

**Menter Cymru Gyfan ar gyfer Addysg Nyrsio a Bydwreigiaeth All Wales Nursing and
Midwifery Education Initiative**

**Archwiliad Addysgol Sbôc
Amgylchedd Dysgu Ymarfer Annibynnol ar y Canolbwynt**

**Spoke Educational Audit
Practice Learning Environment Independent of Hub**

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| Spoke Educational Audit for Practice Learning Environments that are Independent of a Hub and allocated by the AEI |
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Section 1.1

| | |
|--|--|
| Area of practice | |
| Date of audit | |
| Educational Link for Practice Learning Environment | |
| Educational Link for Approved Educational Institution | |
| Practice Facilitator (or equivalent) | |

Section 1.2

| Audit Recommendation | Please tick appropriate box |
|---|------------------------------------|
| Approve student placement | |
| Continue to use but review (with an agreed time period of no more than 6 months). <ul style="list-style-type: none"> • Action plan agreed and attached | |
| Suspend allocation of students <ul style="list-style-type: none"> • Action plan agreed and attached | |

ELECTRONIC OR HARD COPY MUST BE FORWARDED AND RETAINED IN THE PRACTICE LEARNING ENVIROMENT.

ELECTRONIC OR HARD COPY MUST BE RETAINED BY THE AEI

PRACTICE LEARNING ENVIRONMENT PROFILE

Section 2

| | |
|--|---|
| Approved Educational Institution Link conducting audit: | Practice Learning Environment Manager Contact: Name: |
| Practice Learning Environment Staff conducting audit: | Address: Email: Direct Telephone number: |
| Salient Language (tick appropriate box) Mainly Welsh Yes <input type="checkbox"/> No <input type="checkbox"/> Mainly English Yes <input type="checkbox"/> No <input type="checkbox"/> English and Welsh Yes <input type="checkbox"/> No <input type="checkbox"/> Or other please state:- | Approved Educational Institution Link Contact: Name: Address: Email: |
| Uniform (tick appropriate box) Yes <input type="checkbox"/> No <input type="checkbox"/> | Direct Telephone number: |
| Details of Specific Dress Code | |
| Hours of Duty | |

PRACTICE LEARNING ENVIRONMENT PROFILE

- Describe services offered
- Patient /Client/Service User profile
- Range of activities
- Learning opportunities available to students.
- Additional practice learning opportunities should enable the nursing or midwifery student to further enhance their knowledge and skills by observing and participating in services that clients or service user`s access.
- Attach relevant documents

Please identify whether this area is a spoke for:-

| | Year 1 | Year 2 | Year 3 | all PLO's |
|---------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Adult students | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Child students | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MH students | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Midwifery students | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Learning Disability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please indicate the maximum number of consecutive days this area could be used as a spoke opportunity:

| Days | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Spoke PLO's are observational and students will require support, although they will not require a mentor. Please indicate the maximum number of spoke students this area could support:

Maximum number of students:

Section 3

| | Indicators | Evidence |
|---|--|-----------------|
| Safe learning environment | Staff discuss Learning Opportunities available with student. | |
| | Health and safety policies made available to student. | |
| | Policies and procedures in place to support practice are based on evidence. | |
| | Evidence of respect and dignity applied within practice. | |
| Student support | Support for student by appropriate individuals (qualified professionals/ leads within charitable organisations). | |
| | Students to have observational status. | |
| | Constructive feedback to student and documentation completed. | |
| | Environment supports teaching and learning | |
| Partnership working | Mechanisms in place to escalate concerns | |
| | Named AEI educational link | |
| | Named practice link | |
| Preparation of Practice Learning Environment staff | Information pack provided and discussed by AEI link | |
| | Additional Practice learning tool discussed by AEI link | |

Summary of student evaluations

Action plan

Name/s of AEI Staff Conducting Audit

Signature/s Date

Name/s of Practice Learning Environment Staff Conducting Audit

Signature/s Date