>- Full extensive list of nursing journals and databases in library</li> <li>- Over 5000 nursing texts in library</li> <li>- Over 1750 seating spaces in library</li> </ul> <p>(3) 12 main computer labs. With total 360 personal computers</p> <ul style="list-style-type: none"> <li>- Some shared teaching with other nursing programmes offered by the college</li> </ul>	<p>Physical Resources</p> <p>Environmental Resources</p>	<p>Resources</p>	<p>Quality in Education</p>

DATABITS	BROAD CATEGORIES	HIGHER ORDER CATEGORIES	CORE CATEGORIES
<ul style="list-style-type: none"> <li>- Good IT links between HEI and the main hospital sites</li> <li>- Good audio-visual facilities</li> <li>- Full extensive list of nursing journals and databases in library</li> <li>- Over 5000 nursing texts in library</li> <li>- Over 1750 seating spaces in library</li> <li>(4) One of the most significant deficits in the library is the inadequate number of reading stations which was "based on projected enrolments conducted in 1991"</li> <li>- "An electronic database is available to students"</li> <li>- "The hard copy of professional nursing journals on display (or stored) was extremely limited. The stock of nursing texts was inadequate to meet the needs of students. A major investment in the nursing component of the library is required as a matter of urgency if the pre-registration students are to acquire the appropriate skills to enable them deliver evidenced based care to patients/clients."</li> <li>- New building for nursing being constructed.</li> <li>(5) A large modern library with good resources. Particularly good range of electronic databases that are available to students on remote systems. Helpful subject librarian.</li> <li>- Good Audio Visual</li> <li>- Excellent IT facilities</li> <li>- Photocopying facilities available</li> <li>(6) Computer labs. Are available to students.</li> <li>- Good IT links in the HEI and between HEI and the main hospital site</li> <li>- Good audio-visual facilities</li> <li>- "A range of clinical nursing journals is available to students within the library."</li> <li>- "Fulltime librarian manages the services"</li> <li>(7) Students have full access to the educational, social, recreational and support services."</li> <li>- "Library has a very large nursing section"</li> <li>- "There are advanced plans regarding a new school..."</li> <li>- College has excellent IT facilities and photocopying facilities are adequate."</li> <li>- "Students have access to Ethernet which has multiple applications of information technology, including CD-ROM and on-line databases, the internet and e-mail as well as word processing and other data processing software."</li> <li>(8) The library is stocked with a good</li> </ul>			

DATABITS	BROAD CATEGORIES	HIGHER ORDER CATEGORIES	CORE CATEGORIES
<p>supply of physical social and nursing science texts. There is ample study areas and access to IT resources.”</p> <p>-“An electronic database is available to students”</p> <p>-“Excellent IT facilities were identified.”</p> <p>- Ratio nearly 1:3 computer to student</p> <p>- Video conferencing facilities, laptops &amp; LCD screen, OHP’s, TV &amp; video in each classroom.”</p> <p>- New building for nursing being constructed.</p> <p>(9) An electronic database is available to students”</p> <p>-“A budget of 7040 euro per annum is dedicated to nursing journals.”</p> <p>-“Evidence of adequate facilities and plans for future developments demonstrated.”</p> <p>(10) Evidence of appropriate educational facilities and resources within the school of nursing”</p> <p>-“There are 3 librarians”</p> <p>-“Across the sites sharing of resources and ease of access”</p> <p>-“From anywhere the student has access to IT.”</p> <p>(11) A comprehensive library resource is available within the campus. A librarian is assigned to address nursing. Space, hardcopy resources and IT/educational resources within the library and the campus are excellent.”</p> <p>-“A full and comprehensive list of journals specific to the programme was presented to the team.”</p> <p>-“Well supplied practice suite and adequate teaching, meeting and office space.”</p> <p>-“Comprehensive range of audio-visual support resources.”</p> <p>(12) There is a large modern library with an extensive nursing section within the college.”</p> <p>-“Access to relevant databases”</p> <p>-“Students have full access to the educational, social and recreational and support services within the college.”</p> <p>-“IT and Audio visual and other aids are available.”</p> <p>(13) “33 different hard copy nursing and health journals available.”</p> <p>-“Recently received €34,000 worth of books for the nursing programme”</p> <p>-“Ratio of 1 PC to 5 students exists across campus”</p> <p>- Library under “pressure to provide additional space”</p>			

<b>DATABITS</b>	<b>BROAD CATEGORIES</b>	<b>HIGHER ORDER CATEGORIES</b>	<b>CORE CATEGORIES</b>
<ul style="list-style-type: none"> <li>- New clinical skills facility "represents a tremendous, if belated, step forward"</li> <li>- "An update regarding the receipt of anticipated equipment for the clinical skills laboratory is to be furnished to ABA"</li> <li>- "Development of the existing site for the construction of a new department" awaited</li> </ul>			
<b>3.2.1.18</b> (1) No evidence (2) Transfer policy most explicit (3) Transfer policy most explicit and comprehensive - Each application looked at on an individual basis (4) Transfer policy not reported. One student transferred in 2002 (5) Transfer policy based on ECTS system and allows for "inter-institutional transfer for students within Ireland and abroad" (6) "Students who have undertaken relevant studies may be exempt from particular modules. This will be at the discretion of the Board of Studies to be established at the University." (7) No evidence found. - 2 students transferred in 2003 (8) Transfer policy not reported (9) Transfer policy not reported - No students appear to have transferred out or in between 2002 and 2004 (10) Transfer policy not reported - No annual report received for 2002, 2003, 2004 (11) 2 transfers accepted in 2004 (12) Transfer policy nor numbers not reported (13) No transfers reported	Transfer Policy ECTS	Monitoring	Quality in Education
<b>3.2.1.19</b> (1) College counselling services, student health services, chaplains, personal tutor system and course leaders are identified as student supports (2) College counselling services, student health services, child care facilities, chaplains and campus ministry, personal tutor system, staff-student forum form student supports (3) College counselling services, sport and recreation, student health services, chaplains and campus ministry, personal tutor system, staff-student forum forms student supports - Student booklet outlines all services (4) College counselling services, student	Student Services Student Academic Guidance Health Services Counselling	Student Support	Quality in Education

DATABITS	BROAD CATEGORIES	HIGHER ORDER CATEGORIES	CORE CATEGORIES
<p>health services, chaplains and campus sport facilities</p> <p>- Studies advisors provided with both an academic and pastoral responsibility</p> <p>(5) College counselling services, excellent sport and recreation facilities, student health services, chaplains and campus ministry, personal tutor system, staff-student forum forms student supports</p> <p>- Student booklet outlines all services</p> <p>(6) College counselling services, sport and recreation, student health services, chaplains and campus ministry, personal tutor system, staff-student forum forms student supports</p> <p>- Student booklet outlines all services</p> <p>(7) Students have access to all student services including recreational facilities and the college counselling services”</p> <p>- Student booklet outlines all services</p> <p>(8) Students have full access to all college academic, sporting and support facilities</p> <p>-“Studies advisors are provided for each student and have both academic and pastoral responsibilities.”</p> <p>(9) Identified link tutor and CPC will support the learning process and be available to facilitate students to maximise available learning opportunities.”</p> <p>- College counselling services, student health services, chaplains and campus sport facilities.</p> <p>(10) College counselling services, student health services, chaplains and campus sport facilities</p> <p>- Studies advisors provided with both an academic and pastoral responsibility</p> <p>(11) Students have full access to the College educational, social and recreational facilities</p> <p>-“Studies advisors provided with both an academic and pastoral responsibility”</p> <p>(12) College counselling services, student health services, chaplains and campus sport facilities</p> <p>-“Students are allocated to Registered nurses and are supported by CPC’s”</p> <p>-“It is incumbent upon the educators to support these learners within a student centred approach.”</p> <p>(13) Library, IT and clinical skills only reported.</p> <p>-Tutors provide support as academic advisors</p>			

DATABITS	BROAD CATEGORIES	HIGHER ORDER CATEGORIES	CORE CATEGORIES
<b>3.2.1.20</b> Annual report sent to ABA (x1-9) (10) Annual report not sent to ABA for years 2002, 2003, 2004 (11) Annual report sent to ABA (12) Annual report sent to ABA for the intakes of 2002, 2003 (13) Annual report sent to ABA in 2004.	Health Care Institution Audit Higher Education Institute Self Audit Regulation Monitoring	Student Support Audit Monitoring	Quality in Education
<b>3.2.2.9</b> (1) Curriculum states "learning outcomes of the programme will be fully integrated into the assessment strategy at all levels and will include assessments such as examinations, essays, clinical projects, clinical skills, laboratory techniques, literature review, critiquing research, reflective practice, clinical assessments (2) Clinical and theoretical learning are assessed according to a plan - Competency assessment outlined in detail to reflect ABA e-learning (3) Clinical and theoretical learning are assessed according to a plan - Competency assessment outlined in detail to reflect ABA e-learning (4) Clinical and theoretical learning are assessed through continuous assessment and final examination for the 5 subject areas in each of the 4 years of the programme. In addition to the identified written assignment and exam there is a written case study, research critique, literature review, and research proposal. Taught clinical placement is assessed through a workbook and a project for each of the four years. -The aim of the course "is to prepare a competent knowledgeable and accountable practitioner, who can provide holistic, systematic care for individuals and groups in a variety of settings within an increasingly culturally diverse health care system." -The learning outcomes are those of ABA 2000 p.13 (5) Clinical and theoretical learning are assessed according to a plan. - OSCE and practice portfolio are outlined. -Transferable skills and their attributes of communication; group work; interpersonal; personal; organisational; problem solving; social and community awareness; resource management;	Assessment plan Clinical nursing skills Clinical assessment Theory assessment <b>OSCE</b> <b>Workbook</b> Continuous Assessment Final Exam	Assessment	Quality in Education

DATABITS	BROAD CATEGORIES	HIGHER ORDER CATEGORIES	CORE CATEGORIES
<p>information technology; clinical nursing skills are identified.</p> <p>(6) Clinical and theoretical learning are assessed according to a plan</p> <ul style="list-style-type: none"> <li>- Clinical practice required completion of hours and clinical workbook</li> </ul> <p>(7) Clinical and theoretical learning are assessed according to a plan</p> <ul style="list-style-type: none"> <li>- Competency assessment outlined in detail to reflect ABA e-learning and ABA documents</li> </ul> <p>(8) Clinical and theoretical learning are assessed through continuous assessment and final examination for the 5 subject areas in each of the 4 years of the programme. In addition to the identified written assignment and exam there is a written case study, research critique, literature review, and research proposal. Taught clinical placement is assessed through a workbook and a project for each of the four years.</p> <ul style="list-style-type: none"> <li>-The aim of the course “is to prepare a competent knowledgeable and accountable practitioner, who can provide holistic, systematic care for individuals and groups in a variety of settings within an increasingly culturally diverse health care system.”</li> <li>-The learning outcomes are those of ABA 2000 p.13</li> </ul> <p>(9) The aim of the course “is to prepare a competent knowledgeable and accountable practitioner, who can provide holistic, systematic care for individuals and groups in a variety of settings within an increasingly culturally diverse health care system.”</p> <ul style="list-style-type: none"> <li>- The learning outcomes are those of ABA 2000 p.13 (10)</li> </ul> <p>(10) The aim of the course “is to prepare a competent knowledgeable and accountable practitioner, who can provide holistic, systematic care for individuals and groups in a variety of settings within an increasingly culturally diverse health care system.”</p> <ul style="list-style-type: none"> <li>-The learning outcomes are those of ABA 2000 p.13</li> </ul> <p>(11) Clinical and theoretical learning are assessed through continuous assessment and final examination for the 5subject areas in each of the 4 years of the programme. In addition to the identified written assignment and exam there is a written case study, research critique,</p>			

DATABITS	BROAD CATEGORIES	HIGHER ORDER CATEGORIES	CORE CATEGORIES
<p>literature review, and research proposal. Taught clinical placement is assessed through a workbook and a project for each of the four years.</p> <p>-The aim of the course “is to prepare a competent knowledgeable and accountable practitioner, who can provide holistic, systematic care for individuals and groups in a variety of settings within an increasingly culturally diverse health care system.”</p> <p>-The learning outcomes are those of ABA 2000 p.13</p> <p>(12) Clinical and theoretical learning are assessed through continuous assessment and final examination for the 6 modules in each of the 2 semesters of the 4 year programme. In addition to the identified written assignments and examinations there is a written case study, research critique, literature review, and research proposal. Taught clinical placement is assessed through a workbook and a project for each of the four years.</p> <p>-The learning outcomes are those of ABA 2000 p.13</p> <p>(13) The aim of the course “is to prepare a competent knowledgeable and accountable practitioner, who can provide holistic, systematic care for individuals and groups in a variety of settings within an increasingly culturally diverse health care system.”</p> <p>-The learning outcomes are those of ABA 2000 p.13</p>			
<p><b>3.2.2.10</b></p> <p>(1) Internal quality assurance is in place through evaluation, course management team and curriculum development team. Site visit reports “within the hospital evidence offered of extensive evaluation and audit in relation to aspects of practice and the clinical learning environment.”</p> <p>(2) Internal quality assurance is in place through evaluation, course management team and curriculum development team. Clinical audit tool being developed and piloted will be forwarded to ABA</p> <p>(3) Internal quality assurance is in place through course management team and curriculum development team. Informal evaluation exists. Clinical audit tool to be forwarded to ABA</p> <p>(4) Internal quality assurance is in place through evaluation, course management team and curriculum development team.</p>	<p>Internal Quality Assurance Clinical Audit <b>Evaluation</b> Clinical Learning Audit Group Quality and Audit Officer External Examiner System</p>	<p>Audit Assessment</p>	<p>Quality in Education</p>

DATABITS	BROAD CATEGORIES	HIGHER ORDER CATEGORIES	CORE CATEGORIES
<p>Clinical audit tool was forwarded to ABA</p> <ul style="list-style-type: none"> <li>- CNE provides a four-day teaching and assessing programme to prepare staff to support students in the clinical area.</li> <li>- "There is evidence of the support given to staff in the clinical areas to access further education."</li> </ul> <p>(5) Internal quality assurance is in place through a quality and audit officer. External examiner system and partnership structures within the management of the programmes are cited as supporting indicators.</p> <ul style="list-style-type: none"> <li>- A clinical learning audit group has been formed.</li> </ul> <p>(6) Internal quality assurance is in place through quality audit tool. Formal evaluation exists. Clinical audit results to be forwarded to ABA</p> <p>(7) A QA/QI self-assessment has been set up in college</p> <ul style="list-style-type: none"> <li>- Clinical sites (2) "audit structures processes and outcomes. Involved in accreditation." "QA approach to the clinical area and to learning within the clinical area."</li> </ul> <p>(8) An educational and clinical audit is in progress...external examiner system...course management structures and partnership between clinicians, nurse educators and Institute and students.. feedback to course management from CNM's and CPC's considered invaluable. Student policies support mechanisms and feedback on assignments."</p> <p>(9) Internal quality assurance is in place through evaluation, course management team and curriculum development team. Clinical audit tool was forwarded to ABA</p> <ul style="list-style-type: none"> <li>- "An active committee is in existence that is well supported by Practice Development and Nursing management."</li> <li>- A condition of approval was "an outline of the quality indicators employed within the health care institution to be submitted to ABA."</li> </ul> <p>(10) Internal quality assurance is in place through Clinical audit tool every 2 years</p> <ul style="list-style-type: none"> <li>- "Students expressed concern regarding their placements within the large geographic area of the region."</li> <li>- There is evidence of the support given to staff in the clinical areas to access further education.</li> </ul> <p>(11) Evidence of quality indicators across most dimensions of the programme.</p>			

<b>DATABITS</b>	<b>BROAD CATEGORIES</b>	<b>HIGHER ORDER CATEGORIES</b>	<b>CORE CATEGORIES</b>
<p>Educational audit tool utilised within all clinical placements.”</p> <p>- Booklet of further education “based on local needs analysis” produced annually.</p> <p>(12) Within the college each programme undergoes a rigorous process through different stages.”</p> <p>-“Through the department, academic review committee and academic council. Student structures evaluation process, external examiner process and the course management team meetings act as quality safeguards.”</p> <p>(13) Internal quality assurance is in place through evaluation, course management team and curriculum development team. Clinical audit tool awaited by ABA</p> <p>-There is evidence of support given to staff in the clinical areas to access further education but it is at a “developmental stage.”</p> <p>- Limited support from nurse academics/lecturers in terms of clinical experience/learning in practice.</p>			
<p><b>3.2.3.2</b></p> <p>(1) Clinical audit tool requires each clinical area to identify learning opportunities for the student and provide a range of learning tools to assist the student achieve their potential in a supported manner.</p> <p>(2) Practice placements selected to ensure that programme learning outcomes are met.</p> <p>-“Practice placements will provide students with the required experience and number of hours stipulated by ABA”</p> <p>- Clinical audit tool requested by ABA</p> <p>(3) Practice placements selected to ensure that programme learning outcomes are met.</p> <p>- Clinical audit tool requested by ABA</p> <p>(4) Practice placements selected to ensure that programme learning outcomes are met.</p> <p>- Clinical audit tool requested by ABA</p> <p>(5) Clinical placement map meets each of the programme requirements in terms of hours and prescribed hours”</p> <p>-“The clinical placement map is designed to provide the students with sufficient exposure to the practice environment to meet the necessary elements of a pre-registration programme.”</p> <p>- Information for the map incomplete</p> <p>(6) Excellent clinical learning environment</p>	<p>Clinical Audit Tool</p> <p>Effective learning environment</p> <p>Clinical Placement Map</p>	<p>Resources Audit</p>	<p>Quality in Education</p>

