



Intellectual Output 4

Set of Tools for Post-Evaluation of
Placement Quality



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1 Intellectual Output 4: Set of Tools for Post-Evaluation of Placement Quality

Intellectual Output 4 was divided into different tasks towards developing a Tool for Post-Evaluation of Placement-Quality to be completed by students. This output makes provision for the evaluation of the tool, identifying metrics which determine whether the conclusions drawn from the initial audit can be predictive of high quality placement learning environments. Metrics will be drawn from existing tools such as CLES T that was used as the reference framework and with ethical permission from other evaluative means (eg: student evaluation, Teacher evaluation of student learning, etc). This will triangulate the prospective quality process proposed by looking at retrospective evaluation processes. The different actions taken along this Intellectual Output timeline:

1.1 Action 1: Collection of National and International Practices and Standards

Task: HEALINT IO4 Partners' Document Collection in relation with Nursing Students' Evaluation of placements in their own countries (UK, Poland, Finland, Spain and Ireland - provided by the UK teams-).

Date: November and December 2019.

Aim: to collate, appraise and evaluate evidence surrounding the subject of the output within specific national/regional/international systems. Current evidence points to the existence of national priorities and localised standards. A review of this evidence will consider research, published discourse and policy literature and grey literature and evidence including existing tools.

Method: All partners were required to send to the IO4 Lead Team through email the Documents/Reports they usually apply in their own countries for Nursing Students to evaluate

placements either in their own language or in English and also those from other countries and organizations once having conducted a literature review.

Outcomes: 9 documents were collected in English. Other documents published in other languages had similar contents to the following ones and therefore only the ones in English were selected so that they could be used in the workshops with all European partners.

- *Health Education England (HEE) (undated) HEE Quality Framework 2019-2020*
www.hee.nhs.uk accessed 03/04/2020
- *Houghton, T. (2016) Evaluation of the student learning experience. Nursing Standard, 31 (9) 42-51 doi:10.7748/ns.2016.e9634.*
- *Nursing and Midwifery Council (NMC) (2018) Realising Professionalism: Standards for education and training Part 2 : Standards for student supervision and assessment. London NMC 17 May 2018*
- *Royal College of Nursing (RCN) (2017) Helping students get the best from their practice placements; A Royal College of Nursing Toolkit London RCN*
- *Simpson, T. Kitchen, S. Lavelle, M. Anderson, JE. Reedy, G. (undated) Evaluation practice toolkit developed by King's College London Clinical Education and Patient Safety Research Group in partnership with Health Education England*
<https://www.kcl.ac.uk/study/learningteaching/kli/research/articles/DOCS-tOM-SIMPSON/KCL-LI-CLINICAL-EVALUATION-PRACTICE-TOOLKIT-PRINT-AW.pdf>
Accessed 3/4/2020
- *University of Brighton School Of Health Sciences (2017) MSc/Pg Dip Occupational Therapy (Pre-registration) COURSE AND PRACTICE PLACEMENT HANDBOOK 2017 – 2019 Student placement evaluation form Appendix 4 page 176-179*
- *University of Essex, School of Health and Human Sciences (undated) Student Evaluation Questionnaire*
<https://www1.essex.ac.uk/hhs/documents/placements/nursing/student-placement-evaluation-questionnaire.pdf> accessed 03/04/2020
- *Wain, A. (2017). Learning through reflection. British Journal of Midwifery. 25. 662-666. 10.12968/bjom.2017.25.10.662.*
- *University of Nottingham SEPL form is an internal document shared with permission to this group and not publically available.*

1.2 Action 2: Commonality / Divergence Study

Task: HEALINT IO4 Lead Partner Team Data Extraction & Minimum Dataset (MDS) from the Documents collected in Activity 1 towards producing a list of categories.

Date: December 2019 & January 2020

Aim: By using the collection from Action 1 as a starting point, a summary was prepared comparing each of the collected standards, and specifically highlighting:

- 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

The briefing paper also outlined the design choices involved in creating a tool with trans-national applicability across Europe and beyond.

Method: IO4 Lead Partner Team extracted the Key Topics from all the documents provided by the rest of partners.

Outcomes: all documents' key topics/categories match with CLES ones. The main domains or categories of the research instrument (the Clinical learning environment, supervision and nurse teacher (CLES+T) evaluation scale) mostly used in Europe were extracted. All partners agreed to design an evaluation tool that included these domains:

- Pedagogical Atmosphere
- Leadership Style of the Ward Manager
- Premises of the nursing in the ward
- Supervisory relationship
- Role of the Nurse Teacher

1.3 Action 3: Design Workshop

This action had two tasks:

Task 1: HEALINT IO4 Discussion Groups during the Alicante Meeting's 2nd Day dedicated to conducting IO4 Workshop

Date: January 2020 (2nd Day of the HEALINT Alicante Meeting -Workshop-)

Aim: The design workshop brought together all the project partners for a two day workshop-style meeting. During the meeting, they discussed each of the design challenges outlined by the previous summary, and reach consensus on the design specifications for the Protocol.

Method: All participants worked divided into Discussion Groups (4) by reading, reflecting and discussing on one or two of the documents provided by partners in A1. The method conducted consisted on:

- 4 groups of 5 or 6 people (3 groups of 5 people and 1 group of 6 people)
- Each group worked during 45 minutes approximately
- 6 students were present (3 of them from Alicante and 3 from Nottingham)
- 5 mentors-professional nurses were present (3 of them from Alicante, 2 from Finland)
- 10 academics involved in International Mobility and Nursing Education/Training were present
- IO4 Team Lead performed as the Activity Coordinator by introducing the activity to all groups, following all discussions and clarifying doubts.
- In each group there were at least the representation of: 1 student, 1 mentor and/or professional and 1 academic and/or researcher
- Outcomes: Each group's conclusions were presented to the rest of participants
- The Activity Coordinator took notes about each group's conclusions
- Some of the key terms that came up from each group were: communication, orientation, induction, learning environment, risks, safety, proactivity, leadership, continuous evaluation, reflection, critical thinking, learning experience, expectations, values, attitudes, ownership, humanizing, confidence, situational awareness, improvement, transformation, work environment, interprofessional.
- All participants in this activity concluded that the HEALINT IO4 Student's Evaluation Tool should comprise and reflect on those key terms.

