

Guidance:

This audit tool references the standards and criteria as defined in the **HEALINT Protocol – Requirements for traineeships in the healthcare sector**.

There are four sections in this instrument. Section 1.1 to be completed by the education organisation and all other sections by staff and/or the auditor in the local traineeship placement.

The audit process is in two steps:

Guidance is provided in appendix A to aid completion.

Step 1: Preparation, self-completion and collation of evidence.
Step 2: a member of staff from the educational organisation (the ‘auditor’) will arrange a visit at a mutually convenient time to discuss the evidence and complete the audit document. This will be an opportunity for the traineeship location to describe some of their good practices to support and host traineeship students on an exchange programme.

For each statement a **YES** or **NO** is selected.

Comments/evidence can include positive examples of practice, documents as evidence or plans to develop the environment.

Actions to make improvements shall be recorded in a summary on page 10.

Name of Organisation:	
Name of Traineeship Placement:	
Manager's Name:	
Address:	
Telephone Number:	
Email Address:	
Name of Auditor:	
Date of Audit:	
Date of last Audit of Placement:	
Main Focus / Speciality of Placement:	
Name of education/academic representative	

Section 1: Recognition of traineeships. To be completed by the education organisation prior to Audit.

1.1 Certification of Traineeship.

The partnership established shall ensure that the traineeship is recognised as education. The traineeship:

- a) complies with national and European applicable legal requirements related to the educational curriculum for clinical traineeships;
- b) is accredited under the European Higher Education Area (EHEA) if providing education at EQF levels 5 and above;
- c) certifies the traineeship in European credit units, such as European Credit Transfer System (ECTS) or European Credit Transfer System for Vocational Education and Training (ECVET).

This is addressed prior to traineeship and the presence of these is assured through the host organization through the:

- a) **Bilateral organisational agreement**
- b) **Traineeship Agreement**

1.2 Summary of experiences and learning opportunities available. To be completed by the traineeship host origination.

1.3 Provide some examples of previous trainee feedback (if available):

Section 2: To be completed by the traineeship host organisation – see Guidance document for further information.			
2 Governance (cross reference: 4. Protocol)			
2.1 Mission and vision Is there a mission and vision statement maintained as documented information?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comments/evidence
2.2 Organization Internal culture (cross reference:4.2 and 5.3 of Protocol) The traineeship host organization identifies, implements and maintains an internal culture which demonstrates the organization’s knowledge of service users’ needs and expectations, cultural sensitivity, effective practice and continual improvement. When identifying the internal culture, please indicate if the following evidence/examples are available of specific documents to refer to.			
a) anti-discrimination;	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comments/evidence
b) cultural integration;	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
c) ethical practice;	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
d) a positive working attitude;	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comments/evidence
e) dedication to healthcare professional development;	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
f) commitment to continuous improvement based on best practice and reflections on lessons learned	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
2.3 Legal compliance (cross reference:4.4 Protocol)			

The applicable local, regional, national and European requirements for delivery of safe and effective care, shall be identified. Please indicate evidence/examples for the following:			
a) evidence based clinical practice;	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comments/observations
b) data protection;	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
c) occupational health and safety;	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
d) appropriate insurance arrangements to protect service users and their carers, employees, visitors and students/trainees in the workplace.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
The traineeship host organization maintains documented information of the identification of the above requirements and retain documented information that the compliance to them has been verified.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
2.4 Risk management (cross reference:4.5 Protocol)			
A methodology for risk management related to the traineeship placements shall include the following. Please indicate evidence/examples for the following:			
a) identification of risks;	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comments/evidence
b) evaluation of risks;	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
c) determination of actions to address relevant risks;	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
d) evaluation of the effectiveness of the actions implemented.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
e) staff training and development	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Documented information regarding the adopted risk management methodology and evidence of its implementation is maintained and retained.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
2.5 Management of incidents (cross reference:4.6 Protocol)			
There is evidence of a methodology to deal with incidents (non-conformities) related to the traineeship placements which include the following:			
<ul style="list-style-type: none"> • description of the incident; • investigation of the cause; • determination of appropriate actions to address the incident and the responsible persons for its implementation and deadlines and communicated to the originating organisation as appropriate. • evaluation of the effectiveness of the actions implemented. 	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comments/evidence
Documented information regarding the methodology and evidence of its implementation is maintained and retained.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
3. Resources (cross reference:5 Protocol)			
Sufficient human resources and infrastructure for the traineeship placement (shall) include:			
a) adequate staffing ratios and appropriate skills;	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comments/evidence
b) clear job descriptions and leadership styles;	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