DATABITS	BROAD CATEGORIES	HIGHER ORDER CATEGORIES	CORE CATEGORIES
<p>for students, staff highly motivated. Students have a very varied clinical experience</p> <p>(7) The clinical component of the programme is seen as most important in the ...learning experience.”</p> <p>- Clinical audit tool requested by ABA</p> <p>(8) Audits completed in relation to ABA standards and requirements. This was very much in evidence during external placement visits.</p> <p>- Clinical audit tool requested by ABA</p> <p>(9) Practice placements selected to ensure that programme learning outcomes are met.</p> <p>- “A most comprehensive audit tool has been devised and utilised to operationalise the site for use to identify and meet the educational requirements.”</p> <p>-“Students experience specialist placements early in the programme.”</p> <p>(10) Practice placements selected to ensure that programme learning outcomes are met.</p> <p>- Clinical audit tool requested by ABA</p> <p>(11) Practice placements selected to ensure that programme learning outcomes are met.</p> <p>- Clinical audit tool seen by ABA</p> <p>(12) Practice placements selected to ensure that programme learning outcomes are met.</p> <p>- Clinical audit tool requested by ABA</p> <p>(13) Many clients are over 70 years and are dependent on total nursing care. Hospital management take the view that this is an acute medical unit”</p> <p>- Clinical audit tool requested by ABA</p>			
<p><b>3.2.3.8</b></p> <p>(1) Reported by students “feel that the clinical staff prioritise the learning needs of students nurses during placements”</p> <p>(p.12) embrace the concept “took time to adjust initially” with supernumerary status in one hospital (p.11)</p> <p>(2) Reported that staff have embraced the concept of supernumerary status</p> <p>(3) Reported that familiarisation with the concept of supernumerary status took some time. Efforts to facilitate an awareness of the concept had taken place, however the site visit team were told of “a difficulty” in some areas of the hospital.</p> <p>(4) Reported that familiarisation with the concept of supernumerary status is</p>	<p>Prioritise the learning needs</p>	<p>Resources</p>	<p>Quality in Education</p>

DATABITS	BROAD CATEGORIES	HIGHER ORDER CATEGORIES	CORE CATEGORIES
<p>evident.</p> <p>-“Students complained that they had to complete two assignments while on placement. The students felt that their focus tended to be on the assignments rather than on them maximising all the learning opportunities available.”</p> <p>(5) Reported that learning was the focus of their experience in 75% of their clinical experiences.”</p> <p>- Difficulties expressed by students when overseas were on orientation assessments</p> <p>(6) Evident and operationalised</p> <p>(7) Staff articulated the focus on learning central to the concept, clinical staff highly supportive, very positive in relation to the contribution of the teaching and assessing programme to the support of students”</p> <p>(8) Reported that familiarisation with the concept of supernumerary status is evident.</p> <p>-“Students agree that it is largely explicit and operationalised as intended. It is part of the orientation programme for new staff nurses.”</p> <p>(9) Reported that familiarisation with the concept of supernumerary status is “very evident.”</p> <p>-“ Clinical staff are delighted to have students.”</p> <p>(10) Reported that familiarisation with the concept of supernumerary status is evident.</p> <p>-“Evident through dialogue with clinical staff throughout the hospital.”</p> <p>(11) Reported that familiarisation with the concept of supernumerary status is evident.</p> <p>-“The emphasis is on learning and the primacy of learning through doing.”</p> <p>(12) Reported that familiarisation with the concept of supernumerary status is evident.</p> <p>-“There is a sense of the desire of clinical staff wanting to contribute to shared learning.”</p> <p>(13) Reported that familiarisation with the concept of supernumerary status is evident.</p> <p>-“Students complained that they had to complete two assignments while on placement. The students felt that their focus tended to be on the assignments rather than on them maximising all the learning opportunities available”</p>			

<b>DATABITS</b>	<b>BROAD CATEGORIES</b>	<b>HIGHER ORDER CATEGORIES</b>	<b>CORE CATEGORIES</b>
<p><b>3.2.4.1</b></p> <p>(1) Assessments occur after each term</p> <ul style="list-style-type: none"> <li>- Progression criteria explicit</li> <li>- “Students normally required to have completed the theoretical and clinical assessments in each stage of the course prior to progressing to next stage” p.12</li> <li>- Early provisional feedback reported using a structured pro-forma.</li> </ul> <p>(2) Assessments plan given to each student at beginning of the programme.</p> <ul style="list-style-type: none"> <li>- Progression criteria explicit</li> <li>- Student must pass both written and practice assessment requirements to progress</li> <li>- Early provisional feedback reported using a structured pro-forma</li> </ul> <p>(3) Assessments plan given to each student at beginning of the programme.</p> <ul style="list-style-type: none"> <li>- Progression criteria explicit</li> <li>- Student must pass both written and practice assessment requirements to progress</li> <li>- Early provisional feedback reported using a structured pro-forma.</li> </ul> <p>(4) Assessments plan given to each student at beginning of the programme.</p> <ul style="list-style-type: none"> <li>- Progression criteria explicit</li> <li>- Student must pass both written and practice assessment requirements to progress</li> <li>- Early provisional feedback reported using a structured pro-forma.</li> </ul> <p>(5) Assessments plan given to each student at beginning of the programme.</p> <ul style="list-style-type: none"> <li>- Progression criteria explicit</li> <li>- Student must pass both written and practice assessment requirements to progress</li> <li>- Early provisional feedback reported using a structured pro-forma.</li> </ul> <p>(6) Assessments strategy given to each student in the Book of Modules</p> <ul style="list-style-type: none"> <li>- Progression criteria explicit</li> <li>- Student must pass written assessment and practice attendance requirements to progress</li> <li>- “A separate marking grid for papers and assignments are used and returned for feedback to students”</li> </ul> <p>(7) A structured feedback sheet based on an educational taxonomy.</p> <ul style="list-style-type: none"> <li>- “Evident within the marks and standards document”</li> </ul> <p>(8) Assessments plan given to each student at beginning of the programme.</p>	<p>Assessment Plan Progression Early feedback</p> <p>Structured pro-forma</p>	<p>Assessment</p>	<p>Quality in Education</p>

DATABITS	BROAD CATEGORIES	HIGHER ORDER CATEGORIES	CORE CATEGORIES
<ul style="list-style-type: none"> <li>- Progression criteria explicit</li> <li>- Student must pass both written and practice assessment requirements to progress</li> <li>- Early provisional feedback reported using a structured pro-forma.</li> <li>- Student feedback evident "supported by favourable comments from extern examiner"</li> </ul> <p>(9) Assessments plan given to each student at beginning of the programme.</p> <ul style="list-style-type: none"> <li>-Progression criteria explicit</li> <li>- Student must pass both written and practice assessment requirements to progress</li> <li>- Early provisional feedback reported using a structured pro-forma.</li> <li>- "A formal system of student feedback exists for the assessment of theory and practice."</li> </ul> <p>(10) Assessments plan given to each student at beginning of the programme.</p> <ul style="list-style-type: none"> <li>- Progression criteria explicit</li> <li>- Student must pass both written and practice assessment requirements to progress</li> <li>- Early provisional feedback reported using a structured pro-forma.</li> </ul> <p>(11) Assessments plan given to each student at beginning of the programme.</p> <ul style="list-style-type: none"> <li>- Progression criteria explicit</li> <li>- Student must pass both written and practice assessment requirements to progress</li> <li>- Early provisional feedback reported using a structured pro-forma.</li> </ul> <p>(12) Assessments plan explicit in the programme.</p> <ul style="list-style-type: none"> <li>- Progression criteria explicit</li> <li>- "Each module has its own formal continuous and summative assessment strategy."</li> <li>- "Each student receives an evaluation/feedback sheet concerning their work. A taxonomy based on the work of Bloom is employed."</li> </ul> <p>(13) Assessments plan given to each student at beginning of the programme.</p> <ul style="list-style-type: none"> <li>- Progression criteria explicit</li> <li>- Student must pass both written and practice assessment requirements to progress</li> <li>- Early provisional feedback reported using a structured pro-forma</li> </ul>			
3.2.4.2			

<b>DATABITS</b>	<b>BROAD CATEGORIES</b>	<b>HIGHER ORDER CATEGORIES</b>	<b>CORE CATEGORIES</b>
<p>(1) The degree/registration programme over the four years outlines 6 examinations and 4 assignments, 1 literature review including critical analysis of practice issues supported by reflective journal and four points of clinical competencies assessment the details of which are outlined</p> <p>(2) Each theoretical unit is assessed using various strategies. The degree/ registration programme outlines 15 examinations and 23 course work assessments. There are four points of clinical competencies assessment the weighting and details of which are outlined</p> <p>(3) The degree/ registration programme outlines 15 examinations and 23 course work assessments. Four points of clinical competencies assessment the details of which are outlined. The weightings are outlined between coursework and examination</p> <p>(4) The degree/ registration programme 5 subject areas that are assessed each year by continuous assessment and final examination with clinical placement assessed through workbook and project is detailed but the specificity of assignment is not outlined other than to state: exam (n=14); assignment (n=15); written case study (n=1); research critique (n=1); literature review (n=1); research proposal (n=1).</p> <p>(5) The degree/ registration programme outlines 34 continuous assessment points of examination or assignment that include a clinical practice assignment and 17 examinations. The weightings are outlined between coursework and examination. Clinical competency assessments not outlined</p> <p>(6) The degree/ registration programme outlines 12 examinations, 18 assignments, 6 points of workbook assessment to include clinical learning and 8 in class test points. The weightings are outlined between coursework and examination and each is attributed credit value.</p> <p>(7) The degree/ registration programme outlines assessment points of examination and assignment at the end of each semester and the four principles of the curriculum. 12 assessments in first year &amp; clinical; 14 in second year &amp; clinical; 3 in third year &amp; clinical; 10 in fourth year &amp; clinical. The</p>	<p>Various strategies Eight (8) assessment points Weightings outlined Four points (4) clinical assessment</p>	<p>Assessment</p>	<p>Quality in Education</p>

DATABITS	BROAD CATEGORIES	HIGHER ORDER CATEGORIES	CORE CATEGORIES
<p>weightings are outlined between coursework and examination.</p> <p>(8) The degree/ registration programme 5 subject areas that are assessed each year by continuous assessment and final examination with clinical placement assessed through workbook and project is detailed but the specificity of assignment is not outlined other than to state: exam (n=14); assignment (n=15); written case study (n=1); research critique (n=1); literature review (n=1); research proposal (n=1).</p> <p>(9) The degree/registration programme 5 subject areas that are assessed each year by continuous assessment and final examination with clinical placement assessed through workbook and project is detailed but the specificity of assignment is not outlined other than to state: exam (n=14); assignment (n=15); written case study (n=1); research critique (n=1); literature review (n=1); research proposal (n=1).</p> <p>(10) The degree/registration programme 5 subject areas that are assessed each year by continuous assessment and final examination with clinical placement assessed through workbook and project is detailed but the specificity of assignment is not outlined other than to state: exam (n=14); assignment (n=15); written case study (n=1); research critique (n=1); literature review (n=1); research proposal (n=1)</p> <p>(11) The degree/registration programme 5 subject areas that are assessed each year by continuous assessment and final examination with clinical placement assessed through workbook and project is detailed but the specificity of assignment is not outlined other than to state: exam (n=14); assignment (n=15); written case study (n=1); research critique (n=1); literature review (n=1); research proposal (n=1)</p> <p>(12) The degree/registration programme outlines main assessment points and strategies. There are ranges of examination or assignments for each of the 28 modules of the programme not including the 9 clinical modules. The clinical modules are all assessed using competence assessment. The other strategies are exam (n=14), continuous assessment e.g. presentation or group seminar (n=7), MCQ (n=6),</p>			

DATABITS	BROAD CATEGORIES	HIGHER ORDER CATEGORIES	CORE CATEGORIES
<p>laboratory (n=3), essay (n=4), project (n=4) which includes 10,000 word research project, reflective practice is identified once and clinical skills is typically associated with another assessment strategy and attributes 10% of the weighting of the module and is cited 7 times.</p> <p>(13) The degree/registration programme 5 subject areas that are assessed each year by continuous assessment and final examination with clinical placement assessed through workbook and project is detailed but the specificity of assignment is not outlined other than to state: exam (n=14); assignment (n=15); written case study (n=1); research critique (n=1); literature review (n=1); research proposal (n=1)</p>			
<p><b>3.2.4.3</b></p> <p>(1) Assessment strategies include examinations, essays, clinical projects, clinical skills laboratory techniques, literature reviews, critiquing research, reflective practice, clinical assessments</p> <ul style="list-style-type: none"> <li>- Knowledge, psychomotor skills and competencies assessed.</li> </ul> <p>(2) Assessment strategies include examinations and course work without further details</p> <ul style="list-style-type: none"> <li>- Knowledge, psychomotor skills and competencies assessed.</li> <li>- Comprehensive competency assessment in place</li> </ul> <p>“Work continues in this area and it was agreed that there is scope for improvement.”</p> <p>(3) Assessment strategies include examinations, essays, clinical projects, clinical skills laboratory techniques, literature reviews, critiquing research, reflective practice, clinical assessments</p> <ul style="list-style-type: none"> <li>- Knowledge, psychomotor skills and competencies assessed.</li> <li>- Comprehensive competency assessment in place</li> </ul> <p>(4) The choice of subject assessment methods and schedules are based upon a number of factors including the hours and credit allocation for the subject and the nature of the subject area.</p> <ul style="list-style-type: none"> <li>- Exams include multiple choice questions, short answer questions, essay questions, and critique of research papers. Course work will include essays, nursing care</li> </ul>	<p>Examination Clinical Projects Competence <b>Credit Allocation</b></p>	<p>Assessment</p>	<p>Quality in Education</p>

DATABITS	BROAD CATEGORIES	HIGHER ORDER CATEGORIES	CORE CATEGORIES
<p>plans, critical incident analysis, research proposal and the submission of work.</p> <p>(5) Assessment strategies include examinations, essays, clinical projects, clinical skills laboratory techniques, literature reviews, critiquing research, reflective practice, clinical assessments</p> <ul style="list-style-type: none"> <li>- Knowledge, psychomotor skills and competencies assessed.</li> <li>- Comprehensive competency assessment in place</li> </ul> <p>(6) Assessment strategies include examinations, essays, clinical projects, in class tests, research project, clinical workbook, seminar, care study</p> <p>-“Modules are assessed through a variety of strategies.”</p> <p>(7) Assessment strategies include examinations, essays, course work, extended essay, OSCE, objective tests, continuous assessment</p> <ul style="list-style-type: none"> <li>- Comprehensive competency assessment in place</li> </ul> <p>(8) The choice of subject assessment methods and schedules are based upon a number of factors including the hours and credit allocation for the subject and the nature of the subject area.</p> <ul style="list-style-type: none"> <li>- Exams include “multiple choice questions, short answer questions, essay questions, critique of research papers.”</li> </ul> <p>“Course work will include essays, nursing care plans, critical incident analysis, research proposal and the submission</p> <p>(9) The choice of subject assessment methods and schedules are based upon a number of factors including the hours and credit allocation for the subject and the nature of the subject area.</p> <ul style="list-style-type: none"> <li>- Exams include multiple choice questions, short answer questions, essay questions, and critique of research papers. Course work will include essays, nursing care plans, critical incident analysis, research proposal and the submission of work.</li> </ul> <p>(10) The choice of subject assessment methods and schedules are based upon a number of factors including the hours and credit allocation for the subject and the nature of the subject area.</p> <ul style="list-style-type: none"> <li>- Exams include multiple choice questions, short answer questions, essay questions, and critique of research papers. Course work will include essays, nursing care plans, critical incident analysis, research proposal and the submission of work.</li> </ul>			

DATABITS	BROAD CATEGORIES	HIGHER ORDER CATEGORIES	CORE CATEGORIES
<p>(11) The choice of subject assessment methods and schedules are based upon a number of factors including the hours and credit allocation for the subject and the nature of the subject area.</p> <p>- Exams include multiple choice questions, short answer questions, essay questions, and critique of research papers. Course work will include essays, nursing care plans, critical incident analysis, research proposal and the submission of work.</p> <p>(12) A variety of strategies will be used for assessments, which will be contextualised in practice.”</p> <p>- Exams include multiple choice questions, short answer questions, essay questions, and critique of research papers. Course work will include essays, nursing care plans, critical incident analysis, research proposal and the submission of work</p> <p>(13) The choice of subject assessment methods and schedules are based upon a number of factors including the hours and credit allocation for the subject and the nature of the subject area.</p> <p>- Exams include multiple choice questions, short answer questions, essay questions, and critique of research papers. Course work will include essays, nursing care plans, critical incident analysis, research proposal and the submission of work.</p>			
<p><b>3.2.4.4</b></p> <p>(1) Extern supports the assessment strategy</p> <p>(2) Reported that Extern supports the assessment strategy</p> <p>- “Validity and reliability of the assessment tools will be evaluated as the programme progresses”</p> <p>(3) Extern supports the assessment strategy</p> <p>-“External examiner commends the college for the reliability of its marking and its use of inter-rater reliability marking.”</p> <p>(4) Extern supports the assessment strategy</p> <p>(5) Extern supports the assessment strategy</p> <p>- “External examiner commends the college for the reliability of its marking and its use of inter-rater reliability marking.”</p> <p>(6) Extern supports the assessment strategy</p>	<p>External support</p> <p>Inter-rater reliability</p>	<p>Assessment</p>	<p>Quality in Education</p>

