Supporting Internationalisation of Traineeships in the Healthcare Sector (HEALINT) Briefing Paper

Development of the HEALINT Protocol

HEALINT

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This project has been funded with support from the European Commission. This publication reflects the views only of the authors, and the Commission cannot be held responsible for any use which may be made of the information contained therein.

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Co-funded by the Erasmus+ Programme of the European Union

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1. Introduction

1.1 Background

The advent of the Bologna Declaration in 1999 heralded a new era for education in Europe. The extensive commitment both in funding and in the work of universities to establish a European Higher Education Area culminated in a widening of opportunities for students through the associated European Commission Programmes aimed at increasing student and teaching mobility (e.g. Lifelong Learning Programme, ERASMUS +) ERASMUS + (the European Union programme for education, training, youth and sport) supports higher education students and staff to travel across Europe and participate in study and/or vocational education traineeships (VET) (Universities UK International 2017, Jacobone and Moro 2015). Specifically within healthcare, the international placement experience is acknowledged as useful for helping students to build self-confidence and to develop better cultural sensitivity, which may impact positively on their future ability to provide multicultural care (Dobrowolska et al 2015; Myhre 2011; Bearnholdt et al. 2013; Hagen et al. 2009; Button et al. 2005).

However, at the same time, ERASMUS+ placements present a number of challenges. For example, the requirements for nursing to meet both academic requirements as a regulated profession including 2300 hours of practical work as well as 2300 hours of theory under the EU Directive (EC/36/2005 amendment EU/55/2013) create extra needs for nursing departments. Moreover, the national regulations applying these laws also require that students must attend practice placements which are audited and have an assured level of quality of clinical learning to support students during their extensive practice training. Consequently, while there is a will for student nurses to gain ERASMUS+ type experiences, the competing challenge of professional registration requirements make development and maintenance of practice placement traineeships difficult. In 2010 and 2017, the Nursing and Midwifery Council (NMC) in the UK, published new standards for the delivery of nursing courses. In 2010, the NMC took the opportunity to widen learning opportunities for all nursing courses including guidance which clarified that nurses could experience ‘elective’ placements inside and outside of the UK for a period of up to not more than six months or exceed 17.5% of the total programme (NMC, 2010). This has sustained with contemporary standards. The impact of this change in nursing education should have reiterated a pathway to supporting achievement of required standards in respect of social and personal contexts and graduation (NMC, 2017); meeting university strategic goals for internationalization and offering an ‘elective’ as an attractive recruitment option for universities wishing to attract nursing candidates from a dwindling pool of undergraduates. Indeed private, commercial and charitable ‘short’ elective opportunities have developed, as well as some formal agreements between Universities across Europe through ERASMUS + and more widely through International co-operation.

However, commitment to ERASMUS + practice traineeships for nursing and longer study placements has not developed well. Indeed, recent ERASMUS + evaluations of cohorts of UK students ending their studies) have consistently identified nursing as having one of the lowest participation rates of all subjects. Even current (and improved data) identifies only 1.9 % of students participating. (Universities UK 2019; Gone International). While health trust requirements for language confidence for the safety of patients can limit reciprocity and this is something which language learning must also address, these figures are poor when compared with the highest participating professions (German language 97 %) but also when compared with other clinically focussed subjects (eg Medicine 29%). Moreover, as the nature of ERASMUS+ is reciprocal, this also suggests that the total number of incoming students for nursing is likely to be proportionately low. This is of concern, also because there is recognition that such placement opportunities enhance employability and strengthen many characteristics which are sought after by health communities in Europe including cultural enhancement, personal development and foreign language proficiency (Jacobone and Moro, 2015). International placements should be undertaken to support the development needs for healthcare students and help them to access international mobility in order to create a more level playing field of opportunity across the European student body.

According to a study in nursing conducted by Dobrowolska and colleagues (2015) globalization means that it is pivotal to investigate the differences and similarities in clinical practice education models that are employed in different countries. However the authors suggest that standardising clinical education structures across Europe is challenged by the fact that there is diversity around cultures, traditions and patients' expectations within the member states. This means that each country develop competency frameworks which reflect the issues relevant to their specific contexts. Furthermore, there are complexities inherent in any clinical placement- whether national or abroad- due to the political, institutional and social structures present. The optimal learning conditions are set by both higher education institutions (HEIs) and the healthcare provider settings hosting the placement, which requires cooperation, effective communication and mutual support. In addition, in some countries, there may be variable models for clinical placement, rather than one overriding national approach. One key finding identified by Dobrowolska et al's (2015) study was that governance of clinical placements in countries was either centralized (HEIs comply with national standards for the clinical learning environment) or locally based (HEIs develop their own standards). These variable patterns of organisation should arguably be harmonised in order to facilitate successful student exchanges.

A further major challenge in ensuring that students can undertake international placements lies in the quality assuring of placement experiences (Dobrowolska et al 2015). This was raised in large scale work by Saarikoski, Warne and others (2002, 2008) who in developing the Clinical Learning Environment and Supervision Scale CLES and subsequent CLES +T, found solutions through the comprehensive evaluation of placement experience and clinical supervision by learners already using the placements. The comprehensive nature of this work in developing metrics by which to determine the effectiveness of a placement for student learning was found by the researchers to have high reliability. None the less, this research only tells part of the story as all evaluations are retrospective and require students to have been using the placements for learning apriori and then to evaluate over a period of

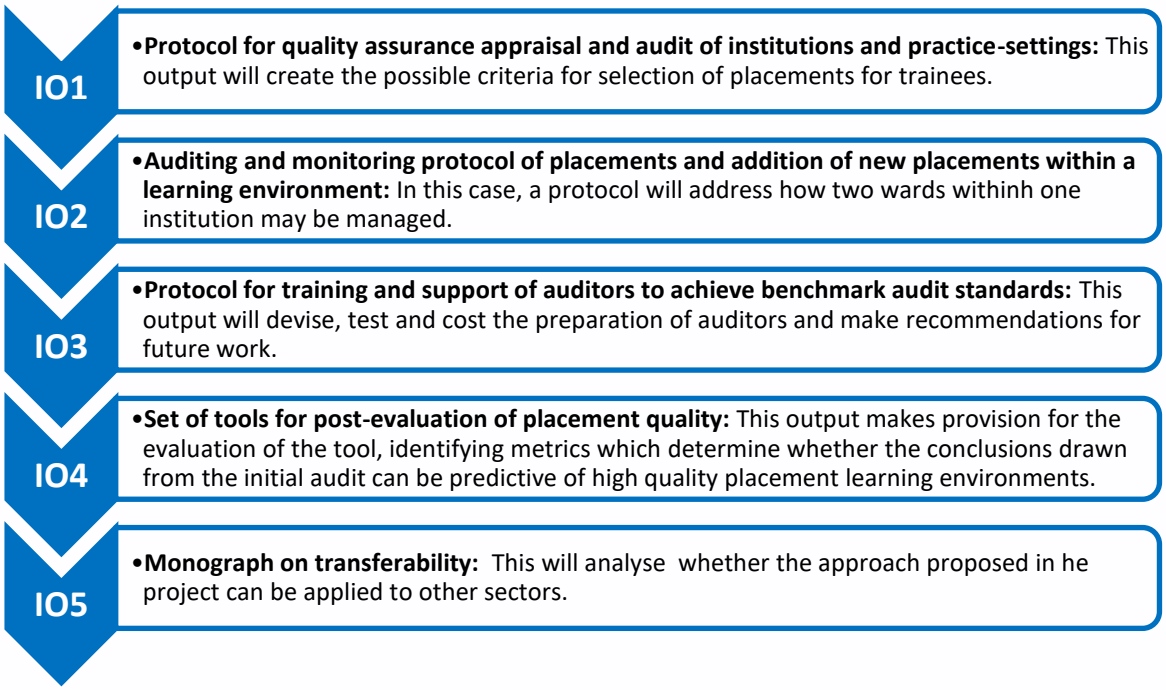
time. Thus, to create a more level playing field of opportunity across the European student body, work must be undertaken to support the development of quality assurance measures for placements so as to ensure that the needs of nursing students, and professional bodies, are met. In particular, a certain degree of standardisation is required to ensure that the quality assurance process in consistent across member states to increase the availability of high quality placements, facilitate student mobility, and help students to foster stronger links with foreign colleagues.

1.2 The HEALINT project

This innovative project aims to meet nursing need through establishing an International Quality Audit System for nursing and healthcare institutions who want to exchange students which will map to national and international priorities and meet agreed requirements.

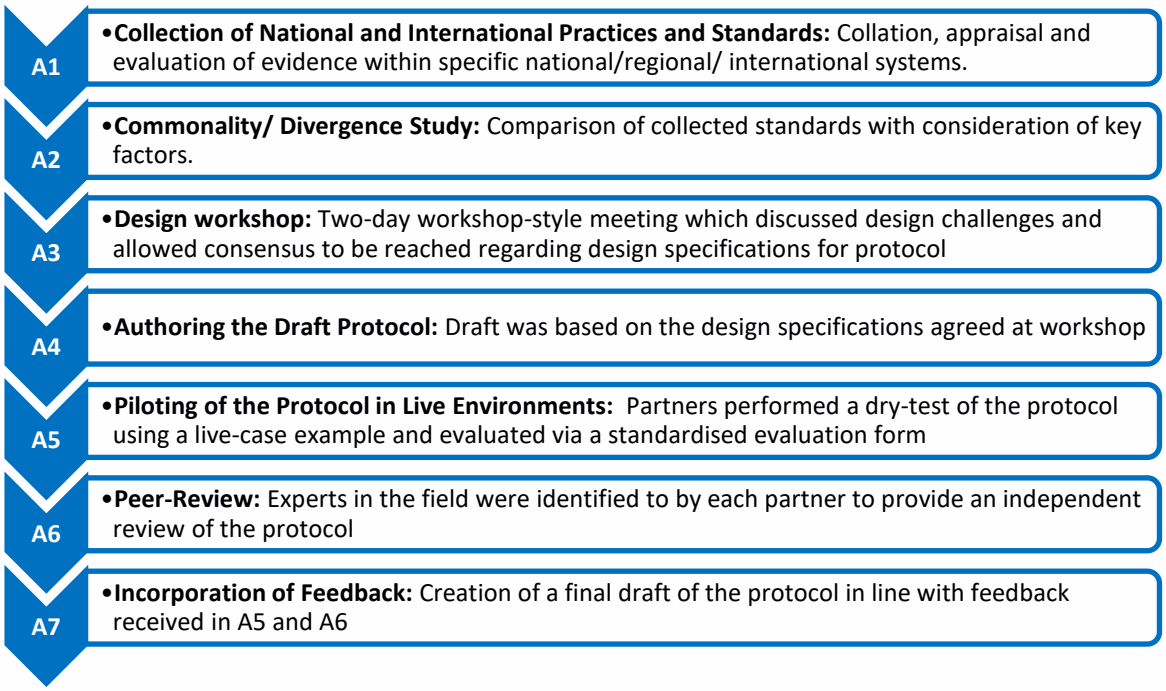
The primary endpoint will be a robust mechanism, which uses well established metrics, to benchmark placement quality and support for students across health facilities and universities in different countries. Such benchmarking will offer confidence in placement quality and support the extension of placement choice for students, since partners signed up to the joint agreement could share trainee placements more easily. It will also mean that participants will be assured of an agreed standard of placement for practice and the sharing of quality assurance audits, reducing the amount of time partner institutions previously spent individually. In addition, the agreement and audit protocols will review what a trainee placement has to offer in respect of best practice in pedagogical support for nursing students while facilitating flexible opportunities to explore different cultural and practical nursing care environments.

The HEALINT project consists of the following Intellectual Outputs (IO):



The briefing paper addresses the development of the Intellectual Output 1: “Protocol for quality assurance appraisal and audit of institutions and practice-settings”, whose outcome, now published in four languages (English, Finnish, Spanish and Polish) is a free and publicly available propriety standard entitled “HEALINT Protocol- Requirements for traineeships’ placements in the healthcare sector”.

This Intellectual Output was developed in stages, using an iterative approach and encompassed seven different activities (A):



1.3 The need for comparing and evaluating existing standards

Current evidence points to the existence of national priorities and localised standards which provide guidance on how the quality of placement sites can, and should be, established by nursing and healthcare institutions. A review of this evidence was conducted by HEALINT partner sites, considering research, published discourse, policy literature and grey literature and evidence including existing tools. Using this collection, the following section of this briefing paper compares each of the collected standards, highlighting the main factors, similarities, differences, strengths and weaknesses of the different approaches. This exercise was important to review and appraise the existing standards and evidence base. Please see Section 2, “Desktop review of national and international practices and standards” for more details.

In addition to this review of existing standards, the briefing paper will also outline the design choices involved in creating a tool with transnational applicability across Europe and beyond.

2. Desktop review of national and international practices and standards

2.1 Aims and objectives

The comparison and evaluation of standards enabled the tools to be assessed and the available evidence to be reviewed. Moreover, the exercise enabled insight into how appropriate the tools were for the local context, whilst also identifying gaps that would restrict their trans-national applicability.

The review specifically identified the following:

- Factors in common across different existing tools
- Discrepancies between the tools
- Unique features of various approaches
- Strengths and weaknesses of each of the various approaches.

2.2 Methods

The HEALINT partner sites of Finland, Malta, Poland, Spain and the UK undertook literature reviews of relevant material. These concerned standards and tools which were related to auditing/ appraisal systems and procedures for establishing the quality of student nurse placements within their respective countries. The searches were conducted using key search terms on internet search engines and literature were considered for inclusion if they were related to any aspect of auditing student nurse placements, including: guidance/ criteria for establishing quality; official policies and standard procedures for conducting auditing exercises; research studies which related to the auditing of placements and experiences of students; and any tools which were evidenced as being used for auditing placements. In addition, UK partners conducted searches across the British Nursing Index database to retrieve studies focusing on standards and auditing of student nurse placement across the EU and internationally, which included evaluations of learning outcomes and the placement environment.

