Northern Ireland Practice and Education Council
for
Nursing and Midwifery

HSC Trust Infrastructure to Support Learning and Assessment in Practice

A FRAMEWORK FOR EVALUATION
FOREWORD

A quality clinical learning environment is essential for the effective training, education and assessment of pre and post registration nurses and midwives. Ultimately the objective of all those involved in clinical education is a well-trained clinical workforce, which meets the needs and requirements of the populations served.

This Evaluation Framework will play a crucial part in informing the future activity and direction of the infrastructure to support learning and assessment in practice within the five HSC Trusts in Northern Ireland. It has been prepared by the Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC) to assist HSC Trusts in evaluating the impact of the implementation of the infrastructure. It is intended to provide a robust foundation for evaluation activities conducted between January 2009 and March 2013.

As Chair of the Project Steering Group I commend those who have been involved in the development of this Evaluation Framework. I believe it will provide clarity to those conducting an evaluation of the infrastructure to support learning and assessment in practice, further validate the impact and effectiveness of the infrastructure and help to establish its future direction.

Moira Mannion
Chair of Project Steering Group
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Purpose

Internal evaluation - year one methods

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- Self assessment activities
- Questionnaires
- HSC Trust report

Summary of stages

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Purpose

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Section 1:  
1.1 INTRODUCTION

In 2008, the Nursing and Midwifery Council (NMC) published standards, applicable across the UK, detailing the requirements for supporting the learning and assessment of students on NMC regulated pre and post-registration programmes for nurses, midwives and specialist community public health nurses (NMC, 2008). In response, the Department of Health, Social Services and Public Safety (DHSSPS) provided funding to the five HSC Trusts to implement an infrastructure to support learning and assessment in practice. To ensure regional consistency, this funding enabled each HSC Trust to employ a Practice Education Team to support the learning and assessment of students requiring practice experience.

This evaluation framework, funded by the DHSSPS, has been developed by the Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC), in collaboration with the five HSC Trusts, to support and inform the future activity and direction of the Practice Education Team to support learning and assessment in practice. The membership of the Project Steering and Working Groups are available at Appendix 1.

The framework aims to provide an understanding among key stakeholders on what evaluation is, why it is important, who is responsible for what in the evaluation process as well as principles, processes, tools and templates for conducting the evaluation. It is intended to provide a robust foundation for evaluation activities based on the principles of independence, transparency and impartiality of the evaluation function. With the principles of internal self-assessment and external peer review at its core, the evaluation framework provides an effective process for identifying both what is working well within the infrastructure and areas where improvements may need to be made.
1.2 THE INFRASTRUCTURE TO SUPPORT LEARNING AND ASSESSMENT IN PRACTICE

1.2.1 Practice Education Team
Within each of the HSC Trusts, the Practice Education Team comprises one Practice Education Coordinator (PEC) as the team leader and a number of Practice Education Facilitators (PEF), under the management of the Trust’s Nursing and Midwifery Assistant Director/Co-Director for Learning and Development or Workforce Development and Training.

The Practice Education Teams, which also include a Band 3 Admin/Clerical member, were recruited and established between December 2008 and December 2009. The structure of the Practice Education Team within each HSC Trust is illustrated in Figure 1.

Figure 1: Structure of HSC Trust Practice Education Team
An important role of the Practice Education Team is to indirectly support students through providing direct support for mentors and all other staff involved in learning and assessment in practice activities to develop quality placements for students. It is anticipated that the Practice Education Teams, along with the Assistant/Co Director of Nursing, will develop and enhance existing links between education and service, support mentors in maximising clinical skills acquisition amongst students, and also accommodate achievement of the NMC (2008) Standards to Support Learning and Assessment in Practice.

**Aims of the Practice Education Team:**

- Contribute to the implementation of a learning and assessment governance framework within HSC Trusts
- Provide professional support and facilitation for ward managers/team leaders, mentors and practice teachers to meet the NMC (2008) Standards for Learning and Assessment in Practice
- Work collaboratively with HEI’s to provide an effective learning environment to ensure that registrants are fit for purpose.

**1.2.2 Practice Education Coordinator**

The Practice Education Coordinator role is designed to lead, under the direction of the Assistant/Co Director of Nursing, the development and maintenance of an effective learning culture, infrastructure and environment for nursing and midwifery students on a Trust-wide basis. They are also required to develop systems to evaluate the effectiveness of pre and post-registration learning and education activities to provide enhanced value added benefits reflected in improved quality of care of patients and clients.
The Practice Education Facilitator roles are designed to contribute to the learning environment by providing support, educational input and development activities, and to ensure that nursing and midwifery students are given a positive and valuable learning experience during practice placements.

**Aims of the Practice Education Coordinator role:**

- Lead, under the direction of the Assistant/Co Director of Nursing, on the development of an effective learning culture that maximises competence acquisition of students on nursing and midwifery programmes
- Establish and build partnership working between HSC Trusts and education providers
- Provide professional leadership to the Practice Education Facilitators
- Set direction for the Practice Education Team.

**1.2.3 Practice Education Facilitator**

The Practice Education Facilitator roles are designed to contribute to the learning environment by providing support, educational input and development activities, and to ensure that nursing and midwifery students are given a positive and valuable learning experience during practice placements.

**Aims of the Practice Education Facilitator role:**

- Work collaboratively with HEI’s to provide an effective learning environment to ensure that registrants are fit for purpose
- Provide professional support and facilitation for ward managers/team leaders, mentors, practice teachers
- Assure quality of clinical placements
- Maxmise the number of student nurses and midwives who can be supported within clinical practice areas
- Ensure that the student experience is of the highest quality
- Enhance and support the role of the mentor.
1.2.4 Practice Education Team Admin Support

The Band 3 Admin/Clerical member provides administrative and secretarial support and should be proactive in managing the day to day operation of the Practice Education Team.

**Aims of the Admin/Clerical Support role:**

- Maintain effective and efficient administration systems to support the work of the Assistant/Co Director of Nursing and Practice Education Team
- Assist with compiling reports and collating information
- Provide support for the maintenance of the Trust Register of Mentors and Practice Teachers.
1.2.5 Evaluation of the Infrastructure

In 2009, the DHSSPS provided funding for the development of a framework to facilitate ongoing robust evaluation of the infrastructure to support learning and assessment in practice within each of the five HSC Trusts.

In advance of taking forward the work to develop this framework, preparatory work was undertaken by NIPEC. The purpose was to develop a set of benchmarks (NIPEC, 2010) based on NMC requirements, which would identify the minimum standards that the Practice Education Team are required to meet in relation to the NMC Standards for Learning and Assessment in Practice (NMC, 2008).