Task 2: HEALINT IO4 Consensus Discussion Group during the Alicante Meeting's 2nd Day dedicated to conducting IO4 Workshop

Date: January 2020 (2nd Day of the HEALINT Alicante Meeting -Workshop-)

Aim: All participants worked all together in a Consensus Discussion Group in which 1 member from each smaller group (there were 4 groups in total) exposed its group's conclusions to the rest.

Method:

- 21 people participated (from the 4 discussion groups)
- 1 person from each group exposed its group's conclusions from Activity 3 (the student in each group was the speaker in all cases) and then all participants discussed on those conclusions
- The Activity Coordinator (who was the IO4 Team Lead) firstly discussed about the way IO4 HEALINT Student's Evaluation tool should look like and how it should collect information from students (in terms of qualitative or quantitative data), either openly or with quantitative proofs.
- All partners and participants agreed that the quickest and easiest way would be to create metrics (quantitative data) as it would be the most feasible and recommendable sort but at least there should always be one open field in case students would like to express freely something.
- The Coordinator took notes about the key topics and categories that merged from the expositions and discussions.
- 60 key topics came up and were associated to the topics that should be used for students' evaluation of placements, which are presented as the Outcomes:

1. Overall Workforce Environment's Student Perception of the context:
2. Overall Student's Experience and Overview in such placement:
3. Overall Student's perception of the Experiential learning learned in such placement:
4. Overall Student's perception on the Communication in such placement:
5. Did the student have a clearly planned Induction process into the organization and the specific placement? Was it effective according to the student's perception?
6. Did the student receive in advance the appropriate instructions for the first day (where and who to meet)?
7. Was it clear enough for the student who to ask from the beginning?
8. Did the student have a period of time dedicated to get to know the new context? Were there any specific defined objectives and tasks?
9. Did the student reached a situational awareness?
10. Were all mentors/professionals/managers' attitude positive?
11. Did the student feel confident during its stay?
12. Did the student feel that he was treated as a person instead of just a student?
13. Did the student have a comfortable stay and relation with the rest of the team?
14. Was the student called by its name?
15. Has the student experienced that the context was safe and pleasant?
16. Was the Student able to make decisions and/or choose options at any time during its training?
17. Did the student learn any new best practice from such placement?
18. Were student's expectations met at any time during placement?
19. Was the student in touch with the rest of the multidisciplinary team during placement?
20. How was the Student's perception on the interprofessional team?
21. Did the student perceived that its case was individualized/personalized?
22. Was the organizational and context hierarchy clear from the beginning?
23. Did the student have a Cultural Induction during a reasonable period of time so that the student could get used to the new culture (in terms of timetables, weather, life style, etc...)?
24. Was the student explained from the beginning about the organization's internal codes (colors' meanings, symbols, logos, professional levels, etc...)?
25. Did the student perceived that she/he was part of the team (sense of identity)?
26. Did the student self-perceived as an active agent within the placement?
27. Did the student perceived there was enough communication between the Higher Education Institution and the Healthcare Organization where she/he was in placement?
28. Was the Educational Plan clear enough for the student since the beginning (in terms of: objectives, achievements, competencies, number of hours, credits, etc...)?
29. Did the student perceive a quality staff mix?
30. Did the student perceive its mentors were trained for mentorship?
31. Were mentors' expectations clear from the beginning?
32. Did the student perceive the expectations of both mentors and itself were met as a win-win relation?
33. Did the student perceive a feeling of safety during its stay in the placement?
34. Did the student get any feedback from patients as part of the educational strategy?

35. Did the student perceive that Bologna's principles and objectives were achieved?
36. Did the student have a feeling of being responsible of duties that corresponded to Professional Nurses?
37. Did the student have continuous feedback from mentors?
38. Did the student have continuous feedback from teachers/professors?
39. Was the student introduced to other students?
40. Was the student working directly with other students in the same placement?
41. Was the student encouraged to conduct a reflection process during day-to-day practice?
42. Did the student perceive any type of exchange learning relations with other students or peer-to-peer support?
43. Was the student's training in such placement connected with the principles of Nursing Philosophy?
44. Did the student self-perceived as part of improvement, positive change or transformation?
45. Did the student perceive that values were also included as part of the training process?
46. Did the student perceive its attitude was also evaluated during the training process?
47. Were the Evaluation items clear for the student since the beginning?
48. Was the training based on Evidence based Practice?
49. Was the student recommended to use scientific literature during its practice?
50. Did the student perceive that the organization and placement is based on a Quality Policy? Was it clear from the beginning?
51. Did the student perceive any type of punishment during its placement?
52. Was the student familiar to the placement's sources (such as: technological devices, tools, instruments, etc...)?
53. Were all the ethical principles corresponding to the placement clear for the student since the beginning?
54. Did the student perceive a sense of compromise with future professionals' training in the Organization's Development Strategy and Mission?
55. Was the Nursing Professional role positively perceived by the student in such organization and placement?
56. Did the student perceive that there was a Continuous Professional Development Strategy in the Organization and Placement?
57. Was the student encouraged to participate in internal training (CPD) with the rest of the professional staff?
58. Did the student perceive that there was Nursing Research and Innovation in the organization and placement?
59. Were the risks of the learning environment introduced to the student from the beginning? Were the students trained how to protect itself of those risks?
60. Did the student experience great language barriers even though being with its mentor?
61. Did the student perceive pro-active attitude in its mentor and the rest of the team?
62. Was the Training Plan realistic about the goals and time?
63. Was the student's level of independence increased due to this type of training?

During the Consensus Discussions other European Commission funded Projects were commented as an interesting resource for complementing IO4. Such is the case of: MIND, TRANSFORM and ISTEW (Improvement, Science Training for European Healthcare Workers).