<b>DATABITS</b>	<b>BROAD CATEGORIES</b>	<b>HIGHER ORDER CATEGORIES</b>	<b>CORE CATEGORIES</b>
<p>-“Internal and external moderation is employed.”</p> <p>(7) Extern supports the assessment strategy</p> <p>-“Inter-rater reliability marking is utilised by the internal markers. Externs from the social and biological science subjects feed into the assessment process. Feedback from the nursing extern supports the assessments in place</p> <p>(8) Evident within plan, curriculum and marks and standards document.</p> <p>(9) Assessment strategies are based upon valid and reliable techniques</p> <p>(10) Extern supports the assessment strategy</p> <p>(11) Internal moderation employed, prior to external examination. Scripts and assignments are also sent to extern for approval”</p> <p>(12) Site visit team supports the assessment strategy</p> <p>(13) Extern supports the assessment strategy</p>			
<p><b>3.2.4.5</b></p> <p>(1) No evidence</p> <p>(2) Grading criteria included in curriculum and provided to students in handbook</p> <p>(3) As 2 above</p> <p>(4) Grading criteria included in curriculum and provided to students in handbook</p> <p>- Pass mark practical 40% and project 60%</p> <p>(5) As 2 above</p> <p>(6) Grading criteria for honours outlined</p> <p>(7) Marks and standards outline the honours standard</p> <p>(8) Grading criteria included in curriculum and provided to students in handbook</p> <p>- Pass mark practical 40% and project 60%</p> <p>- Assignment marking criteria indicated 40% pass mark</p> <p>(9) Grading criteria included in curriculum and provided to students in handbook</p> <p>- Pass mark practical 40% and project 60%</p> <p>-“Assignment marking criteria identify 40% as pass mark”</p> <p>(10) Grading criteria included in curriculum and provided to students in handbook</p> <p>- Pass mark practical 40% and project 60%</p> <p>- Pass mark theoretical 40%</p> <p>(11) Grading criteria included in curriculum and provided to students in handbook</p> <p>- Pass mark practical 40% and project 60%</p>	Grading criteria	Assessment	Quality in Education

<b>DATABITS</b>	<b>BROAD CATEGORIES</b>	<b>HIGHER ORDER CATEGORIES</b>	<b>CORE CATEGORIES</b>
<ul style="list-style-type: none"> <li>- Theoretical pass mark 40%</li> <li>(12) Grading criteria included in "Handbook of Academic Administration."</li> <li>(13) Grading criteria included in curriculum and provided to students in handbook</li> <li>- Pass mark practical 40% and project 60%</li> <li>- Pass mark theoretical 40%</li> </ul>			
<b>3.2.5.1</b> (1) Site visit reports evidence was supplied to the team (2) Site visit reports evidence supplied to the team. ABA requested CV's to be forwarded to them (3) As 1 above (4) As 1 above (5) As 1 above (6) As 1 above (7) As 1 above (8) Site visit reports evidence was supplied to the team -"The college will furnish CV's of extern" (9) HEI criteria in place - Condition of approval requires CV's of external examiners be forwarded to ABA (10) Site visit reports evidence was supplied to the team (11) Site visit reports evidence was supplied to the team - CV's of extern requested by ABA (12) Site visit reports evidence was supplied to the team - CV's requested by ABA (13) Site visit reports evidence was supplied to the team	Site report evidence CV's requested CV's forwarded	Resources	Quality in Education
<b>3.2.5.2</b> (1) Site visit reports evidence supplied to the team (2) As 1 above (3) Site visit reports evidence supplied to the team - Criteria outlined in curriculum (4) As 1 above (5) Site visit reports evidence supplied to the team - Criteria outlined in curriculum (6) Site visit reports evidence supplied to the team (7) Site visit reports evidence supplied to the team (8) Site visit reports evidence supplied to the team	Site Visit Reports  Criteria in curriculum	Resources	Quality in Education

DATABITS	BROAD CATEGORIES	HIGHER ORDER CATEGORIES	CORE CATEGORIES
(9) Site visit reports evidence supplied to the team (10) Site visit reports evidence was supplied to the team (11) Site visit reports evidence supplied to the team (12) Site visit reports evidence supplied to the team - External examination will “examine and moderate assessment instruments and grades and will be guided by the HEI rules” (13) Site visit reports evidence was supplied to the team			

DATABITS	BROAD CATEGORIES	HIGHER ORDER CATEGORIES	CORE CATEGORIES
<p><b>3.2.5.3</b></p> <p>(1) Site visit reports evidence supplied to the team. ABA request the CV's of externs are forwarded to them as part of Annual Report</p> <p>(2) Site visit reports evidence supplied to the team. ABA requested CV's be forwarded to them</p> <p>(3) Site visit reports evidence supplied to the team. ABA requested CV's be forwarded to them</p> <p>(4) Site visit reports evidence supplied to the team. ABA requested CV's be forwarded to them</p> <p>(5) Site visit reports evidence supplied to the team and current extern meets the criteria. -ABA requested CV's be forwarded to them</p> <p>(6) Site visit reports evidence supplied to the team and current extern meets the criteria</p> <p>- ABA requested CV's be forwarded to them</p> <p>(7) Site visit reports evidence supplied to the team and current externs (2) meet the criteria</p> <p>(8) Site visit reports evidence supplied to the team</p> <p>ABA requested CV's be forwarded to them</p> <p>- "Site visit team had full access to external examiners report, a composite of same per subject/cohort will be forwarded as part of an annual report to ABA."</p> <p>(9) Site visit reports evidence supplied to the team</p> <p>ABA requested CV's be forwarded to them</p> <p>(10) Site visit reports evidence supplied to the team</p> <p>ABA requested CV's be forwarded to them</p> <p>(11) Site visit reports evidence supplied to the team</p> <p>- ABA requested CV's be forwarded to them</p> <p>(12) Site visit reports evidence supplied to the team.</p> <p>- ABA requested CV's be forwarded to them</p> <p>(13) Site visit reports evidence supplied to the team</p> <p>ABA requested CV's be forwarded to them</p>	<p>Site visit report</p> <p>CV's forwarded</p>	<p>Resources</p>	<p>Quality in Education</p>

## CORE CATEGORIES (Knowledge for Practice)

DATABITS	BROAD CATEGORIES	HIGHER ORDER CATEGORIES	CORE CATEGORIES
<b>3.2.1.13</b> (1) Clinical staffs report a staff development department. Professional development planning is in progress in the hospital It is well resourced and has increased staff morale - Diary of staff development to be sent to ABA (2) Commitment to staff development acknowledged but mechanism not reported (3) Commitment to staff development acknowledged but mechanism not developed -"Nurse lecturers will liase with students while on clinical placements" (4) Lecturers have a research remit (5) Commitment to staff development acknowledged through research and publication, - Link tutor role (6) A journal club exists to promote the appreciation of evidence-based practice at clinical level." "A three week research appreciation is facilitated in the hospital." "A comprehensive range of databases and ward based IT facilities promote and support evidence (7) A significant education and training culture in existence" "A large range of in-service programmes (8) An in-service programme was detailed." (9) 200 staff have undertaken the teaching and assessing course. Many nurse undertaking further studies. (10) Lecturers engage in "continuing and in-service education role...involved in practice development (11) -"Currently teaching and assessing and degrees for nurses are offered." -"A regional programme exists" (12) Link tutors system utilised (13) One lecturer is "completing a masters degree to register as a nurse tutor	Staff Development Liaison Research	Curriculum Continuing Education	Knowledge for Practice
<b>3.2.2.1</b> (1) Programme meets ABA and EU input requirements. The content for each of the specialist areas for the 3 years is the same and the learning outcome is the same "discuss	Holistic Approach An Bord Altranais and EU requirements	Values Course Structure	Knowledge for Practice

DATABITS	BROAD CATEGORIES	HIGHER ORDER CATEGORIES	CORE CATEGORIES
<p>the role of the nurse and the principles of caring for the client, in the specialist nursing client group settings" Curr. 1, p.34, 50, 51, 65, 66</p> <p>(2) Programme meets ABA and EU input requirements in year 2 and 3.</p> <p>(3) Programme meets ABA and EU input requirements</p> <ul style="list-style-type: none"> <li>-Specialist placements experienced between year 2 and year 3.</li> <li>-Theoretical preparation occurs in modules of these years</li> </ul> <p>(4) Programme meets ABA and EU input requirements</p> <ul style="list-style-type: none"> <li>-“Experience a holistic approach to care for patients/clients experiencing a range of medical/surgical problems.”</li> <li>-“Emphasis is placed on the provision of the most appropriate care and in particular on primary health care.”</li> </ul> <p>2<sup>nd</sup> year main theoretical specialist areas in 3<sup>rd</sup> year childcare and paediatrics 20 hours no plan or report available to see the clinical exposure of the students to the specialties.</p> <p>(5) Programme meets ABA and EU input requirements</p> <ul style="list-style-type: none"> <li>- Specialist placements experienced between year 2 and year 3 with paediatrics or community in year 4.</li> <li>- Theoretical preparation occurs in modules of these years</li> </ul> <p>(6) Programme meets ABA and EU input requirements</p> <ul style="list-style-type: none"> <li>- Specialist placements experienced between year 2 and year 3.</li> <li>- Theoretical preparation occurs in modules of these years</li> </ul> <p>(7) Programme meets ABA and EU input requirements</p> <ul style="list-style-type: none"> <li>- Specialist placements experienced between year 2 and year 4.</li> <li>- Theoretical preparation occurs in modules of these years</li> </ul> <p>(8) Programme meets ABA and EU input requirements</p> <ul style="list-style-type: none"> <li>-“Taught clinical placement is an integral part of the 4 year programme.</li> <li>- Students will be exposed to a wide variety of clinical allocations which will prepare them to operate within an increasingly complex and demanding health care setting.”</li> </ul> <p>-2<sup>nd</sup> year main theoretical specialist areas in 3<sup>rd</sup> year childcare and paediatrics 20 hours no plan or report available to see the clinical exposure of the students to</p>			

DATABITS	BROAD CATEGORIES	HIGHER ORDER CATEGORIES	CORE CATEGORIES
<p>the specialties.</p> <p>(9) Programme meets ABA and EU input requirements</p> <ul style="list-style-type: none"> <li>-“Experience a holistic approach to care for patients/clients experiencing a range of medical/surgical problems.”</li> <li>- 2<sup>nd</sup> year main theoretical specialist areas in 3<sup>rd</sup> year childcare and paediatrics</li> </ul> <p>20 hours no plan or report available to see the clinical exposure of the students to the specialties.</p> <ul style="list-style-type: none"> <li>- There are 48 areas identified where students can learn in the region.”</li> </ul> <p>(10) Programme meets ABA and EU input requirements</p> <ul style="list-style-type: none"> <li>- 2<sup>nd</sup> year main theoretical specialist areas in 3<sup>rd</sup> year childcare and paediatrics</li> </ul> <p>20 hours no plan or report available to see the clinical exposure of the students to the specialties.</p> <ul style="list-style-type: none"> <li>-“Procuring psychiatric placements for the general students was creating a difficulty”</li> </ul> <p>(11) Programme meets ABA and EU input requirements</p> <ul style="list-style-type: none"> <li>- 2<sup>nd</sup> year main theoretical specialist areas in 3<sup>rd</sup> year childcare and paediatrics</li> </ul> <p>20 hours no plan or report available to see the clinical exposure of the students to the specialties.</p> <p>(12) Programme meets ABA and EU input requirements</p> <ul style="list-style-type: none"> <li>-“Skills necessary for providing a holistic approach to caring for patients/clients.”</li> <li>- Emphasis is placed in the four-year descriptors on “they can acquire the skills of critical analysis, problem-solving, decision-making, reflective skills, and abilities essential to the art and science of nursing.”</li> <li>- Main theoretical specialist areas in 3<sup>rd</sup> year childcare and paediatrics, maternity, older- person, mental health. 4<sup>th</sup> year teaching includes critical care nursing and internship of rostered placement.</li> <li>- Clinical exposure of the students to the specialties occurs during supernumerary placements.</li> </ul> <p>(13) Curriculum attests ii meets ABA and EU input requirements</p> <ul style="list-style-type: none"> <li>- 2<sup>nd</sup> year main theoretical specialist areas in 3<sup>rd</sup> year childcare and paediatrics</li> </ul> <p>20 hours.</p> <ul style="list-style-type: none"> <li>- Programme is dependant on a large number of external placements to achieve the required experiences of a</li> </ul>			

DATABITS	BROAD CATEGORIES	HIGHER ORDER CATEGORIES	CORE CATEGORIES
registration programme.			
<p><b>3.2.2.2</b></p> <p>(1) Indicative content requirements appear to be met.</p> <ul style="list-style-type: none"> <li>- Curriculum design is based on Skilbeck's Situational Model purporting to be dynamic, flexible and Lawton's model of cultural analysis of nursing practice for health. Core Broad categories, which interweave subjects at a developmental level, comprise the design.</li> </ul> <p>(2) Planning team has ensured that the indicative content outlined by ABA (2000) has been addressed in the programme. The self-audit identifies that the programme has been shaped by the recommendations of the Nursing Education Forum (2000)</p> <ul style="list-style-type: none"> <li>- Curriculum is based on "Beatties fourfold model of curriculum design" with Roach's '5C's' of caring identified as "core skills which facilitate the delivery of systematic individualised nursing care."</li> </ul> <p>(3) Planning team has ensured that the indicative content outlined by ABA (2000) has been addressed in the programme. The self-audit identifies that the programme has been shaped by the recommendations of the Nursing Education Forum (2000)</p> <ul style="list-style-type: none"> <li>- An eclectic approach o curriculum development has been adopted, informed by the post-technocratic model of French and Cross</li> </ul> <p>(4) Planning team has ensured that the indicative content outlined by ABA (2000) has been addressed in the programme. The curriculum identifies that the programme has been shaped by the recommendations of the Nursing Education Forum (2000) "flexibility, eclecticism, transferability and progression, evidence based practice and shared learning are outlined."</p> <p>(5) Planning team has ensured that the indicative content outlined by ABA (2000) has been addressed in the programme. The curriculum identifies that the programme has been shaped by the recommendations of the Nursing Education Forum (2000) p.5</p> <ul style="list-style-type: none"> <li>- An integrated curriculum design is attributed to the programme with no specific theorist identified.</li> </ul>	Curriculum Model Theoretical Basis Nursing Education Forum Indicative Content	Curriculum	Knowledge for Practice

DATABITS	BROAD CATEGORIES	HIGHER ORDER CATEGORIES	CORE CATEGORIES
<p>(6) Programme document and the indicative content identifies the syllabus of ABA (2000) has been addressed in the programme. The curriculum outline identifies the programme has been shaped by the recommendations of the Nursing Education Forum (2000)</p> <p>- The curriculum framework "is conceptualised along two curricular strands – vertical and horizontal." The vertical is "based on becoming a professional nurse" in "five role dimensions" and the horizontal relate to "beliefs and values about nursing, knowledge in nursing and the nature of learning."</p> <p>(7) Planning team has acknowledged the statutory requirements indicative content outlined by ABA (2000). The curriculum identifies that the programme has been shaped by the recommendations of the Nursing Education</p> <p>(8) Planning team has ensured that the indicative content outlined by ABA (2000) has been addressed in the programme.</p> <p>The curriculum identifies that the programme has been shaped by the recommendations of the Nursing Education Forum (2000) "flexibility, eclecticism, transferability and progression, evidence based practice and shared learning are outlined."</p> <p>- "An eclectic approach to curriculum development is adopted."</p> <p>(9) Planning team has ensured that the indicative content outlined by ABA (2000) has been addressed in the programme. The curriculum identifies that the programme has been shaped by the recommendations of the Nursing Education Forum (2000) "flexibility, eclecticism, transferability and progression, evidence based practice and shared learning are outlined."</p> <p>(10) Planning team has ensured that the indicative content outlined by ABA (2000) has been addressed in the programme. The curriculum identifies that the programme has been shaped by the recommendations of the Nursing Education Forum (2000) "flexibility, eclecticism, transferability and progression, evidence based practice and shared learning are outlined."</p> <p>- "Evidence based congruent philosophy centralised on caring."</p>			

DATABITS	BROAD CATEGORIES	HIGHER ORDER CATEGORIES	CORE CATEGORIES
<p>(11) Planning team has ensured that the indicative content outlined by ABA (2000) has been addressed in the programme. The curriculum identifies that the programme has been shaped by the recommendations of the Nursing Education Forum (2000) "flexibility, eclecticism, transferability and progression, evidence based practice and shared learning are outlined."</p> <p>- "Curriculum is based on a post-technocratic model emphasising evidence</p> <p>(12) Curriculum states, "the eclectic approach (Wiles and Bondi 2002, Nurse Education Forum 2000, &amp; Beattie 1987) acknowledges the ethos of adult learning while meeting the standards and requirements of ABA ensured the acquisition of professional competencies at point of registration."</p> <p>- The curriculum identifies that the programme has been shaped by the recommendations of the Nursing Education Forum (2000) "flexibility, eclecticism, transferability and progression, evidence based practice and shared learning" are outlined.</p> <p>(13) Planning team has ensured that the indicative content outlined by ABA (2000) has been addressed in the programme. The curriculum identifies that the programme has been shaped by the recommendations of the Nursing Education Forum (2000) "flexibility, eclecticism, transferability and progression, evidence based practice and shared learning are outlined."</p>			
<p><b>3.2.2.3</b></p> <p>(1) Nurse tutors are course leaders</p> <ul style="list-style-type: none"> <li>- 3 core Broad categories underpin the framework of the curriculum</li> <li>- Concepts articulated include valuing the person, caring, rights of the individual, optimal health orientation, choice, knowledge and skill. There is recognition of frailty and illness as well as primary care.</li> <li>- Research is intertwined throughout the programme content.</li> </ul> <p>(2) Nurse tutors are course leaders and a diagrammatic representation of the planning and development of the programme is contained in the curriculum</p> <ul style="list-style-type: none"> <li>- Selection of programme content has</li> </ul>	<p>Evidence-based <b>Nurse Tutors</b> Nursing Concepts</p>	<p>Values</p>	<p>Knowledge for Practice</p>