Retrieved papers included research papers, published discourse, policy literature and existing tools.

The Polish team conducted the literature review using keywords including “accreditation”, “audit”, “internships” and “practice placements” in both English and Polish language in Google Scholar and PubMed. Grey literature in Polish was also identified from government websites.

The Spanish team used keywords including “accreditation”, “quality”, “internships” and “practice centres” and synonyms of these terms. Searches were conducted in MEDLINE via PubMed using MeSH terms including “accreditation”, “clinical clerkship”, and “quality management”. In addition, the ERIC database was also searched with the following descriptors used: “accreditation”, “quality assurance”, “quality control”, “internships (medical)”, and “internship programs”. Moreover, grey literature was found on different Spanish official documents.

The Finnish team conducted the searches using keywords which included combining “audit” and “clinical practice” and (Finland or European Union) and “health” or “social” and “health care”. In addition, the team also conducted searches around “audit” and “nurse student” and “clinical practice”. Database searches were carried out in CINAHL, MEDIC and PubMED. Additional searches were carried out manually using Google Scholar and SAMK library.

The UK literature search employed key words including “placement”, “learning outcomes”, “international”, “Europe”, “Erasmus”, “peer”, “audit”, “standards”, and “educational practical experience” and used the British Nursing Index database. These keywords enabled the relevant literature around student nurse placements and international student nurse placements to be retrieved.

The Maltese partner contributed to the desktop review with standards covering quality requirements for non-sector specific apprenticeships, such as the Apprenticeship Quality Toolkit (Camilleri and Feliciano, 2017).

2.3 Results

A total of 89 literature were included for the review of national and international practices and standards, including relevant research regarding student placements. The overview of these can be found in the Appendix.

2.4 Discussion

As shown in Appendix 1, there were an array of tools, standards and guidance documents available to European countries, which addressed the training experience of student nurses. Spain had specific legislation around student training, as conveyed in resources such as the ''Spanish Royal Decree 1558/1986- Order of 31st July 1987''. The content of these specified information, such as what institutions needed to have in place to host student placements. However, not all Spanish legislation that were reviewed were specific to the nursing profession, but focused on the academic practices of college students in general, for example, the Spanish Royal Decree 529/2014 of 11th July. In addition, the legal documents did not appear to specifically cover the topic of international student placements, but were aimed at setting standards for student nurses more generally, e.g. ensuring that student nurses do not compromise patients' privacy.

One EU directive was identified and reviewed (Directive 2005/36/EC of the European Parliament and of the Council), which would have been applicable to EU nations. However, this standard was not exclusive to the nursing profession, though there were specific sections that provided specifications for the training of nurses who were responsible for general care.

There were statutory bodies which produced official national standards to set specifications for all aspects of education and training for nurses. These included the Ministerial Standards of Education for Nursing in Poland and the Nursing and Midwifery Council (NMC) in the UK. However these were only applicable for nursing training and practice in the countries in which they had been produced. This was because statutory bodies, such as the NMC, are not EU bodies, but organisations which govern over the nursing profession in a specific country.The guidance documents that were reviewed were routinely produced by national official bodies, for example, the Royal College of Nursing (RCN) in the UK. Such guidance documents were intended for use by insitutions within the countries that they have been produced by, and therefore may not be applicable in other countries.

For Poland and Finland, policy documents have been produced by specific universities within these countries to provide guidance on the practical education experience students enrolled at these institutions. Similarly, specific audit tools have been developed for use for a specific institution in Poland (Department of Nursing, State Higher Vocational School), and designed for auditors to assess and award points based on whether criteria were being met during traineeships. These appeared straightforward to use, adopting a point scoring system, where higher scores represented higher standards. However, no information identifed how these audit tools had been developed nor whether they were validated tools. There were also guidance documents retrieved by the UK team providing instructions and directions for undertaking audits, but these tended to be institution-specific, with sparse detail around how they were developed i.e. what evidence base had informed them. There was also a standard reviewed by UK partners which had been developed by the Health Service Executive, giving insight into the Irish national context, though this was not specific to nursing students undertaking placements.

The Apprenticeship Quality Toolkit retrieved by the Maltese partners provided a comprehensive guidance document and was intended to be a flexible management tool for Professional Higher Education Institutions (PHEIs) and Small and Medium Enterprises (SMEs). The main aim of this was assure the quality of apprenticeships between PHEIs and SMEs and ensure cooperation. The toolkit consists of different checklists to enable PHEIs and SMEs to assess whether requirements are being checked and also requires evidence to be cited. If requirements are only partially met, or have not been met at all, suggested actions should be recommended that would lead to the fulfilment the requirement. A glossary is included to specify the meanings behind terms. With such components, including instructions on how to use, usability of this toolkit appeared to be relatively straightforward. However, although the document acknowledges the Quality Assurance criteria stated within EU's proposal for a Framework for Effective and Quality Apprenticeships (European Commission, 2017), and asserts that it meets these, there is no clear presentation of evidence to verify this. On the other hand, unlike the other institutional audit tools reviewed, the Apprenticeship Quality Toolkit does provide an overview of how the tool was developed in the Introduction section.

Research papers which were reviewed covered a range of topics including student nurses' experiences and mentorship. The papers retrieved by the Polish team were largely survey studies focused on students' perceptions and experiences of the training experience and mentorship. Similarly, the Finnish team also retrieved studies focusing on the mentoring experience, such as what constitutes effective student mentoring, and what factors contribute to mentors rating their competence highly. However, the Finnish team also identified a key study around the development and evaluation of the CALDs and CLES+T scales for international nursing students' clinical learning environments. Both these scales are designed for use in nursing education to help identify any issues that may be impacting on the learning experience and supervision of international nursing students (Mikkonen et al 2017). However, as addressed earlier on in the briefing paper, the instruments rely on students already using the placements, providing a retrospective evaluation, rather than enabling placement quality to be assessed before students are assigned. Research papers retrieved by the Spanish team did cover the topic of international placements. One paper (Talaba et al 2009) addressed considerations for developing a framework and guidelines that could be used by European organisations to ensure high quality student placements. The article identified a range of relevant factors including which organisation might provide accreditation. However, the article concluded that progressing such guidelines is limited because it may be difficult to standardise across different European nations. Another article (Crawford et al. 2010) retrieved by the Spanish team addressed international clinical placements. Whilst this was not focused on nursing students, it did raise a number of recommendations which could be taken into account. These included the need for there to be improved record keeping and information sharing by the placement destination.

The UK team retrieved an array of research papers around the clinical placement experience. These mainly focused on the experiences of students and placement mentors, which helped identify key considerations for facilitating successful regular and international placements. Such studies helped to identify important elements, which could contribute to the development of standards around what high quality placements should comprise and

what should be measured to test whether standards are being met. From these studies, the key characteristics of good learning environments included adequate preparation for students, the sending institution and the placement setting; good support for students when in placement; motivated mentors; well organised supervision; stable leadership; and support for students to acheive competence within their scope of practice. In addtion, there was also acknowledgement that different types of learning environments should be offered as placement choices in order to better prepare students for the full spectrum of the nursing profession. Most studies retrieved were based on perceptions of students regarding their placement experience via self-reported tools such as the CLES-T+ and CLEI. In addition, many papers retrieved were based on testing the psychometric properties of these tools, particularly translated versions. However, less attention was given to measuring the quality of clinical learning environments before students were assigned to these placements; whilst widely evaluated, the tools employed for data collection required students to reflect on their experiences retrospectively.

Based on these retrieved studies, another shortcoming of the research agenda appears to be the fact that most studies are country-specific studies, though some have investigated the placement experience across countries and specifically across EU member states. One study (Williams et al 2017) discussed the efforts of one institution to internationalise their midwifery curriculum in order to improve the global mobility of midwifery students. Reflections on the Erasmus+ programme were offered, which the authors suggest has helped improve the number of students undertaking international placements. However, whilst the article alluded to a process being used to arrange elective placements, the details around this are not explicitly discussed. Therefore, insights into the selection criteria for choosing international placement sites, including issues around measuring quality, are still lacking.

In conclusion, the desktop review has revealed that despite copious standards, tools, guidance documents and legislation around the student nurse experience, much of these remain country-specific resources which are not used as shared resources between countries. Moreover, within one country, there was not one singular resource that was influential in setting standards for assessing placements; rather each country relied on a mixture of legislative and guidance documents to inform how placements should be organised and managed. Audit tools were identified as being used in Poland and the UK, but these were developed for a specific department within a particular institution, therefore limiting their use as general resources applicable internationally. In addition, from the literature identified by the desktop review, though specific areas of international nursing student placements and exchange nursing students were covered, particularly within the published research, these mainly focused on students' retrospective perspectives of their learning environments. Existing tools and standards which were reviewed did not provide an international quality audit system for nursing and healthcare institutions who wish to exchange students, possibly due to the complex nature of clinical placements, something that has been acknowledged in previous work (Dobrowolska et al 2015).

This desktop review has provided considerable insight into what factors may contribute to successful clinical learning environments and in particular, the research papers have outlined key considerations around student nurses' international placements. There has also been

some guidance retrieved around conducting audits, which has helped identify the key stages in auditing processes. However, the desktop review has also identified a gap around the quality assurance procedures for international placements, specifically before the student is assigned. The next stages of the HEALINT project intends to provide a solution that could offer countries a strategy for assuring the quality of placements before students' attendance via a standardised framework that can be applied consistently.

3. Protocol development

3.1 Introduction

The HEALINT project proposes to design a protocol and audit tool for evaluating the clinical learning environment for healthcare students and establish a standardised training system for auditors.

3.2 Aims and objectives

The aim of developing the protocol was to support the evaluation of the clinical learning environment for healthcare students. The main objectives of the protocol were as follows:

1. To be part of an international quality audit system for nursing and healthcare institutions who want to exchange students which will map to national and international priorities and meet agreed requirements.
2. To provide a background to the audit tool that auditors will take with them to placement sites to evaluate the clinical learning environment.
3. To establish criteria for the selection of placements for trainees and enable a review of these placements.
4. To have transnational applicability across Europe and beyond.

3.3 Method

The protocol was developed by the research team and then subjected to expert panel for review in each project partner country (Finland, Poland, Spain and UK) before being piloted in a live environment including stakeholders.

3.4 Progress

The following stages have been completed.

3.4.1 Design workshop

The design workshop brought together all project partners for a one-day workshop-style meeting. During the meeting, design specifications for the protocol were established. The main considerations were to determine the relative importance of features, to group them logically and to identify omissions and duplications.

By suggestion of the Maltese partner, and although not initially planned, the partners agreed to conform the protocol to ISO standard, by using ISO terminology and ISO syntax style in the writing of the requirements and to organize them in typical ISO standard structure.

The International Organization for Standardization, better known as ISO, is the biggest standardization body in the world, with over 22 thousand standards published, developed by over 160 members cooperating in nearly 300 technical committees. Its dimension and wide adoption of its standards - including management system standards – by organizations across the world, is significant and the proposed alignment of the HEALINT Protocol with ISO rules for drafting standards can be mutually beneficial, as it will:

1) Make the protocol more compatible with other international standards that might be already implemented by users, therefore facilitating its integration;
2) Preventively solve any translation problems, as most ISO terminology is already translated into the languages of the partners. This was particularly welcomed by the Finnish partners, as translations into Finnish usually pose several challenges.

To operationalise the decision to conform the protocol to ISO standard, the Maltese partner prepared a list of ISO terminology commonly used in management system standards such as ISO 9001, for the partners to analyse, comment and approve for use in the protocol. It also distributed information regarding the ISO highest level structure for management system standards and shared some basic principles and rules for standards drafting.

3.4.2 Authoring of the draft protocol

Following the design-workshop, the English version of the protocol was developed. The main requirements agreed for inclusion were guidance around governance issues:

- Mission and vision
- Organizational culture
- Organizational Policy
- Compliance obligations
- Risk management
- Control of nonconformities

In addition, empahsis was also placed on the determination, provision, and maintenance of sufficient resources:

- Human resources
- Infrastructure
- Financial resources
- Documented information

Guidance around traineeship planning and control was also outlined:

- Allocation of trainees to traineeship placements
- Assignment of mentors
- Determining, providing and maintaining a supportive learning environment
- Assessment of learning
- Finally, guidelines around the formal recognition of traineeships was included:
- Establishment of partnerships
- Certification of traineeship

Once the protocol draft was agreed, the Maltese revised the text substituting terms and syntax as needed to apply ISO terms as agreed by the whole team. The Maltese team also reorganized the text in a typical ISO standard structure, giving it the above clause sequence, and added the sections: introduction, scope, normative references, terms and definitions and references.

The English version of the protocol was then translated by the partner sites of Finland, Poland and Spain into their respective languages. These were then back-translated to English to ensure that content and meaning were maintained. The issues that arose regarding terminology were recorded in a shared table specifically created by the Maltese partner for this purpose, to allow discussion and consensual decision on how to resolve them. The decisions were also recorded in the same table and any necessary amendments were made to the protocol.

3.4.2.1 Peer review process

All partners consulted internal experts in the summer of 2018, who were independent of the project. Feedback on the first draft of the protocol was collected and necessary changes were implemented to produce a second version of the protocol. This then underwent translation by each partner in their respective languages.

