



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Education Programme for Nurse Authority to Prescribe Ionising Radiation (X-Ray)

EDUCATIONAL AUDIT OF CLINICAL LEARNING ENVIRONMENT

Hospital _____

Address _____

Director of Nursing _____

Contact Details _____

Telephone Number

Email Address

Ward/Department/Unit _____

Rationale for Educational Audit of Clinical Learning Environment

The *Requirements and Standards for Post-Registration and Continuing Competence Nursing and Midwifery Education Programmes – Incorporating the National Framework of Qualifications* (An Bord Altranais, 2010) states that “clinical placements are based in health care institutions, which are audited/approved by the Programme Team and satisfy An Bord Altranais Requirements and Standards” (p18).

Audit Process

The health care institution is responsible for conducting an Educational Audit of the Clinical Learning Environment for the *Nurse Prescribing of Ionising Radiation (X-Ray) Education Programme*, using the approved audit tool.

Each ward/department/unit in the health care institution, approved by the Local Implementation Group as a suitable clinical setting for the implementation of Nurse Prescribing of Ionising Radiation (X-Ray), must be audited separately.

The audit must be conducted by a Senior Nurse Manager, or Nursing Practice Development Co-ordinator, as designated by the Director of Nursing.

Evidence of compliance with each stated standard must be provided.

In the event of standard/s not being achieved, an Action Plan must be completed in respect of each standard, by the auditor, stating the corrective action/s to be taken to achieve the standard, the timeframe for implementation of the action/s, the person/s responsible for the action/s and the review date.

The Director of Nursing is required to sign off the audit document/s prior to submission to the identified Programme Team member.

Audits must be completed prior to programme commencement.

Standard	Compliance		Evidence
	Yes	No	
1. A <i>Local Implementation Group</i> is in place in the hospital to oversee the implementation of nurse prescribing of ionising radiation (X-Ray).			
2. A <i>Radiation Safety Committee</i> is in place to oversee all aspects of radiological protection and safety.			
3. The ward/department/unit has been approved by the Local Implementation Group as a suitable clinical setting for the implementation of nurse prescribing of ionising radiation (X-Ray).			
4. The ward/department/unit provides learning opportunities that enable the achievement of competence in nurse prescribing of ionising radiation (X-Ray) and the stated learning outcomes of the programme.			
5. Arrangements are in place for learners to undertake a placement, equivalent of eight hours, in the X-Ray Department.			
6. There is an approved <i>Policy for Nurse Prescribing of Ionising Radiation (X-Ray)</i> in the ward/department to support appropriate standards of care and patient safety			

7. The ward/department/unit has an up to date <i>Safety Statement</i> which includes risk assessment and existing control measures relating to nurse prescribing of ionising radiation (X-Ray).			
8. Risk management systems are in place in the ward/department/unit including a system for reporting adverse events or near misses relating to nurse prescribing of ionising radiation (X-Ray).			
9. Mechanisms are in place in the ward/department/unit to facilitate information sharing and interdisciplinary team working relating to nurse prescribing of ionising radiation (X-Ray).			
10. The ward/department/unit has processes in place regarding documentation and maintenance of records relating to nurse prescribing of ionising radiation (X-Ray).			
11. An information pack relating to nurse prescribing of ionising radiation (X-Ray) is available in the ward/department/unit, containing the following: <ul style="list-style-type: none"> • Aim and learning outcomes of education programme; • Approved policy and procedure for Nurse Prescribing of Ionising Radiation (X-Ray); 			

<ul style="list-style-type: none"> • Membership and role of the Local Implementation Group; • Contact details of the Programme Co-ordinator in the RCNME providing the education programme; • An Bord Altranais Requirements and Standards for Nurse Education Programmes for Authority to Prescribe Ionising Radiation (X-Ray); • Copy of the Clinical Placement Portfolio. 			
12. A clinical supervisor has been identified and approved by the Local Implementation Group to facilitate learning, provide guidance and support, and formally assess learners from the ward/department/unit undertaking the education programme.			
13. Systems are in place to support clinical audit of nurse prescribing of ionising radiation (X-Ray).			
14. Learners undertaking the education programme have access to library and information services.			

Action Plan Required

☐ **Yes**

☐ **No**

Audit conducted by _____
Name (Block Capitals)

Title (Block Capitals)

Signature _____
Auditor

Date

Signature _____
Director of Nursing

Date

ACTION PLAN

Standard	Corrective Action to Achieve Compliance	Person Responsible (Name(s) & Title/s)	Completion Date	Review Date

Signature _____

Director of Nursing

Date