DATABITS	BROAD CATEGORIES	HIGHER ORDER CATEGORIES	CORE CATEGORIES
<p>been guided by professional nursing knowledge based on principles identified by the development group.</p> <p>(3) Nurse tutors are course leaders</p> <ul style="list-style-type: none"> <li>- Selection of programme content has not been attributed to a particular nurse theorist</li> <li>- "Philosophy based on holism, individualism, person-centred, caring, and wellness oriented philosophy of nursing that is rationalised and based on evidence."</li> </ul> <p>(4) Nurse tutors are course leaders</p> <ul style="list-style-type: none"> <li>- No particular nursing theory identified which underpins the curriculum as the document states "the diverse nature of nursing disciplines involved militated against adopting an explicit curriculum model. Core principles include a bio/psycho/social focus on the individual and the care delivered."</li> </ul> <p>(5) Nurse tutors are course leaders</p> <ul style="list-style-type: none"> <li>- Selection of programme content has not been attributed to a particular nurse theorist</li> <li>- An attributable philosophy is not articulated but the programme seeks to answer questions identified by participants of consultative meetings</li> <li>- Fundamental issues are addressed including compassion for people who are vulnerable and/or disadvantaged; sensitivity to the experience and backgrounds of people in the care of nurses; the distinctive contribution that can be made by nurses in the pursuit of 'health gain'; the personal and professional development of each individual student; research, knowledge and nursing practice."</li> </ul> <p>(6) Nurse tutors are course leaders</p> <ul style="list-style-type: none"> <li>- Selection of programme content is attributed to Benner's and White's 5 ways of knowing nursing.</li> <li>- Philosophy related to "beliefs and values on nursing, the person receiving nursing care, health and health care, the environment in which nursing is practised and learned, and education and learning" are articulated.</li> </ul> <p>(7) Curriculum development team comprise nurse teachers</p> <ul style="list-style-type: none"> <li>- Selection of programme content has not been attributed to a particular nurse theorist – four principal courses of study per year</li> <li>- "General nursing is conceptualised as a</li> </ul>			

DATABITS	BROAD CATEGORIES	HIGHER ORDER CATEGORIES	CORE CATEGORIES
<p>therapeutic caring process. It is concerned with meeting the deficits in the individual's capacities for health maintenance and health restoration, with particular emphasis on the needs of adults experiencing altered health."</p> <p>(8) Nurse tutors are course leaders</p> <ul style="list-style-type: none"> <li>- No particular nursing theory identified which underpins the curriculum as the document states "the diverse nature of nursing disciplines involved militated against adopting an explicit curriculum model. Core principles include a bio/psycho/social focus on the individual and the care delivered."</li> <li>- "Nursing theory, nursing research, educational theory and research guide the curriculum."</li> </ul> <p>(9) Nurse tutors are course leaders</p> <ul style="list-style-type: none"> <li>- No particular nursing theory identified which underpins the curriculum as the document states "the diverse nature of nursing disciplines involved militated against adopting an explicit curriculum model. Core principles include a bio/psycho/social focus on the individual and the care delivered."</li> <li>- "Philosophy of the curriculum is on the wellness to illness continuum"</li> </ul> <p>(10) Nurse tutors are course leaders</p> <ul style="list-style-type: none"> <li>- No particular nursing theory identified which underpins the curriculum as the document states "the diverse nature of nursing disciplines involved militated against adopting an explicit curriculum model. Core principles include a bio/psycho/social focus on the individual and the care delivered."</li> <li>- "Centralised on caring"</li> </ul> <p>(11) Nurse tutors are course leaders</p> <ul style="list-style-type: none"> <li>- No particular nursing theory identified which underpins the curriculum as the document states "the diverse nature of nursing disciplines involved militated against adopting an explicit curriculum model. Core principles include a bio/psycho/social focus on the individual and the care delivered."</li> <li>- "A systematic approach to nursing care is employed utilising this model."</li> </ul> <p>(12) Nurse tutors are course leaders</p> <ul style="list-style-type: none"> <li>- Nursing theories of Orem and King identified as framing the curriculum at site visit but not in curriculum document</li> <li>- "Practice is based on the best available evidence."</li> <li>- "The nursing process is integral to</li> </ul>			

DATABITS	BROAD CATEGORIES	HIGHER ORDER CATEGORIES	CORE CATEGORIES
<p>planning care and practice delivery.”</p> <p>-“Spiral model”</p> <p>(13) Nurse tutors are course leaders</p> <p>- No particular nursing theory identified which underpins the curriculum as the document states “the diverse nature of nursing disciplines involved militated against adopting an explicit curriculum model. Core principles include a bio/psycho/social focus on the individual and the care delivered.”</p>			
<p><b>3.2.2.4</b></p> <p>(1) Curriculum development team comprises all key stakeholders according to site visit team but evidence from the curriculum suggests it comprises only teaching staff</p> <p>Students are central to evaluation and on the course management team</p> <p>(2) Curriculum development team comprises clinical, management and education expertise</p> <p>Evaluation tool included in the curriculum and “is part of becoming a learning organisation”</p> <p>Students, staff and extern examiner evaluate programme</p> <p>(3) Curriculum development team comprises clinical, management and education expertise</p> <p>- Students not formally involved in curriculum evaluation but do have an informal involvement</p> <p>- ABA recommend this is prioritised</p> <p>(4) Curriculum development team comprises clinical, management and education expertise</p> <p>-“Students have a role to play in the evaluation of the curriculum they would not appear to be central to that process.”</p> <p>(5) Curriculum development team comprises clinical, management and education expertise</p> <p>- Students formally involved in curriculum evaluation through the office of the registrar which is associated with audit in the college as opposed to formal evaluation to create change in the programme</p> <p>(6) Curriculum development team comprises clinical, management and education expertise</p> <p>- Students involved in curriculum evaluation at a module level and a “comprehensive clinical placement</p>	<p>All key stakeholders</p> <p>Expertise</p> <p>Students Role</p>		<p>Knowledge for Practice</p>

DATABITS	BROAD CATEGORIES	HIGHER ORDER CATEGORIES	CORE CATEGORIES
<p>evaluation tool” was reported. “Student evaluation data and tutorial evaluation has contributed to change.”</p> <p>(7) Curriculum development team comprises clinical, management and education expertise</p> <ul style="list-style-type: none"> <li>- Evaluation includes students and the educational and clinical staff employing triangulation.”</li> </ul> <p>(8) Curriculum development team comprises clinical, management and education expertise</p> <ul style="list-style-type: none"> <li>-“Students are involved in student council that has direct access to academic council.”</li> <li>“Students participate in the course board.”</li> <li>“Formal theory and clinical placement evaluation occurs at the end of each year.”</li> </ul> <p>(9) Curriculum development team comprises clinical, management and education expertise</p> <ul style="list-style-type: none"> <li>-“At the end of the year students will evaluate both theoretical and practical components.”</li> <li>-“The JAWS system builds students experiences, comments and suggestions into the curriculum on an ongoing basis.”</li> </ul> <p>(10) Curriculum development team comprises clinical, management and education expertise</p> <ul style="list-style-type: none"> <li>-“No formal mechanism exists, evaluation is considered problematic</li> </ul> <p>(11) Curriculum development team comprises clinical, management and education expertise</p> <ul style="list-style-type: none"> <li>-“Students are part of the course board, they are central to the annual course review.”</li> <li>-“Evaluation takes place at end of modules, and placements</li> </ul> <p>(12) Students not identified in course management arrangements but are involved in programme evaluation at the Staff and Student Consultative Committee, which feeds into the evaluation structure.</p> <ul style="list-style-type: none"> <li>-“End of module and end of semester evaluation.”</li> </ul> <p>(13) Curriculum development team comprises clinical, management and education expertise</p> <ul style="list-style-type: none"> <li>-“Evaluation of modules and the programme occurs. There is no formal evaluation of the clinical areas and this</li> </ul>			

DATABITS	BROAD CATEGORIES	HIGHER ORDER CATEGORIES	CORE CATEGORIES
would be welcomed by clinicians"			
<p><b>3.2.2.5</b></p> <p>(1) Curriculum purports to be "dynamic and flexible enough to facilitate change in nurse education, nursing practice and health care delivery"...in that it "involves critical appraisal of the school situation"</p> <ul style="list-style-type: none"> <li>- Is systematically developmental in approach</li> <li>- Sequencing of theory and clinical evident in plan</li> </ul> <p>(2) Principles guiding programme design include "the centrality of practice should be made explicit in module outlines...Broad categories should be developed and built on throughout the programme." Module outline descriptors demonstrate Broad categories are coherent, logically sequenced and facilitate the integration of theory and practice. The site visit reports, "change in practice influences curricular development and review."</p> <p>(3) Programme is designed to ensure it is coherent, logically sequenced and facilitates the integration of theory and practice.</p> <ul style="list-style-type: none"> <li>- "Considered responsive and flexible because it is practice driven."</li> </ul> <p>(4) Programme is designed to ensure it is coherent, logically sequenced and facilitates the integration of theory and practice.</p> <ul style="list-style-type: none"> <li>- Curriculum is "grounded in values and beliefs relating to the nature of four fundamental concepts: nursing, environment, person and health nursing is considered both an art and a science...the nurse practitioner seeks to provide services that meet the preventative, promotional, supportive, curative, rehabilitative and palliative health care needs of families, groups and communities."</li> </ul> <p>(5) Programme is designed to ensure it is coherent, logically sequenced and facilitates the integration of theory and practice and is developmental.</p> <ul style="list-style-type: none"> <li>- Considered responsive and flexible because "the curricula are designed to be responsive to health care need."</li> </ul> <p>(6) "Curriculum is responsive to evidence/research, ABA standards and requirements and modularisation."</p> <p>"Societal change and needs of the</p>	Dynamic, Systematic, Flexible, Principles Centrality of practice coherent	Curriculum	Knowledge for Practice

DATABITS	BROAD CATEGORIES	HIGHER ORDER CATEGORIES	CORE CATEGORIES
<p>nursing profession create a dynamic for the</p> <p>(7) Programme is designed to ensure it is logically sequenced and diagrammatically it demonstrates vertical and horizontal relationships between the courses and modules.</p> <p>-“The curriculum is responsive to contemporary issues in health care and is continually updated based on extensive evaluation.”</p> <p>(8) Programme is designed to ensure it is coherent, logically sequenced and facilitates the integration of theory and practice.</p> <p>- Curriculum is “grounded in values and beliefs relating to the nature of four fundamental concepts: nursing, environment, person and health nursing is considered both an art and a science...the nurse practitioner seeks to provide services that meet the preventative, promotional, supportive, curative, rehabilitative and palliative health care needs of families, groups and communities.”</p> <p>(9) Programme is designed to ensure it is coherent, logically sequenced and facilitates the integration of theory and practice.</p> <p>- Curriculum is “grounded in values and beliefs relating to the nature of four fundamental concepts: nursing environment, person and health nursing is considered both an art and a science...the nurse practitioner seeks to provide services that meet the preventative, promotional, supportive, curative, rehabilitative and palliative health care needs of families, groups and communities.”</p> <p>(10) Programme is designed to ensure it is coherent, logically sequenced and facilitates the integration of theory and practice.</p> <p>- Curriculum is “grounded in values and beliefs relating to the nature of four fundamental concepts: nursing, environment, person and health nursing is considered both an art and a science...the nurse practitioner seeks to provide services that meet the preventative, promotional, supportive, curative, rehabilitative and palliative health care needs of families, groups and communities.”</p> <p>(11) Programme is designed to ensure it</p>			

DATABITS	BROAD CATEGORIES	HIGHER ORDER CATEGORIES	CORE CATEGORIES
<p>is coherent, logically sequenced and facilitates the integration of theory and practice.</p> <p>- Curriculum is “grounded in values and beliefs relating to the nature of four fundamental concepts: nursing, environment, person and health nursing is considered both an art and a science...the nurse practitioner seeks to provide services that meet the preventative, promotional, supportive, curative, rehabilitative and palliative health care needs of families, groups and communities.”</p> <p>–“NEATE report, ABA, policy changes, programme evaluation and research drive the evolution of the curriculum.”</p> <p>(12) Programme is designed to ensure it is coherent, logically sequenced and facilitates the integration of theory and practice.</p> <p>- Curriculum is “grounded in values and beliefs relating to the nature of four fundamental concepts: nursing, environment, person and health nursing is considered both an art and a science...the nurse practitioner seeks to provide services that meet the preventative, promotional, supportive, curative, rehabilitative and palliative health care needs of families, groups and communities.”</p> <p>(13) Programme is designed to ensure it is coherent, logically sequenced and facilitates the integration of theory and practice.</p> <p>- Curriculum is “grounded in values and beliefs relating to the nature of four fundamental concepts: nursing, environment, person and health nursing is considered both an art and a science...the nurse practitioner seeks to provide services that meet the preventative, promotional, supportive, curative, rehabilitative and palliative health care needs of families, groups and communities.”</p>			
<p><b>3.2.2.6</b></p> <p>(1) Lectures, tutorials, seminars, interactive discussion, group work, simulation, computer-assisted learning, reflective practice exercises, protected study time, study guides, supervised practice, clinical teaching, clinical laboratories, demonstrations, problem-solving scenarios, case studies, role play,</p>	<p>Teaching learning strategy</p> <p><b>Reflective practice</b></p> <p>Problem solving</p> <p>Self direction</p> <p>Student centred</p> <p><b>Experiential</b></p>	<p>Curriculum</p> <p>Course structure</p>	<p>Knowledge for Practice</p>

DATABITS	BROAD CATEGORIES	HIGHER ORDER CATEGORIES	CORE CATEGORIES
<p>presentations and nursing care conferences comprise the range of strategies employed.</p> <p>(2) Types of strategies "chosen to develop students' deeper understanding rather than focusing on recall alone...to develop students' problem solving and analytical skills." Strategies include: reflective practice, negotiated learning contracts, experiential learning includes role play, debating, student presentations, clinical laboratories, demonstrations. Lectures were cited 29 times as a strategy, small group work 14 times, seminars 12 times, interactive discussion 9 times, experiential activities 10 times, with other strategies cited less than 5 times each: protected study time, study guides, supervised practice, clinical teaching and case studies "congruent on the subject matter."</p> <p>(3) "Reflection is a key learning strategy employed in the programme." Strategies include: reflective practice, negotiated learning contracts, experiential learning includes role play, debating, student presentations, clinical laboratories, demonstrations. Lectures were the most cited strategy (n=29), seminars (n=12), interactive discussion (n=9), group work (n=14), protected study time, study guides, supervised practice, clinical teaching and case studies "congruent on the subject matter."</p> <p>(4) Types of strategies include: Lectures, tutorials, seminars, clinical and interpersonal skills, reflective practice groups, use of case studies and simulations, small group work teaching, experiential learning, role play, reading. Reflection is a key learning strategy and each student is guaranteed 4 hours of reflective time per week in clinical practice.</p> <p>- Students stated they "spent many contact hours in the classroom and most of the theoretical component of the course was delivered by lecturers."</p> <p>(5) Within the college there is a reliance on lectures, demonstrations and tutorials. The variety ranges from structured to unstructured, teacher to student-centred and includes computer assisted learning."</p> <p>- Strategies not included</p> <p>(6) College depends on lectures, group</p>	activities		

DATABITS	BROAD CATEGORIES	HIGHER ORDER CATEGORIES	CORE CATEGORIES
<p>work/discussion and tutorials -Lectures were the most cited strategy (n=41), seminars (n=3), tutorials (n=27) group work/discussion (n=30), protected study time, role-play, study guides, supervised practice, clinical teaching/practical workshops and reflection "congruent on the subject matter."</p> <p>(7) Lectures were the most cited strategy (n=36), seminars (n=19), interactive discussion (n=19), workshops (n=12) group work (n=6), case studies (n=8), IT based strategies (n=6), video assisted discussion (n=7), practical (n=5), and most notably reflection only cited 5 times in all the unit descriptors.</p> <p>-“Strategies range from student to teacher centred. The focus is on the development of self-directed and autonomous learners.”</p> <p>(8) Types of strategies include:  “Lectures n=23, tutorials n=10, seminars n=10, practical demonstration n=9, reflective practice n=13, care studies n=13 and simulations n=9, small group work n=13, role play n=10, group discussion n=17, projects n=12, AV n=15.</p> <p>-“Students will be expected to reflect upon their own practice and the theoretical issues relevant to it.”</p> <p>- Clinical placements use “supervised practice, role modelling, ward report, care plans case conferences, clinical rounds, multi-disciplinary team meetings, peer group teaching, recording of critical incidents, clinical supervision, preceptorship, supervised ward management.”</p> <p>-“Strategies were identified on a continuum from student-centred to teacher-centred.”</p> <p>(9) Types of strategies include:  “Lectures n=23, tutorials n=10, seminars n=10, practical demonstration n=9, reflective practice n=13, care studies n=13 and simulations n=9, small group work n=13, role play n=10, group discussion n=17, projects n=12, AV n=15.</p> <p>-“Students will be expected to reflect upon their own practice and the theoretical issues relevant to it.” -</p> <p>Clinical placements use “supervised practice, role modelling, ward report, care plans, case conferences, clinical rounds, multi-disciplinary team</p>			