The benchmarks (Appendix 2), which have been used to underpin the development of the evaluation framework, are presented within seven areas comprising:

- Profile for practice placement
- Local register of mentors and practice teachers
- Practice placement audit
- Allocation of students
- Monitoring the quality of practice experience
- Managing students’ practice experience
- Supporting mentors and practice teachers.

(NIPEC, 2011)
1.3. DEFINING EVALUATION

1.3.1. What is evaluation?
Evaluation is the systematic and objective assessment of an activity, project, programme, strategy, policy, topic, theme, sector, operational area or institution (UNESCO, 2007). Its main purpose is to help an organisation to reflect on what it is trying to achieve, assessing how far it is succeeding, and identify any required modifications or changes.

**Evaluations should:**

- Provide assessments of what works and why, and provide lessons learnt to guide decision-makers and inform stakeholders
- Provide evidence-based information that is credible, reliable and useful, enabling the timely incorporation of findings and recommendations into practice
- Inform the planning, budgeting, implementation and reporting cycle
- Improve the achievement of results, optimise the use of resources and maximise the impact of activities
- Involve a rigorous, systematic and objective process in the design, analysis and interpretation of information to answer specific questions, based on agreed criteria and benchmarks among stakeholders.

Evaluations are only effective when they inform direction and strategy rather than simply offering commentary on what is positive and negative about a particular programme, intervention or initiative. The evaluation therefore needs to produce results and findings that directly impact on the ongoing focus of initiatives and activities associated with learning and assessment in practice.
1.3.2. Aims of the Evaluation

The evaluation should be viewed as a mechanism through which the activities and impact of the infrastructure (the Practice Education Team) to support learning and assessment in practice can be measured and assessed. To support this, the evaluation framework, at Section 2, recommends an on-going set of activities which, once implemented, will support an understanding of the impact which the infrastructure is making.

**Overall aims of the evaluation**

- Evaluate the systems and processes being utilised to support learning and assessment in practice
- Explore the impact of the Practice Education Team on the quality of the clinical learning environment in terms of students' experience
- Explore the impact of the Practice Education Team on the quality of support to mentors in clinical practice environments
- Identify examples which act as barriers or enablers to the learning environment
- Explore the structure and process of communication within the Practice Education Team
- Explore the structure and process of communication between the Practice Education Team members and key stakeholders, including the respective Higher Education Institutions
- Identify recommendations for further developments.

Within the concept of evidence-based practice, evaluation is seen as a way of investigating ‘what works best’, with the purpose of basing future policy and practice upon the results of the changes.
IMPORTANT NOTE:

The evaluation framework should be used to harness an understanding of:

- the impact of the Practice Education Team
- the Practice Education Team’s success against the DHSSPS and HSC Trusts’ strategic objectives
- the Practice Education Team’s success against the NMC (2008) Standards for Learning and Assessment in Practice
- the quality of the delivery, operation and management of the infrastructure.

This includes providing opportunities to:

- Maximise efficiency, especially in the light of scarce resources
- Give value for money evaluation that will directly link to practice
- Support the transparency and accountability of decision making
- Empower staff and encourage self-directed learning for staff and practitioners
- Enhance multi-disciplinary and inter-professional working.
1.3.3. Principles of Evaluation

The evaluation framework is guided by the following principles which seek to strengthen the objectivity, effectiveness and visibility of the evaluation across the HSC Trusts and advocate the importance of evaluation for learning, decision making and accountability.

**Evaluation Principles:**

**Independence:** the external evaluation should be as structurally independent from the operational management and decision-making functions of the HSC Trust as possible so that it is free from undue influence, can be more objective, and has full discretion in submitting directly its findings for consideration at the appropriate level.

**Timeliness:** evaluations must be designed and completed in a timely fashion so as to address the specific purpose and objectives for which they were commissioned.

**Purpose:** the rationale for an evaluation and the decisions to be based on it should be clear from the outset.

**Transparency:** full information on the evaluation design and methodology should be shared throughout the process to build confidence in the findings and understanding of their limitations. Evaluation reports, such as, interim and final reports should be available to stakeholders.

**Ethics:** evaluations should be conducted by appropriately experienced evaluators. Evaluators must have professional integrity and respect the rights of organisations and individuals to provide information in confidence and to verify statements attributed to them.

**Quality:** to ensure that the information generated is accurate and reliable, evaluation design, data collection and analysis should reflect professional standards, with due regard for any special circumstances or limitations reflecting the context of the evaluation. Evaluation findings and recommendations should be presented in a manner that can be readily understood by target audiences.
1.3.4. Key Stakeholders

Stakeholders are individuals or groups who have something at stake in the area being explored or evaluated. Although, a broad range of stakeholders exist in relation to learning and assessment in practice, for example, the NMC, in terms of context it is important to recognise the different key stakeholders involved in the infrastructure. Therefore, for the purpose of this evaluation the key stakeholders have been identified in Figure 3.

Figure 3: Key stakeholders involved in the infrastructure to support learning and assessment in practice
Section 2:

2.1. THE EVALUATION FRAMEWORK

In its simplest form, any evaluation seeks to identify what works well and what needs change or adjustment, and based upon that, use the findings to inform future policy and education practices. Therefore, a comprehensive description needs to include inputs, processes, and desired outcomes (Haggard & Burnett, 2006). This is best done by use of a logic model which provides a framework for describing the assumptions and evidence underlying the infrastructure and links outcomes (short, intermediate and longer term) with activities and processes. To ensure a consistent regional approach across the five HSC Trusts to conducting an evaluation of the infrastructure to support learning and assessment in practice a Logic Model Evaluation Framework is presented at Figure 4.

Figure 4: Logic model evaluation framework
The main purpose of the logic model is to represent key elements of the infrastructure visually in a clear manner so that any existing or potential stakeholders can understand the processes and intended outcomes. Once the infrastructure has been described in terms of the logic model, critical evaluation measures of performance and data gathering tools can be identified and developed.

2.1.1 Logic Model for evaluation effectiveness

The application of the logic model will enable precise communication about the purpose of the infrastructure, its components, and the sequence of activities and accomplishments.

The logic model will also help to:

- Determine the focus of the evaluation
- Determine meaningful and useful evaluation questions
- Understand indicators and know what information best answers the evaluation questions
- Be able to identify appropriate timing for data collection
- Determine what data to collect, using appropriate sources, methods, samples, and instruments.
2.2. STEP-BY-STEP GUIDE TO EVALUATION APPROACH

The overall design of the evaluation is one of impact evaluation, involving both quantitative and qualitative approaches. Impact evaluation aims to answer questions about outcomes and the impact on the situation it is intending to develop/improve: in this case the impact of the implementation of the Practice Education Team on the practice learning environment.