3.4.3 Piloting of the protocol in live environments

Each project partner performed a dry-test of the protocol. For three partner sites (Finland, Poland and Spain), this involved the protocol being applied to a live case setting. The Finland team piloted the protocol in Porin Perusturva and evaluated it using two focus groups with ten healthcare staff. In addition, the protocol was also piloted with seven students who provided feedback during a group interview. The Polish team piloted the protocol with individuals from the Faculty of Health Sciences at the State Higher Vocational School in Tarnów. Feedback was received via two focus groups with healthcare staff, university staff, and students. The Spanish team evaluated the protocol using a modified Delphi Technique with staff and students at Vistahermosa HLA Hospital. All individuals who took part were involved in placements receiving international students. In addition, the Spanish team also conducted a focus group with staff based at the University of Alicante to acquire their feedback concerning the protocol.

For partners from the UK (University of Nottingham and Middlesex University), the English language protocol was subjected to review by practitioners and practice auditors during university meetings. In addition, the protocol was also reviewed by nursing students at the University of Nottingham. This approach was due to restrictions relating to anticipated timescales for UK NHS Ethics Approval, and therefore the decision was taken to focus the project within an academic environment that could adhere to a shorter Medical School

Ethical Committee approvals process. For this reason, the UK Data will be presented separately.

Dry-testing and assessment of the protocol was evaluated based on (a) ability to implement the protocol, and, (b) usefulness of the protocol in describing relevant information in a trans-national environment. Results from the testing was collected using a standardised evaluation form and/or interviews/focus groups with stakeholders of the dry-testing process. Table 1a provides a summary of the results from the dry-testing stage for partners who piloted the protocol in live environments, whilst Table 1b presents the UK data.

Following the pilot stage, partners reviewed the document again. Changes were agreed and applied to the protocol. The protocol was then sent for final circulation to partners to translate the changes into their respective languages. The final document was ratified at a face-to-face meeting in Finland on 9th April 2019.The final version of the protocol is now available in English, Finnish, Polish and Spanish translations on the website.

Table 1a: Piloting of the protocol in live environments

Organisation/ Country	Stakeholders	Evaluation method	Results
Satakunta University of Applied Sciences, Finland	4 teachers supervising international students; no experience/ training in auditing 2 teachers supervising international students at clinical placement; experience/ training in auditing 1 team leader/ nurse teacher responsible for clinical practice with experience/ training in auditing	Focus groups	Structure clear; Good to have clear definitions around certain terms such as “mentor” and “organizational culture” Some difficulties around Finnish translation of certain terms e.g. “Traineeship/Apprenticeship” Greater recognition needed around the role of the educational organisation

Porin Perusturva, Finland	1 charge nurse- health and hospital services; no auditing experience; experience in mentoring students 1 nursing coordinator; experience in auditing and mentoring students 1 charge nurse- services for elderly; experience in auditing and mentoring students	Focus group	Comprehensive; logical Issues around clarity of some information and translations e.g. translations are unclear in the introduction section of the Finnish version Some issues around format e.g. Part 3 subheadings are not listed in the table of contents
Porin Perusturva, Finland	1 registered nurses; no auditing experience; experience in mentoring international student 6 registered nurses; no auditing experience but have experience in mentoring an international student	Focus group	Introduction clear and in general, protocol perceived as versatile Lack of clarity around certain terms such as “host organization” “recognition of apprenticeship”. Alternative terms are proposed for some Unclear how sections 4.2 and 4.3 differ from one another Certain points need further clarification, e.g. Section 6.2- will mentor get financial compensation?

Finland	7 students	Group interviews Individual interviews	Section 4.2 “Organisaatiokulttuuri” (Organisational culture) - Orientation week/ days may be better face to face rather than trying to address issues through information provision alone, though an information package would be useful as well. - More information and answers should be provided beforehand to equip student before arriving at placement. In addition, a point of contact should be clearly established - Advance information should be provided around cultural sensitivity e.g. how to address patients and staff, and safety issues for students e.g. travelling to accommodation after a shift Section 6.1 “Harjoittelijoiden jakaminen harjoittelupaikkoihin - More detailed information should be provided to students beforehand regarding what the placement involves e.g. which department the student will be based in and what the student is expected to do - Specifically, student and the sending institution should be aware of what procedures the student will be expected to carry out during placement, so that student can be adequately prepared - Mixed views around setting objectives of clinical placement beforehand- some felt these should be set beforehand so that the department would be aware of what students wanted to achieve; others felt that objectives should be set on the spot and/or once the student had spent time in the environment as

then, objectives are more likely to be appropriate and realistic

Section 6.2 "Mentorien nimeäminen" (Nomination of mentors)

- The placement should have prior knowledge about the student e.g. stage of study, and should be aware that the student is coming to prevent any confusion from arising

- In contrast, students did not feel that receiving information about the mentor was important since they felt it was important to use one's own initiative and find out information when on placement

- Queries around the resources for mentoring e.g. if a set number of hours are allocated for mentoring, would the student be left without a mentor once the hours had been used.

Section 6.3 "Oppimisympäristö" (Learning environment)

- Students desired time e.g. orientation week/one reflection day per week, to discuss issues arising during the placement e.g. falling ill. Advanced information on this and other issues should be provided.

- Students felt that staff at the placement site should be sensitive to certain issues which may affect students, e.g. being homesick, and should be responsive to these concerns

Section 6.4 "Oppimisen arviointi" (Assessment of learning)

- Students preferred ongoing feedback

			- Official documents for exchange and placement should be prepared and ready for when the student leaves
State Higher Vocational School in Tarnów, Poland	3 nursing teachers and practice supervisors; 2 international office staff members; 6 students in the final year of MA studies	Focus group	Generally, interviewees gave positive feedback around Protocol's usability and clarity ISO language generally not easily understood Most negative feedback pertained to problems with the translation of specific terms into Polish. Suggestions to change certain terms for better clarity e.g. in section 4.4, the term "uzgodnienia" may be better than "ustalenie". Student feedback suggested that the Polish version was difficult to follow due to some terminology Agreement that the role of the trainee and associated responsibilities should be clarified Interviewees agreed that it was important to set exact rules for both the placement institution and the trainee since there may be cultural differences. Interviewees suggested that the audit should be carried out by an experienced and trained employee Better clarity is needed around what kind of certification is expected e.g. is confirmation from the University enough?

University of Alicante, Spain	3 associated international mobility coordinators; 2 international students' academic mentor; 1 international mobility administrative; 1 vice dean of international relationships and research	Focus group	Positive feedback regarding the Protocol's usability and sustainability. No issues with general content of the protocol Protocol was perceived to be clear and suitable for potential students in practice Interviewees mentioned the need for specifying the time periods for each audit, how often the receiving institutions should be audited, and who should be performing the audits Cultural characteristics are also important to take into account as this may impact how students adapt to the placement site and country Issues relating to the translation of specific terms into Spanish e.g. Replace "organización" with "institución" to avoid confusion for the reader

Vistahermosa HLA Hospital		1 nurse in charge of quality certifications and patient safety 2 international student clinical mentors 1 nurse supervisor 1 nurse manager 3 international incoming nursing students	Modified Delphi technique	Positive feedback on protocol's usability and sustainability Good clarity around how to interpret the content of the protocol Agreement that the protocol enables the institution and student to be evaluated objectively No barriers identified that would prevent reader from completing all points of the protocol. It may be problematic for people who are unfamiliar with the vocabulary and style of writing ISO standards to understand certain concepts Section 5.2 needs more clarity as the term "adequate" is vague A checklist may be beneficial to improve understanding of the overall protocol, including illustrative examples to serve as a guide

Table 1b: Piloting of the protocol with key stakeholders from UK sites

Organisation/ Country	Stakeholders	Evaluation method	Results
University of Nottingham, UK	3 nursing students	Online evaluation form	**Interpreting the protocol:** 1. Protocol had an easy layout and clear sections. Organised well. Good use of examples in sections, which helped in understanding context **Wording:** **1.** Succinct and explains clearly **2.** Wording are mostly appropriate, however, section 4.6 mentions control of nonconformity. This is good but does not carry enough weight. The word “infraction” would be preferable **Information:** **1.** Protocol has detailed information on the learning environment that is expected **2.** Careful consideration of each point is clear **3.** Section 6.3 covers much of what is expected in an effective placement environment **Barriers:** 1. Cultural variations across healthcare systems in different countries should be considered including different standards and language 2. Need to ensure that the protocol is fully understood by auditors and that it is adaptable to the learning environment 3. Need to ensure that there is proper record keeping and storage 4. Need to ensure that mentors are available and of high quality

			Improvements: 1. Layout could be improved by making it spaced out 2. More spread out over the pages e.g. each numbered section could begin on a new page. 3. There should be information on induction procedures that are in place when starting a new placement e.g. outlining where fire exits are 4. The quality of mentors has not been accounted for and they are important to the success of any traineeship. You may have physical and technical features, but if there are poor human resources, it may not be successful.
University of Nottingham, UK	Practitioners and practice auditors	Online evaluation form	**Interpreting the protocol:** 1. Confusing if you have limited knowledge of the background to the project 2. Somewhat of a wordy document to interpret **Wording:** 1. Appropriate wording has generally been used 2. Is the term “mentor” a European wide used term for nurse practice education? In view of the new NMC SSSA roles, it may be helpful to align this, unless only relevant to UK participants 3. The term “non-conformities” (Section 4.6) is an unusual phrase to use and it may be helpful to provide some clarifications as to what it meant. I am interpreting as “untoward incidents”, so I would suggest using that. **Information:** 1. Information is appropriate and what is already offered by partners 2. Section 4 explained placement provider requirements quite clearly 3. Section 4.3 on Organisational Policy, the policy states that this is maintained, however this is open to considerable subjectivity in interpretation and organisations can change very rapidly. Is there a need, as with most policies, to specify a timescale when this has been reviewed?

Barriers:

1. No barriers- it is commensurate with current processes
2. No barriers- it is similar to what is already being done for quality assurance for practice learning placements. Would be useful to see the potential audit document tool.
3. Sections 1-3 were not particularly clear
4. It is a contractually based protocol, so reads in quite a legalistic way. However I am unsure how you would get around this. It reads more as a memorandum of understanding as opposed to a protocol A clear flow chart of the process and sequencing of events may aid clarity in terms of an actual protocol.

Improvements:

1. Should cover staff capacity, and organisational transformation across the NHS
2. Would learners of International English Language Testing System need to be considered or is this factored into the programme?
3. A flow chart of the actual process of how traineeship organisational process is sequenced would aid clarity
4. Should a profile of types of traineeships which can be accommodated by organisations be recorded?
5. Need to think about a central repository for audit documentation for these traineeships to facilitate enhanced sharing of information and avoid unnecessary duplication of work
6. Need to think about quality assurance processes to ensure version control is maintained

Training recommendations:

1. Support and training are needed
2. Needs to be minimum agreed content
3. Recommend an online/ e-learning tool
4. Beneficial to have web-based e-learning resources that can be accessed a-synchronously to facilitate ease of access

Other comments:

1. It would be incredibly helpful to have an internationally agreed benchmark

Middlesex University, UK	Placement auditors/ academic staff Practice teacher student (clinicians) Respondents: n=5	Online evaluation form	**Interpreting the protocol** 1. Logical, ordered and well structured 2. Clear and consise 3. Reflects the overall approach well 4. Easy to read, but not to understand **Wording** 1. Language issues with the use of ISO terminology. 2. Americanized spelling 3. Use of "mentor" not relevant to UK context 4. "Leadership styles" – not clear as to what this means **Information** 1. Some important aspects have been omitted such as safeguarding (no unified legal instrument- each country has its own). 2. Not enough information is provided on reporting practice concerns

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Barriers

1. Time consuming to work through and understand

2. Unclear as to who will be required to look at the protocol

Improvements

1. Incorporate information on students' home country academic programme

2. Under "Infrastructure", the term "adequate" should be changed to "sufficient"

3. The term ''failing'' may have better terminology

4. There should be specific reference to raising concerns- there is reference to raising concerns, but not in relation to service users

5. Could be an explanation added regarding what happens after the audit is completed

6. Should be follow up after the audit period.

7. Incorporate a glossary of terms

8. There needs to be the equivalent qualifications in mentorship- understanding as to what is equitable if auditing outside their home country

Training recommendations

1. Training is needed – guidance via podcast/video/ audio providing an overview of the process

3.4.4 Dissemination

Dissemination of the HEALINT project performed by partners on their corporate websites, newsletters and social networks, as well as on academic events, is ongoing and updates are recorded on the dissemination tracker.

Besides the above, the Maltese partner, responsible for IO5 – Monograph on transferability to other countries - was interested in exploring the possibilities for publication of the HEALINT Protocol as a formal standard, as this would put the content of the protocol in the national standardization archives of one – or more – countries, thus assuring dissemination and exploitation of the HEALINT Protocol pos-project funding lifetime.

Therefore, and by request of this partner – whose main researcher for this project Chairs the Portuguese Standardization Technical Committee on “Formal, Non-formal and informal Education” (IPQ/CT187) - a review of the protocol was conducted by this committee. As a result, the intention to publish the protocol as a Portuguese Standard was included as one of the committee projects in their 2019 Activity Plan (IPQ, 2019). IPQ/CT187 planned on subsequently translate the HEALINT protocol to Portuguese and invite a list of interested parties - including higher education institutions and healthcare institutions - to read, discuss and validate the document, leading to publication as is or with changes, depending on the recommendations made, and consensus reached by the Technical Committee.

However, as the Maltese partner is also directly involved with international standardization, an informal approach was performed to the International Organization for Standardization (ISO), as a potential publication of the HEALINT Protocol by ISO would assure its scrutiny by healthcare and educational professionals of over 160 countries, which would be the best possible monograph on transferability to other countries, the consortium could wish for.