1.4 Action 4: Authoring of the Draft Protocol

Task: HEALINT IO4 Consensus Discussion Group's Outcomes Analysis

Date: February and March 2020

Aim: All participants were required to review the outcomes of the Consensus Discussion Group from Task 4 extracted by the Lead Team and send feedback. Following the design-workshop, the output leader drafted the protocol in line with the design specifications agreed at the workshop.

Method: Each partner team sent their feedback to the Lead Team by agreeing or reporting other contributions. The Nottingham team did the English proof and wording of the whole questionnaire counting on English-speaking students who adapted the questions and the type of response for each question was provided.

1. *How well structured was the environment in the Hospital*
2. *How well was your experience in the placement area?*
3. *How good was the experiential learning in the placement area?*
4. *How well was the communication in your placement area?*
5. *Was the induction to the organization and the placement area given per protocol?*
6. Did the student receive in advance the appropriate instructions for the first day (where and who to meet)?
7. Was it clear to the student who the appointed person is to seek advice?
 8. *Did the student have any objectives or tasks to be fulfilled whilst on placement?
Was there a completed by date for the induction to be finished by?*
 9. *Did the student reach a situational awareness after an induction?*
 10. *Did all the ward staff have a positive attitude?*
 11. *Did you feel your confidence improved during the time spent on your placement area?*
 12. *Did you feel welcomed and apart of the team?*
 13. *Did you feel you built a relationship with your team/ mentor whilst on placement?*
 14. *Were you called by your name and not referred to by student?*

15. *During your experience did you feel safe and happy at all times?)*
16. *Were you given the opportunity to act independently and make decisions during your experience?)*
17. *Did you learn new skills from training on this placement area?)*
18. *Were the students expectations met at all times during placement?)*
19. *Did you interact with the multidisciplinary team during your placement experience?*
20. *Did you feel welcomed and apart of the interprofessional team?*
21. *Did you feel that learning was personalized?*
22. *Did you understand the roles of the different staff members?*
23. *Did you have time to adapt to the new culture before starting the placement?*
24. *Is this about rules or secure door codes? Did someone explain to you at the start about...?*
25. *Did you feel like you were a valued team member?*
26. *Not sure about the term active agent – did you feel you were able to address your learning needs?*
27. *Did you feel there was a relationship between your placement area and the university?*
28. *Did you discuss your learning needs at the beginning of the placement and make a plan to address your objectives, achievements, competencies, number of hours, etc..?*
29. *Did you feel that the staff practiced safely and effectively?*
30. *Did you feel that the staff were equipped for teaching students?*
31. *Were mentors' expectations clear from the beginning?*
32. *Did you feel that both you and the mentor could discuss your expectations of each other?*
33. *Do you think that the practice area is safe?*
34. *Did the student get any feedback from patients as part of the educational strategy?*
35. *Did the student perceive that Bologna's principles and objectives were achieved?*
36. *Did you feel appropriately supervised and supported by a qualified nurse?*
37. *Did the student have continuous feedback from mentors?*

38. *Did the student have continuous feedback from teachers/professors?*
39. *Was the student introduced to other students?*
40. *Was the student working directly with other students in the same placement?*
41. *Was the student encouraged to do a reflective piece/writing on any day-to-day practice?*
42. *Did the student experience any type of exchange learning relationship with other students or peer-to-peer support?*
43. Does the student's training during your placement conforms with the principles of Nursing Philosophy?
44. Did the student self-perceived as part of improvement, positive change or transformation?
45. Did the student think that relevant values were included as part of the training process?
46. Did the student understand its attitude will be evaluated during the training process?
47. Were the evaluation criteria spelt out to the student from the beginning?
48. Was the practice at the training Evidence based?
49. Was the student encouraged to use scientific literature during its practice?
50. Was the student made aware of and understood the importance of Quality policy of the organization from the beginning?
51. Did the student experience any form of punishment during placement?
52. Was the student properly informed of the placement sources such as: technological devices, tools, instruments etc.,...?
53. Were all the ethical principles applicable to the placement clear to the students from the beginning?
54. Did the student identify any compromise that could jeopardize future professional training in the organization's development strategy and mission?
55. Was the Nursing professional role understood by the student in such organization or placement?
56. Did the student think there was a Continuous Professional Development Strategy in the Organization?
57. Was the student encouraged to participate in internal training (CPD) with the rest of the professional staff?
58. Did the student feel that the Organization and placement was involved in Nursing Research and innovation?
59. Was the student informed of the environmental risks at placement and trained on how to protect itself from the beginning?
60. Did the student experienced language barrier with its mentor and other staff?
61. Did the student consider the attitude of its mentor and the rest of the team as pro – active?
62. Did the training plan match the goals and time?
63. Was the student's level of confidence and ability to work independently increased due to this placement experience?

1.5 Action 4: Piloting of the Protocol in Live Environments

Task 1: HEALINT IO4 Lead Team Dry Testing conducted within real contexts of both Spanish Partner Teams (HLA Vistahermosa Hospital and the University of Alicante)

Date: February 2020

Aim: to perform the 1st dry-test of the protocol's contents in a real healthcare/clinical placement (Vistahermosa) and a real educational context (University of Alicante – International Mobility Coordination, Faculty of Health Sciences) with real stakeholders and participants (students, professional staff, mentors, tutors, teachers, professors, managers) based on (a) ability to implement the protocol, (b) usefulness of the protocol in describing relevant information in a trans-national environment.

Method: Face-to-face Group Interviews (Focus Group)

- Time: 1 hour
- Interviewees: (all of them participated in previous HEALINT dry-tests corresponding with other IOs)
 - From the University of Alicante:
 - ☐ 3 Associated International Mobility Coordinators from Nursing & Nutrition and Dietetics.
 - ☐ 2 International Student's Academic Mentors from Primary Healthcare and District Nursing and Hospital – Specialized Healthcare.
 - ☐ 1 International Mobility Administrative
 - 1 Vice Dean of International relationships and Research.
- From Vistahermosa Hospital:
 - ☐ 1 Chief Nursing Director.
 - ☐ 1 Nurse Coordinator – Student's Mentor.
 - ☐ 2 Students with International Mobility Background.
 - ☐ 2 Students with non-previous international mobility experience.