This section provides step-by-step guidance on how the evaluation framework should be applied, and by whom, within each of the HSC Trusts. The guidance also covers each of the phases of evaluation (Figure 5). Guidance on the recommended methods for collecting and analysing data as well as interpretation of the results is also provided to aid evaluators in triangulating and presenting the findings.

Figure 5: The Phases of Evaluation

- **Preliminary Phase**
  - Establish Baseline
  - Identify existing systems and processes in order to establish the ‘before’ or ‘baseline’ situation.

- **Phase One**
  - Internal Evaluation
  - Annual self-assessment activities during Years 1, 2 and 3 with submission of a detailed progress report.

- **Phase Two**
  - External Evaluation
  - Following Year 3 of the internal evaluation an external peer evaluation should be conducted to ensure credibility of the internal evaluation process.
2.2.1. Who should conduct the evaluation?

Evaluation activities should be conducted in a rigorous and systematic manner with the sufficient allocation of resources (personnel, time and funding) to enable and support this important process. There is also a need for clarity on the purpose, roles (who does what), processes and restrictions in connection with evaluation.

The structure for managing the evaluation is crucial to ensuring an effective and efficient evaluation. The single most important aspect that makes evaluations useful is quality and credibility and this depends on selection of evaluators and the participatory process.

**STEP 1: IDENTIFY INTERNAL EVALUATION TEAM MEMBERS**

2.2.2. Internal evaluation team

Having an internal team of staff within the HSC Trust dedicated to the evaluation will ensure ongoing priority of evaluation. This team will be responsible for achievement of the evaluation aims and objectives, liaison with stakeholders, collecting, analysing, recording and interpreting the relevant data as well as producing and disseminating annual and final evaluation reports (Preliminary phase and Phase one).

The internal team dedicated to conducting the evaluation should have relevant expertise, for example, evaluation, communication and data collection and analysis knowledge and skills. This mix of skills increases the ability of the team to approach issues from multiple perspectives which strengthens trustworthiness.

2.2.3 Evaluation project group

In addition, the internal evaluation team should receive guidance, support and advice from an Evaluation Project Group. Specifically, the functions of this group should be to:
Representation from stakeholders on the Evaluation Project Group is recommended as illustrated in Figure 7.

**Figure 7: Recommended evaluation project group membership**

- **Team Leaders/Ward Sisters/Charge Nurses**
- **HEI Placement Coordinator**
- **Assistant/Co Director & Practice Education Coordinator**
- **Practice Education Facilitators**
- **Mentors & Practice Teachers**
- **Practic Education Team Admin Member**

**Role of the Evaluation Project Group:**

- ✓ provide advice on the overall evaluation framework and evaluation methods
- ✓ provide advice on specific methodological issues, including innovative methods, used within individual components of the evaluation
- ✓ organise relevant stakeholder events e.g. workshops and seminars
- ✓ contribute to the implementation of the evaluation framework
- ✓ review the results of evaluation activity
- ✓ act as a reference point for evaluation staff.
STEP 2: IDENTIFY EXTERNAL EVALUATION MEMBERS

2.2.4. External evaluation

To ensure credibility of the evaluation process and also to ensure that the collection, analysis and interpretation of evaluation data is objective and conducted without bias, an external evaluation team should be commissioned following Year 3 of the internal evaluation (Phase two). The following criteria can help in deciding on an external evaluation team:

Criteria for external evaluation team

- **Credibility** - someone who is recognised by the key stakeholders as having the appropriate mix of authority, responsibility, knowledge and insight
- **Technical expertise** - someone who understands evaluation principles, understands the issues of evaluation and can analyse data
- **Impartiality** - someone who can balance the perspectives of different people
- **Interpersonal skills** - someone who can interact with all parties in a sensitive and effective manner and is able to work in a team
- **Communication skills** - someone who can communicate the results of the evaluation in a manner understood by all parties.

One option for external evaluation may involve the evaluation being conducted by relevant staff from another HSC Trust, for example, the Practice Education Coordinator, supported by NIPEC. Similarly, to obtain a regional perspective, NIPEC, could be commissioned to undertake an external evaluation across the five HSC Trusts in Northern Ireland. This would include undertaking consultations with a range of HSC Trust and HEI stakeholders enabling key informants to express their views openly and without prejudice. Nonetheless, whichever external evaluation option is chosen, it is important to note that the evaluation process should always be conducted in a manner designed to be efficient and cost effective for both HSC Trust staff and external evaluators.
Section 3:

3.1. PHASES AND TIMESCALES OF THE EVALUATION

The phases of the evaluation are presented in Figure 6.

Figure 6: Phases of Evaluation

These evaluation phases should be conducted within the timescales identified below:

- Preliminary Phase: Establish Baseline
  - The preliminary phase of the evaluation should be conducted between Jan 2009 - Mar 2009

- Phase One: Annual Internal Evaluation
  - Year 1: Apr 2009 - Mar 2010
  - Year 2: Apr 2010 - Mar 2011
  - Year 3: Apr 2011 - Mar 2012

- Phase Two: External Evaluation
  - The external evaluation should be conducted between Apr 2012 - Mar 2013
PRELIMINARY PHASE
January 2009 – March 2009

- Establish Baseline

Phase One
- Annual Internal Evaluation
- External Evaluation

Phase Two

Preliminary Phase
As the Practice Education Team posts within each of the HSC Trusts are relatively new, it may be too early to determine their full impact on learning and assessment in practice. However, where any impact is visible or can be evidenced, this should be recorded.

**Purpose**
The main purpose of this phase is to develop a partnership approach to evaluation in which all key stakeholders are actively engaged, obtain baseline information on the context and systems and processes being utilised and any impact on learning and assessment in practice.

**Aims of preliminary phase:**

- Develop a partnership approach to evaluation with all stakeholders
- Confirm evaluation aims, objectives and approach
- Confirm policy and strategic priorities and characteristics of the infrastructure
- Establish relevant standards, benchmarks and performance measures
- Identify systems and processes being utilised for collecting, recording, analysing, reviewing and disseminating data
- Identify gaps, strengths and weaknesses of different systems and processes
- Obtain information on any initial impact of the new posts.
Preliminary Phase Methods
To support achievement of the above aims, the following methods are recommended:

1. **Initial scoping exercise**: to confirm policy and strategic priorities and characteristics of the infrastructure; establish the relevant standards, benchmarks and performance measures that need to be met (e.g. NMC Standards for Learning and Assessment in Practice, 2008); confirm the evaluation objectives and approach and identify systems and processes being utilised for collecting, recording, analysing, reviewing and disseminating required data.