The informal contact was fruitful, and ISO showed openness to publish the HEALINT Protocol, if a member would formally propose it. Following this informal green light, the Maltese partner discussed this possibility with the project Coordinator and reached consensus on which ISO member to invite to submit. Although the Portuguese standardization body (IPQ) could do it, it was decided to approach the British standardization body (BSI) first. This decision was based in the facts that: i) as the project Coordinator is British, it made sense to involve the UK ISO member; and ii) BSI is one of the most influential national standardization bodies in the world, and having the proposal to ISO submitted – and, if approved, also lead - by them, would benefit the project outputs in terms of dissemination and exploitation. To this end, the following steps were taken:

1. First ZOOM meeting between the Maltese partner and BSI to browse interest;
2. Second ZOOM meeting between the Maltese partner, BSI and the project Coordinator, to introduce the latter to BSI;
3. Third ZOOM meeting between the Maltese partner, BSI and the project Coordinator, to further develop the text of the new work item proposal (NWIP) to be submitted to ISO;
4. Fourth ZOOM meeting between the Maltese partner, BSI and the project Coordinator, to approve the final text and get greenlight from BSI for submission to ISO;
5. Informal review of the text by the ISO Central Secretariat to speed up the process;
6. Submission of the NWIP to ISO by BSI;
7. Review of the NWIP proposal by the ISO Technical Management Board (ISO/TMB);
8. Launch, by the ISO/TMB of a Ballot among ISO Member bodies (>160 countries) to approve the NWIP;
9. Approval of the NWIP by the ISO members.

After the approval by the ISO members, an International Workshop Agreement (IWA) workgroup was established and the following steps need to be taken in the upcoming months:

Schedule of the IWA group meetings
Invitation/Call for ISO members to participate in the NWIP;
Realization of meetings
Reaching international consensus in the IWA workgroup on the final text of the IWA document;
Approval of IWA final text by ISO Members through international ISO Ballot;
Publication by ISO.

This process will be fully described at the IO5 Briefing Paper.

4. Next stage

The next stage for the HEALINT project involves the development of an audit tool, which is a checklist of components based on the HEALINT protocol. The purpose of this tool is to enable auditors to review whether or not placements are meeting the guidelines and requirements outlined in the protocol. A draft version of this audit tool has been produced and will be developed further with all members of the project team before undergoing Finnish, Polish and Spanish translations.

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6. Appendix

Retrieved literature of national and international practices, standards and related research

	Retrieved by which partner country	Document name	Document type	Aim/objectives	Summary
1.	Spain	18th article of the Spanish Royal Decree 529/2014	Legislation/ guideline	Describes different procedures that universities should establish to ensure quality of internships	- Universities should establish different mechanisms, tools, and units dedicated to research and analysis of information about these internships and the review planification of these internships - Education ministry and local governments will publically recognise organisations/ enterprises that achieve high rates of quality standards.

2.	Spain	Spanish Royal Decree 1558/1986- Order of 31st July 1987	Legislation/ guideline	Sets requirements	- Specifies that health centre can be accredited to offer teaching in different degrees related to health sciences. - Requirements relating to indices of clinical performances must be met- including management, organisational structure, infrastructure etc. - Hospitals that do not meet the criteria may establish different mechanisms with universities to host training programs.

3.	Spain	Spanish Order CIN 2134/2008	Legislation/ guideline	Legal document issued by the ministry of education and science innovation, regarding the requirements for verification of official university nursing degrees	- Outlines different objectives and competencies that must be met during learning. - Regarding apprenticeships, the document states that these should be given in the form of independent clinical rotation. - Evaluation of these apprenticeships should assess professional values, competencies, care, communication, clinical reasoning, clinical management, critical judgement, and integrating professional practice knowledge, skills and attitudes.

4.	Spain		ANECA (Spanish National Agency for Quality Assessment and Accreditation)	Report	Analysis of nursing studies in Spain, focused on training needs to adapt qualifications to the European Higher Education Area.	- Discusses quality indicators to improve the quality of learning on nursing students (Chapter 14): (1) Material resources (2) Architectural study resources (3) Existence and availability of literature, clinical practices, and teachers. - There should be enough places in quantity and quality to offer placements and enough nurse tutor(s) per student.

5.	Spain	Spanish Royal Decree 529/2014 of 11th July	Legislation/ guideline	Regulates the external academic practices of university students, though not specific to nursing education.	- Development of regulation of external academic practices of college students e.g. - Article 10 which states that the student shall possess two tutors, one at university level and another worker in the collaborating institution - Article 11- the tutor of the collaborating institution should fulfil duties of hosting, monitoring and reporting of the student throughout the process and coordinate with the university tutor. Materials and any other necessary resources should be available to support the student in their training.

6.	Spain	SSI/ 81/2017 Spanish Order of 19th January	Legislation/ guideline	Aimed at ensuring and protecting the patient's right to privacy by students and other members of Health Sciences (including nursing).	- Specifies that student nurses may be involved in the care process, but indicates that students will wear clear identification, and will be under supervision of a tutor at all times. - In addition, a maximum of three students only are allowed, to safeguard privacy of the patient. - Students are unable to access or register any information contained in patients' medical records without supervision.
7.	Spain	Quality assessment for placement centers: a case study of the University of Barcelona's Faculty of Education	Article	Case study which identifies factors that could be used to assess the quality of centres of practical activity. Discusses the design and implementation of a tool to assess quality of schools; validate quality indicators; assess the adequacy of implementation of indicators	- Many centres should develop a plan of quality for their internships. - Good quality is attained for internships when there is greater willingness by private centres for quality accreditation; approaches are adapted depending on different degree practices; student-tutor ratio; accreditation of the tutor who is more developed in other European countries. - Main conclusion is that centres should develop a plan of quality of internships.

8.	Spain		Community-Based Nursing Education and Nursing Accreditation by the Commission of Collegiate Nursing Education	Article	Explains how the criteria of the Commission on Collegiate Nursing Education in educating community nursing of American university degrees and their application were incorporated into community based practical environments.	- Mission of the programme must meet the expectations and standards of the community in which it works. - There must be institutional commitment and resources to ensure the quality of the programme. -Exchange of practices and experiences of students among students may be encouraged by learning environments in different areas. - Promoting education in community nursing may increase the rates of nurses interested in working in the community.

9.	Spain	Guidelines towards a European Standard for Quality Assurance of Student Placement in Enterprises	Article	Presents a series of guidelines to develop a framework for European organisations to ensure the quality of trainees.	- Accreditation would be done by the Referent Center for Practicasl Placements (RCPP). A European Quality Reference Network tool would be created to improve the quality. - Universities would be required to meet certain requirements, which the tool would assess, such as curricula practices transparency; a minimum 2 month internship duration; human and financial resources. - Although this approach would be beneficial to universities and students, the strategy is underdeveloped due to the heterogeneity of different factors at the European level.

10.	Spain	Selection criteria for APA-accredited internships stratified by type of site and competitiveness	Article	Survey study based on a sample of 115 training directors accredited by the APA.	- Survey based on sorting the order of importance of criteria that respondents considered most important when choosing their students. -Criteria included clinical experience, letters of recommendation, strength of course, coursework strength and others - Most likely to be prioritised were clinical experience, personal interview, recommendation letters. GPS or performing objective tests were more likely to be perceived as lower in importance.

11.	Spain	Examining International Clinical Internships for Canadian Physical Therapy Students from 1997 to 2007	Article	Describes international clinical internships (ICIs) for Canadian physical therapy (PT) students and explores the experiences of individuals involved.	- A total of 313 students participated in ICIs in 51 different destination from 1997-2007. - Over the period, increasing numbers of students participated in ICIs; developing countries represented an increasing proportion of ICI destinations. - ICIs present unique PT opportunities for Canadian students. - Recommendations to enhance the quality of future ICIs are (1) clearly defined objectives for ICIs (2) additional follow up post- ICI, and (3) improved record keeping and sharing of information on ICI destination country clubs and host sites

12.	Poland	State Higher Vocational School in Tarnow, Department for Nursing- Criteria for selecting placements for professional traineeships	Audit tool	Scoring sheet where auditors assess the institution against several statements. A point is assigned based on the extent to which the institution meets the criteria that underpin each statement. There are three points available per statement (1-3) with 3 representing the best score that can be attained.	- Criteria include equipment availability; past experience of working with students; the range of services available that enable goals to be met; availbaility and quality of written procedures; availability of teaching rooms, and availability of social facilities.
13.	Poland	State Higher Vocational School in Tarnow, Department of Nursing- Criteria for selecting a supervisor for professional traineeships	Audit tool	Scoring sheet where auditors assess prospective supervisors against criteria. Higher points are assigned to individuals with more qualifications/ experience higher educational achievements.	- Criteria covers educational achievement; work experience in the subject area; teaching certificate; postgraduate training; lecturing experience.

14.	Poland	State Higher Vocational School in Tarnow, Department of Nursing- Observation sheet of vocational traineeships in the framework of pedagogical and substantive supervision	Audit tool	Observational sheet to assess the activities of students and tutors during vocational traineeships	- Person conducting the observation is guided to assess different aspects of the vocational traineeship such as: how long activities last for; whether students are provided with appropriate care; whether vocational trainings are organised under real working conditions; whether the core curriculum is covered. - In addition, pedagogical/ educational elements are also covered such as: the teaching tenchniques used; clarity of speech; feedback opportunities between teachers and students. - Condition of equipment on the ward is also assessed.

15.	Poland	State Higher Vocational School in Tarnow, Institut of Health Sciences, Department of Nursing- Questionnaire to evaluate the teaching process at the university	Audit tool	Evaluation tool designed to evaluate the teaching process at the University. In the main part, scores ranging from 0-3 are assigned, with a maximum score of 3 indicating the best standards. There is also a Likert-scale type response for question 6 and an open ended section for question 7.	- Three main areas are assessed: (1) The institution e.g. does the vocational training reflect the aims of the curriculum; do staff at the instituition work using valid standards/ procedures (2) The class course e.g. does the supervisor of the traineeship treat students with kindness; does the supervisor leading the vocational traineeships demonstrate competence? (3) Self assessment of the student e.g. students are asked whether the professional trainings enabled them to apply theoretical knowledge with practice and whether knowledge and skills have increased.

16.	Poland	State Higher Vocational School in Tarnów- Regulatory Rules of Practical Classes and Vocational Trainings	Policy/ guidance	Provides guidance regarding different aspects of the practical education experience.	- As well as general information, the document covers the following areas: (1) Aims of practical education e.g. to enable students to apply theoretical knowledge to nursing practice. (2) Organisation of practical classes and vocational trainings e.g. specifying that practical classes and vocational trainings can take place in medical institutions and educational/training institutions and that a supervisor will be in charge of the student. (3) Student duties e.g. to take responsibility for the development of their own professional competencies, being punctual for classes, and observing patients' rights (4) Students' rights e.g. get explanations and responses regarding any uncertainties around the curricula (5) Conditions of crediting practical classes and vocational trainings e.g. students should be assessed positively when

					essential skills are demonstrated and performed safely and correctly in accordance with approved criteria. (6) Supervision of the vocational practice course and practical classes e.g .specifies that the supervision of the vocational practices and practical classes is done by the Coordinator for Practical Education
17.	Poland	Polish Government Service-Ministerial Standards of Education for Nursing	Standard	Specifies the roles and responsibilities of, and expectations upon, nurses	- Covers two main areas: (1) Knowledge in the scope of the basic nursing health care e.g. knowing and being able to apply the classifications of nursing diagnoses (2) Science in the scope of specialist care e.g being able to characterise the nursing techniques and procedures used in care for those with illnesses, according to age and health condition.

18.	Poland	Improving professional qualifications in the opinion of students of bridging undergraduate (degree) courses	Article	Survey of 80 nurses undertaking vocational training to explore motives for undertaking such training and identify obstacles for preventing participation in vocational training.	- Nurses most likely to undertake studies in MA nursing studies and specialised courses. - Main motivations for seeking to improve professional skills: better care quality; job satisfaction; career opportunities; career mobility. - Main obstacles to professional development: superiors; management of institutions; financial issues; lack of information and time.
19.	Poland	Teacher of Tomorrow - model of a teacher of academic studies in nursing and obstetrics	Article	Survey of 324 vocational students to determine the importance of individual personal characteristics and competencies of the academic teacher.	- Most important characteristics of an academic teacher were found to be: ability of impart knowledge; competence; communicativeness; respect for student. - Regarding professional competencies, majority of students wanted to participate in classes conducted by teachers who were efficient and practically oriented.

20.	Poland	Difficult situations for nursing students during the first practical classes in the hospital	Article	Survey of 105 undergraduate nursing students aiming to analyse the difficult situations encountered during the first practical lessons.	- Almost 50% of students had often experienced difficult situations during the first practical training in hosptial. - Difficult situations were less likely to be experienced by younger students. - The most difficult situations concerned contact with the patients. - Reasons for difficulty included: lack of experience (47.5%); lack of knowledge (18.8%); lack of support (15%). - The most common way of dealing with such situations was to seek emotional support (49.2%).

21.	Poland		Expectations of students studying nursing and midwifery as regards the vocational teacher and the education process	Article	Survey of 324 undergraduate nursing and midwifery students to explore expectations of teachers and the learning process.	- Students expected professional teachers to: convey the study programme in a way that encouraged them to deepen knowledge; select teaching methods corresponding to the contents of study programme; to determine objective evaluation criteria prior to classes. - In addition, students also expected properly prepared technical conditions in the form of equipment and patient rooms. - Regarding interpersonal communication, main expectations were: effective communication and contact between teacher and student; ability of teacher to show kindness to student.

22.	Poland		Vocational movement and transformations in nursing education at the turn of the century	Article	Overview of history of the emergence and development of the nursing profession and nursing education in Europe.	- Early development of the nursing profession and education was based on a different context. The main differences included: political and economic factors; health needs of society; levels of medical science and technological development. - Influential factors marking change in society include: emerging idea about “humanity”; the intensity of the feminist movement; the work of the International Council of Nurses; national associations; International Red Cross. These factors have particularly been influential in the development of the vocational movement and basic education of nurses. - Further, the vocational movement and basic education of nurses have also been impacted by: the pursuit of creating nursing as an independent profession by nursing pioneers; new nursing care models; new occupational nursing roles; new nursing education strategies.