Outcomes: After conducting the 1st dry testing of the outcomes presented in A3-task 2, all the interviewed participants agreed about the categories/topics used (contents) as well as how the questions were formulated and also the type of response (quantitative though giving the option of answering openly in all of them):

- There were no major comments directly made on the contents and not even on the type of structure used.
- All participants agreed that these documents are connected with the previous ones (IO1 protocol, IO2 Checklist and IO3 Audit Case Studies).

- Respondents commented the need to remove terms such as Bologna Process as it is understood through the contents of the questionnaire and explain better some other questions referring to specific concepts like “situational awareness” which could be interpreted differently.
- They suggested in consensus that these questionnaire should be ideally answered by students, mentors, teachers/professors, professionals and managers
- Interviewees gave a positive feedback on both Documents’ usability and sustainability.
- They commented that it would be a good idea to use this questionnaire through a virtual platform or Google Form template so that the data would be directly analyzed and stored.

Task 2: HEALINT IO4 Lead Team Dry Testing conducted in the rest of partners’ contexts

Date: March 2020

Aim: Each project partner will perform a dry-test of the protocol. In each case, the protocol will be applied using a live-case example, and then will subsequently evaluated based on (a) ability to implement the protocol, (b) usefulness of the protocol in describing relevant information in a trans-national environment. Results from the testing were collected using an standardized evaluation form.

Outcomes: Some of the Partners’ dry testing outcomes were:

PWSZ Tarnow (Polish Team) Dry Testing feedback – April 2020

- Method: Face-to-face Group Interviews (Focus Group)
 - ☐ Time: 30 min
 - ☐ Interviewees: (all of them participated in previous HEALINT dry-tests corresponding with other IOs)
 - ☐ From the PWSZ Tarnow:
 - ☐ 1 International Mobility Coordinator in the Area of Nursing
 - ☐ 1 International Mobility Administrative
 - ☐ 1 Vice Dean of Cooperation and Development
- **Outcomes:** After conducting the group interview the participants expressed positive reviews as to the scope of the questions, clarity and type of responses. The participants noticed a close connection with the previous tools developed in the project. They recommended that the tool should be part of an electronic platform that automatically informs all interested parties.
 - ☐

SAMK (Finish Team) Dry testing Results for HEALINT Protocol IO4 – 30th March 2020

- **Interviewer:** the Finish Team lead partner
- **The implementation of interviews:** The feedback was collected by following the instructions and questions given for focus group interviews. The target group was the

same teachers interviewed earlier in the project. Four individual interviews and one focus group interview with 3 teachers were conducted. The interviews were conducted in Finnish. This summary is based on the notes made during the interviews

- Interviewees:
 - 4 teachers supervising international students at clinical placements, no experience or training in auditing
 - 2 teachers supervising international students at clinical placements, with experience and training in auditing
 - 1 team leader at the Faculty of Health and welfare, a nursing teacher, who is responsible for clinical practice in the Degree Programme of Nursing, with experience and training in auditing
- Summary of the interviews:
- Overall feedback
 - 1) *Interviewees were missing structure for the questions, f.ex. following the audit form.*
 - *A structure would have helped to better understand some questions, e.g. it was difficult to know whether the question was about the placement unit, the whole placement organization or the whole practical training process?*
 - *When the questions are structured it is possible to tell if something is missing and make suggestions for re-grouping and combining similar issues to shorten the list of questions.*
 - 2) *The formulation of the questions gives rise to questions:*
 - *To whom the questions are addressed? To a student, to a health care organization or to an educator?*
 - *Are the questions meant to be used like the audit form, to help with the interview or are the questions in the questionnaire?*
 - *If the questions are addressed straight to a student and the student is evaluating the issue from his own point of view, the questions should take the form, e.g. "I was instructed ...", "I was treated ...", followed by clear alternatives. Now the questions are formulated just as someone other than the student answers the questions – like a list of questions for an interviewer.*
 - *Some of the questions were not relevant from the student's point of view, e.g. what kind of hierarchy there is in the work community? It is important for students to know who is the mentor and who to contact if they have any questions – and in that sense to know "the hierarchy" is important - but not the whole "organizational and context hierarchy" - it can't be "clear from the beginning"?*
 - 3) *Some general comments about the question formulation to be clear enough.*
 - *It is according to ISO standards to ask yes / no / open answer, however the respondent should be given instructions, or the questions should be refined, so that the student knows what "yes" or "no" means? E.g. the question 62: If the mentor has treated the student individually but others do not, should he/she answer yes or no? Does "yes" mean "mostly" or "100%"?*
 - *If there are two questions they should be asked separately*
 - *its => student or you/your – depending on the question*
- Feedback for the single questions:
 - 1) Questions that were difficult to understand: 1, 3, 4, 27, 54.

- 2) Are the concepts and expressions clear for students: “situational awareness”, “its case was individualized/personalized”, “active agent”, “Bologna process”, “staff mix”
- 3) Questions that require clarification: 16, 18, 36 (the question must be related to the level of study), 50 (“Was it clear from the beginning”, is it unrealistic...?), 53 (“..since the beginning”, is it too demanding...?)
- 4) Questions that were good and clear: 10, 11, 12, 13, 14, 17, 19, 25, 28, 31, 32 (except “itself”), 37, 39, 40, 41, 42, 44 (except “transformation” => “professional development”), 46 (except “its”), 47, 48, 49, 51, 52, 58, 60, 61, 62, 63.

Nottingham Partner Team (Lead Team) Dry-Testing was conducted at the same time as the English proof by three students experienced in International Mobility. It was presented in A4.