DATABITS	BROAD CATEGORIES	HIGHER ORDER CATEGORIES	CORE CATEGORIES
<p>meetings, peer group teaching, recording of critical incidents, clinical supervision, preceptorship, supervised ward management."</p> <p>-“Selected as appropriate to the subject, the student and teacher and the context in which the learning is taking place.”</p> <p>(10) Types of strategies include:  “Lectures n=23, tutorials n=10, seminars n=10, practical demonstration n=9, reflective practice n=13, care studies n=13 and simulations n=9, small group work n=13, role play n=10, group discussion n=17, projects n=12, AV n=15.</p> <p>-“There is an evidence based linkage between strategies utilised and the content of the module/unit of study.”</p> <p>(11) Types of strategies include:  “Lectures n=23, tutorials n=10, seminars n=10, practical demonstration n=9, reflective practice n=13, care studies n=13 and simulations n=9, small group work n=13, role play n=10, group discussion n=17, projects n=12, AV n=15.</p> <p>-“Students will be expected to reflect upon their own practice and the theoretical issues relevant to it.”</p> <p>-Clinical placements use “supervised practice, role modelling, ward report, care plans, case conferences, clinical rounds, multi-disciplinary team meetings, peer group teaching, recording of critical incidents, clinical supervision, preceptorship, supervised ward management.”</p> <p>-“Selected as appropriate to the subject, the student and teacher and the context in which the learning is taking place.”</p> <p>(12) Curriculum states “teaching and learning strategies which promote evidence-based practice through research, critical thinking, and reflection.”</p> <p>-“Strategies are determined within college based on subject matter and group/class size.” “Lectures, tutorials, practical demonstrations and supervised practice are the dominant strategies within college.”</p> <p>Each module identifies the same range of teaching strategies so it cannot be determined from the curriculum which ones are most widely used. In addition to the above strategies include, discussion, seminars, reflective practice,</p>			

DATABITS	BROAD CATEGORIES	HIGHER ORDER CATEGORIES	CORE CATEGORIES
<p>group work, small group teaching, enquiry-based learning, SDL, role-play, audiovisual, laboratory and reading.</p> <p>(13) Types of strategies in the curriculum include: "Lectures, tutorials, seminars, clinical and interpersonal skills, reflective practice groups, use of care studies and simulations, small group work teaching, experiential learning, role play, reading. Reflection is a key learning strategy and each student is guaranteed 4 hours of reflective time per week in clinical practice."</p> <p>- "A full and broad range of teaching methodologies is advocated within the programme."</p>			
<p><b>3.2.2.7</b></p> <p>(1) Discussion group, tutorial, reflective writing, lecture and role modelling appear the most favoured strategies identified from the individual units of learning from the curriculum however only the nursing units attribute strategies with the other strategies employed less frequently. Some strategies not utilised in the units as seen below</p> <p>Lectures n=6, tutorials n=7; seminars n=4; interactive discussion n=7; group work n=4; simulation, computer-assisted learning, reflective practice exercises n=7; protected study time, study guides, supervised practice, clinical teaching, clinical laboratories, demonstrations n=5; problem-solving scenarios, care plans n=4; case studies n=1; role modelling n=6; presentations, case conferences n=1; Workshop n=3; Team meetings n=1; Practicals n=1; Lab. Work n=2; Experiential learning n=2; Nursing care conference</p> <p>(2) "A variety of teaching strategies are employed in the programme. They are congruent with the subject matter. An outline of the teaching strategies used is made explicit in all nursing units" although a comprehensive idea of the utilisation of the most used strategies for each unit of study is not possible to identify.</p> <p>(3) Lecture, discussion group and reflection appear the most favoured strategies with the other strategies employed less frequently</p> <p>(4) Lecture, discussion group and reflection appear the most favoured strategies with the other strategies</p>	Teaching and learning strategies	Curriculum	Knowledge for Practice

DATABITS	BROAD CATEGORIES	HIGHER ORDER CATEGORIES	CORE CATEGORIES
<p>employed less frequently.</p> <ul style="list-style-type: none"> <li>- The breakdown of strategies is not explicit in the curriculum</li> <li>- The curriculum is content driven with an over-reliance on lectures</li> <li>- Evidence within the timetable that there is some utilisation of tutorials and group work for certain subjects.</li> </ul> <p>(5) The aims of the programme infer a wide range of approaches but no evidence could be found to support a finding</p> <ul style="list-style-type: none"> <li>- There is a reliance on lectures, demonstrations and tutorials. The variety ranges from structured to unstructured, teacher to student-centred and includes computer assisted learning.”</li> </ul> <p>(6) Lecture, discussion group and reflection appear the most favoured strategies with the other strategies employed less frequently. IT was cited on four occasion but it be gleaned that as a strategy it was available more than cited</p> <p>(7) Lecture, seminar, discussion appear the most favoured strategies with the other strategies employed less frequently</p> <p>(8) Lecture, discussion group and reflection appear the most favoured strategies along with audio-visual aids and the other strategies employed less frequently.</p> <ul style="list-style-type: none"> <li>- Evidence within the timetable that there is some utilisation of tutorials and group work for certain subjects.</li> </ul> <p>(9) Lecture, discussion group and reflection appear the most favoured strategies with the other strategies employed less frequently.</p> <ul style="list-style-type: none"> <li>- Evidence from the site visit “lesson plans are available that demonstrate other approaches”</li> </ul> <p>(10) Lecture, discussion group and reflection appear the most favoured strategies with the other strategies employed less frequently.</p> <ul style="list-style-type: none"> <li>-“Eclectic variety of teaching strategies employed.”</li> </ul> <p>(11) Lecture, discussion group and reflection appear the most favoured strategies with the other strategies employed less frequently.</p> <ul style="list-style-type: none"> <li>-“A wide range of strategies including teacher and student centred approaches reflecting the educational philosophy is employed across the programme.”</li> </ul> <p>(12) The breakdown of strategies is not</p>			

DATABITS	BROAD CATEGORIES	HIGHER ORDER CATEGORIES	CORE CATEGORIES
<p>explicit in the curriculum</p> <p>-“College has Dean of Teaching and Learning.”</p> <p>(13) Lecture, discussion group and reflection appear the most favoured strategies with the other strategies employed less frequently.</p> <p>-The breakdown of strategies is not explicit in the curriculum</p> <p>-“Concerns regarding the length of the teaching day were raised by the students, these concerns are contrary to the philosophy of the programme”</p>			
<p><b>3.2.2.8</b></p> <p>(1) The 6 learning outcomes of the programme and the 3 aims of the clinical placement state concepts are part of the overall and individual unit learning outcomes of the programme.</p> <p>- Reflection is identified throughout the programme as a teaching/learning strategy see 3.2.1.7</p> <p>(2) The self audit states “content and assessment strategies... will assist them to problem solve in a variety of contexts, select information appropriate to their practice, and use pertinent research Codes.”</p> <p>- The 3 concepts are part of the overall (p.64) and individual unit learning outcomes and assessment strategies of the programme.</p> <p>- Reflection is “incorporated into various units of the programme. CPC’s and Nurse Tutors assist students reflect on their experiences during clinical placement.” A discreet section of the curriculum is devoted to reflective practice (p.164)</p> <p>(3) The concepts are part of the overall and individual unit learning outcomes and assessment strategies of the programme</p> <p>(4) The concepts are part of the overall and individual unit learning outcomes and assessment strategies of the programme including formulation of formal essays; nursing care plans; critical incident analysis, research proposal and the submission of work demonstrating competence.</p> <p>- In year 1 “students are introduced to the concept of reflective practice in theory as a teaching strategy “group reflection” and content as “the nature of reflection; reflection and nursing;</p>	<p>Reflection</p> <p>Problem Solving</p> <p>Ethical dimension of nursing care</p> <p><b>Work care plans</b></p> <p><b>Work assessment</b></p>	<p>Curriculum Values</p>	<p>Knowledge for Practice</p>

DATABITS	BROAD CATEGORIES	HIGHER ORDER CATEGORIES	CORE CATEGORIES
<p>reflective journals and diaries.”</p> <ul style="list-style-type: none"> <li>- Students are “allocated 4 hours per week protected time-out from service delivery for reflection and clinical supervision during supernumerary and rostered placements.”</li> <li>-“Students’ opportunity to reflect and engage in self-discovery is primarily confined to their time within clinical allocations.”</li> </ul> <p>(5) The concepts are articulated as part of the overall aim and learning objectives and individual unit learning outcomes and assessment strategies of the programme e.g. “adopt a reflective, problem-solving approach that ensures that the ethical dimension of nursing care is recognised and respected</p> <p>(6) The concepts are expressed in the terminal characteristics and the aims of the programme.</p> <ul style="list-style-type: none"> <li>- The individual units of learning identify module outcomes e.g. “to enable students to develop critical thinking about moral perspectives and to deal effectively with ethical dilemmas encountered in practice.”</li> <li>- Reflection underpins the philosophy of the programme.”</li> </ul> <p>(7) The concepts are part of the overall aim of the programme and individual unit learning outcomes and the teaching methods of the programme.</p> <ul style="list-style-type: none"> <li>- Research is taught in year 2 and year 4 and assessed accordingly.</li> </ul> <p>(8) The concepts are part of the overall and individual unit learning outcomes and assessment strategies of the programme including formulation of formal essays; nursing care plans; critical incident analysis, research proposal and the submission of work demonstrating competence.</p> <ul style="list-style-type: none"> <li>-“Theoretical concepts underlying reflection addressed in year 1, assignments incorporate reflective dimensions, reflection in practice is commenced during the first clinical placement.” - “group reflection” and content as “the nature of reflection; reflection and nursing; reflective journals and diaries.”</li> <li>- Students are “allocated 4 hours per week protected time-out from service delivery for reflection and clinical supervision during supernumerary and rostered placements.”</li> </ul>			

DATABITS	BROAD CATEGORIES	HIGHER ORDER CATEGORIES	CORE CATEGORIES
<p>(9) The concepts are part of the overall and individual unit learning outcomes and assessment strategies of the programme including formulation of formal essays; nursing care plans; critical incident analysis, research proposal and the submission of work demonstrating competence.</p> <ul style="list-style-type: none"> <li>- Reflection is built into the curriculum and is taught as a learning strategy.”</li> <li>- In year 1 “students are introduced to the concept of reflective practice in theory as a teaching strategy “group reflection” and content as “the nature of reflection; reflection and nursing; reflective journals and diaries.”</li> <li>- Students are “allocated 4 hours per week protected time-out from service delivery for reflection and clinical supervision during supernumerary and rostered placements.”</li> <li>-“Students’ opportunity to reflect and engage in self-discovery is primarily confined to their time within clinical allocations.”</li> </ul> <p>(10) The concepts are part of the overall and individual unit learning outcomes and assessment strategies of the programme including formulation of formal essays; nursing care plans; critical incident analysis, research proposal and the submission of work demonstrating competence.</p> <ul style="list-style-type: none"> <li>-In year 1 “students are introduced to the concept of reflective practice in theory as a teaching strategy “group reflection” and content as “the nature of reflection; reflection and nursing; reflective journals and diaries.”</li> <li>- Students are “allocated 4 hours per week protected time-out from service delivery for reflection and clinical supervision during supernumerary and rostered placements.”</li> <li>-“A collaborative exercise to link theory and practice.”</li> </ul> <p>(11) The concepts are part of the overall and individual unit learning outcomes and assessment strategies of the programme including formulation of formal essays; nursing care plans; critical incident analysis, research proposal and the submission of work demonstrating competence.</p> <ul style="list-style-type: none"> <li>- In year 1 “students are introduced to the concept of reflective practice in theory as a teaching strategy</li> </ul>			

DATABITS	BROAD CATEGORIES	HIGHER ORDER CATEGORIES	CORE CATEGORIES
<p>- Students are "allocated 4 hours per week protected time-out from service delivery for reflection and clinical supervision during supernumerary and rostered placements."</p> <p>- "A variety of models of reflection are utilised."</p> <p>- "Students utilise a model of their choice to complete some theoretical assessment."</p> <p>(12) The concepts are part of the curriculum design.</p> <p>- "Critical analysis technique is employed."</p> <p>- The concepts are articulated associated with the clinical placements content.</p> <p>(13) The concepts are part of the overall and individual unit learning outcomes and assessment strategies of the programme including formulation of formal essays; nursing care plans; critical incident analysis, research proposal and the submission of work demonstrating competence.</p> <p>- "Significant support required in terms of clinical facilitation of this process. While this is identified in the curriculum (p.13) it was not experienced in reality...students are afforded the time for reflection however in many areas registered nurses find facilitating this difficult."</p>			
<p><b>3.2.2.11</b></p> <p>(1) No evidence found</p> <p>(2) Students complete one elective module in year 3 semester 1 which may provide opportunity for travel. Criteria and mechanisms will be considered on an individual basis"</p> <p>Electives are literature or community based with one entitled 'nursing in developing worlds'</p> <p>(3) HEI has provision for elective placement. "Criteria and mechanisms for exchange will be considered on an individual basis."</p> <p>(4) No evidence</p> <p>(5) HEI has provision for elective placement. And inter-institution transfer.</p> <p>(6) No evidence found</p> <p>(7) Two large general hospitals associated with the HEI</p> <p>- Specialist placements in established approved hospitals (psychiatric, children's, midwifery)</p> <p>- Additional placements occur in other</p>	<p>Elective Module</p> <p>Elective Placement</p> <p>Nursing in Developing Worlds</p>	<p>Course Structure</p>	<p>Knowledge for Practice</p>

DATABITS	BROAD CATEGORIES	HIGHER ORDER CATEGORIES	CORE CATEGORIES
<p>health Board sites that were visited</p> <p>-“Congruence between the curriculum and the clinical sites.” “The value of nursing as a contributory factor to healing, well-being and the centrality of the patient with in the ...philosophy was realised in the individual units visited through the locally devised mission statements.”</p> <p>(8) College utilises the ‘Leonardo’ programme and this has been successful with exchanges in place. The International affairs coordinator in college liases with the programme</p> <p>(9) No evidence found</p> <p>(10) No evidence found</p> <p>(11) No evidence found</p> <p>(12) No evidence found</p> <p>(13) No evidence found</p>			
<p><b>3.2.3.1</b></p> <p>(1) Cursory reference to the approved practice placement is mentioned as a named institution in the curriculum</p> <p>- Two large general hospitals associated with the HEI</p> <p>- Specialist placements in established approved hospitals (midwifery, children’s, psychiatric)</p> <p>- Additional placements occur in sites that were visited by the ABA team to be approved</p> <p>- Roper Logan Tierney model of nursing care in 3 sites and, Nottingham model in one site</p> <p>- 2 sites don’t identify the name of model used</p> <p>- Learning is viewed as a continuous process for which responsibility is shared</p> <p>(2) Two large general hospitals associated with the HEI</p> <p>- Specialist placements in established approved hospitals (psychiatric)</p> <p>- Additional placements occur in other health Board sites that were visited by the ABA team</p> <p>- Philosophy of nursing addresses concepts of “caring, dignity, health orientation, and the person as an individual.”</p> <p>- Roper, Logan, Tierney model of nursing care in both institutions</p> <p>(3) One large general hospital associated with the HEI</p> <p>- Specialist placements in established approved hospitals (psychiatric)</p>	<p>Models of Nursing Specialist Placement</p> <p>Philosophy of nursing</p> <p>Teaching beliefs</p> <p>Philosophy of nursing</p> <p>Nursing process</p> <p>Clinical placements</p> <p><b>Up-to-date law</b></p> <p>Interpretation of theory and practice</p>	<p>Curriculum Values</p>	<p>Knowledge for Practice</p>

DATABITS	BROAD CATEGORIES	HIGHER ORDER CATEGORIES	CORE CATEGORIES
<p>- Additional placements occur in other health Board sites that were visited</p> <p>- Teaching team's beliefs about nursing include facilitation, caring, accountability, teamwork and collaboration and knowledgeable and clinically competent.</p> <p>(4) One large general hospital associated with the HEI</p> <p>- Specialist placements in established approved hospitals (psychiatric)</p> <p>- Additional placements occur in other health Board sites that were visited by the ABA team to be approved</p> <p>- Objectives of placements reflective of ABA objectives</p> <p>- "The nursing process is utilised with the Roper Logan and Tierney model of nursing care. Evidence of team nursing and the utilisation of a triage system are evident."</p> <p>(5) Two large general hospitals associated with the HEI</p> <p>- Specialist placements in established approved hospitals (psychiatric, paediatrics and midwifery)</p> <p>- Additional placements occur in other health Board sites that were visited</p> <p>- Curriculum states, "the practice of nursing and clinical learning is an essential part of the nursing curriculum... "Structures and processes are needed to ensure the integration of theory and practice and effective collaboration between third-level nurse lecturers, students and clinical staff in the practice setting." How this is achieved is not articulated.</p> <p>- Beliefs about nursing include interactive caring process, teamwork and most up-to-date knowledge and skills based on a model of nursing which reflects the holistic nature of patient care</p> <p>(6) Three large general hospitals associated with the HEI</p> <p>- Specialist placements in established approved hospitals (psychiatric and midwifery)</p> <p>- Additional placements occur in other health Board sites that were visited</p> <p>- Holistic approach to care espoused. Roper et al model of nursing utilised in the three practice settings.</p> <p>(7) Two large general hospitals associated with the HEI</p> <p>- Specialist placements in established approved hospitals (psychiatric,</p>			