23.	Poland	Comparative analysis of the chosen elements of nursing educational systems on the bachelor level in Poland and Finland	Article	Comparative analysis of theoretical assumptions of functioning the higher nursing educational systems on the bachelor level in two chosen educational institutions in Poland and Finland.	- Analysis concerned characteristics of learning goals, educational curricula, and contents of education in two representative institutions of nursing education in Poland and Finland. - Similarities include: (1) Same title obtained following course (Bachelor of Nursing) (2) Same number of ECTS (European Credit System) points (30 per semester) (3) Similar number of hours of student work contribution per 1 ECTS point) (4) Similar educational goals and educational content - Differences include: (1) Competencies included in Polish programme are focused on performing duties in Poland; Finnish educational system extends these competencies to include performing nursing tasks in different countries

(2) Polish educational system at undergraduate level provides general nursing education, whilst Finnish system gives the opportunity to acquire the competence of a general nurse or a public health nurse

(3) Duration of studies is longer in Finland (7-8 semesters), while in Poland it consists of six semesters

(4) Implementation of curriculum content in Finland is carried out according to a modular education model, while in Poland the content is divided into subjects

(5) Finland offers optional content to students, whilst Poland’s programme has compulsory content only.

24.	Poland		Graduate nurses' evaluation of mentorship: Development of a new tool.	Article	Pretest- post-test interventional design study aiming to develop and test an instrument to measure 83 graduate nurses' perceptions of a structured mentorship program.	- 88% of graduate nurses completed the pre and post-prgram survey. - Internal reliability excellent (Cronbach's alpha 0.92); Test-retest reliability stable over time (ICC= 0.81); Exploratory factor analysis supported a 1-factor solution, explaining 58.2% of variance; Paired samples t-test showed statistical significance between pre- and post-program scores ($p<0.001$).

25.	Poland	A review of mentorship measurement tools.	Article	Review of papers, published between 1985-2015, on mentorship measurement tools to inform nursing educators on selection, application, and development of mentoring instruments.	- 28 papers identified linked to 22 scales (7 from business and industry; 11 from education) 3 from health science; 1 from research mentoring). - Mentorship measurement was led by the business industry with a universally accepted thoretical framework - Scale development is evolving from focus on the positive side of mentorship to the negative aspects around experiences and challenges. - Nurse educators were found to have mainly used instruments from business to assess mentorship among nursing teachers. - In education and nursing, researchers have developed specific scales to measure specific aspects of mentorship. - Most tools were found to evidence homogenirty and construct validity, but comprehensive

and advacned tests were lacking.

- Mentorship is less developed in nursing compared to business- as such, robust instruments to measure nursing students' mentorship is currently lacking.

26.	Poland		Mentorship in contemporary practice: the experiences of nursing students and practice mentors	Article	Exploring the role of the mentor in contemporary nursing practice in the UK. Survey of pre-qualifying nursing students and postal questionnaire for practice mentors.	- Prequalifying nursing students rated mentorship as being of importance. - Most students reported positive and productive mentoring experiences when partnered with a mentor whom they worked with on a regular basis and who allowed them to discuss learning outcomes. - Orientation and induction to the clinical area were influential in helping students to forge student-mentor relationships of high quality. - Most mentors recognised that their role was significant in helping to develop students' clinical skills and experience. - Mentors need adequate preparation and support as most felt that they faced organisational and contextual contrainsts. Notably, contrainsts were linked to: staff shortages; increasing demands on placement capacity. - For the role of the mentor to be successful, further attention is needed around organisational support,

					which enables mentors to have protected time to attend programmes and updates, which will meet their continuing professional development needs.
27.	Poland	Nursing students' expectations and experiences of mentorship	Article	Research study investigating students' expectations and experiences of mentorship, including what aspects of support they value from the mentor.	- Students reported largely positive experiences. - Aspects of mentorship that were valued most highly were: teaching and explaining; support; supervision; encouragement. - The mentor role in practice assessment was rated as of less importance. - Support from link lecturers was evaluated less positively. - Students believed that the university should support mentors more effectively.

28.	Poland	Przewodnik dydaktyczny dla pielęgniarek – opiekunów praktyk zawodowych (Didactic guide for nurses - tutors of apprenticeships)	Book	Compilation of results of an international project carried out under the Leonardo da Vinci Programme (2003-2005) in six countries- Iceland, Norway, Poland, Portugal, Sweden and Great Britain. This project resulted in developing a training course for training clinical nurses who tutor trainee nurses, aimed at developing their approaches to working with trainee students. The publication contains: a syllabus of the training; recommendations for evaluation of the training; self-assessment form for supervisors of practical training of nurses; detailed lesson plans with training materials.	- Topics of the lesson plans included: organising the process of training nurses in first cycles studies; didactic methods; control; self-control; evaluation; self-evaluation in practical training of nurses; model lesson plan; reflexive thinking; the basis of interpersonal communication; recognising strong and weak points; ethical dilemmas in the work of nurses. - The course was found to enable participants to: acquire didactic skills and knowledge; learn ways of using reflection in their work and teach students how to do it; communicate more effectively; deal with ethical dilemmas better; cooperate with academic staff more effectively; increase self-confidence and satisfaction of fulfilling the role of trainers in preparing future nursing professionals.

29.	Finland	Social and Health Quality Service (SHQS) Labquality	Standard	Provide traceable quality controls. Products enable medical laboratories and point of care sites to ensure consistency in test results and make correct treatment decisions and diagnosis	- Promoting quality and patient safety in Finnish healthcare services by providing quality assessments, certification and education services. - Developed in response to incosustent test results across different laboratories. - Accurate and reliable laboratory tests are crucial to patient safety and high-quality care.
30.	Finland	Quality Manual at Satakunta University of Applied Science (SAMK)	Standard	Contains recommendations to support the mentoring of students and ensure the quality and equality of mentoring in clinical placements.	- Instructions aim at assuring the quality of practical training and harmonising the practices in organising practical training in the degree programmes at SAMK

31.	Finland	Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG)	Guidance	ESG are for internal and external quality assurance in higher education- providing guidance, covering areas which are vital for successful quality provision and learning environments in higher education.	- Not standards for quality or prescriptive; They offer guidance for successful quality provision and learning environments in higher education. - Main purpose and principles are to: Set a common framework; Enable assurance and improvement of quality; Support mutual trust; Provide information on quality assurance
32.	Finland	The Finnish Education Evaluation Centre (FINEEC)	Legal/Government	Independent government agency which deals with the evaluation of education. The aim of FINEEC is to provide evaluations related to education, education providers, and higher education institutions (HEIs)	- FINEEC supports education proviers and HEIs in evaluation and quality assurance. - Provisions on the duties and organisation of FINEEC are conveyed in Act 1295/2013 and Government decree 1317/2013

33.	Finland	From working environment to learning environment- The audit model as the development tool of the practical training in social and health care	Article	Describes how the audit model was created step by step. The aim of the audit model was to help clinical placements (in social and health care) to develop their units and mentoring	- Criteria set for the learning environment included: physical environment; nature of workforce; resources for mentoring - Criteria set for the mentor included: mentor's knowledge of mentoring; mentor's skills of assessment and evaluation; atmosphere of the placement. - Criteria set for mentoring process included use of evaluation criteria; regular feedback discussions with student; criteria for cooperation between the university and clinical placement

34.	Finland	Development and testing of the CALDs and CLES+T scales for international nursing students' clinical learning environments	Article	Research study focused on the design and development of the Cultural and Linguistic Diversity (CALD) scale to be used in conjunction with a Clinical Learning Environment, Supervision, and Nurse Teacher scale (Cles+t) for assessing international nursing students’ clinical learning environments.	- CALD scale developed to improve evidence-based mentorship of international nursing students in clinical learning environments. - CALD scale has 5 core factors: cultural diversity in the clinical learning environment; the role of the student; orientation into the clinical placement; culturally diverse pedagogical atmosphere; linguistic diversity in the clinical learning environment - Cles+t scale has 8 core factors: content of supervisory relationship; pedagogical atmosphere; premises of nursing care on the ward; role of the nurse teacher; cooperation between the placement staff and nurse teacher; nurse teacher as enabling the integration of theory and practice; leadership style of the ward manager; role of nurse teacher; relationship among student mentor and nurse teacher; the learning enviornment. - Likert scale responses ranging from 1- fully disagree to 5- fully agreee.

35.	Finland		A systematic review of mentoring nursing students in clinical placements	Article	Finnish-British research project aiming to develop a unified understanding of student mentoring in the context of clinical nursing placements implemented by nursing professionals. Data collected from nursing research articles published between 1986-2006.	- 23 articles retrieved. - Two main themes emerged: (1) Facilitating students' learning by creating supportive learning environments and enabling students' individual learning processes. (2) Strengthening students' professionalism by empowering the development of their professional attributes and identities and enhancing attainment of students' professional competence in nursing. - Effective student mentoring relies upon an individual mutual relationship as well as organisation and management to ensure that adequate resources and systematic preparation are in place. - A unified description of student mentoring is needed to improve the quality of placement learning opportunities and support for students and exchange students.

36.	Finland	Mentors’ assessment of their competence in mentoring	Article	Research study describing how mentors assess their competence and connected factors.	- Mentoring competence was assessed in terms of: supporting students' learning; providing a goal-oriented assessment of students' performance; having counselling conversations; giving feedback; evaluating students' performance. - Mentors assessed their competence as good or fair. - Mentors were found to be thoroughly skilled in supporting students' decision-making skills, interacitve counselling conversnation and constructive feedback and evaluation. - Mentors were fairly skilled in supporting students to integrate theory into practice, providing a goal-oriented assessment of students' performance, analytic and systematic counselling conversation, student-based feedback and evaluating and realising their conception of learning. - Key influencing factors for higher ratings regarding mentors' skills included taking part in courses for

					mentors, adequate time for mentoring, and counselling conversation.
37.	Finland	Directive 2005/36/EC of the European Parliament and of the Council of 7 September 2005 on the recognition of professional qualifications- Section 3, Article 31	Standard	Provides specifications for the training of nurses who are responsible for general care	- Training of nurses responsible for general care should entail 4600 hours of theoretical and clinical training - Clinical training encompasses nurses learning as part of a team, involving direct contact with a healthy or sick individual and/or community, in order to organise, dispense and evaluate nursing care. - Clinical training should result in trainee nurses learning how to work in a team, lead a team and organise overall nursing care. - Training should occur in hospitals, health institutions, and the community under the supervision of nursing teachers and liaising with other qualified nurses. - Trainee nurses should engage in activities related to nursing care that are appropriate to training

38.	Malta		Apprenticeship Quality Toolkit	Toolkit	Developed to provide a management tool for Professional Higher Education Institutions (PHEIs) and Small and Medium Enterprises (SMEs) to assure the quality of apprenticeships between these two types of institutions and ensure cooperation	- Highlights important considerations between the host institution (i.e. in this example SMEs) and the sending institution (PHEI) in the context of apprenticeships - Suggests that PHEIs should be responsible for: Setting learning objectives of overall programme; Identifying and recruiting placements; Negotiating the agreement; Monitoring the apprenticeship; Assessing the apprenticeship - Responsibilities of the SME should be: Creating positions for apprentices; Negotiating the agreement; Managing the apprenticeship - This management toolkit comprises an introduction; two checklists (one for PHEIs and one for SMEs); a glossary; examples of tables to record evidences and suggested actions - The toolkit has been designed to meet the EU's Proposal for a Framework for Effective and Quality Apprenticeship's Quality Assurance processes (European Commission, 2017)

39.	UK		Nursing & Midwifery Council (NMC) Standards framework for nursing and midwifery education- Realising professionalism: Standards for education and training	Standard	Standards apply to all education institutions and their practice learning partners approved to run NMC-approved programmes	- Sets out a framework with five core areas: (1) Learning culture- must be ethical open, honest, safe, supporting effective learning, and respects equality and diversity. (2) Educational governance and quality- education providers must adhere to legal and regulatory requirements (3) Student empowerment- Students should be empowered to enable them to achieve proficiencies and programme outcomes (4) Educators and assessors- must be qualified, prepared, skilled and able to access any required support needed for their role (5) Curricula and assessment- Standards are set to allow students to achieve the outcomes that will lead them to practise safely and effectively

40.	UK		NMC- Education Framework: Requirements for learning and assessment for all nursing and midwifery programmes	Standard	Sets out the roles that should be in place for learning and assessment to take place in any NMC approved education programmes for both nursing and midwifery.	- Standards are specified for requirements for learning and assessment; practice supervisors; practice assessors; and academic assessors. - Requirements for learning and assessments include: (1) The need for supporrt and oversight of practice supervision to enable high quality student learning in practice (2) The need for a nominated person for each learning setting to support students and address any issues or concerns (3) The need for roles to be in place such as practice supervisors; practice assessor; and an academic assessor. The document sets out further specifications for these roles.