To support this activity, relevant HSC Trust scoping tools can be used. Examples of templates are included at Appendix 4.
2. **Stakeholder engagement**: prior to conducting the evaluation it is important that an evaluation plan is developed to help identify the work associated with the overall evaluation. The evaluation plan should therefore detail the evaluation aims and objectives, questions, approach and methods as well as how the findings will be reported and/or disseminated.

To support this activity, a range of stakeholder awareness sessions, workshops and group sessions within each HSC Trust should be organised, to ensure a partnership approach to evaluation, in which relevant stakeholders (Figure 3, p.14) are represented and actively engaged in developing the evaluation process and all phases of its implementation (e.g. the Assistant/Co Director of Nursing for Learning and Development or Workforce Planning and Training, the Practice Education Coordinator, Practice Education Facilitators, pre and post registration students, team leaders/ward sisters/charge nurses, mentors/practice teachers and HEI representatives).

The stakeholder awareness sessions, workshops and group sessions will allow stakeholders to:

- define evaluation aims, objectives and approach
- identify baseline measures/indicators
- develop an evaluation plan
- agree methods and measures of quality and success
- agree an action plan for development/improvement
- develop strategies for disseminating results.

The awareness sessions, workshops and group sessions should be organised in a participatory way to allow for the building of teams and participant commitment through collaborative inquiry. Inviting a broad range of stakeholders to participate and lead different parts of the process can develop evaluation and leadership skills. It can also lead to stronger, more organised groups, strengthening the infrastructure’s resources and networks.
3. **Self assessment activity**: to facilitate an understanding of the systems and processes being utilised for collecting, recording, analysing, reviewing and disseminating relevant data and to obtain information on the Practice Education Team structure and roles.

To support this activity, relevant self-assessment tools can be used, such as, Trust Practice Audit Tools, Practice Placement Profiles and Mentor Preparation Programme Evaluations. Examples of templates are included at Appendix 3.

4. **HSC Trust baseline report**: this report should reflect the main focus and outcomes of the evaluation to facilitate an understanding of the baseline in relation to the characteristics of the infrastructure to support learning and assessment in practice and strengths and weaknesses of different systems and processes being utilised.

The findings from this preliminary phase should be used to inform future direction and strategy rather than simply offering commentary on what is positive and negative about a particular system and process.

A summary of the key stages of the Preliminary Phase are presented in Figure 7.
Figure 7: Summary of stages of the preliminary phase

- Preliminary Phase
  - Initial scoping exercise
  - Stakeholder engagement
  - Self assessment activity
  - Summarise and analyse data
  - Report and action
PHASE ONE INTERNAL EVALUATION

- Year 1  Apr 2009 – Mar 2010
- Year 2  Mar 2010 – Apr 2011
- Year 3  Mar 2011 – Apr 2012
Purpose
The main purpose of this phase is to identify gaps, strengths and weaknesses in the systems and processes being utilised, explore the impact of the Practice Education Team from the perspective of stakeholders, explore the structures and processes for communication and identify and address recommendations for further developments/improvements.

Aims of Phase One:

- Explore the impact of the Practice Education Team on the quality of the clinical learning environment in terms of students’ experience
- Identify gaps, strengths and weaknesses in the systems and processes being utilised for collecting, recording, analysing, reviewing and disseminating data
- Explore the impact of the Practice Education Team on the quality of support to mentors in clinical practice environments
- Identify examples of practice which act as barriers or enablers to the learning environment
- Explore the structure and process of communication within the Practice Education Team
- Explore the structure and process of communication between the Practice Education Team members and key stakeholders, including the respective Higher Education Institutions
- Identify recommendations for further developments/improvements
- Develop action and implementation plans to support the recommendations
- Report and disseminate the findings.
Internal Evaluation Methods - Year 1

To support achievement of the above aims, the following methods are recommended:

1. **HSC Trust Evaluation Planning Workshop**: prior to conducting the evaluation it is important that an evaluation plan is developed to help identify the work associated with the overall evaluation. The evaluation plan should therefore detail the evaluation aims and objectives, questions, approach and methods as well as how the findings will be reported and/or disseminated.

To support this activity, a one day workshop within each HSC Trust should be organised, as a partnership approach to evaluation, in which relevant stakeholders (Figure 3, p.14) are represented and actively engaged in developing the evaluation process and all phases of its implementation.

The evaluation workshop will enable stakeholders to:

- define evaluation aims, objectives and approach
- identify baseline measures/indicators
- develop an evaluation plan
- agree methods and measures of quality and success
- agree an action plan for development/improvement
- develop strategies for disseminating results.
To support this activity, an example of a Workshop Programme Template and Workshop Evaluation Pro-forma are included at Appendix 4.

2. **Self assessment activities**: to facilitate an understanding of the systems and processes being utilised for collecting, recording, analysing, reviewing and disseminating relevant data and to obtain information on the Practice Education Team structure and roles.

To support this activity, relevant self-assessment tools can be used, such as, Trust Benchmarking Student Placements Templates, Team Structure/Profile Templates and Educational Audit Tools for Practice Placements. Examples of templates are included at Appendix 4.

3. **Questionnaires**: should be used to further explore the impact of the Practice Education Team on the quality of the clinical learning environment from the perspective of mentors and students. The findings that emerge will help to provide the basis for areas requiring development and/or improvement.
It is recommended that a significant number of questionnaires are distributed to a sample of mentors and students across the range of NMC regulated programme activity areas (including specialist areas) within the HSC Trust.

To support this activity, an example of a Mentor Evaluation Questionnaire, a Student Evaluation Questionnaire and a Practice Development Questionnaire are included at Appendix 4.

4. **HSC Trust report**: this report should reflect the main focus and outcomes of the evaluation to facilitate an understanding of the impact of the infrastructure, highlight strengths and weaknesses of different systems and processes being utilised and identify areas for development/improvement.

A summary of the key stages of the Phase One Internal Evaluation Year 1 are presented in Figure 8.
Figure 8: Summary of stages of Phase One Internal Evaluation Year 1

- Trust Evaluation Planning Workshop
- Self Assessment Activities
- Questionnaires
- Summarise and analyse data
- Report and action
1. **Self assessment activities**: to facilitate an understanding of the systems and processes being utilised for collecting, recording, analysing, reviewing and disseminating relevant data and to obtain information on the Practice Education Team structure and roles.