DATABITS	BROAD CATEGORIES	HIGHER ORDER CATEGORIES	CORE CATEGORIES
<p>children's, midwifery)</p> <ul style="list-style-type: none"> <li>- Additional placements occur in other health Board sites that were visited</li> <li>- "Congruence between the curriculum and the clinical sites." "The value of nursing as a contributory factor to healing, well-being and the centrality of the patient with in the ...philosophy was realised in the individual units visited through the locally devised mission statements."</li> </ul> <p>(8) One large general hospital associated with the HEI</p> <ul style="list-style-type: none"> <li>- Specialist placements in established approved hospitals (psychiatric, care of the elderly)</li> <li>- Objectives of placements reflective of ABA objectives</li> <li>- "Team nursing is the dominant approach to care delivery; however primary nursing is used in specialised areas."</li> <li>- RLT model and Orem used in the hospital. "All students exposed to both models and others within nursing theory and concepts sessions"</li> </ul> <p>(9) One large general hospital associated with the HEI</p> <ul style="list-style-type: none"> <li>- Specialist placements in established approved hospitals (psychiatric, care of the elderly)</li> <li>- Additional placements occur in other health Board sites that were visited by the ABA team to be approved</li> <li>- Objectives of placements reflective of ABA objectives</li> <li>- "The nursing process is utilised with the Roper Logan and Tierney model of nursing care and Orem's model. Clinical pathways being developed in some areas."</li> </ul> <p>(10) One large general hospital associated with the HEI</p> <ul style="list-style-type: none"> <li>- Specialist placements in established approved hospitals (psychiatric, care of the elderly)</li> <li>- Additional placements occur in other health Board sites that were visited by the ABA team to be approved</li> <li>- Objectives of placements reflective of ABA objectives</li> <li>- "Staff advocates a philosophy based on caring, competence, commitment and respect."</li> <li>- "The Activities of Daily Living model is utilised. A modified form of team nursing is employed"</li> </ul>			

DATABITS	BROAD CATEGORIES	HIGHER ORDER CATEGORIES	CORE CATEGORIES
<p>(11) One large general hospital associated with the HEI</p> <ul style="list-style-type: none"> <li>- Specialist placements in established approved hospitals (psychiatric, care of the elderly)</li> <li>- Additional placements occur in other health Board sites that were visited by the ABA team to be approved</li> <li>- Objectives of placements reflective of ABA objectives</li> <li>- "A systematic approach to nursing care is utilised with the Roper Logan and Tierney model of nursing care."</li> <li>- "Focussed care planning is employed to enhance the social and psychological dimensions of the programme."</li> </ul> <p>(12) One large general hospital associated with the HEI</p> <ul style="list-style-type: none"> <li>- Specialist placements in established approved hospitals (psychiatric, care of the older person)</li> <li>- Additional placements occur in other health Board sites that were visited by the ABA team to be approved</li> <li>- objectives of placements reflective of ABA objectives</li> <li>- "The nursing process is utilised with the Roper Logan and Tierney model of nursing care. Evidence of modified team nursing and the utilisation of patient allocation evident."</li> </ul> <p>(13) One general hospital associated with the HEI with 5 other sites used to achieve the experiences required</p> <ul style="list-style-type: none"> <li>- Specialist placements in a number of sites requiring approval from ABA</li> <li>- Additional placements occur in other health Board sites that were visited by the ABA team to be approved</li> <li>- Objectives of placements reflective of ABA objectives</li> <li>- "The Roper Logan and Tierney model of nursing care" underpins the "standardised care plans."</li> </ul>			
<p><b>3.2.3.3</b></p> <p>(1) Programme plan identifies areas of clinical learning. Specialist placements can occur throughout the programme and do not appear according to the curriculum to be organised to match theoretical input for all students see sub question 3.2.1.1</p> <ul style="list-style-type: none"> <li>- "Learning is oriented toward clinical practice, professional development and personal growth. Adult education</li> </ul>	<p><b>Programme Plan</b></p> <p>Special placement Learning oriented to clinical practice Professional development and personal growth</p>	<p>Curriculum Continuing Education</p>	<p>Knowledge for Practice</p>

DATABITS	BROAD CATEGORIES	HIGHER ORDER CATEGORIES	CORE CATEGORIES
<p>philosophy underpins the educational process and structure.”</p> <p>(2) Curriculum outlines a philosophy and plan whereby placement in the practice setting is considered central to students’ examination of the relevance and applicability of content explored in class to practice.</p> <ul style="list-style-type: none"> <li>- Development of a “competent, caring, confident adult based on a reflective approach to learning”</li> </ul> <p>(3) Curriculum outlines a philosophy and plan whereby placement in the practice setting is considered central to students’ examination of the relevance and applicability of content explored in class to practice.</p> <ul style="list-style-type: none"> <li>- “Placement in the practice setting is considered central to this examination as the practice setting provides students with the opportunity to test out theory in the reality of practice.”</li> </ul> <p>(4) Curriculum outlines a philosophy and plan whereby taught clinical placements are an integral part of the programme. Placement in the practice setting is considered central to students’ examination of the relevance and applicability of content explored in class to practice.</p> <ul style="list-style-type: none"> <li>- Progressive development included in the expectations of each clinical placement opportunity.</li> </ul> <p>(5) Curriculum outlines, “nursing students need exposure to practice through a range of placements in different settings in which care is delivered.”</p> <ul style="list-style-type: none"> <li>- Programme involves a strong emphasis on the practice of nursing and on an integrated curriculum design. The “proximity between classroom teaching and experiences in nursing practice, relating to particular issues, will enhance the potential for integration between the two.”</li> </ul> <p>(6) Students are viewed as central to their own learning.</p> <ul style="list-style-type: none"> <li>- “A wide range of academic and academic/clinical higher education based courses is being supported.”</li> </ul> <p>(7) A team and partnership approach will be applied when assessing the student nurse, as the assessors will consult with colleagues in determining the student nurses’ competence. Clinical nurse managers, nurse tutors and third-</p>	<p>Curriculum philosophy – need for exposure to practice through a range of placements</p> <p>Proximity between classroom teaching and experiences in nursing practice</p>		

DATABITS	BROAD CATEGORIES	HIGHER ORDER CATEGORIES	CORE CATEGORIES
<p>level institution will agree on the assessment process.”</p> <p>(8) Curriculum outlines a philosophy and plan whereby taught clinical placements are “an opportunity to consolidate nursing theory and practice in preparation for her role as a registered practitioner.” Placement in the practice setting is considered central to students’ examination “when students are facilitated to reflect on their experiences.”</p> <p>- Progressive development included in the expectations of each clinical placement opportunity.</p> <p>(9) Curriculum outlines a philosophy and plan whereby taught clinical placements are an integral part of the programme. Placement in the practice setting is considered central to students’ examination of the relevance and applicability of content explored in class to practice.</p> <p>- Progressive development included in the expectations of each clinical placement opportunity.</p> <p>- Philosophy “developed through consultation.”</p> <p>(10) Curriculum outlines a philosophy and plan whereby taught clinical placements are an integral part of the programme. Placement in the practice setting is considered central to students’ examination of the relevance and applicability of content explored in class to practice.</p> <p>- Progressive development included in the expectations of each clinical placement opportunity</p> <p>(11) Curriculum outlines a philosophy and plan whereby taught clinical placements are an integral part of the programme. Placement in the practice setting is considered central to students’ examination of the relevance and applicability of content explored in class to practice.</p> <p>- Progressive development included in the expectations of each clinical placement opportunity.</p> <p>-“Learning is viewed as a life-long process, it is seen as a participative active and an enabling/empowered process.”</p> <p>(12) Curriculum outlines a philosophy and plan whereby taught clinical placements are an integral part of the</p>			

DATABITS	BROAD CATEGORIES	HIGHER ORDER CATEGORIES	CORE CATEGORIES
<p>programme. Placement in the practice setting is considered central to students' examination of the relevance and applicability of content explored in class to practice.</p> <p>(13) Curriculum outlines a philosophy and plan whereby taught clinical placements are an integral part of the programme. Placement in the practice setting is considered central to students' examination of the relevance and applicability of content explored in class to practice.</p>			
<p><b>3.2.3.4</b></p> <p>(1) Week 15</p> <p>(2) Year 1, semester 2 weeks 3-7</p> <p>- "Students also visit clinical area for four hours year 1 semester 1"</p> <p>(3) Year 1 Semester 1 four hours. Year 1 semester 2 week 3-7</p> <p>(4) Week 15</p> <p>(5) Week 17</p> <p>(6) Year 1 Semester 1 week 11 and 12 (2 weeks prior to Christmas)</p> <p>(7) January semester 2 year 1"</p> <p>(8) Week 15</p> <p>(9) "Day visits take place from week 3"</p> <p>- "First placements occur at week 11"</p> <p>(10) Week 15</p> <p>(11) Week 10</p> <p>(12) Week 10</p> <p>(13) Week 15</p>	<p>Semester 1 (x 1)</p> <p>Semester 2 (x 4)</p>	Curriculum	Knowledge for Practice
<p><b>3.2.3.5</b></p> <p>(1) Objectives available in each clinical area visited by team</p> <p>(2) Objectives available in each clinical area visited by team. Aim of nursing care is "to provide individualised holistic care to patients in a safe, friendly environment. The staff endeavours "to provide evidence-based care while maintaining the patients' privacy and dignity. Provision of care also includes the family..."</p> <p>- Primary method for delivery of nursing care is Primary Nursing</p> <p>(3) Objectives available in each clinical area visited by team</p> <p>- "Learning outcome are available in each clinical area to promote and support student learning during placement."</p> <p>(4) Objectives available in each clinical area visited by team</p> <p>- "CPC's are to be commended for their</p>	<p><b>Objectives available</b></p> <p>Aim of Nursing Care</p> <p>Primary Nursing Learning Outcomes</p> <p>CPC's</p>	Curriculum Continuing Education Values	Knowledge for Practice

DATABITS	BROAD CATEGORIES	HIGHER ORDER CATEGORIES	CORE CATEGORIES
<p>work in the creation and development of a quality learning environment for the students' practice placement experience."</p> <p>(5) Objectives available in each clinical area visited by team -“Learning outcome are available in each clinical area to promote and support student learning during placement.”</p> <p>(6) Objectives available in each clinical area visited by team “developed with each clinical site experiences at the forefront.”</p> <p>(7) Commended for the coordinated and evidence based approach to the development of policies protocols and guidelines.”</p> <p>(8) Objectives available in each clinical area visited by team -“Considerable evidence of documentary development in clinical practice” -“Evidence that clinicians and their experiences are central to change.”</p> <p>(9) Objectives available in each clinical area visited by team -“Groups develop policies that are pertinent to specific areas.”</p> <p>(10) Objectives available in each clinical area visited by team -“Care planning documentation was reviewed in 1998 and is audited annually.”</p> <p>(11) Objectives available in each clinical area visited by team -“Modified team nursing in existence.”</p> <p>(12) Objectives available in each clinical area visited by team</p> <p>(13) Objectives available in each clinical area visited by team</p>			
<p><b>3.2.3.6</b></p> <p>(1) Students reported knowing of the learning outcomes</p> <p>(2) Learning outcomes were jointly identified by the nurse practitioners, clinical placement co-ordinators, and nurse lecturers. All nurses are offered an opportunity to complete a course to prepare them for the role of preceptor. Students reported knowing of the learning outcomes</p> <p>(3) Learning outcomes were jointly identified by the nurse practitioners, clinical placement co-ordinators and nurse lecturers. All nurses are offered an opportunity to complete a course to prepare them for the role of preceptor.</p>	<p>Learning outcomes <b>Nurse Practitioners jointly identified role of preceptor</b></p>	<p>Curriculum</p>	<p>Knowledge for Practice</p>

DATABITS	BROAD CATEGORIES	HIGHER ORDER CATEGORIES	CORE CATEGORIES
<p>Students reported knowing of the learning outcomes</p> <p>(4) Learning outcomes were jointly identified by the nurse practitioners, clinical placement co-ordinators and nurse lecturers. All nurses are offered an opportunity to complete a course to prepare them for the role of preceptor. Students reported knowing of the learning outcomes</p> <p>(5) Learning outcomes were jointly identified by the nurse practitioners, clinical placement co-ordinators and nurse lecturers. All nurses are offered an opportunity to complete a course to prepare them for the role of preceptor. Students reported knowing of the learning outcomes</p> <p>(6) "There are core objectives for each year of the programme and specific objectives for specialist areas Students reported "a structured orientation is utilised within the clinical setting."</p> <p>(7) An audit of care planning was completed. There is a major emphasis within the hospital on auditing the nursing documentation and changes are then instigated following audit results."</p> <p>(8) Learning outcomes were jointly identified by the nurse practitioners, clinical placement co-ordinators and nurse lecturers. -"60% staff have completed ENB 998" -"Ward based sessions are provided in relation to mentoring."</p> <p>(9) Learning outcomes were jointly identified by the nurse practitioners, clinical placement co-ordinators and nurse lecturers. -"Teaching and assessing courses are held frequently."</p> <p>(10) Learning outcomes were jointly "evident within the curriculum and in each clinical site visited." -"evidence of clinical staff central to the development of clinical learning objectives/outcomes"</p> <p>(11) Learning outcomes were jointly identified by the nurse practitioners, clinical placement co-ordinators and nurse lecturers. All nurses are offered teaching and assessing course. -"Student orientation is provided"</p> <p>(12) Learning outcomes were jointly identified by the nurse practitioners, and nurse lecturers. -"Available access and support for</p>			

DATABITS	BROAD CATEGORIES	HIGHER ORDER CATEGORIES	CORE CATEGORIES
<p>continuing professional</p> <p>(13) Learning outcomes were jointly identified by the nurse practitioners, clinical placement co-ordinators and nurse lecturers. All nurses are offered various courses to prepare them for the role of preceptor.</p>			
<p><b>3.2.3.7</b></p> <p>(1) Students identified CPC as good support</p> <ul style="list-style-type: none"> <li>- Number of CPC's not captured by reports</li> </ul> <p>(2) Students identified CPC as good support</p> <ul style="list-style-type: none"> <li>- 7 CPC's associated with two main clinical sites</li> <li>- Link tutor also available</li> </ul> <p>(3) Students identified CPC as good support</p> <ul style="list-style-type: none"> <li>- Number of CPC's not identified</li> <li>- "Each clinical placement setting has a named clinical placement coordinator."</li> </ul> <p>(4) Students identified CPC as good support</p> <ul style="list-style-type: none"> <li>- Number of CPC's not identified</li> <li>- Students and staff were critical of the lack of nurse lecturer involvement in the clinical practice environment.</li> </ul> <p>(5) Students identified CPC as good support</p> <ul style="list-style-type: none"> <li>- Number of CPC's not identified</li> <li>- "Each clinical placement setting has a named clinical placement coordinator."</li> </ul> <p>(6) Students identified CPC as good support</p> <ul style="list-style-type: none"> <li>- Number of CPC's not identified</li> </ul> <p>(7) CPC's have 30 students each and 6 areas approx."</p> <ul style="list-style-type: none"> <li>- "Each clinical placement setting has a named clinical placement coordinator."</li> </ul> <p>(8) Students identified CPC as good support</p> <ul style="list-style-type: none"> <li>- Number of CPC's not identified</li> <li>- "Named CPC link system in existence."</li> </ul> <p>(9) Students identified CPC as good support</p> <ul style="list-style-type: none"> <li>- 4 CPC's identified at site visit</li> <li>- "Considerable support from practitioners, nurse managers, the clinical development coordinator."</li> </ul> <p>(10) A named CPC is linked to every internal and external placement.</p> <ul style="list-style-type: none"> <li>- No number of CPC's found</li> </ul> <p>(11) Students identified CPC as good support</p> <ul style="list-style-type: none"> <li>- Number of CPC's not identified</li> </ul>	<p>CPC's link Tutor</p> <p>Named CPC</p> <p>Nurse Lecturer involved</p>	<p>Continuing Education</p>	<p>Knowledge for Practice</p>

DATABITS	BROAD CATEGORIES	HIGHER ORDER CATEGORIES	CORE CATEGORIES
<p>(12) Students identified CPC as good support</p> <ul style="list-style-type: none"> <li>- Number of CPC's not identified</li> <li>- Staff "welcome students who they indicate contribute to shared learning."</li> </ul> <p>(13) Students identified CPC as good support</p> <ul style="list-style-type: none"> <li>- Number of CPC's not identified</li> <li>- Some flexibility has been introduced in relation to the specific lecturing hours of staff ...for improvement in the area of creating worthwhile links with the clinical areas.</li> </ul>			
<p><b>3.2.3.9</b></p> <p>(1) Students report they are assigned to a registered nurse shift by shift</p> <ul style="list-style-type: none"> <li>- Ratio can however be 2 students to 1 RGN when student cohorts overlap.</li> <li>- Students report satisfaction with clinical support they receive.</li> </ul> <p>No evidence collected regarding 24 hour shift</p> <p>(2) Students report they are assigned to a registered nurse shift by shift</p> <ul style="list-style-type: none"> <li>- Ratio can however be 6/7 students to 4 RGN's when student cohorts overlap.</li> <li>- Students report satisfaction with clinical support they receive</li> <li>- No evidence collected regarding 24 hour shift</li> </ul> <p>(3) Students report they are assigned to a registered nurse shift by shift</p> <ul style="list-style-type: none"> <li>- Students report satisfaction with clinical support they receive</li> </ul> <p>(4) Students report they are assigned to a registered nurse shift by shift</p> <ul style="list-style-type: none"> <li>- 1:1 ratio</li> <li>- Students report satisfaction with clinical support they receive</li> </ul> <p>(5) Students report they are assigned to a registered nurse shift by shift</p> <ul style="list-style-type: none"> <li>- Students report satisfaction with clinical support they receive</li> </ul> <p>(6) Students report satisfaction with clinical support they receive</p> <ul style="list-style-type: none"> <li>- Ratio is "Largely 1:1. Problems are experienced particularly during ht afternoon shift, but largely the ration is maintained."</li> </ul> <p>ABA put in a condition that "an audit be conducted on the impact of supervising nurses on the return to practice and orientation/assessment on the creation of a quality learning environment for students."</p> <p>(7) "Most clinicians agreed that the ratio</p>	<p>Registered nurse shift by shift</p> <p>Two students to One RGN</p> <p>Satisfaction with Clinical Support</p>	<p>Continuing Education</p>	<p>Knowledge for Practice</p>