Middlesex Partner Team Dry-Testing was conducted by two Nurses experienced as International Students’ Mentors who provided the following feedback on the 17th of March 2020:

- There are too many questions- I would not complete this let alone ask students
- There are ways the questions can be reduced and cover the keys points- or perhaps group related questions and have gaps to help the students navigate as currently they go back and forth from topics.
- The text changes from “she/he” to “it”
- Perceive/d is clearly the philosophy of the investigation, however, sometimes it is not the best or most clear way to ask questions. For example, you do not really perceive if mentors have been trained.
- Would it be useful to add if the student has any other comments?
- *It is too long – not sure students would complete it.*
- *Language is too dense and complex – use of pronouns needs addressing*
- *There are questions which refer to the organisation and others to the local department/ward – this might be better split into a questionnaire of 2 parts to address this.*
- *Some terms are simply confusing*
- *Some items feel repetitive and it feels the questions are leading and at times a little risky ie Q51 – I think this is a cultural frame and the intention is clear but the question is not.*

The Final Questionnaire according to the previous steps: According to all partner teams’ feedback the final version is intended to be more user-friendly and understandable for the target users (the students). Some specific terms have been removed as suggested by partners (Bologna Process, skill mix, situational awareness) due to their complexity as well as some questions that were not easily understood have been definitely changed. The questions have not been classified according to CLES T domains as some questions could be part of several domains. The whole questionnaire is linked with the previous Intellectual Outputs’ contents. Even though the tool comprises 62 questions, all of them are finally easily answered once the students had ended their practical learning in one setting. The final version also includes the type of response outlined by the participants in the IO4, being a quick answer (yes/no) in all the questions except for 4 ones. It was proposed by some partner teams to keep the tool more attractive by transform it into a google form or digital tool.

1. How well structured was the environment in the Hospital?
 Likert Scale + Open answer
2. How well was your experience in the placement area?
 Likert Scale + Open answer
3. How good was the experiential learning in the placement area?
 Likert Scale + open answer
4. How well was the communication in your placement area?
 Likert Scale + Open answer
5. Was the induction to the organization and the placement area given per protocol?
 Yes/No + open answer
6. Did the student receive in advance the appropriate instructions for the first day (where and who to meet)?
 Yes/No + open answer
7. Was it clear to the student who the appointed person is to seek advice?
 Yes/No + open answer
8. . Did the student have any objectives or tasks to be fulfilled whilst on placement? Was there a completed by date for the induction to be finished by?
 Yes/No + open answer
9. Did all the ward staff have a positive attitude?
 Yes/No + open answer
10. Did you feel your confidence improved during the time spent on your placement area?
 Yes/No + open answer
11. Did you feel welcomed and apart of the team?
 Yes/No + open answer
12. Did you feel you built a relationship with your team/ mentor whilst on placement?
 Yes/No + open answer
13. Were you called by your name and not referred to by student?
 Yes/No + open answer
14. During your experience did you feel safe and happy at all times?
 Yes/No + open answer
15. Were you given the opportunity to act independently and make decisions during your experience?
 Yes/No + open answer
16. Did you learn new skills from training on this placement area?
 Yes/No + open answer
17. Were the students expectations met at all times during placement?
 Yes/No + open answer
18. Did you interact with the multidisciplinary team during your placement experience?
 Yes/No + open answer
19. Did you feel welcomed and apart of the interprofessional team?
 Yes/No + open answer
20. Did you feel that learning was personalized?
 Yes/No + open answer
21. Did you understand the roles of the different staff members?
 Yes/No + open answer
22. Did you have time to adapt to the new culture before starting the placement?
 Yes/No + open answer
23. Is this about rules or secure door codes? Did someone explain to you at the start about...?
 Yes/No + open answer
24. Did you feel like you were a valued team member?
 Yes/No + open answer
25. Not sure about the term active agent – did you feel you were able to address your learning needs?

- Yes/No + open answer
26. Did you feel there was a relationship between your placement area and the university?
 Yes/No + open answer
27. Did you discuss your learning needs at the beginning of the placement and make a plan to address your objectives, achievements, competencies, number of hours, etc..?
 Yes/No + open answer
28. Did you feel that the staff practiced safely and effectively?
 Yes/No + open answer
29. Did you feel that the staff were equipped for teaching students?
 Yes/No + open answer
30. Were mentors' expectations clear from the beginning?
 Yes/No + open answer
31. Did you feel that both you and the mentor could discuss your expectations of each other?
 Yes/No + open answer
32. Do you think that the practice area is safe?
 Yes/No + open answer
33. Did the student get any feedback from patients as part of the educational strategy?
 Yes/No + open answer
34. Did the student perceive that Bologna's principles and objectives were achieved?
 Yes/No + open answer
35. Did you feel appropriately supervised and supported by a qualified nurse?
 Yes/No + open answer
36. Did the student have continuous feedback from mentors?
 Yes/No + open answer
37. Did the student have continuous feedback from teachers/professors?
 Yes/No + open answer
38. Was the student introduced to other students?
 Yes/No + open answer
39. Was the student working directly with other students in the same placement?
 Yes/No + open answer
40. Was the student encouraged to do a reflective piece/writing on any day-to-day practice?
 Yes/No + open answer
41. Did the student experience any type of exchange learning relationship with other students or peer-to-peer support?
 Yes/No + open answer
42. Does the student's training during your placement conforms with the principles of Nursing Philosophy?
 Yes/No + open answer
43. Did the student self-perceived as part of improvement, positive change or transformation?
 Yes/No + open answer
44. Did the student think that relevant values were included as part of the training process?
 Yes/No + open answer
45. Did the student understand its attitude will be evaluated during the training process?
 Yes/No + open answer
46. Were the evaluation criteria spelt out to the student from the beginning?
 Yes/No + open answer
47. Was the practice at the training Evidence based?
 Yes/No + open answer
48. Was the student encouraged to use scientific literature during its practice?
 Yes/No + open answer
49. Was the student made aware of and understood the importance of Quality policy of the organization from the beginning?
 Yes/No + open answer
50. Did the student experience any form of punishment during placement?