   To support this activity, relevant self-assessment tools can be used, such as, Trust Practice Education Team Activity Templates and Team Structure/Profile Templates. Examples of templates are included at Appendix 4.

2. **Self-evaluation activities**: to evaluate quality criteria and performance in relation to the Practice Education Team. To support this activity, relevant self-evaluation tools can be used, such as, Benchmarking Student Placements Templates and Educational Audit Tools for Practice Placements (Appendix 4).
3. **Practice Education Team Workshop**: this should be organised to ensure a partnership approach to evaluation, in which the Practice Education Team are represented and actively engaged in developing the evaluation process and all phases of its implementation.

To support this activity, relevant exercises and activities can be used, such as, a Values Clarification Exercise and a Claims, Concerns and Issues Exercise. Examples of templates for these activities are included at Appendix 4.

4. **HSC Trust report**: this report should reflect the main focus and outcomes of the evaluation to facilitate an understanding of the impact of the infrastructure, highlight strengths and weaknesses of different systems and processes being utilised and identify areas for development/improvement.

A summary of the key stages of the Phase One Internal Evaluation Year 2 are presented in Figure 9.
Figure 9: Summary of stages of Phase One Internal Evaluation Year 2

PHASE ONE INTERNAL EVALUATION YEAR 2

Self Assessment Activities

Self Evaluation Activities

Practice Education Team Workshop

Summarise and analyse data

Report and action
Internal Evaluation Methods - Year 3

To support achievement of the above aims, the following methods are recommended:

1. **Stakeholder engagement seminar**: to ensure a partnership approach to evaluation, in which relevant stakeholders (Figure 3, p.14) are represented and actively engaged in the evaluation process and all phases of its implementation (e.g. the Assistant/Co Director of Nursing for Learning and Development or Workforce Planning and Training, the Practice Education Coordinator, Practice Education Facilitators, pre and post registration students, team leaders/ward sisters/charge nurses, mentors/practice teachers and HEI representatives).

The stakeholder engagement seminar will allow stakeholders to:

- define evaluation aims, objectives and approach
- identify baseline measures/indicators
- develop an evaluation plan
- agree methods and measures of quality and success
- agree an action plan for development/improvement
- develop strategies for disseminating results.

The stakeholder engagement seminar should be organised in a participatory way to allow for the building of teams and participant commitment through collaborative inquiry. Inviting a broad range of stakeholders to participate and lead different parts of the
process can develop evaluation and leadership skills. It can also lead to stronger, more organised groups, strengthening the infrastructure’s resources and networks.

To support this activity, a Stakeholder Engagement Seminar Programme and a Stakeholder Engagement Seminar Evaluation Proforma are presented at Appendix 4.

2. **Self assessment and self evaluation activities**: to identify gaps, strengths and weaknesses associated with the systems and processes being utilised for collecting, recording, analysing, reviewing and disseminating relevant data and obtain information on the Practice Education Team structure and roles.

To support this activity, the NIPEC (2011) Benchmarks and Role Checklist Exercise Templates could be used. These are available at Appendix 4. In addition, the Practice Education Team Structure/Profile Template and other relevant self-evaluation tools can be used, for example, the New PEF Toolkit (NES, 2008).
3. **Questionnaires and Internal Focus Groups**: should be used to further explore the impact of the Practice Education Team on the quality of the clinical learning environment from the perspective of stakeholders. These methods will also provide an opportunity to identify examples of practice which act as barriers or enablers to the learning environment and explore the structure and processes of communication within the Practice Education Team and between the Practice Education Team members and key stakeholders, including the respective Approved Education Institutions. The indicators of impact that emerge will help to provide the basis for areas requiring development and/or improvement.

**Questionnaires**
To support this activity, a range of questionnaires for relevant stakeholders are available at Appendix 4.

It is recommended that a significant number of questionnaires are distributed to a sample of all relevant stakeholders across the range of NMC regulated programme activity areas (including specialist areas) within the HSC Trust.

**Internal Focus Groups**: to support this activity, Recommendations for Conducting the Internal Evaluation Focus Groups, Focus Group Questions and a Sample Recording Template are available at Appendix 4.
It is recommended that all stakeholders across the range of NMC regulated programme activity areas (including specialist areas) within the HSC Trust are represented at these focus groups. In addition, representation should be sought from the relevant Approved Education Institutions.

4. **HSC Trust Stakeholder Workshop:** to facilitate an understanding of the findings from the previous methods through provision of presentations and an open discussion to enable meaningful dialogue between all stakeholders. This workshop will also provide an opportunity to achieve consensus on the key areas, recommendations, methods and support for further development and improvement of the infrastructure.

The aims of the HSC Trust stakeholder workshop are to collectively identify and make recommendations in relation to:

1. *The context and educational infrastructure in which the Practice Education Team is evolving, and how this might impact on the educational experience for staff and student nurses*
2. *Shared goals for the Practice Education Team against which progress could be assessed, reviewed and evaluated*
3. *Work-plan which identifies how the goals set are going to be met through the Practice Education Team activities*
4. *Short and medium term outcomes which could demonstrate the Practice Education Team is making progress against its overall objectives.*

To support the workshop activity, a Sample Workshop Programme and a Participant Information Leaflet are available at Appendix 4.
5. **HSC Trust and DHSSPS Evaluation Reports**: evaluations are only effective when they inform direction and strategy rather than simply offering commentary on what is positive and negative about a particular intervention or initiative. This evaluation therefore needs to produce results and findings that directly impact on the ongoing focus of the activities and funding associated with the infrastructure to support learning and assessment in practice. The HSC Trusts should aim to ensure that the results and findings of the ongoing evaluation are fed back to the DHSSPS via regular reporting mechanisms in order to enable prompt adjustments to activities.

Therefore, an annual report should be produced which reflects the main focus and outcomes of the evaluation. This should be agreed by evaluators during the planning phase of the evaluation. To support this activity, a final report structure has been included in Table 1.