41.	UK		NMC- The Code- Professional standards of practice and behaviour for nurses and midwives	Standard	Sets out the professional standards that registered nurses and midwives must adhere to. The standards should be upheld during direct care or when bringing professional knowledge.	The standards specify codes of conduct around the following areas: (1) Prioritise people (2) Practise effectively (3) Preserve safety (4) Promote professionalism and trust

42.	UK		NMC- Education Framework: Standards for Education and Training	Standard	Sets out the education and training standards that all approved education institutions, practice placements and work-based learning providers should meet to manage and deliver NMC approved education programmes.	Promotes five pillars within the education framework, each focusing on a specific aspect of education and training: (1) Learning culture- focusing on safety and valuing learning in all settings (2) Educational governance and quality- emphasising compliance and continuous improvement in educational delivery (3) Student learning and empowerment- providing support to enable students to achieve learning outcomes (4) Educators and assessors- providing support to ensure that supervisors, educators and assessors are effective in their role (5) Curricula and assessment- ensuring the effective development and delivery of curricula and implementing robust assessment to confirm proficiency

43.	UK		NMC- Standards of Proficiency for Registered Nurses	Standard	Specify seven outcome statements that underpin the standards to convey the requirements of a newly registered nurse. They are designed to apply across current fields of nursing practice and all care settings.	Outcome statements are as follows: (1) Be an accountable professional- taking responsibility and accountability for any actions undertaken (2) Promote health- assist people in improving and maintaining mental, behavioural, cognitive and physical wellbeing. (3) Assess needs and plan care- assessing health and circumstances of people, taking into account personal situations, characteristics, preferences (4) Provide and evaluate care- providing and supervising the delivery of nursing interventions in a compassionate and safe manner (5) Lead nurse care and work in teams- demonstrate best practice and be accountable for delegating care (6) Improve safety and quality of care- be a key contributor to the continuous improvement in

					care and treatment quality, including risk management (7) Coordinate care- liaise with a variety of healthcare and other agencies and professionals to enable the efffective delivery of complex care pathways and packages of care
44.					
	UK	NMC- Standards to support learning and assessment in practice	Standard	Eight key domains within the framework to support learning and assessment in practice. These concern the knowledge and skills that nurses and midwives should apply in practice to support and assess students undertaking NMC approved programmes.	The eight domains are as follows: (1) Establishing effective working relationships (2) Facilitation of learning (3) Assessment and accountability (4) Evaluation of learning (5) Creating an environment for learning (6) Context of practice (7) Evidence-based practice (8) Leadership

45.	UK		RCN Guidance for Mentors of Nursing and Midwifery Students	Guidance	Guidance resource/ toolkit to support mentors, co-mentors, associate mentors or practice educators in their role.	The toolkit aims to equip those undertaking a mentor role to achieve the following: (1) Recognise and value the importance of the mentorship role (2) Identify key responsibilities of the role (3) Optimise the support one provides as a mentor (4) Raise awareness of accountability (5) Recognise the support available to support the role (6) Contribute to one's own professional development (7) Comply with current NMC requirements to undertake the role (8) Serve as a guide to mentorship (9) Ensure compliancy with NMC requirements for appraisals

46.	UK		RCN Mentorship Project 2015	Report	Project aiming to enable to RCN to develop and informed, evidence-based contribution to the current debates around mentorship and practice for nurses. Data was collected through seven workshop events in the UK, a pre-workshop questionnaire and interviews with trust board nurses. A rapid review of literature on mentoring models for pre-registration nursing students outside the UK was also conducted	Five key themes resulted from data analysis: (1) The importance of good mentorship (2) Investment in mentorship and mentors (3) Relationships to enable and support mentorship (4) The context within which mentorship occurs (5) Different approaches to mentorship A number of recommendations were also made, including the RCN committing to support and promote new models of mentorship and developing strategies to enable the sharing of best practice and educational approaches and the impact evaluation of new emerging models for mentorship.

47.	UK		RCN- Helping students get the best from their practice placements- A Royal College of Nursing toolkit	Guidance	Guidance/toolkit help nursing and midwifery students to get the most from their practice placements	Main aims of the toolkit are to enable students to: (1) Recognise and value quality placement experiences as important for effective education (2) Optimise the support of mentors and other individuals who are in place to support student learning (3) Take personal responsibility for directing own learning (4) Recognise opportunities for acheiving compentencies (5) Act on the opportunity to provide honest, evaluative feedback on practice experiences

48.	UK		What the student saw: sharing placement experiences to improve practice	Article	Using nursing students' placement experiences to help improve patient safety practice	- Acknowledging that the clinical placement experience of nursing students provides good opportunities to see how patient safety is treated. - This provides insight into good and bad practices across a range of patient safety issues such as food and drug administration. - The paper describes the Shared Learning from Practice to improve Patient Safety (SLIPPs) research project, which is co-funded by the Erasmus+ Programme of the European Union. This project investigates the experiences of health care students from 5 different European countries.

49.	UK	Instruments evaluating the quality of the clinical learning environment in nursing education: A systematic review of psychometric properties	Article	Systematic review focusing on the psychometric properties and methodological quality of instruments used for evaluating the quality of clinical learning environments	Main aims were to: (1) Identify validated instruments (2) Critique the methdological quality of the psychometric property estimation used (3) Compare the psychometric properties of the different instruments - 26 studies and 8 clinical learning environment evaluation instruments were identified. - Main findings were that: concept and construct validity were assessed inadequately; properties such as reliability and criterion validity were not frequently measured; comparisons were difficult since different coefficients and statistical analyses were used for properties such as internal consistency and structural validity; methdological quality of instruments were deemed poor to fair for the majority of studies, which weakened the utlity of such instruments. - Article concludes that studies adopting stronger	

research methodologies are needed when investigating psychometric properties of instruments measuring the quality of clinical learning environments.

50.	UK		Adding to the midwifery curriculum through internationalisation and promotion of global mobility	Article	Reporting on the processes and strategies that have been implemented at the University of Nottingham's Division of Nursing to strengthen student midwives' mobility to undertake international placement opportunities.	- Strategies and processes have included the Erasmus+ programme; elective placements; and short term ad hoc international opportunities. These have led to an increase in the percentage of student midwives undertaking international placements (5% in 2013/14 to 18% in 2015/16) - The University's Division of Midwifery have moved to the Erasmus+ training scheme, which enables student midwives to spend 2 calendar months in an EU host institution with a trained mentor and build compentencies in key areas of midwifery care. - The article suggests that there is a process for arranging elective placements which helps students to plan their elective in advance. However, this process is not explained in extensive detail. - Evaluation of the Erasmus+ programme is acheived through group feedback sessions with visiting and returning students. This enables student reflection, and

helps identify areas for improvement.

- On return from placement, competencies should be verified by a sign-off mentor to meet NMC (2008) requirements.

- Future work will focus on "virtual mobility" which will enable students from different countries to participate in relevant midwifery online activities/topics. This may be a useful alternative for students who cannot undertake an international placement.

51.	UK		Happy to help/happy to be here: Identifying components of successful clinical placements for undergraduate nursing students	Article	To identify key components of successful clinical placement learning environment, based on the perspectives of Australian nursing students	- 150 final year undergraduate nursing students completed the Clinical Learning Environment, Supervision and nurse teacher (CLES+T) questionnaire around perceptions of the clinical placement learning environment. - Principal Component Analysis (PCA) was used on the 42-question section of the first dimension (''pedagogical atmosphere on the ward''), and comment sections underwent interpretive content analysis. - PCA identified two components that had eigenvalues > 1: '(1) 'Happy to Help'' and (2) ''Happy to be Here''. These components achieved statistically significance (p < 0.0005). - Findings revealed that the strongest influence of student satisfaction was found to be a welcoming workplace where staff and educators were happy to help.

52.	UK	When should a clinical learning environment be ‘’rested’’ from the student placement circuit?	Article	Describes the development of a mechanism to support the process of removing a clinical learning environment from student nursing placement circuits, in the event of healthcare failings occurring.	- Presents the Rest Education Area from Student Training (REST) algorithm flowchart. - Before algorithm could be devised, agreement around what constituted a high quality learning environment had to be established. This included the idea that learning environments should be developed and maintained within the principles of lifelong learning and experience-based knowledge. Mentors should offer guidance as well as fulfilling a befriending role. In contrast, difficult learning environments included poor mentorship and lack of leadership. This exercise helped identify what might contribute to challenging learning environments for students. - The REST algorithm was designed to communicate a clear process that can be drawn upon to deal with learning environments that becoming challenging for students. Specifically, the algorithm is for when particular trigger events occur, whereby the the quality of the student placement experience is

being compromised and the clinical area may need to be removed from the placement circuit.

- The main stages presented in the REST algorithm can be summarised as follows:

(1) Placement alert/ trigger

(2) Report being made to clinical lead or named university representative

(3) REST meeting

(4) Creation of action plan

(5) Student will either remain on location or the placement will be rested

(6) Completion of action plan

(7) Monitoring of placement as required

- The algorithm will need to be approved by key stakeholders in order to be adopted widely.

53.	UK		Nursing students' experience of practice placements	Article	Presenting and discussing students' reflections on the experience of practice placements	- 10 students took part in fornightly group reflective sessions to discuss their experiences of preparing for, entering, and leaving practice placements in an acute hospital. - Group narrative approach was applied. - Main challenges documented were ethical dilemmas around patient dignity, consent and advocacy. In addition, factors beyond the practice setting were also cited such as difficulties in accessing information before beginning the practice placement, balancing academic workloads with long shifts, and lonliness. - The students developed recommendations to improve the practice placement experience, including the learning experience. These can be summarised as follows: (1) Take opportunities to learn (2) Plan time to include, for example, attending to academic work as well as being on placement

(3) Be proactive and request learning opportunities

(4) Ensure that enough sleep is acheived

(5) Maintain fluid intake- consider bringing a bottle of water to work

(6) Do not take things personallym but reflect and move on

(7) Develop effective working relationships with healthcare assistants who have a lot to offer to the learning experience

(8) Organise transport in advance and check weather forecast

(9) Use a notebook to maintain a glossary of key terms and record experiences confidentially

(10) Carry items such as lip balm, hand cream and a pen.

54.	UK		Bioscience learning in clinical placement: the experiences of pre-registration nursing students	Article	Exploring student nurses' perceptions of bioscience learning in clinical placement.	- Exploration included identifying whether students had the opportunity to apply bioscience knowledge during clinical placements and what support students had received from placement mentors regarding learning around buoscience. - An explanatory sequential mixed methods approach was used with survey and focus group data being collected from a sample of final year BSc nursing students (n=112). - Findings suggested that students perceived bioscience to be relevant to the nursing role, but in contrast, practice educators do not recognise its importance. There were inconsistencies around: the quality of mentor support; opportunities for students to learn; the priority that bioscience is give to placement education. - Article concludes that placement educators should support and prioritise bioscience criteria and student learning around this area.

A greater level of mentor education may achieve better consistency in the standard of placement learning of bioscience.

55.	UK	Nurse students' experiences with clinical placement in outpatient unit- a qualitative study	Article	Exploring students' experiences of using structured learning activities as unit-specific learning outcomes and targeted reflection during clinical placements in an outpatient unit	- Outpatient unitis in hospitals are increasingly being used for clinical placements for student nurses. These may prove challenging for students who have limited experience in such environments. - Structured learning acitivities with special forms were developed by nursing educators and nurses at outpatient units. - Two focus group interviews were conducted with nursing students (n=7) who had participated in structured learning acitivities during clinical placements in an outpatient unit. Data was subjected to content analyses. Key categories and subcategories were developed. - "Being prepared" was one key category and included the subcategories of 'being able to understand what to do"; "being at the right place at the right time"; and "being alert for new experiences". - "Being guided" was another key category with subcategories of "from uncertainty to more	

confidence''; ''from observer to seeking knowledge'' and ''from focusing on technology to seeing the person''.

- Both key categories were important in ensuring a meaningful experience for students undertaking these placements. There is therefore potential for outpatient units to provide positive experiences for students.

56.	UK		Work-engaged nurses for a better clinical learning environment: a ward-level analysis	Article	To correlate workgroup engagement in nursing teams and nursing students' clinical learning experience	- There is a lack of evidence regarding how work engagement relates to students' learning experiences - Nurses (n=519) and nursing students (n=519) were enrolled in hospital settings. The Utrecht Work Engagement Scale (UWES) was used to assess work engagement, whilst the Clinical Learning Environment and Supervision plus nurse Teacher (CLES+T) scale was used to assess students' learning experience. Multilevel linear regression analysis was used. - There was correlation between group-level work engagement of nurses and students' clinical learning experience (b = 0.11, P < 0.001). - Clinical learning was largely enhanced by absorption factors (b = 0.37, P < 0.001) and dedication factors (b = 0.20, P < 0.001).

- Work engagement within nursing teams therefore facilitates effective nursing education. Nursing education institutions and healthcare settings therefore need to be committed to building effective organisational climates.

57.	UK	Should I stay or should I go? A systematic review of factors that influence healthcare students' decisions around study abroad programmes	Article	A systematic review to investigate influential factors that contribute to healthcare students' decisions to study abroad as part of undergraduate training programmes.	- Six databases were searched (MEDLINE, CINAHL, EMBASE, PsycINFO, ASSIA and ERIC) to conduct a comprehensive literature review. In addition, key institutions were contacted to retrieve grey literature. - Studies were included if they reported on the factors that influenced healthcare students' decisions around study abroad programmes. - A narrative synthesis approach was applied. - 10 studies were identified in the final review (5 qualitative and 5 survey studies). - There was consistency across geographic locations and different professional groups regarding factors that influenced students' decisions to participate in study abroad programmes. - Key factors that influenced students to study abroad	

included: having adequate information about the programmes; having an interest in other cultures; having positive role models such as academic staff and family members to motivate them to undertake such opportunities.

- Key barriers that discouraged students from studying abroad were cost and language issues.

- Study abroad opportunities should be promoted early in academic programmes and there should be access to adequate information and language support.

58.	UK		Creating an environment for learning	Article	Providing guidance to mentors and practice teachers to support them in their role and enable them to adhere to NMC standards.	- Focuses on helping mentors and practice teachers to develop a portfolio of evidence that adheres to the NMC's Support Learning and Assessment in Practice (SSLAP). - In particular the focus on creating a high quality of practice placement is addressed with regards to the fifth domain of SSLAP, which is "creating an environment for learning". - There are suggestions relating to learning activities, self-assessments and general guidance on how to achieve the requirements of this particular domain.