- Yes/No + open answer
51. Was the student properly informed of the placement sources such as: technological devices, tools, instruments etc.,...?
- Yes/No + open answer
52. Were all the ethical principles applicable to the placement clear to the students from the beginning?
- Yes/No + open answer
53. Did the student identify any compromise that could jeopardize future professional training in the organization's development strategy and mission?
- Yes/No + open answer
54. Was the Nursing professional role understood by the student in such organization or placement?
- Yes/No + open answer
55. Did the student think there was a Continuous Professional Development Strategy in the Organization?
- Yes/No + open answer
56. Was the student encouraged to participate in internal training (CPD) with the rest of the professional staff?
- Yes/No + open answer
57. Did the student feel that the Organization and placement was involved in Nursing Research and innovation?
- Yes/No + open answer
58. Was the student informed of the environmental risks at placement and trained on how to protect itself from the beginning?
- Yes/No + open answer
59. Did the student experienced language barrier with its mentor and other staff?
- Yes/No + open answer
60. Did the student consider the attitude of its mentor and the rest of the team as pro –active?
- Yes/No + open answer
61. Did the training plan match the goals and time?
- Yes/No + open answer
62. Was the student's level of confidence and ability to work independently increased due to this placement experience?
- Yes/No + open answer
-

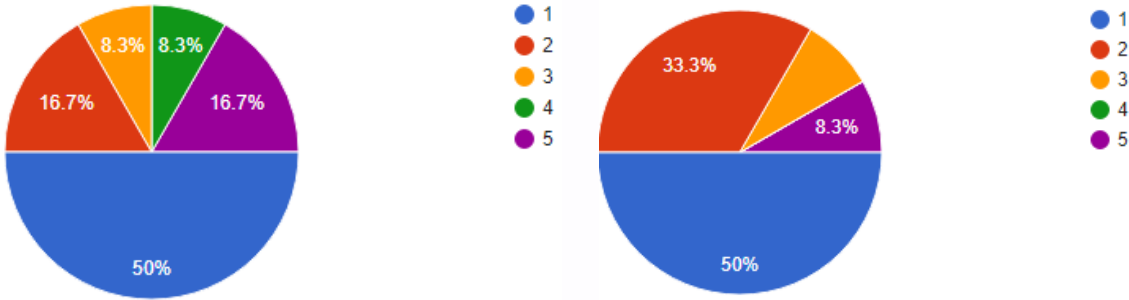
Task 3: Due to Covid pandemic situation worldwide and the restrictions about visiting other countries and especially healthcare organizations during the period of time in which the IO4 piloting task should had been developed, once all partners had reviewed the contents of the questionnaire (as shown until now) according to CLES-T and corresponding with the ideas discussed in the last face-to-face Meeting in Alicante (in which partner teams and international students participated), it was decided that the IO4 Lead Partner uploaded the questionnaire to a Google Form format (<https://docs.google.com/forms/d/e/1FAIpQLScVmW8frm0EPelz9iWAXWWdbVhL4s6fYavZqlpnBjjBHu5Oow/viewform?vc=0&c=0&w=1&flr=0&gxids=7628>) so that it could be sent to International Nursing students from the last years that had undertaken their clinical placements in the organizations that were supposed initially to host international students for the questionnaire piloting in the clinical environments according to the HEALINT proposal (such as Vistahermosa Hospital in Alicante Spain and Pori Hospital in Finland, both of them in direct relation with their national partners such as University of Alicante and SAMK University, both HEIs. Both were the practice sites adopted by the project which had staff who undertook the

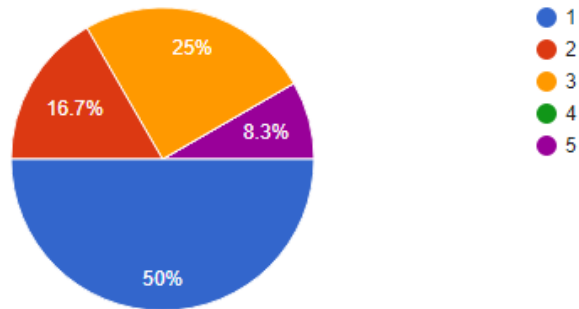
audit preparation and count with extended experience in training International Students). 12 Nursing students completed the questionnaire representing the following countries: Spain, Finland, Portugal, Colombia, China, Norway and Scotland. These are the conclusions after analyzing the data collected from the questionnaires.

1.6 Outcomes: IO4 HEALINT Evaluation Tool for International Healthcare Students

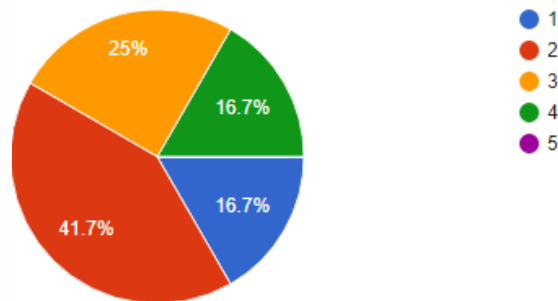
In terms of the demographic data obtained, SAMK University stands out as the university of reference, with 23.1%, followed by Robert Gordon University and the University of Peloponnese, both with 15.4% of students. On the other hand, the predominant nationality among students is Spanish (30.77%). Clínica Vistahermosa is the center of reference. Finland is in second place in terms of the nationality of the professionals who have taken the course, with 15.38%. On the academic year of its international placement, the year 2018/2019 stands out, with 23.1%, followed by the years 2018 and 2020, both with 15.4%. Respondents had stayed approximately 360 - 900 hours of international internship.

Following the completion of the demographic survey and the location details, participants answered several specific questions about HEALINT with answers ranging from 1 to 5 (1 = very well, 5 = much wrong) and others with the option YES/NO. Fifty percent of the respondents felt that both the hospital environment and their internship experience was very good, as well as their experience in the area of placement. As can be seen in the graphs, 16.7% of the participants felt that the hospital was somewhat well structured, as well as that their experience at the placement site was somewhat good.