DATABITS	BROAD CATEGORIES	HIGHER ORDER CATEGORIES	CORE CATEGORIES
<p>is usually 1:1 the ratio is audited continuously...on occasion the ratio can be 4:6 in general areas but this now less common."</p> <p>(8) "This varies in some units visited a 1:1 ratio exists however in some of the larger general wards there were concerns expressed and some wards are experiencing too many students per allocation."</p> <p>(9) "The teaching and management staff were anxious to inform the team that students are supervised on a 1:1 ratio."</p> <p>(10) Students report they are assigned to a registered nurse shift by shift</p> <p>- "Always 1:1 ratio"</p> <p>- "There are usually 3 students per shift there are usually 4 registered nurses in the AM and 3 in the PM"</p> <p>(11) The ratio varied. ITU no problem; A+E there was a problem with too many students being allocated (6); surgical wards indicated largely 1:1 but at times could go to 5:6</p> <p>(12) Students report they are assigned to a registered nurse shift by shift</p> <p>- Ratio of 1:1 is achieved</p> <p>- Students report satisfaction with clinical support they receive</p> <p>(13) Students report they are assigned to a registered nurse shift by shift</p> <p>- 1:1 ratio</p> <p>- Students report satisfaction with clinical support they receive</p>			

## APPENDIX G

### Guiding Questions for the Focus Group Discussion

## **APPENDIX G**

### **GUIDING QUESTIONS FOR THE FOCUS GROUP DISCUSSION WORKSHOP 2**

What processes does the regulator need to develop in order to fulfil its regulatory function in relation to:

**Governance?**

What processes does the regulator need to develop in order to fulfil its regulatory function in relation to:

**Quality in Education?**

What processes does the regulator need to develop in order to fulfil its regulatory function in relation to:

**Knowledge for Practice?**

## APPENDIX H

### Principles of Regulatory Governance Discussed with the Focus Group

PRINCIPLES OF REGULATORY GOVERNANCE DISCUSSED WITH THE  
FOCUS GROUP

DEFINITIONS

<b>Accountability</b>	That is the extent to which the standards support fair, open, efficient and effective appeals procedures ( <i>Dept. of the Taoiseach 2004</i> ).
<b>Relatedness</b>	That is the extent to which the standards direct that the components of a programme support and build on other parts, thereby promoting or negating the achievement of goals. The components are curriculum, the teaching of nursing, research, clinical practice and professional activities and administration. The quality of the programme is a measure of internal consistency ( <i>adapted from CAUSN 1995</i> ).
<b>Consistency</b>	That is the extent to which the standards support structural consistency i.e. the same approach in relation to production of reports and requirements apply to all parties. That all issues emerging from the regulation of programmes are addressed consistently by ABA to ensure greater confidence in the system, greater transparency in decision-making and promote greater efficiency between the function of ABA and the educational accreditation authorities ( <i>Adapted from Dept. of the Taoiseach 2004</i> ).
<b>Uniqueness</b>	That is the extent to which the standards direct that a programme capitalises on the unique characteristics of its resources (faculty, community values, and financial support) within its particular setting ( <i>adapted from CAUSN 1995</i> ).
<b>Relevance</b>	That is the extent to which the standards direct that the mission and goals of a programme reflect a response to the major trends in society that impact on the health needs, present and future of the larger community ( <i>adapted from CAUSN 1995</i> ).
<b>Proportionality</b>	That is the extent to which there is a balance between the advantages the approval system provides against the constraints it imposes ( <i>Dept. of the Taoiseach 2004</i> ).
<b>Effectiveness</b>	That is the extent to which the Requirements and Standards are clear and achievable and the extent to

which they are complied with (*adapted from Dept. of the Taoiseach 2004*).

## **Compliance Questions**

Has the issue of compliance with the regulation been fully considered?

What are the compliance costs and who is most affected by them?

How can these costs be minimised?

Has consideration been given to how enforcement can be improved?

What criteria for success will be put in place?

What methods of enforcement will be or are being applied?

Is it obvious where full compliance has been achieved?

Are there enforcement costs involved and who will bear them?

Has attention been given to enforcement issues with respect to technological advances?

*(Dept. of the Taoiseach 2004 p.18)*

## **Necessity**

That is the extent to which the standards demonstrably benefit the public by assuring the quality of the education programme and therefore the quality of graduate nurses from the programme (*adapted from the Dept. of the Taoiseach 2004*).

That is the extent to which the standards direct the programme teaches the student that the primary responsibility in nursing is to the client, community, family and individual (*adapted from CAUSN 1995*).

## **Transparency**

That is the extent to which the standards support clarity and openness in the operation of an approval system that supports the safety of the public in relation to the graduates of the programme. The document is written in a style that is unambiguous provides clarity, simplicity and accuracy (*Dept. of the Taoiseach 2004*).

## APPENDIX J

### Workshop Two Notes from the Focus Group

## WORKSHOP 2 NOTES FROM THE FOCUS GROUP

### GOVERNANCE

Management structures of programme  
What does it mean? What constitutes governance?  
Its remit needs to be clear and explicit  
Organising the programme – including resources  
Do the board give frame of reference for committee?  
Produce terms of reference for the production of a self-audit  
Judgement and accreditation  
ABA review of self-audits annually to show examples of best practice  
Protecting the public  
Compulsory self-audit  
Protect the clinical component and ring fence the governing of it  
Uneasy alliance between ABA and the university  
Introduce state exam for levels of knowledge an MCQ in English  
State exam to determine levels of knowledge  
Clinical practice an essential component but what skill level governing clinical practice?  
Cost of governance  
Resources moved from visits to exams  
Movement and accessibility to the theoretical element of programme  
Clinical placements are tight and are a valuable but restricted commodity that needs to be protected  
Access practice in more innovative areas  
Non-traditional areas are valuable but there are problems with supervisors in getting a named supervisor  
Competency assessment tool gave problems in assessing a student  
Clinical practice expanded and developed with support for professional development  
Should be looking at demographics and population health needs  
No primary health network  
Population health need knowledge-based programme  
Currently educating in a system that we hope will change but we hope will change and no evidence that it is done I mean institutionally based should be for reality of today  
Knowledge for population based health care  
Policy initiatives of self-audit the why, what when etc. for the clinical component  
Enforcement penalties need to address non-compliance  
If compulsory need sanctions for non-compliance  
There should be charges  
Name and shame to protect the public and publish the report  
Write a report annually and develop what are the reports and the cost of regulation and random visiting inspection and randomly selected  
Action plans and guidance on areas for improvement  
Should we have penalties I mean withdrawal of approval?

League tables on the basis of results from the state exam, the number of registered staff and ratio of teachers, numbers of masters students and PhD's  
Clinical staff profile and support for students and their preparation  
Slippage in the student support structures I mean the qualification of CPC's  
Public involvement  
Judgement and accreditation  
Ring fence "professional time"  
Academic changes

## QUALITY IN EDUCATION

Do you have an outcome based system or a modular one?  
Components of the programme should be clear  
Are there special themes to allow for transferability of students and incremental learning?  
Ideas of best practice monitor and share  
Institutions must complete self-audit in relation to academic and clinical practice quality  
Curriculum written in a standardised format  
Resources such as the library for the School of Nursing should be submitted in the self-audit  
There should be an inventory of the clinical skills resources with self-audit and annually updated  
Students should evaluate and this should be made available in a structured format to ABA  
Self-audit outline the specifics of assessment in the time taken to do it or the amount of words in the assignment  
QAQI outline these and the results are transparent and explicit  
Monitor other mechanisms for example meeting personal tutor  
Engaging in scholarly activity like using the library and exam results  
How do HEI's monitor scholarly activity and support it  
Pay for the state exam  
Get too much free don't value it  
No national standard anymore  
Modularisation students will pay for failed modules  
Monitor clinical placements but students still don't pass on attendance  
Making up time the new debate  
I've changed my mind on this one used to think they should not be monitored but am tired going into class with only half of them in there  
Board should develop frame of reference of quality in education may replicate the HEI current structures and system  
Need something on clinical education  
Annual report doesn't talk about clinical area  
Clinical areas make a report on the QAQI for student learning in our institution  
Link it to national Accreditation system  
Collaborative mode with other accreditation systems  
Nurse education centres collaborating about clinical learning  
Practice development utilised to develop and brought into take responsibility for clinical learning environment

Frame of reference for uniqueness of the individual programme and key in the frame is the local needs to be adapted in the curriculum for each institution  
Students should get proper academic holidays and status in college  
There are complications in merging two systems I mean the theory and clinical and fitting in all the requirements

## **KNOWLEDGE FOR PRACTICE**

Should the curriculum specify outcomes as in the a complete competence based system and thereby integrate the parts  
We need terms of reference for the curriculum that is the mission, goals  
I wasn't to see nursing theory in the curriculum  
Need to seriously consider the path for modularisation  
Clinical practice doesn't fit into modularisation  
Some schools have semesterisation  
Scope for developing some sort of academic engagement in the clinical arena  
Evidenced based knowledge for practice to see trends on society and changes in population health needs  
Collaborative modes of teaching with other health professionals we need guidelines for this development and supervision in clinical areas and guidelines for same  
Involvement of the public in determining knowledge for practice as one of the stakeholders locally in developing curriculum and the structures they would like to see a regulator managing  
Theoretical basis for nursing to be made explicit  
EU directive to be made explicit in relation to nursing  
Don't need to worry about stipulating the requirements in relation to assessment other than to get confirmation that it meets HEI systems  
The state exam and clinical competence assurity / bond is the only mechanism for live register  
Should be interconnectivity the knowledge for practice on the aims and objectives of the programme?  
Mission and local context and evidence  
Curriculum should reflect the uniqueness of local need

# APPENDIX K

## Letter Requesting Access

LETTER REQUESTING ACCESS

71 Trimleston Gardens  
Booterstown  
Co. Dublin

Phone: 01 2692367  
E-mail: pamryan@indigo.ie

31<sup>st</sup> January 2005

Mr. Eugene Donoghue  
Chief Executive Officer  
An Bord Altranais  
31/32 Fitzwilliam Square  
Dublin 2.

Dear Mr. Donoghue,

As you are aware I am currently undertaking PhD studies with Dublin City University in the Department of Education Studies. My supervisor is Dr. Gerry McNamara, head of department. The title of the study is an "Exploration and Identification of Curriculum Developments in Irish Pre-registration General Nurse Education 2000-2004 from the perspective of Self Regulation." The short title is "A regulatory approach to evaluation of the pre-registration general nursing programme."

The study proposes, mainly through documentary analysis, to evaluate general nurse education programmes in Ireland from 2000 to 2004. This study seeks to illuminate the current educational programmes within a regulatory context and from this data develop an evaluation approach for the regulator, which supports existing innovations in general nurse education. I am writing to you seeking access to education programme documentation of An Bord Altranais in respect of the thirteen higher education institutions offering general nurse education between the period 2000 and 2005 to conduct the study. I set out the background intentions of the study and an outline of the methodology to be utilised that you may wish to consider in the enclosed.

If you would like to discuss any issue in relation to this request please do not hesitate to contact me.

Thank you for considering the request.

Yours sincerely,

Anne-Marie Ryan

# APPENDIX L

## Letter Requesting Ethical Approval

**APPENDIX L**

**LETTER REQUESTING ETHICAL APPROVAL**

71 Trimleston Gardens  
Booterstown  
Co. Dublin

Phone: 01 2692367  
E-mail: pamryan@indigo.ie

31<sup>st</sup> January 2005

Mrs. Anne Carrigy  
President of An Bord Altranais  
Chair of Ethics Committee  
An Bord Altranais  
31/32 Fitzwilliam Square  
Dublin 2.

Dear Mrs Carrigy,

As you are aware I am currently undertaking PhD studies with Dublin City University in the Department of Education Studies. My supervisor is Dr. Gerry McNamara, head of department. The title of the study is an Exploration and Identification of Curriculum Developments in Irish Pre-registration General Nurse Education 2000-2004 from the perspective of Self Regulation. The short title is "A regulatory approach to evaluation of the pre-registration general nursing programme."

The study proposes, mainly through documentary analysis, to evaluate general nurse education programmes in Ireland from 2000 to 2004. This study seeks to illuminate the current educational programmes within a regulatory context and develop an evaluation approach for the regulator, which supports existing innovations in general nurse education. I am writing to you seeking ethical approval to conduct the study. I set out, in the enclosed, the background intentions of the study and an outline of the methodology to be utilised, that the ethics committee may wish to consider.

If you or the committee would like to discuss any issue in relation to any of the enclosed please do not hesitate to contact me.

Thank you and the committee for considering the request.

Yours sincerely,

Anne-Marie Ryan

## APPENDIX L (B)

Summary Outline of PhD Study  
(Enclosure with letter requesting Ethical Approval)

**SUMMARY OUTLINE OF PhD STUDY**

**Submitted by Anne-Marie Ryan RGN, RNT, BNS, MSc, FFNMRSCI**

**Title of Thesis**

Exploration and Identification of Curriculum Developments in Irish Pre-registration General Nurse Education 2000-2004 from the perspective of Self Regulation.

**Short Title**

A regulatory approach to evaluation of the pre-registration general nursing programme.

**Aim of the Study**

Develop a culturally relevant framework for programme approval that embraces the concerns and mission of An Bord Altranais.

**Background to the Study**

This study was commenced in the context of major reform of nurse education in Ireland. The reform of the structure and accreditation of programmes and the mechanism of delivery of nurse education programmes are being explored in the context of the reform of the health services and associated reports and the education sector as it impacted on the provision of professional education.

These changes posed some challenges for regulatory management of programmes and required an overhaul of regulatory mechanisms. Together with a shift in ideology from one of prescription and control to one of an all-embracing philosophy associated with the post-modernist paradigm. This shift required the regulator, An Bord Altranais, to set standards for the curriculum; the third-level institution; the clinical experience; the assessment process and the external examiner. The implication of this was a need to trust the authorities of the stakeholders to identify achievement of

competencies at the completion of a course. This confers eligibility of candidates to apply to enter a name on the Register of Nurses.

In summary Nurse and Midwifery education has embraced radical change during the last decade. During this time pre-registration nurse education has developed from a three-year hospital based certificate programme through a third level/health care institution partnership diploma programme to a four-year BSc Nursing degree. The profession has welcomed these changes and in order to understand the current programmes of registration/diploma to registration/degree from 2000 and 2004 it is necessary to understand the current general nursing programmes from the perspective of regulatory obligation.

### **Context**

The Nurses' Act 1985 provides the statutory framework for nursing in Ireland through which An Bord Altranais sets standards for the education and training of nurses and the continuing education of registered nurses. Through rules it provides for the approval of higher education institutions and of hospitals and health care institutions providing training to ensure that valuable clinical and theoretical experience is provided. Under Section 34 of the Nurses Act, 1985 the Board is required to satisfy itself as to the adequacy and suitability of hospitals and institutions for nurse education and training at least once every five years. This process includes curricular review. Nurse education and training programmes have been legislated for in the state since 1919. Legislative review occurred a number of times with the principle changes occurring in 1950 and 1985. The Nurses' Act 1985 saw significant reform for nurses with the concept of self-regulation being embraced for and by the profession.

Nurse education in Ireland has undergone significant reform since 1994 when the first academically accredited Registration/Diploma in nursing programme was commenced. An independent external evaluation using a case study approach was undertaken to evaluate the initial change to the Registration/diploma programme (Simmons *et al* 1998). Since that time further developments emanating from the Report of the Commission on Nursing (1998) have included the implementation on an all country basis of a Registration/Degree nursing programme in conjunction with thirteen Higher Education Institutions in September 2002. An Bord Altranais (Irish

Nursing Board) published Requirements and Standards for Nurse Education Programmes (1999, 2000) that also identified the outcomes that the programmes of preparation should achieve for each student. The curriculum must represent the realities of the world of nursing and take account of major problems and issues of current practice while appreciating the needs of future practice requirements and skills sets.

The aim of the registration/degree programme is to ensure that students acquire the skills of:

- Critical analysis.
- Problem solving.
- Decision-making.
- Reflective skills.
- Abilities essential to the art and science of nursing (ABA 2000).

Learning the practice of nursing is an integral part of the nursing curriculum. The need to prepare clinical staff to assume a teaching role in relation to student nurses was identified by a number of reports. Understanding how existing practitioners may achieve this poses a number of practical considerations for the clinical area where students learn the practice of nursing with Registered Nurses' as their mentors.