**Table 1: Final report structure**

<table>
<thead>
<tr>
<th>FINAL REPORT STRUCTURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXECUTIVE SUMMARY</td>
</tr>
<tr>
<td>Summary of the evaluation, with particular emphasis on main findings, conclusions, lessons learned and recommendations.</td>
</tr>
<tr>
<td>INTRODUCTION</td>
</tr>
<tr>
<td>Presentation of the context, evaluation purpose, questions and main findings.</td>
</tr>
<tr>
<td>THE EVALUATED INFRASTRUCTURE</td>
</tr>
<tr>
<td>Purpose, aims and description of the characteristics of the practice education team e.g. number of posts, specialty areas allocation and funding allocation compared to implementation.</td>
</tr>
<tr>
<td>FINDINGS</td>
</tr>
<tr>
<td>Factual evidence relevant to the questions asked by the evaluation and interpretations of such evidence.</td>
</tr>
<tr>
<td>EVALUATIVE CONCLUSIONS</td>
</tr>
<tr>
<td>Assessments of programme results and performance against given evaluation criteria and standards of performance.</td>
</tr>
<tr>
<td>LESSONS LEARNED</td>
</tr>
<tr>
<td>General conclusions with a potential for wider application and use.</td>
</tr>
<tr>
<td>RECOMMENDATIONS</td>
</tr>
<tr>
<td>Actionable proposals regarding developments/improvements.</td>
</tr>
<tr>
<td>ANNEXES</td>
</tr>
<tr>
<td>Terms of reference, methodology for data collection and analysis, references, etc.</td>
</tr>
</tbody>
</table>
The dissemination of evaluation results must always, as with any successful communication strategy, be tailored to the audiences’ needs and interests. It is important not to lose sight of the fact that a sound dissemination strategy tends to enhance the overall usefulness of the evaluation. A dissemination plan, which stakeholders can sign up to, will ensure that results are disseminated in an appropriate and timely way to the relevant audience. The following should be considered:

**Things to consider:**
- Discuss with relevant stakeholders to whom, when and how the results of the evaluation should be disseminated, and implement the dissemination plan accordingly
- Consider a range of dissemination options, including dialogue with HEI partners, meetings, seminars, workshops, and any other kind of relevant and effective communications strategy
- Make sure that the dissemination is tailored to the specific needs, interests and information requirements of individual audiences
- Focus dissemination efforts on the intended users of the evaluation, and other groups that can be expected to make effective use of the evaluation.

Remember that evaluation reports need to be clear, coherent, rigorous and concise. The writer needs to think about the style, content and process.

To support this activity, a guide to writing and disseminating an evaluation report has been included at Appendix 4.
A summary of the key stages of the Phase One Internal Evaluation Year 3 are presented in Figure 10.

**Figure 10: Summary of stages of Phase One Internal Evaluation Year 3**
PHASE TWO
Apr 2012 – Mar 2013

• Establish Baseline
• Annual Internal Evaluation

Preliminary Phase

Phase One

• External Evaluation

Phase Two
External evaluation is a more classical form of evaluation. In this context “external” usually means that the evaluators are not members, but experts who, owing to their specific skills and in line with specifications, are called in for a period of time to investigate the defined questions. External evaluations are therefore suitable for factual issues, relatively complex situations, and overall appraisals. With their ‘outsider’s view’ the external evaluators use appropriate methods to collect information on the project and its environment, in order to assess and answer the questions posed.

The strengths of an external evaluation lie in its objectivity and its independence. On the basis of their experience, the evaluators can make comparisons and hence see things which those who are directly involved cannot or can no longer see. Questions of sustainability, impact and effectiveness can be addressed through an external evaluation.

The weaknesses of an external evaluation lie in the substantial effort and cost required in its preparation and implementation, as well as its limited time frame. Only part of the various realities can be examined within the short time available. This necessarily calls for more detailed analysis.

The self-evaluation conducted by the internal evaluation team (preliminary phase and phase one) can be combined well with external evaluation since both forms of evaluation complement each other. A self-evaluation conducted in preparation for an external evaluation can reduce resistance and anxieties, while participants’ confidence can be bolstered by this preliminary process. Such groundwork also reduces the time and effort to be spent on external evaluation. Both processes contribute to the learning curve and to an understanding of the infrastructure.
Purpose
The main purpose of the external evaluation is to promote objectivity, transparency, accountability, quality and learning in order to improve the performance of the infrastructure to support learning and assessment in practice.

**Aims of Phase Two:**

- Confirm the effectiveness, strengths and weaknesses of the systems and processes being utilised to support learning and assessment in practice
- Confirm the impact of the Practice Education Team on the quality of the clinical learning environment in terms of students’ experience and support to mentors
- Confirm examples of practice which act as barriers or enablers to the learning environment
- Explore the structure and process of communication within the Practice Education Team
- Explore the structure and process of communication between the Practice Education Team members and key stakeholders, including the respective Higher Education Institutions
- Make recommendations for further developments and improvements.

External evaluation process
To support this phase, guidance on the external evaluation process has been included at Appendix 12.
Methods

The following methods are recommended for use within the external evaluation process:

1. **Document Analysis**: to explore the objectivity and rigor of the evaluation processes utilised by the internal evaluation team and explore the methods for collection, analysis, interpretation and reporting of evaluation data.

Within an evaluation, documentary sources are not merely seen as containing data, they constitute data. Therefore, the analysis of various forms of documentary data, such as the HSC Trust’s annual evaluation report, relevant policies, procedures, protocols and minutes of meetings will be a valuable source of information to the external evaluation team. The following strengths and weaknesses of document analysis include:

**Strengths of document analysis:**
- Provides context information
- Facilitates analysis, validity checks and triangulation
- Data is easy to manipulate and categorise for analysis
- Easy and efficient to administer and manage
- Easily quantifiable and amenable to statistical analysis

**Weaknesses of document analysis:**
- Can lead the evaluator to ‘miss the forest while observing the trees’
- Data are open to multiple interpretations due to cultural differences
- Highly dependent on the ‘goodness’ of the evaluation question

*Source: Adapted from Marshall and Rossman (1999, p. 134)*
To support this activity, a document analysis template has been included at Appendix 13.

2. **External Focus Groups**: to confirm the effectiveness of the systems and processes utilised to support learning and assessment in practice. This method will also help to confirm the impact of the Practice Education Team on the quality of the clinical learning environment in terms of students’ experience and quality of support to mentors. The focus groups within each Trust will also provide an opportunity to identify barriers or enablers to the learning environment and the structure and processes of communication within the Practice Education Team, between the Practice Education Team members and key stakeholders. It is recommended that the external evaluators should conduct two focus groups at two different levels. One of the focus groups should include representation from stakeholders across the range of NMC regulated programme activity areas (including specialist areas) within the HSC Trust at practice/operational level. The other focus group should include stakeholders at strategic/management level. In addition, relevant representation at each level should be sought from the AEIs.

