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**NURSE/MIDWIFE PRESCRIBING OF MEDICAL**

**IONISING RADIATION (X-RAY)**

**CLINICAL AUDIT TOOL**

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| General Information | |
| Name of Clinical Site\* |  |
| Student Name and contact details | Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Current Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Nursing and Midwifery Board of Ireland P.I.N. No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Tel.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail: |
| Clinical supervisorName and contact details | Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Current Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Medical Council P.I.N. No *(if applicable)*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Tel.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail: |

\***Clinical Site** – The term clinical site is used throughout this document to refer to hospital, healthcare institute, community or primary care setting where the student is employed in clinical practice.

**PART I**

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| *Clinical Department Type* Please identify the area of clinical practice in which you are currently working and how it relates to ionising radiation. |
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* 1. ***Please provide details of Other healthcare professionals whose expertise and clinical support is available within your clinical site***

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| Grade | **WTE or %** |  | office use only |
| Advanced Nurse/Midwife Practitioner (s) |  |  |  |
| Medical Colleagues (s) (Registrar or Higher) |  |  |  |
| Consultant Radiologist |  |  |  |
| Radiography management |  |  |  |
| Senior Nurse/Midwife Manager (s) (Clinical Nurse/Midwife Manager III/ Assistant Director of Nursing/Midwifery/ Director of Nursing/Midwifery) |  |  |  |
| Clinical Nurse/Midwife Specialist (s) |  |  |  |
| Clinical Education Facilitator (s)/Staff Development Facilitator (s)/ Skills Facilitator (s)/ |  |  |  |
| Authorised nurse/midwife to prescribe medical ionising radiation (x-ray) |  |  |  |
| Other Health Care Professional (Please specify) |  |  |  |

###### PART II

***2.1: Site Preparation please tick [√] all relevant***

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|  | **Yes**  **( give evidence if appropriate)** | **Being Developed (comment)** | **No** | office use only |
| Key documents distributed to the clinical site (ABA requirements and standards for Nurse education programmes for Authority to prescribe Ionising Radiation (X-ray). HSE A Guiding Framework for the Implementation of Nursing Prescribing of Medical Ionising Radiation (X-Ray) in Ireland. |  |  |  |  |
| Consultation with stakeholders and key influencers.  (Local radiology department, relevant medical consultants, relevant nursing teams, centre of nurse education, service user, risk management department) |  |  |  |  |
| Local implementation plan and local implementation group (LIG) established. |  |  |  |  |
| Service needs analysis complete. |  |  |  |  |
| Selection of prescribers:  Declaration of a need for a nurse/ midwife prescribing ionising radiation in this area of practice? |  |  |  |  |
| Completion of the site declaration form. |  |  |  |  |
| Appropriate clinical site to support the achievement of the learning outcomes and competencies for the education of nurse/midwife prescribing in ionising radiation. |  |  |  |  |
| Resource requirements present (computer/internet) |  |  |  |  |

##### *2.2: Clinical Supervisor*

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|  | **Yes**  **(give evidence if appropriate)** | **Being developed** | **No** | office use only |
| Appointment of a clinical supervisor (A registered medical practitioner) and agreement given by the LIG) |  |  |  |  |
| Clinical supervisor has signed the declaration form to confirm his/her commitment to the process? |  |  |  |  |
| Guidelines on roles and responsibility of the clinical supervisor provided. |  |  |  |  |
| The clinical supervisor has been communicated to the higher-level education institution? |  |  |  |  |
| Provision of support of the clinical supervisor by the education provider and programme coordinator:  Orientation programme for the clinical supervisor provided which complies with Nursing and Midwifery Board of Ireland guidelines for clinical mentor orientation.  Ensures adequate support for the student is available in the clinical site.  Clinical site visits  Ongoing support. |  |  |  |  |
| Clinical supervisor completed the orientation programme. |  |  |  |  |

***2.3: Clinical Practice Supports - please tick [√] all relevant***

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| Clinical Practice | **Yes**  **(give evidence if appropriate)** | **Being Developed** | **No** | office use only |
| The student has access to the clinical supervisor for the duration of the programme. |  |  |  |  |
| The student has access to relevant continuing/ongoing professional education/ development and skills development to support practice. |  |  |  |  |
| The student is familiar with policies, procedures and processes of both the clinical site and health care institution. |  |  |  |  |
| Education and practice development:  Learning outcomes are available for the clinical site that is appropriate for the student and available to the student during the programme. |  |  |  |  |
| The staff that are involved in meeting the student’s learning needs are acquainted with the learning outcomes and competencies related to that clinical site. |  |  |  |  |
| The clinical learning environment is constantly monitored and evaluated by the education provider’s academic staff/ programme coordinator, clinical supervisor to ensure an optimum clinical learning environment. |  |  |  |  |
| There is a named individual (clinical site coordinator) with responsibility for the initiative locally and for liaison with the education provider, The Nursing and Midwifery Board of Ireland / Bord Altranais agus Cnáimseachais na hÉireann, and the HSE offices of the Nursing services Director. |  |  |  |  |
| There are clinical risk management and audit support structures in place that support the implementation of the new practice. |  |  |  |  |
| There are patient safety policies in place. |  |  |  |  |
| There is access to a computer, internet and e-mail to ensure data input for *the Nurse prescribing Ionising Radiation Data Collection System.* |  |  |  |  |

***2.6: Signatures***

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| Audit Completed | |
| Name    Course Co-ordinator  School of Nursing and Midwifery Trinity College Dublin    Student    Director of Nursing/Midwifery (or designate)  Chair of Local Implementation group | Signature   Course Co-ordinator  School of Nursing and Midwifery  Trinity College Dublin    Student    Director of Nursing/Midwifery (or designate)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Chair of Local Implementation group |
| **Date:** |  |