### **Research Approach**

A curriculum evaluation approach was chosen to effect this study. Curriculum evaluation approaches were examined and from a number of possibilities a mixture of functional and critical approaches were chosen, namely Allen (1977), Alkin (1979, 2004), Kirkpatrick (1998) and Stufflebeam (2002, 2003, 2004). I propose to use these to guide, focus and frame the evaluation. The aim of this method is to "appreciate context" (Alkin 2004), "interpret intended practices, institutional procedures, reactions and management problems" (Kirkpatrick 1998), "assess the implementation of plans to help staff carry out activities" (Stufflebeam 2004) judged against the values of "relevance, relatedness and accountability" (Alkin 1977) in ways that are recognisable and useful to the regulator which can direct future evaluation

approaches. In essence this study has a functional orientation to stimulate, strengthen and improve the regulatory activity of programme approval systems.

In identifying and exploring the issue the curricula of thirteen higher education institutions will undergo documentary analysis, as will the reports of site visits and other pertinent documentation. It is acknowledged that curricula are futures directed but a mechanism is required to achieve the development of professional understandings of practice. It is proposed to analyse the data maintained by the regulator from the 13 Higher Education Institutions (HEI's) offering the general nurse Registration/Diploma and Registration/Degree programme.

### **Brief Outline of Project**

An in-depth literature review has informed the project.

I propose to create an evaluation matrix based on a number of evaluation approaches that is underpinned by a regulatory theoretical understanding.

The context, inputs, and process of the programmes of the thirteen HEI's offering the pre-registration programme between 2000 and 2004 will be examined for patterns and comparisons in an anonymous and confidential manner in order to develop an insight and understanding of the current programmes and the evaluation needs of the regulator for future developments.

### **What Method of Analysis will be used?**

Post-modern research approaches emphasise the plural nature of reality, the multiple positions from which it is possible to view any aspect of reality including health care, and the partial nature of any representation of reality that arises from any form of writing/speaking that attempts to explore, describe or explain that reality (Cheek, 2000, p.5). It challenges that it is possible to represent reality, speak for others, make truth claims and attain universal essential understandings (Cheek, 2000, p. 5).

In respecting the opinion of Horsfall (1995) that "the research method should be consistent with the nature of the questions under investigation and the information gathered should be vigorously analysed" (p. 2 in Cheek 2000, p.1) this approach

offers a perspective for viewing the diverse situations in which the nursing curriculum occurs. Cheek (2000, p.34) suggests, “post-modern research approaches give the opportunity to ask such questions as why such organisational strategies exist, why they are maintained, and how they affect understandings of health and health care.” She further contends that the post-modern perspective allows for the analysis of why health care practices have been shaped in the way they are, and why certain players and practices have been relegated to the margins, often designated as “other” rather than “another”(p.35). Post-modern approaches to the systematically collected documentary and narrative data will operationalise the analysis and the “trustworthiness” (Guba and Lincoln 1985) of reporting the analysis.

### **Benefits of the Research**

The study will address the following questions –

1. How are the general nursing curricula meeting the programme philosophy, aims and outcomes?
2. How are the general nursing curricula meeting An Bord Altranais Standards and Requirements (An Bord Altranais 1999, 2000)?
3. How will the regulator evaluate the process of general nurse education?
4. How will the regulator develop a mechanism of social accountability and social inquiry for general nurse education?

### **Study Process**

It is envisaged that this study will contribute to An Bord Altranais educational review processes, as it will:

- Review the submitted curricula of the general nurse education programme across the thirteen higher Education Institutions in Ireland during the period 2000 and 2004
- Analyse the conditions for learning nursing as set out in curricular plans and the site visit reports
- Discern how students of general nursing are learning to nurse
- Discuss the implementation of the general nurse education programme as a response to the regulatory nursing health care needs of Ireland

- Formulate an approach for systematic, structured regulatory evaluation of general nursing programmes
- Prepare a report and make recommendations to An Bord Altranais to inform future evaluation policy developments and full programme reviews in pre-registration general nursing education

This will inform the regulatory body of a process of ensuring safe standards of preparation of general nurses.

### **Ethical Concerns**

It is appreciated that this study is an evaluative design and as such is of a non-invasive nature in relation to subjects and in essence the ethical concerns for the study of informed consent, right to privacy and protection from harm, are issues understood and respected by the researcher. House (1993) refers to “ethical fallacies” within evaluation research and identifies: clientism (the client’s interest is paramount); contractualism (the initial contract focuses the study); managerialism (the managers interest is paramount); methodologicalism (the use of a robust methodology abates ethical problems); pluralism/elitism (powerful stakeholders’ interests are paramount); and relativism (all viewpoints have equal status in the report).

The researcher is conducting this study to improve the effectiveness and efficiency of the current system. Cohen et al (2000) highlight the researchers’ dilemma of, on the one hand striking a balance between the demands of pursuing the truth and the potential risk of the participants’ rights and values. The participant in this case is An Bord Altranais where there is an examination of review systems and documentation. The systematic pursuit of truth in respect of the illuminations within the documentation will be pursued in an attempt to provide the regulator i.e. the Board, with an in-depth understanding of its role in regulating pre-registration education on a national basis. This study will follow the four main ethical principles of autonomy, benevolence, non-malificence and justice (Beauchamp and Childress 1994). Informed consent includes a detailed explanation of the study and the right to refuse to reveal information is respected by the researcher and is afforded to the Chief Executive

Officer of An Bord Altranais. Permission to access the data will be sought from the Chief Executive Officer.

### **Who has Control of the Data Generated?**

The Chief Executive of An Bord Altranais has control of access and release of the information sought. The researcher undertakes to respect the confidentiality of the data and the final report will take cognisance of the ethical responsibilities of the researcher.

### **Who will have Overall Responsibility for the Study?**

The researcher, Anne-Marie Ryan, will have sole responsibility for maintaining confidentiality of the study, the safe handling of materials, the ethical considerations and anonymity of sources and data.

### **Timescale**

It is envisaged that the project will be submitted for June 2006.

## APPENDIX M

Judgement of Compliance with Standards  
of An Bord Altranais (2000) of each Programme

## APPENDIX M

### JUDGEMENT OF COMPLIANCE WITH STANDARDS OF An BORD ALTRANAIS (2000) OF EACH PROGRAMME

The third level institution and health care institution is committed to providing nursing education programmes that demonstrate that the highest standards of professional education and training are in place.

Sub Questions of the Standard	Full Compliance	Partial Compliance	Non Compliance	Unknown
3.2.1.1. Are all statutory and regulatory requirements of An Bord Altranais and European Directives met?	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13			
3.2.1.2. Is there a mechanism for the third level institution and health care institution to respond to change effecting professional, educational, health, social and economic issues?	1, 2, 3, 5, 6, 7,	4, 8, 9, 10, 11, 12, 13		
3.2.1.3. Do the third level institution and health care institution keep appropriate records including records for the conferment of professional and academic awards?	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13			
3.2.1.4. Is the process for monitoring student attendance declared?	2, 3, 4, 6, 8, 9, 10, 11, 12, 13	1, 5, 7, 11		
3.2.1.5. Is the organisational structure supporting the management of the educational programme explicit?	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12,	13		
3.2.1.6. Is there a third level institution and health care institution nurse education committee, which includes representatives of the key stakeholders?	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 13	12		
3.2.1.7. Does the HEI make the role of the external examiner explicit in relation to the educational programme?	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13			

Sub Questions of the Standard	Full Compliance	Partial Compliance	Non Compliance	Unknown
3.2.1.8. Is the staff resource supporting the delivery of the educational programme at the stated professional and academic level?	2, 10,	1, 3, 4, 5, 6, 7, 8, 9, 11, 12, 13		
3.2.1.9. Is the ratio of registered nurse/midwife tutors to students (excluding Principal Tutors) 1:15?	5	1, 2, 3, 10, 11	4, 6, 13	7, 9, 12
3.2.1.10. Are the nursing/midwifery tutors without a teaching qualification employed for a maximum period of one year prior to commencing a teachers preparation programme leading to a qualification which satisfies the requirements for entry to the tutors division of the register maintained by An Bord Altranais?	10	9	4, 13	1, 2, 3, 5, 6, 7, 8, 11, 12
3.2.1.11. Are nursing/midwifery subjects developed and taught by registered nurses/midwives with appropriate professional, academic qualifications and teaching expertise in the subject matter?	2, 3, 6, 13	1, 5, 7		4, 8, 9, 10, 11, 12
3.2.1.12. To what extent are registered nurse/midwife tutors involved in clinical practice and its development?	9, 10	1, 2, 3, 5, 6, 7, 8, 11, 12, 13	4	
3.2.1.13. Is a mechanism for staff development which prepares staff to deliver the educational programme including the provision for maintaining nursing/ midwifery expertise and credibility identified?	7	1, 2, 3, 4, 5, 6, 8, 9, 10, 11, 12, 13		

Sub Questions of the Standard	Full Compliance	Partial Compliance	Non Compliance	Unknown
3.2.1.14. Do the third level institution and health care institution provide administrative and clerical support for all educational activity?	13	7		1, 2, 3, 4, 5, 6, 8, 9, 10, 11, 12
3.2.1.15. Are educational resources/facilities (including library, computer, audio-visual & accommodation) provided to meet the teaching and learning needs of the programme by the third level institution and health care institution?	5, 8, 10, 12	1, 2, 3, 4, 6, 7, 9, 11, 13		
3.2.1.16. Does the mechanism for student admission to the educational programme ensure that the stated entry requirements are met? Are the mechanism and conditions for students exiting the educational programme before completion explicit?	1, 2, 3, 4, 6, 8, 9, 12, 13	5, 10, 11		7
3.2.1.17. Following any interruption in the educational programme do the third level institution and the health care institution ensure that the student meets the educational programme requirements?	2, 3, 6, 8	1, 7, 9, 10, 11, 13	12	4, 5
3.2.1.18. Do student transfer arrangements ensure that the full requirements of the educational programme leading to registration will be completed?	2, 3, 5, 6, 13	1, 7, 9, 11,		4, 8, 10, 12
3.2.1.19. Is the mechanism for student support in relation to student services, facilities and academic guidance is explicit?	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13			

Sub Questions of the Standard	Full Compliance	Partial Compliance	Non Compliance	Unknown
3.2.1.20 Do the third level institution and health care institution provide an annual report on the educational programmes including the external examiner's report to An Bord Altranais?	3, 4, 5, 6, 7, 8, 11, 12	1, 2, 9, 13	10	
3.2.2.1 Are all statutory and regulatory requirements of An Bord Altranais and European directives adhered to?	1,2, 3, 5, 6, 7, 12	4, 8, 9, 10, 11, 13		
3.2.2.2 Is the curriculum design and development based on An Bord Altranais Requirements for Nurse Registration Education Programmes?	1, 2, 3, 4, 6, 7, 8, 9, 10, 11, 12, 13	5		
3.2.2.3 Is the curriculum design and development, led by registered nurse tutors, guided by professional nursing knowledge, which is evidence/research, based?	1, 2, 3, 5, 6, 8, 10	4, 7, 9, 11, 12, 13		
3.2.2.4 Does the curriculum development team comprise representative members of key stakeholders in nursing education and practice?	1, 2, 6, 9, 12	3, 4, 5, 7, 8, 10, 11, 13		
3.2.2.5 Is the curriculum strategically planned to demonstrate balanced distribution and integration of theory and practice, logical sequencing and progressive development of subjects over the educational programme?	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13			
3.2.2.6 Is the curriculum based on a range of teaching-learning strategies to assist the development of a knowledgeable practitioner and to equip students with the life-long skills for problem-solving and self-directed learning?	1, 2, 3, 4, 6, 8, 9, 10, 11, 12	5, 7, 13		

Sub Questions of the Standard	Full Compliance	Partial Compliance	Non Compliance	Unknown
3.2.2.7 Does the curriculum design reflect various methods of teaching/ learning and provide a balance between lectures, tutorials, workshops, small group interactions, demonstrations, practical work and self-directed study?	1, 2, 3, 4, 6, 8, 9, 10, 11	5, 7, 12, 13		
3.2.2.8 How does the curriculum equip the student with a level of knowledge, research awareness and critical analysis?	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13			
3.2.2.9 Does the curriculum design include the assessment strategy in relation to the measurement of clinical and theoretical learning outcomes?	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13			
3.2.2.10 Have quality assurance indicators been identified and measured in relation to: <ul style="list-style-type: none"> <li>• Sufficient registered practitioners to facilitate the supervision of student nurses;</li> <li>• Research awareness and the application of research findings;</li> <li>• Evidence of continuing professional development of all practice staff;</li> <li>• Availability of mechanisms for student support, supervision and assessment;</li> <li>• Availability of mechanisms for educational and clinical audit.</li> </ul>	1, 4, 7, 8, 11, 12	2, 3, 5, 6, 9, 10, 13		
3.2.2.11 Is there opportunity for the student to experience other European Union health care systems in a clinical placement for a maximum period of twelve weeks duration. Clinical placements are based in	8,	2, 3, 5,		1, 4, 6, 7, 9, 10, 11, 12, 13

Sub Questions of the Standard	Full Compliance	Partial Compliance	Non Compliance	Unknown
institutions approved by the competent authority of the Member State. Any exception to this need to be approved by An Bord Altranais. Are criteria and mechanisms for international exchange students explicit?				
3.2.3.1 Are clinical placements based in health care institutions, which are approved by An Bord Altranais?	2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12	1, 13		
3.2.3.2 Does the selection of areas for clinical practice experience reflects the scope of the health care settings and supports the achievement of the learning outcomes of the educational programme?	1	2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13		
3.2.3.3 Is student allocation to clinical placements based on the need to integrate theory and practice and to facilitate the progressive development of clinical skills?	2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12	1, 13		
3.2.3.4 Is there opportunity for the student to experience direct contact with the patient or client early in the educational programme?	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13			
3.2.3.5 Are clearly written learning outcomes/objectives appropriate to the clinical area available to ensure optimal use of valuable clinical experience? Are the learning outcomes/objectives revised as necessary?	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13			
3.2.3.6 Are students and all those involved in meeting their learning needs fully acquainted with the expected learning outcomes relating to that clinical placement?	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13			

Sub Questions of the Standard	Full Compliance	Partial Compliance	Non Compliance	Unknown
3.2.3.7 Do named registered nurse/midwife tutors in liaison with named clinical placement co-ordinators preceptors and registered nursing/midwifery staff guide and support the students in ensuring that the clinical placement provides an optimum learning environment?	1, 2, 7, 9	3, 4, 5, 6, 8, 10, 11, 12, 13		
3.2.3.8 Is the supernumerary status of the student is explicit (see Appendix I).?	1, 2, 4, 6, 7, 8, 9, 10, 11, 12, 13	3, 5,		
3.2.3.9 Does clinical practice include experience of the 24-hour cycle of patient care? At all times is there sufficient registered practitioners to facilitate the supervision of student nurses? Is the recommended, ratio of one student to one registered practitioner observed?	4, 9, 10, 11, 12, 13	1, 2, 3, 5, 6, 7, 8,		
3.2.4.1 Are assessments strategically planned and do they function to: <ul style="list-style-type: none"> <li>• Provide feedback on student progress</li> <li>• Ensure educational standards (theory and practice) are achieved before entry to the next part/year of the educational programme, as appropriate?</li> </ul>	2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13	1		
3.2.4.2 Are assessments, including final assessment, based on a variety of strategies that are aligned with the subject area, practice setting, and stage of the educational programme and expected learning outcomes?	7, 9,	1, 2, 3, 4, 5, 6, 8, 10, 11, 12, 13		

Sub Questions of the Standard	Full Compliance	Partial Compliance	Non Compliance	Unknown
3.2.4.3 Do the assessments measure the integration and application of theory to patient care learned throughout the programme and require the student to demonstrate competence within practice through the achievement of learning outcomes in both theory and practice?	3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13	1, 2		
3.2.4.4 Are the assessment strategies established as reliable and valid measures of learning outcomes?	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13			
3.2.4.5 Is there a grading criterion indicating the standard for a pass award required for theoretical and clinical practice assessments? Does the award/grading mechanism acknowledge higher achievements by the student is recorded.	1, 2, 3, 4, 5, 8, 9, 10, 11, 12, 13	6, 7,		
3.2.4.6 Are assessment regulations relating to compensation, supplemental and appeal mechanisms and conditions for continuance of the educational programme explicit?	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13			
3.2.4.7 Does the assessment strategy allow compensation between theory and clinical practice components?	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13			
3.2.4.8 Is there a mechanism whereby records maintained by the third level institution and health care institution demonstrate that each student meets the declared standards of learning outcomes in clinical and theoretical components and is eligible for registration?	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13			

Sub Questions of the Standard	Full Compliance	Partial Compliance	Non Compliance	Unknown
3.2.4.9 Is eligibility to register with An Bord Altranais based on successful completion of the educational programme and the successful achievement of both the theoretical and clinical assessments?	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13			
3.2.5.1 Are external examiners appointed by the third level institution in accordance with specified criteria?	3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13	1, 2		
3.2.5.2 Is the role of the external examiner explicit and does it function to: <ul style="list-style-type: none"> <li>• Maintain the quality and standards of registration programmes;</li> <li>• Ensure the assessment strategies for theory and practice are reliable and equitable;</li> <li>• Ensure individual students are treated fairly?</li> </ul>	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13			
3.2.5.3 Do the criteria for selecting external examiners for nursing studies require they: <ul style="list-style-type: none"> <li>• Are registered nurses with professional qualifications appropriate to the registration programme being examined;</li> <li>• Hold academic and teaching qualifications and have at least 3 years full-time teaching experience in courses appropriate to the registration programme being examined;</li> <li>• Have experience in examining and assessing registration students;</li> <li>• Have experience in the development, management, delivery and evaluation of registration programmes;</li> <li>• Have at least 2 years full-time experience in the area of clinical practice appropriate to the registration programme being examined.</li> </ul>	1, 2, 3, 5, 6, 7,	8, 9, 10, 11, 12, 13		4