To support this activity, Focus Group One interviews with stakeholders at practice/operational level will be focused on the question asked during the internal evaluation phase. Focus Group Two interviews with stakeholders at strategic/management level will be focused on six high-level questions which can be answered by evaluating the quality of the infrastructure (Practice Education Team) systematically across ten key areas. These questions are available at Appendix 12.
External evaluation report

The following four criteria should be used by the external evaluators as standard yardsticks for deciding if the implementation of the infrastructure to support learning and assessment in practice should be regarded as a success:

Assessing success:

- Effectiveness
- Impact
- Relevance
- Sustainability

In addition, to assist in determining the impact of the Practice Education Team the external evaluators may want to consider the following:

Short-Intermediate and Longer-term impacts:
- The impact of the new posts in terms of the perceived quality of support for mentors, the quality of the clinical learning environment in terms of students’ experience, the placement capacity and innovative practices within learning environments
- Practice/HEI partnership

Process Evaluation
- Barriers and facilitators to the learning environment
- Strengths and weaknesses of different models of implementation and development of posts
- Inter-professional learning developments in practice

What is the impact on PEF and PEC professionals?
- Changes in subject or process knowledge, confidence and self-esteem
- Changes in mentors/students’ knowledge, confidence and practice
- Improved reflection on practice
- Ability to lead change initiatives
- Disseminating key outcomes to relevant audiences.
Issues to consider for layout and content of the external evaluation report are presented in Figure 11.

**Figure 11: Example of layout and content of external evaluation report**

<table>
<thead>
<tr>
<th>1. EFFECTIVENESS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>The extent to which the practice education team has achieved its objectives.</td>
<td></td>
</tr>
<tr>
<td><em>External Evaluation Question: Has the team achieved its objectives or will it do so in the future?</em></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. IMPACT</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>The totality of the effects of the practice education team, positive and negative, intended and unintended.</td>
<td></td>
</tr>
<tr>
<td><em>External Evaluation Question: What is the overall impact of the team, positive and negative?</em></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. RELEVANCE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>The extent to which the practice education team conforms to the needs and priorities of stakeholders.</td>
<td></td>
</tr>
<tr>
<td><em>External Evaluation Question: Is the team consistent with the needs and priorities of its stakeholder groups?</em></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. SUSTAINABILITY</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>The continuation or longevity of benefits from the practice education team.</td>
<td></td>
</tr>
<tr>
<td><em>External Evaluation Question: Can the benefits produced by the team be maintained?</em></td>
<td></td>
</tr>
</tbody>
</table>
A summary of the key stages of Phase Two are presented in Figure 12.

Figure 12: Summary of Stages of Phase Two
ANALYSING THE DATA

Data analysis refers to a range of activities during which data are ordered, categorised and interpreted. The methods and approach used to analyse all qualitative and quantitative data obtained during the evaluation process should be agreed during the planning phase of the evaluation. The following data analysis techniques are recommended:

**Qualitative analysis**

A content analysis approach should be used to analyse all qualitative data generated from the open ended questions in questionnaires, transcripts of focus groups and consensus conferences.

**Quantitative analysis**

All quantitative data obtained from the questionnaires can be entered into a quantitative data analysis package. However, careful inspection will be required to check that the data has been correctly inputted and that all values are consistent with the responses on the respective data collection tools. Descriptive statistics can also be produced to help with recording, reporting and presenting the findings.
REFERENCES


NIPEC (2011) *Benchmarks to Measure Compliance with NMC Standards to Support Learning and Assessment in Practice*. Belfast: NIPEC.


APPENDIX 1

MEMBERSHIP OF PROJECT STEERING GROUP

<table>
<thead>
<tr>
<th>Member</th>
<th>Role and Organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moira Mannion (Chair)</td>
<td>Learning and Development Lead</td>
</tr>
<tr>
<td></td>
<td>Belfast HSC Trust</td>
</tr>
<tr>
<td>Glynis Henry</td>
<td>Chief Executive</td>
</tr>
<tr>
<td></td>
<td>NIPEC</td>
</tr>
<tr>
<td>Dr Carole McKenna (Project Lead)</td>
<td>Senior Professional Officer</td>
</tr>
<tr>
<td></td>
<td>NIPEC</td>
</tr>
</tbody>
</table>

MEMBERSHIP OF PROJECT WORKING GROUP

<table>
<thead>
<tr>
<th>Member</th>
<th>Role and Organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Carole McKenna (Chair)</td>
<td>Senior Professional Officer</td>
</tr>
<tr>
<td></td>
<td>NIPEC</td>
</tr>
<tr>
<td>Elish MacDougall</td>
<td>Practice Education Coordinator</td>
</tr>
<tr>
<td></td>
<td>Belfast HSC Trust</td>
</tr>
<tr>
<td>Claire McGuigan/Kate McGoldrick</td>
<td>Practice Education Coordinator</td>
</tr>
<tr>
<td></td>
<td>Northern HSC Trust</td>
</tr>
<tr>
<td>Margaret Marshall/Dawn Ferguson</td>
<td>Practice Education Coordinator</td>
</tr>
<tr>
<td></td>
<td>Southern HSC Trust</td>
</tr>
<tr>
<td>Evelyn Mooney</td>
<td>Practice Education Coordinator</td>
</tr>
<tr>
<td></td>
<td>South Eastern HSC Trust</td>
</tr>
<tr>
<td>Sally Martin</td>
<td>Practice Education Coordinator</td>
</tr>
<tr>
<td></td>
<td>Western HSC Trust</td>
</tr>
</tbody>
</table>
Northern Ireland Practice and Education Council
for Nursing and Midwifery

Benchmarks to Measure Compliance with
NMC Standards to Support Learning and Assessment in Practice
Introduction

1.1 During 2010 and 2011, NIPEC worked in collaboration with the five HSC Trusts to develop a set of benchmarks to be used by the HSC Trusts to specifically measure compliance with the NMC (2008) standards. The benchmarks presented within this document were endorsed by the members of a Working Group (Appendix One) in June 2011.

1.2 The benchmarks are presented within seven areas comprising:

1. Profile for practice placement
2. Local register of mentors and practice teachers
3. Practice placement audit
4. Allocation of students
5. Monitoring the quality of practice experience
6. Managing students’ practice experience
7. Supporting mentors and practice teachers.

1.3 In addition, a set of indicators was developed for each of the seven areas

1.4 It has been agreed that the Practice Education Co-ordinators and their teams will use the benchmarks to measure compliance with the NMC (2008) standards and inform their developments and work programme.