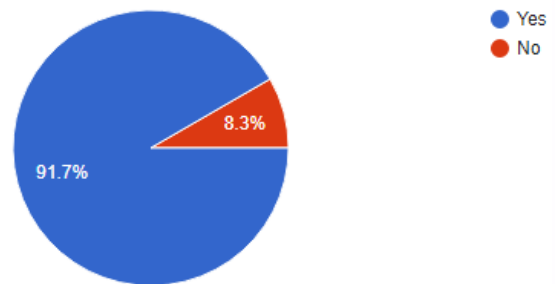
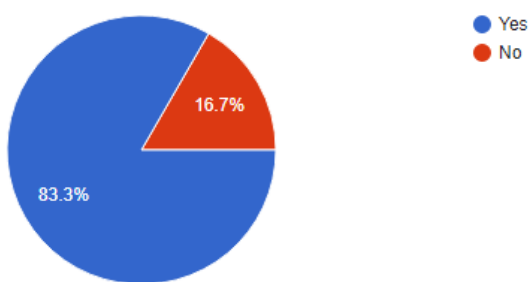




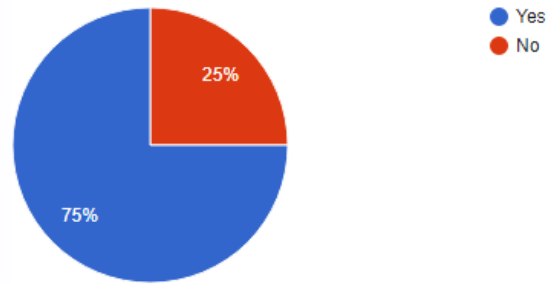
Regarding the communication in the practice area, 41.7% of the participants stated that it was quite good.



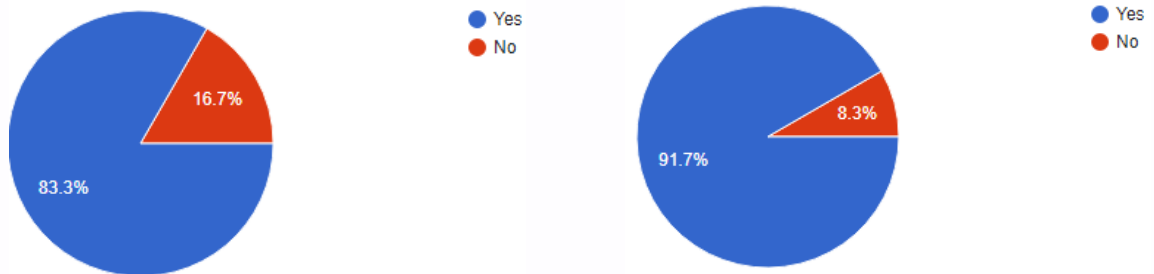
83.3% of the students stated that the induction to the organization and to the practice area was done by protocol. In addition, 91.7% received appropriate instructions in advance for the first day. Similarly, it was clear to all students who received advance instructions who the reference person was.



75% of the students had some specific objective to accomplish during the internship, while the remaining 25% had general objectives.

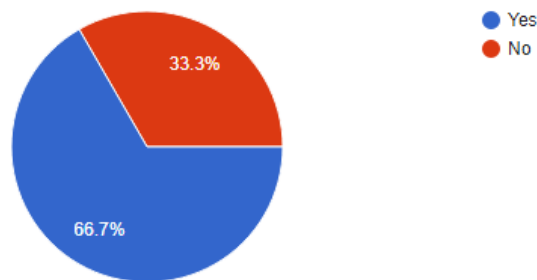


During their stay, 83.3% of the participants stated that the staff maintained a positive attitude. In addition, 91.7% of the respondents improved their confidence during the time they were on the internship, as well as feeling welcomed by the team.

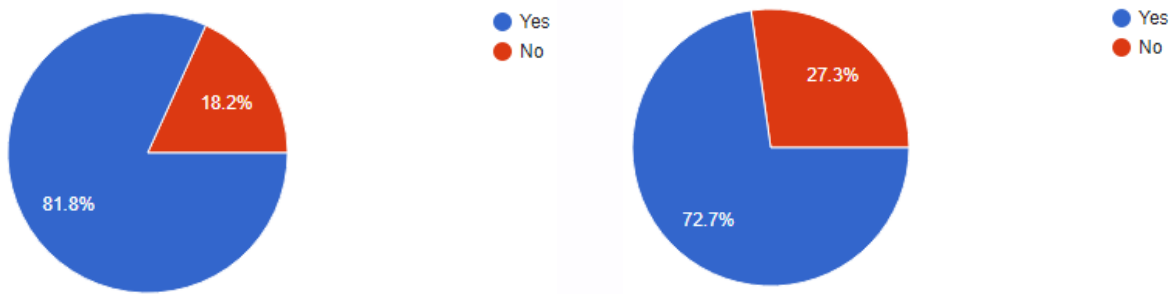


Similarly, the entire student body established a relationship with their team/mentor during the placement.

During their experience, 66.7% of the students always felt happy and safe.

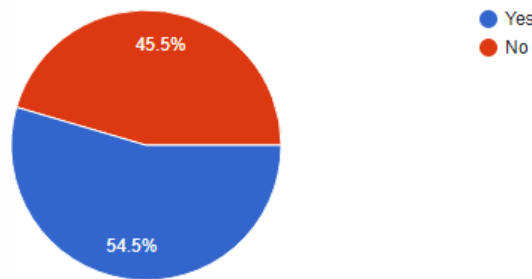


81.8% were given the opportunity to act independently and make decisions during their experience and learned new skills (90.9%). In addition, 72.7% stated that all their expectations had been met.



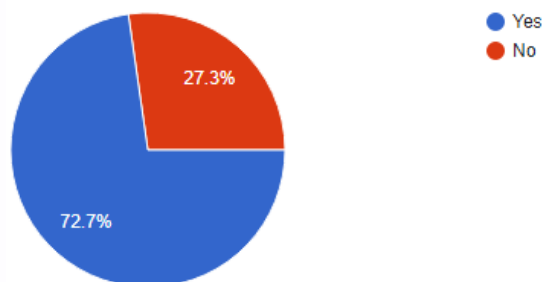
In addition, 90.9% of the students interacted with the multidisciplinary team and felt welcome. Similarly, all felt that the learning was personalized and that the roles of staff members were well defined.