59.	UK	Clinical education and training of student nurses in four moderately new European Union countries: Assessment of students' satisfaction with the learning environment	Article	Cross-sectional quantitative study exploring student nurses' satisfaction of clinical placement learning environments in four member states of EU- the Czech Republic, Hungary, Lithuania and Romania.	- Data collected through a web based questionnaire which incorporated in part the CLES+T. - Findings showed positive ratings from students in most parts. Strong correlations were found with the supervisory model. - Individualised supervision was associated with high satsifaction levels from students, despite the fact that traditional group supervision was the most common form of supervision received.

60.	UK	Culturally and linguistically diverse healthcare students' experiences of learning in a clinical environment: A systematic review of qualitative studies	Article	Systematic review to identify culturally and linguistically diverse healthcare students' experiences of learning in a clinical environment	- Articles were retrieved from seven databases: CINAHL, Medline Ovid, Scopus, Web of Science, Academic Search Premiere, Eric and Cochrane Library) to cover the period of 2000-2014 - 12 original studies were included in the final review. - Learning experiences were categorised under three key influencing aspects of learning: (1) Experiences with implementation processes and provision; (2) Experiences with peers and mentors; (3) Experiences with university support and instructions. - Key findings suggested that culturally and linguistically diverese healthcare students experience stress during initial integration. - Elements that are crucial for the learning process include: additional time; well	

prepared pedagogical orientation; prior cultural and language education; support for students and clinical staff.

- Main barriers to effective learning included: lack of recognition of diverse healthcare students; lack of motivated individuals; the pressure of being different; language difficulties

- The attitudes of clinical staff proved influential on the learning experiences and outcomes of students

- Article recommends additional education addressing cultural and language issues in order to improve the learning experiences of these particular students.

61.	UK		Providing support to nursing students in clinical environment: a nursing standard requirement	Article	Discussion paper focusing on the factors that influence registered nurses' decisions to support undergraduate nursing students through the provision of clinical education.	- Registered nurses play a key role in shaping the learning experience of nursing students and in enabling the latter to become competent practitioners - In addition, registered nurses are expected to fulfil this role in order to adhere to nursing standards - The article discusses what enable and deters registered nurses from meeting this expectation. - The key factors identified included: workloads; preparedness for the teaching role; confidence in teaching; awareness of the competency requirement to support students

62.	UK	Development and psychometric testing of the clinical learning environment supervision and nurse teacher evaluation scale (CLES+T): The Spanish version	Article	Reports on the development and psychometric testing of the CLES+T (Spanish version)	- The CLES+T is acknowledged as a reliable and valid instrument used to evaluate the quality of the clinical learning process in international nursing education contexts. - The scale underwent cross-sectional validation. Participants were 370 student nurses on clinical placement across 10 public and private hospitals in the Alicante area - A modified direct translation method was used to translate the CLES+T - Statistical analyses were conducted using PASW Statistics 18 and AMOS 18.0.0 software. Construct validity was assessed via multivariate analysis, whilst instrument reliability was assessed using Cronbach's alpha coefficient. - Exploratory factorial analysis identified the five dimensions of the original version of	

CLES+T and explained 66.4% of the variance

- The factor structure of the Spanish version was supported by confirmatory factor analysis

- A Cronbach alpha coefficient value of 0.95 was attained with subscales ranging from 0.80 to 0.97.

- Overall, the Spanish version of the CLES+T demonstrated acceptable psychometric properties and could therefore be used as an assessment scale in Spanish-language countries

63.	UK	Improving the quality of nursing students’ clinical placements in nursing homes: An evaluation study	Article	Investigating students’ experiences of clinical placements in five nursing homes, following the implementation of measures to improve the learning environment	- Explorative design was used to obtain empirical data. Study used students' self-reported quesitonnaires and logs - Students' experiences were generally positive with the highest satisfaction associated with peer collaboration and the placement's contribution to raising awareness about the future nursing role. - The learning environment was reported to generate excitement and interest amongst students - Satisfaction was less regarding supervision, and the practice site's approach to preparing and organising student placements. - Clinical placements and educational institutions need to work together closely to ensure appropriate models of supervision are available in nursing home contexts to enable	

effective learning environments.

64.	UK	The difference in learning culture and learning performance between a traditional clinical placement, a dedicated education unit and work-based learning	Article	Non-randomised control study to examine the differences in learning culture and learning performance between clinical placement departments, dedicated education centres, and workplace learning	- Experimental group comprised 33 final year nursing undergraduates who attended clinical placements at dedicated education centres and 70 nursing undergraduates who attended workplace learning - Control group comprised 106 students who attended a traditional clinical placement - The learning culture outcome was measured using the CLES+T, whilst the learning performance outcome (consisting of three competencies) was measured using the Nursing Competence Questionnaire - Learning culture obtained the highest score for traditional clinical placement. - Learning performance obtrained the highest scores for dedicated education centres and workplace learning. Of the two new concepts, the dedicated	

education centres achieved the highest scores.

- All three learning environments can be seen as complementary clinical placement concepts.

65.	UK		Enhancing undergraduate community placements: a critical review of current literature	Article	Findings of a systematic and critical literature review of pre-registration placements, focusing on student nurses' learning in community settings	- Findings indicated that there was variability in student experiences of learning in community settings - There were inconsistencies in what students and mentors perceived to constitute a quality placement. - Some learning environments such as general practice learning are being underused. -New, imaginative placements, which have the potential to generate wholesome experiences, have not been subjected to robust evaluations. - Mentors are ideally positioned to offer students a range of learning opportunities to ensure that the latter are prepared for community settings.

66.	UK	Unravelling the complexities of nursing students' feedback on the clinical learning environment: A mixed methods approach	Article	Exploring nursing students' satisfaction regarding their clinical placement experiences	- Mixed methods approach utilising an online survey, which incorporated qualitative items - Participants were Australian nursing students undertaking an undergraduate degree (n=213) - Survey consisted of demographic questions and the Clinical Learning Environment Inventory (CLEI-19) to measure students' satisfaction with clinical placement. Open-ended questions explored students' most satisfying and challenging placement experiences - Data was subjected to descriptive and thematic analyses - There was overall satisfaction with clinical placement. However, specifically, findings from the CLEI-19 scores showed that students in health-related employment were least satisfied with the clinical facility. For	

students with English as an additional language, they were less satisfied with the support received from clinical facilitators

- Qualitative findings also indicated that students were negative about clinical facilitator support. However, comments also revealed that students were positive about having the opportunity to make a difference and be involved in nursing.

- Negative comments relating to placement experience were largely found to derive from students who only spoke English at home

67.	UK	Measuring students' perceptions of interprofessional clinical placements: Development of the Interprofessional Clinical Placement Learning Environment Inventory	Article	Reporting on the development and testing of the interprofessional Clinical Placement Learning Environment Inventory (ICPLEI) – a tool to evaluate students' clinical learning experiences- in the Australian context.	- Questions were developed to capture student perceptions around key variables regarding the interprofessional clinical learning environment. These included: orientation; supervision; roles; learning; and autonomy - Content validity index rating was given as 0.93 by a panel of nursing experts - Following a 2 week interprofessional ward placement, testing was done with a sample of students from nursing, medical and allied health students (n=38). - The scale achieved reliability with a Cronbach alpha of .80 and moderate item-to-total correlations for 22 out of 26 items. - The learning environment was rated highly by students, with median responses 4 or 5 out of a total of 5.

- Article concludes that this tool is reliable, feasible and non time-consuming to complete.

- Recommended use is with pre-registration healthcare students in particular clinical settings.

68.	UK	Nursing students' experiences of the clinical learning environment in nursing homes: A questionnaire study using the CLES+T evaluation scale	Article	Investigating student nurses' experiences of the clinical learning environment in nursing homes	- Cross-sectional study using the Swedish version of the CLES+T evaluation scale. - Sample of student nurses (n=260), who had undertaken a 5 week clinical placement in nursing homes -Data was subjected to descriptive analysis and Mann-Whitney U-test was utilised to detect differences regarding students with or without prior experience as health care assistance in care for older people. - The clinical learning environment was rated largely positively by students. - 4 out of 34 items generated statistically significant differences between sub-groups. - The highest mean value was obtained for the sub-dimension "supervisory relationship". The lowest calculated score was for the sub-dimension "leadership	

style of ward manager''. This suggests that the supervisory relationship served to be most influential on student nurses' experience of the nursing home clinical learning environment.

69. UK	Nursing students' assessment of the learning environment in different clinical settings	Article	Exploring nursing students' perspectives of learning environments in different clinical settings	- Cross-sectional study. Participants were nursing students (n=185) from three universities. Data was collected via the CLES+T tool. One open-ended question was included to capture detail around dissatisfaction with clinical placements - Satisfaction ratings did not differ between clinical settings. - However, students attending hospital department clinical placements agreed more strongly that they experienced sufficient meaningful learning situations and perceived learning situations to be multi-dimensional - Some students felt that meeting learning objectives was compromised by the character of the clinical setting	

70.	UK		Exploratory Factor Analysis of the Clinical Learning Environment, Supervision and Nurse Teacher Scale (CLES+T)	Article	Study evaluating the construct validity and internal reliability of the CLES+T in New Zealand hospital settings	- CLES-T scale was completed by 416 nursing students after hospital clinical placements. - New Zealand data was compared with unpublished Finnish data - Construct validity was measured by exploratory factor analysis, whilst internal reliability was assessed by Cronbach's alpha. - Exploratory factor analysis was found to support 4 factors, whilst Cronbach's alpha achieved values ranging from 0.82 to 0.93. - The majority of items were found to load on the same factors within unpublished Finnish data - The first factor combined 2 previous components from Finnish component analysis and was subsequently renamed "connecting with, and learning in,

communities of clinical practice".

- The 3 remaiining factors named "nurse teacher"; "supervisory relationship" and "leadership style of the manager" corresponded to previous components and how they were conceptualised.

- The CLES+T tool achieved good internal reliability and demonstrated a consistent factor structure across samples

71.	UK	Evaluating students' perception of their clinical placements- Testing the clinical learning environment and supervision and nurse teacher scale (CLES+T scale) in Germany	Article	Testing the German version of the CLES+T scale	- Sample comprised 1st, 2nd and 3rd year student nurses (n=240) at a university nursing school. - Scale was subjected to classical psychometric testing - Results indicated transferability of all subcategories in the non-academic nursing education system of a German university hospital, without the teacher scale - "Supervisory relationship" was found to be the strongest factor	

72.	UK	Nursing students' perceptions of their clinical learning environment in placements outside traditional hospital settings	Article	Investigating students' perceptions of clinical placement learning environments that are based outside traditional hospital settings	- Survey design using the Clinical Learning Environment Inventory - Participants were two cohorts of undergraduate nursing students (n=184) at a university college in Norway. The questionnaire was distributed to these students after clinical placement in mental health care, home care and nursing home care. - All three learning environments were perceived positively by students. - Students in mental health care placement settings routinely had higher scores on the subscale "individualisation", whilst older students had higher scores on the total scale - Students' total scores were similar or higher than scores in other studies which concerned students undertaking placements in hospital settings, using the same scale. This	

suggests that clinical placements outside of hospital settings, such as those in mental health care, home care and nursing homes may be relevant for providing clinical education.

73.	UK	Quality of clinical education- Comparison of experiences of undergraduate student nurses in Finland and Sweden	Article	Comparison of experiences of three groups of undergraduate nursing students regarding the quality of clinical education over time	- Part of a longitudinal research and development project in Finland and Sweden - Sample of three subgroups of student nurses based in different settings: Swedish faculty (n=53), a Finnish faculty (n=42) and another Finnish faculty (n=14). The two Finnish subgroups were eventually combined for the purposes of analyses. - Data set 1 was collected in 2009 after students' first clinical placement in acute and elderly care. Data set 2 was collected in 2010 after students' second clinical placement on different wards in central hospitals within primary care units and elderly care - Data was collected via a questionnaire and subjected to statistical analyses - Explorative factor analysis was performed on data set 1 and led to 4 sum	

variables: "clinical preception"; "learning in clinical education"; "learning objectives in clinical education"; and "reflection in clinical education"

- The factors "clinical preception" and "learning objectives in clinical education" received lower evaluations in 2010 compared with 2009

- In 2009, Swedish students (n=53) rated the factors "clinical preception" and "learning in clinical education" lower compared with Finnish students (n=56).

- In 2010, Finnish students rated the factor "clinical preception" lower than Swedish students

74.	UK	International nursing students and what impacts their clinical learning: Literature review	Article	Literature review examining the clinical learning experiences of international nursing students.	- Findings revealed that the literature is sparse with regards to international nursing students' perspectives, thus leaving little to draw on to inform clinical learning and teaching with such students. - Article proceeds to discuss larger literature base examining international students' learning and social experiences across disciplines. - 6 major themes were used to categorise the findings: socialisation; communication; culture; relationships; unmet expectations and unmet aspirations. - According to these major themes, international students' higher education experience (including specifically within the discipline of nursing) should facilitate high levels of interaction and connectedness among international students and local students and staff.	

- Further research is needed to ascertain what individual international student nurse learners perceive to be their strengths and weaknesses in the academic and clinical setting

- Such future research may enable understandings into how international students can be supported in learning and professional practice, as well as reducing the negative aspects of their experiences, such as discrimination, loneliness and cultural and social disjunctions

- The authors note that the review is limited in its presentation of the literature, which represents a broad and light overview of currently available sources

75.	UK		Survey reveals students rate their courses and placements highly	News	Findings from a joint RCN/Nursing standard are discussed relating to the satisfaction levels of U nursing students and newly qualified nursing staff	- Student nurses and newly qualified staff were reported to be upbeat about joining the profession and perceived their education experience positiviely.