1.5 The benchmarks will be subject to review and revision, as required.
Profile for practice placement

1. There is a profile of each placement area which identifies:

<table>
<thead>
<tr>
<th>Benchmark</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>maximum number of students that can be accommodated at any time</td>
</tr>
<tr>
<td>b.</td>
<td>the programmes for which the placement is audited</td>
</tr>
<tr>
<td>c.</td>
<td>a description of the facility and experience available to the student</td>
</tr>
<tr>
<td>d.</td>
<td>a record is maintained by each ward manager/team leader in relation to named mentors/practice teachers for students in their area</td>
</tr>
<tr>
<td>e.</td>
<td>a central database of all placement profiles is held by the Practice Education Coordinator (PEC)</td>
</tr>
<tr>
<td>f.</td>
<td>each Practice Education Facilitator (PEF) holds a record of the profile of all placements within their area of responsibility</td>
</tr>
</tbody>
</table>

Local register of mentors and practice teachers

2. A local register has been established to hold information in relation to mentors and practice teachers to demonstrate that:

<table>
<thead>
<tr>
<th>Benchmark</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>A policy and related procedures have been implemented to manage the local register that ensures the information is accurate and up-to-date</td>
</tr>
<tr>
<td>b.</td>
<td>All mentors/practice teachers details are entered on the register</td>
</tr>
<tr>
<td>c.</td>
<td>All mentors/practice teachers working in all practice placements used for student learning have received preparation for their role in teaching, supporting and supervising students</td>
</tr>
<tr>
<td>d.</td>
<td>All ward/facility managers have up-to-date information about mentors/practice teachers in their area</td>
</tr>
<tr>
<td>e.</td>
<td>All mentors/practice teachers annual update is recorded on the register</td>
</tr>
<tr>
<td>f.</td>
<td>All mentors/practice teachers triennial review is recorded on the register</td>
</tr>
</tbody>
</table>
Practice Placement Audit

3. A policy and related procedures have been implemented to manage Trust related aspects of practice placement audit in partnership with education providers. This will address the following:

<table>
<thead>
<tr>
<th>Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. A rolling programme of (bi-annual) audits</td>
</tr>
<tr>
<td>b. All placement areas are audited in line with the agreed regional processes to meet the requirements of NMC</td>
</tr>
<tr>
<td>c. The audit process ensures that the full range of 24hr a day seven days per week nature of health care is accessed, where possible</td>
</tr>
<tr>
<td>d. All evaluation data in relation to the practice placement area is reviewed prior to and during the audit process</td>
</tr>
<tr>
<td>e. Information relative to the audit is maintained centrally within the Trust and at placement level</td>
</tr>
<tr>
<td>f. Processes are in place to manage changes that will impact on the continued suitability of individual placements as a learning environment</td>
</tr>
<tr>
<td>g. Processes are in place to ensure that all untoward incidents involving students within the placement area are reported to education providers and relevant Trust personnel and appropriate action taken</td>
</tr>
</tbody>
</table>

Allocation of students

6. A policy and related procedures have been implemented in partnership with education providers to manage allocation of students to specific placement areas and address the following:

<table>
<thead>
<tr>
<th>Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Communication mechanisms between the education providers and the Trusts</td>
</tr>
<tr>
<td>b. Communication mechanisms with the Trusts</td>
</tr>
<tr>
<td>c. There are sufficient mentors/practice teachers to supervise and assess the students allocated to the placement area in accordance with the NMC standards</td>
</tr>
<tr>
<td>d. The expertise available in the multidisciplinary team supports the students’ achievement of required learning outcomes</td>
</tr>
<tr>
<td>e. A named mentor/practice teacher is allocated to each student in accordance with NMC standards</td>
</tr>
<tr>
<td>f. The named mentor/practice teacher is notified to the education provider 2 weeks before placement commences</td>
</tr>
<tr>
<td>g. Any changes in relation to named mentor/practice teacher is notified to the education provider normally within two working days</td>
</tr>
</tbody>
</table>
Monitoring the quality of practice experience

7. A policy and related procedures have been implemented in partnership with education providers to monitor the quality of practice experience in relation to the following:

**Benchmark**

| a. Evaluation by students of the quality of the learning experience at the completion of each placement experience |
| b. Evident of equity of opportunity for all students to enable them to meet their leaning outcomes |
| c. Evaluation by mentors/practice teachers of their experience related to the supervision and assessment of students on placement on completion of each student placement experience |
| d. Communication of relevant evaluative data between education providers and Trust |
| e. Development and implementation of action plans to manage identified problems |
| f. A summary of evaluations in relation to each placement area is provided to those undertaking the annual practice placement audit |
| g. Sharing good practice |

Managing students’ practice experience

8. A policy and related procedures are implemented to manage individual student practice experience in relation to the following:

**Benchmark**

| a. Communication between education providers and Trusts regarding individual students and action plans are implemented where necessary |
| b. All mentors/practice teachers understand the specified learning outcomes in relation to the student for whom they are responsible |
| c. The necessary reasonable adjustments are put in place for students with a disability as agreed between education providers and Trusts |
| d. All students receive an induction which has been jointly agreed between mentors/practice teachers and practice education facilitators to each of their placement areas |
| e. An initial interview takes place between the student and the mentor/practice teacher during the first week of placement to agree learning outcomes and learning contracts, taking into account their prior development |
| f. All students learning needs, achievements and opportunities are reviewed during the placement experience |
| g. The students receive consistent supervision and support throughout the placement experience |
| h. All students are provided with opportunities to learn with other students in the multidisciplinary team |
| i. Evidence of equity of opportunity for all students enable them to meet their learning outcomes |
| j. All necessary documentation is accurately completed on completion of every student placement |
Supporting mentors and practice teachers

9. A policy and related procedures are implemented to ensure that mentors and practice teachers are supported in their role:

<table>
<thead>
<tr>
<th>Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Practice education facilitators provide guidance and support on an on-going basis</td>
</tr>
<tr>
<td>b. Opportunities are provided to mentors and practice teachers to meet together to explore assessment and supervision</td>
</tr>
<tr>
<td>c. All mentors/practice teachers have had an annual update</td>
</tr>
<tr>
<td>d. All mentors/practice teachers triennial reviews are carried out</td>
</tr>
<tr>
<td>e. A programme for the preparation of mentors is in place</td>
</tr>
<tr>
<td>f. There is a process for experienced registrants with previous mentor experience to APEL to the agreed mentor preparation programme</td>
</tr>
<tr>
<td>g. There is a robust process in place to support the progression of mentors to sign-off</td>
</tr>
<tr>
<td>h. There is a process in place to ensure students on practice teachers/SCPHN/SPQ are facilitated to complete their programme of learning</td>
</tr>
</tbody>
</table>