c) support for staff life-long learning and career development.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
d) equipment and facilities to support learning	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
4. Traineeship planning (cross reference:6.1 Protocol)			
4.1 Allocation of trainees to traineeship placements			Comments/evidence
The host organisation identifies and communicates the requirements that the trainee needs to meet before starting their traineeship.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
4.1.1 If the trainee does not meet the necessary requirements before starting the placement these are implemented during the induction period.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comments/evidence
4.1.2 The evidence the trainee meets these requirements are documented and retained	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comments/evidence
4.1.3 There is an induction/orientation to the traineeship placement.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comments/evidence
<p>Note: Examples of requirements not usually met in advance by a trainee can include competences related to specific procedures of the organization (e.g. health and safety, security) or to specific resources (software applications, equipment) among others.</p>			

<p>4.2 Assignment of Mentors (cross reference:6.2 Protocol) A mentor who has the relevant professional qualification, knowledge and skills to support trainees in their placements is assigned and adequately prepared. NB. This includes pedagogical preparation (may not be specific qualifications), professional qualifications and knowledge of relevant information regarding the traineeship placement.</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>	<p>Comments/evidence</p>
<p>The minimum mentorship contact time is defined across the duration of the traineeship. NB. This may be in hours or days per week.</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>	<p>Comments/evidence</p>
<p>The identification and contacts of the assigned mentor shall be made available to the trainee and hers/his educational organization.</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>	<p>Comments/evidence</p>
<p>4.3 Trainee learning experience (cross reference:6.3 Protocol)</p>			
<p>4.3.1 Learning environment The traineeship host organization assures the availability of a supportive learning environment where:</p>			
<p>a) the learning opportunities match the learning objectives and level of the trainee and any exceptions justified;</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>	<p>Comments/evidence</p>
<p>b) the trainee experiences the delivery of service user care based on contemporary evidence-based practice;</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>	

c) the trainee has access to relevant documented information including common medical and healthcare terminology used.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
d) the trainee is not included in the work force and the mentor remains accountable for the trainee activity;	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
e) there is a system in place for trainees and mentors to raise concerns;	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
f) the role and responsibilities of the trainee are clearly identified;	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
g) the wellbeing of the trainee is supported	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
h) there is a positive learning culture which embraces and supports diversity;	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
4.3.2 Assessment of learning (cross reference:6.4 Protocol)			
The traineeship host organization and mentors coordinate the assessment and learning of the trainees to consider:			
a) documentation and its related grading system;	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comments/evidence
b) defined times in which the assessment occurs;	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comments/evidence

c) system to support and assist the trainee by giving continuous feedback	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comments/evidence
c) systems to support and recover trainees at risk of failing.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comments/evidence
d) documentation of all relevant communications	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comments/evidence
5. Establishment of partnerships (cross reference:7.1 protocol)			
The traineeship host organization works in partnership with an education organization that enables continued cooperation and support regarding the traineeship is aware of the nominated responsible teacher for the traineeship and her/his direct contact details are available;	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comments/evidence

6. Overall Summary of Audit and identification of any actions to address the protocol criteria

<p>What went well?</p>			
<p>What could be improved? (Add these to the Actions table below)</p>			
Actions	By When	By Whom	How will this be reviewed?
1.			
2.			
3.			
4.			
5.			



PERSONS COMPLETING THE AUDIT / DATE	
Print Name	TITLE / DESIGNATION (e.g. Manager, Auditor, Observer)

FINAL