76.	UK		Psychometric testing of the abbreviated Clinical Learning Environment Inventory (CLEI-19)	Article	Reporting on results from testing psychometric properties of a 19-item version of the (CLEI-19)	- Undergraduate Bachelor of Nursing students (n=231) participated in an online survey between March and December 2009 - The abbreviated CLEI-19 comprises 19 items derived from the original CLEI. - 14 items fell into two domains ("satisfaction" and "personalization"), whislt the remaining 5 linked to the clinical facilitator ("student involvement"; "innovation"; "task orientation") - All 19 items were found to load on to two factors- "Clinical Facilitator Support of Learning" and "Satisfaction with Clinical Placement"., with factors loading above 0.4. - The scale was found to be reliable (Cronbach's alpha coefficient = 0.93, with subscales ranging from 0.92 to 0.94).

- Multiple regression analysis was performed and identified that student nurses who were in health-related paid employment were independently and significantly more positive on the "Clinical Facilitator Support for Learning" subscale.

- Student nurses who worked less than 16 hours per week or undertook afternoon shifts were independently and significantly more negative on the "Satisfaction with Clinical Placement" subscale

- The study concluded that overall, the CLEI-19 is a useful tool for assessing student nurses' satisfaction regarding two aspects of the clinical experience- clinical facilitator support of learning and the clinical learning environment

77.	UK	Practice education learning environments: The mismatch between perceived and preferred expectations of undergraduate health science students	Article	Exploring how undergraduate students of health-related education programs perceive their clinical learning environments, including how they perceive their actual clinical learning environment, to that of their preferred clinical learning environment	- Data was collected from undergraduate students (n=548) from a range of health-related disciplines (paramedics, midwifery, radiography and medicalimaging, occupational therapy, pharmacy, nutrition and dietetics, physiotherapy and social work) via the Clinical Learning Environment Inventory (CLEI). - The CLEI was distributed to students after their placement periods had been completed. - Students' satisfaction was closely related with the five constructs addressed by the CLEI: Personalization; Student Involvement; Task Orientation; Innovation; Individualization - Significant differences were detected between how students perceived their actual clinical learning environment and their preferred/ ideal clinical learning environment	

78.	UK	An exploration of the clinical learning experience of nursing students in nine European countries	Article	To identify the factors that enhance the learning experiences of nursing students while they undertake clinical placements	- Student nurses' (n=1903) experiences were measured using the CLES+T - Student nurses were based in Cyprus, Belgium, England, Finland, Ireland, Italy, Netherlands, Spain, and Sweden - The folowing areas were assessed as measured by the CLES+T sub-dimensions: Pedagogical atmosphere on the ward; Supervisory Relationships; the Leadership Style of Ward Managers; Premises of Nursing; and the Role of the Nurse Teacher. - Findings revealed that there was general satisfaction amongst respodents regarding their clinical placements. - The mentorship approach was generally regarded positively. Over half of respondents (57%) had a positive mentorship experience. - Almost a fifth (18%) perceived their supervision	

experience to be unsuccessful.

- Most of the students who gave high satisfaction ratings were: studying at a university college; had at least a seven week clinical placement period; supported by individualised mentorship relationships

79.	UK	Structuring educational decisions using the multiple sorting task: An example focusing on international placements in nursing	Article	Findings from a study investigating how the multiple sorting task can help to structure conversations with healthcare professionals preparing for an international placement for nursing students	- 16 participants from academic, clinical practice, government policy, and placement administrative backgrounds took part - Participants allocated 17 statements written on cards to categories and participants had to justify why they had chosen these categories - Multidimensional scaling and qualitative techiniques were used to analyse data and four key themes emerged: (1) The need to minimize and manage risks to students; (2) The need for students to achieve competence within their scope of practice; (3) The need to orientate and support students in the specific practice context; (4) The need for universities to prepare the students and the setting - Participants found that the multiple sorting task was a quick and simple stategy	

80.	UK		The impact of short term clinical placement in a developing country on nursing students: A qualitative descriptive study	Article	Investigating the experiences of Norwegian nursing students undertaking international clinical placements in a developing country and how this impacted on their cultural competency	- Individual interviews were conducted with 18 Norwegian students who had undertaken an international clinical placement. - Data was subjected to systematic text condensation - The international clinical placement period lasted 4 weeks but was found to have stimulated the students to engage in an ongoing process of developing culutral competence. Cultural awareness was found to have increased - It was also found that students require time for reflection

81.	UK		Clinical learning environment and supervision of international nursing students: A cross-sectional study	Article	Exploring international and national students' perceptions of their clinical learning environment and the supervision received during placement	- Explorative cross-sectional design was applied - Study was across 8 universities of applied sciences in Finland with nursing students - Participants were international (n= 329) and Finnish (n=98) nursing students who completed self-administered questionnaires addressing the clinical learning environment, supervision, and cultural and linguistic diversity - Binary logistic regression was conducted to detect background factors that concerned the clinical learning environment and supervision - Findings revealed that international students who were at a beginner level in Finnish language rated the pedagogical atmosphere worse than students who were native speakers - International students required more support from university nurse teachers.

- Students at an intermediate level in Finnish were found to have two times fewer negative encounters regarding culutral diversity during clinical placement compared with students at the beginner level

- Successful learning experiences for international nursing students require a sufficient level of competence in the native language when participating in clinical placements

82.	UK		Nursing students' international placement experience: an arts-informed Narrative Inquiry	Article	Using narrative inquiry qualitative framework to learn from the experiences of undergraduate nursing students as they embarked on an international placement.	- Project evaluation of 4 undergraduate nursing students' experiences of a three month international placement in a Brazillian community - Narrative Reflective Process was used to understand the students' emotive responses and this encompassed the use of stories, memory boxes, metaphor and drawing, and creative writing - The data elicited from these creative means were reflected upon by participants and key narrative threads were identified: (1) Increased self-awareness including around personal assets, talents, strengths and potentials (2) Affirmation and expansion of spiritual and philosophical values, which then influenced direction of nursing practice

83.	UK	Student nurse perceptions of risk in relation to international placements: A phenomenological research study	Article	Exploring UK undergraduate nursing students' experiences of risk during clinical placement experiences abroad	- Phenomenological methodological approach was used, including semi-structured interviews with students' following international clinical placement periods - 10 2nd year undergraduate nursing students from a UK university participated - Findings revealed that students identified three types of risk during their clinical placements: physical risk; clinical-professional risk; socio-cultural risk. - The sociological concept of the ''other'' was related to students' perceptions of risk. - Risk reduction techniques included students' use of strategies to reduce ''otherness'' and employment of the psychological theory of ''safety in numbers'' - Exposure to perceived risk served to enhance students' learning since it led to personal and professional development and encouraged students towards self-actualisation.	

- These findings may be useful for preparing students to engage in international placements in relation to safety and learning

84.	UK	Studying abroad: A multiple case study of nursing students' international experiences	Article	Investigating the experiences of student nurses who undertook an international placement during pre-registration education	- Multiple case study comprising 18 students from UK and 14 students from Sweden - Semi structured individual and group interviews were conducted and documentary analysis - Findings showed that as a result of the international placement, participants had more confidence, self-reliance, and professional knowledge and skills. - Participants also gained awareness around how healthcare roles varied between countries, whilst they also found that their attitudes changed regarding others from different backgrounds - Only marginal differences were identified between the two case studies: > Support from international placement providers varied > Whilst international placements were described as beneficial, areas of improvement were identified including: preparation; support and monitoring of students;

					greter engagement with the partner institutions; more effective monitoring of staff
85. UK		International clinical placements for undergraduate students	Article	Investigating the experiences of third year student nurses regarding their engagement in a 4 week international placement, with particular focus around clinical experience	- Data collection included analysing students' reflective journals and conducting face-to-face discussions - Data was subjected to thematic content analysis - Findings suggested that the ''nursing culture'' of the placement was an important issue - The concept of ''being different'' emerged as an important aspect of the experiences of these student nurses

86.	UK	EDUCATION IN CLINICAL PRACTICE: PRACTICE LEARNING, MENTORSHIP AND SUPERVISION-A SCOPING LITERATURE REVIEW	Report	Providing a critical overview by identifying the characteristics of, and constraints on, effective clinical learning environments. Focus is on: Characteristics of good mentorship; effectiveness of mentorship models; and effects of good and bad learning environments of both students and staff	- Interpretative scoping literature review methodology was applied - Inclusion criteria was devised to include a wide range of literature; no quality appraisal criteria was applied to retrived literature. - Included studies were research papers which included a UK setting. - Databases used were CINAHL and PubMed - A thematic synthesis was used to describe the qualitative and quantitative studies retrieved - Features of effective learning environments included welcoming atmospheres, formation of good personal relationships with mentors, a sense of ''belongingness'', access to varied learning opportunities. - Constraints which impacted negatively on mentors' ability to provide effective mentoring included work demands, workforce changes, and short placements	

- Students desired knowledgeable and approachable mentors. Mentors' conduct made a significant impact of students' experiences

- The "hub and spoke" mentorship approach led to students attaining a stronger sense of belongingness, which reduced anxiety and impacted positively during training

- The majority of studies used self report tools to collect subjective responses around the impact of good and bad learning environments on students and mentors.

- Mentors reported more benefits, including increased confidence, when they had a sense of connection with their university

- Students reported that a sense of belongingness led to better learning

- The clinical learning experience was reported to be difficult when staff did not give students adequate support around planning and

implementation of practical nursing situations

87.	UK		Go International- A practical guide on strategic internationalisation in Vocational Education and Training	Guidance	Guidance document to help in the strategic planning of international activities in vocational education and training (VET), with focus on defining the role that internationalisation plays	- The guide seeks to establish a common approach and language to better facilitate internationalisation within and between VET institutions in EU member countries - The model that is included in the guide highlights the following considerations regarding incorporating the international perspective into strategic planning (1) The operating environment- taking into account the internal and external elements which affect the operations of the organisation. Such elements should be analysed, including assessing what activities around internationalisation have already taken place (2) Vision- establishing where the organisation wants to be in the future, taking into account its purpose and values. This includes direction around what staff and students' should be focusing on in the future. This could take into account what the geographical priorities are for building global networks

(3) Mission, core skills and values. Mission establishes the purpose of the organisation and reason for its existence; Core skills considers knowledge, skills, competences and technologies and helps to establish a competitive edge; Values clarifies what is important in an organisation and what its ethical standpoints are

(4) Goals- Links the mission with the vision of the organisation and helps the organisation to develop towards the desired, future state/ vision

(5) Action plan- clarifies how the organisation's strategy will be implemented. This explains how the strategic goals will be translated into operational targets and related actions. Performance targets should be established to help measure whether an action has been successful or not

- Key point is that the mission, values, vision and goals of the internationalisation strategy should relate to the basic activities of the

organisation and an annual evaluation of the strategy should take place to assess continuous improvement.

88.	UK	The Robert Gordon University Guidelines for completing work based & placement learning audit	Guidance	Outlining institution's approach to completing work based and placement learning audits	- Section 6 discusses the audit document, which has 8 sections (1) Placement Location Profile- information relating to placement including location, hours of duty, uniform policy and key contact persons. Should provide students with a detailed overview of the placement so that they can plan their learning needs. (2) List of qualified staff within the location with relevant information e.g. role, hours of work, professional qualifications and whether the person is a mentor (3) Defines the four standards which should be assessed by auditors to ensure placement is meeting these a) Staff should have the necessary qualifications, time and resources to help student learning and provide support b) Practice should be carried out in accordance with recognised professional standards, local and national policies	

c) The learning environment should support a practice experience and cultivate a culture which enhances learning

d) The placement should offer experiences which facilitate student achievement of learning outcomes at differing and specified levels

(4) Section 4 should be completed when auditors decide that the placement is able to support students on a Professional Development Course, which comprises a practice element

(5) Here, auditors should comment on the practice and educational developments over the past year and specify actions to be taken over the coming year. Evidence should be provided to support each standard. Where this is not possible, an action plan can be used with agreed responsibilities

(6) Auditors are asked to assess the types of experience and learning opportunities that a placement provides and

identify the main focus of the placement

(7) Here auditors should calculate the total number of pre and post registration students and establish the total number of students that the location can support

(8) This section is completed to convey that the location has been approved for the allocation of students

89.	UK		Healthcare Audit Criteria and Guidance	Policy/ Standard	Part of the National Quality and Risk Management Standard for the Health Service Executive. Pertaining to Clinical and Healthcare audit (one criterion of the 22 criteria in the Quality and Risk management standard) Prepared by the Clinical Audit Criteria and Guidance Working group and Majella Daly.	Outlines the stages and processes of the healthcare audit (1) Preparing the audit- which may include gaining the support of colleagues, identifying who will undertake the audit and establishing audit objectives (2) Selecting the criteria- Specifying the agreed criteria to measure against when conducting the audit. Criteria should have developed from best available evidence, including guidelines, literature reviews and national and local consensus (3) Measuring Performance- Methodological approaches employed should be appropriate to the objectives of the audit and the criteria being measured (4) Making improvements- All audits should include the development of a quality improvement plan including prioritisation of key areas that have been identified by the audit

(5) Sustaining improvement- Ongoing monitoring and evaluation should be conducted to assess the quality improvement plan

About the HEALINT Project and this publication

In healthcare, student learning in clinical practice is an essential part of the curriculum. However, in a context of international mobility, healthcare professionals ideally need to train within the system they intend to work in, so that they may easily integrate and deliver care. HEALINT is promoting such international training by developing management tools that support Higher Education and Health Care institutions to offer and direct high-quality cross-border apprenticeships which can serve as a basis for the development of formal international standards and guidelines.

This briefing paper summarises and presents project progress around completion of the first output (IO1).

Co-funded by the
Erasmus+ Programme
of the European Union