Regarding the adaptation of the students, 54.5% adapted to the culture of the country before the internship.

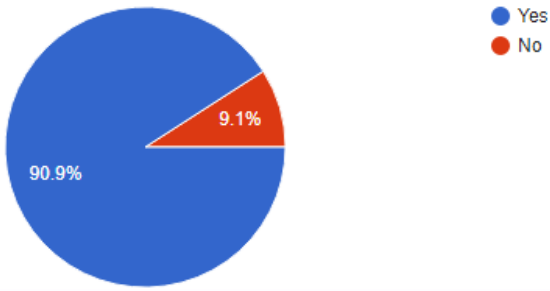


Regarding rules or secure door codes, 72.7% stated that they were aware of them.

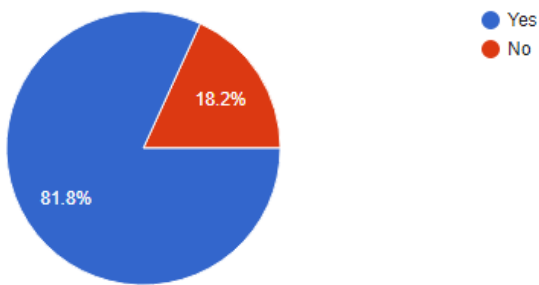
In addition, 72.7% of the students felt like valuable team members.



About the term active agent, 90.9% felt that it could address their learning needs.

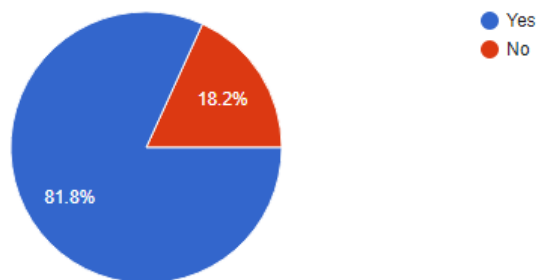


On the other hand, 81.8% perceived that there was a relationship between their practice area and the university.



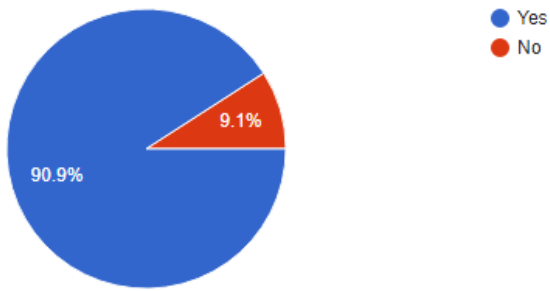
All students developed a development plan to correctly address objectives, achievements, competencies, internship hours, etc. And they felt that the staff practiced safely and effectively.

81.8% felt that staff were equipped to teach students and that mentor expectations were clear from the outset.

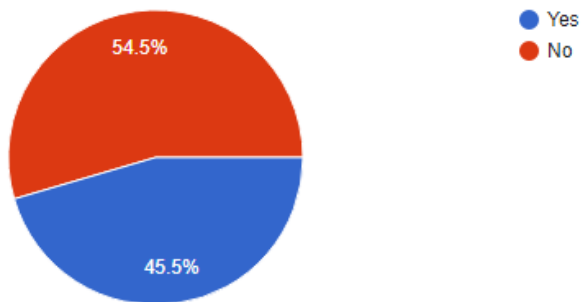


In addition, 90.9% felt that both they and the mentors could discuss mutual expectations.

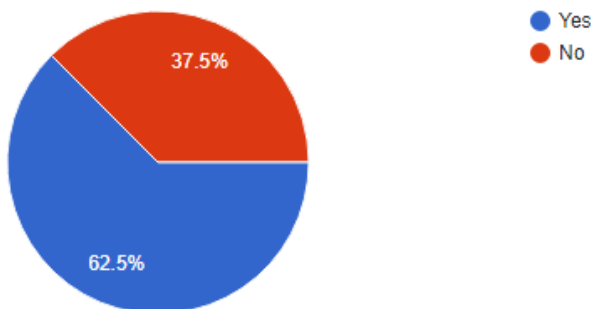
About safety in the practice area, 90.9% felt it was safe.



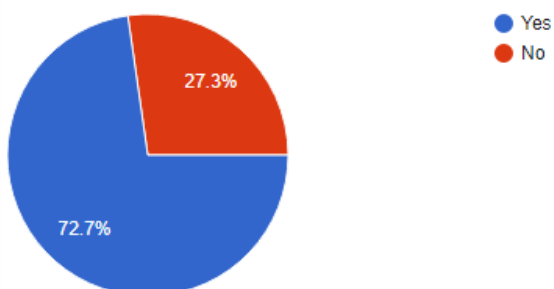
On the other hand, only 45.5% of the students received feedback from patients.



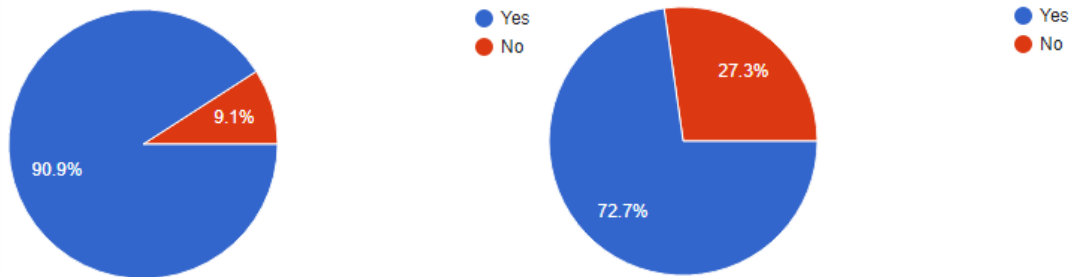
As for the objectives of the Bologna Plan, 62.5% felt that these principles were achieved.



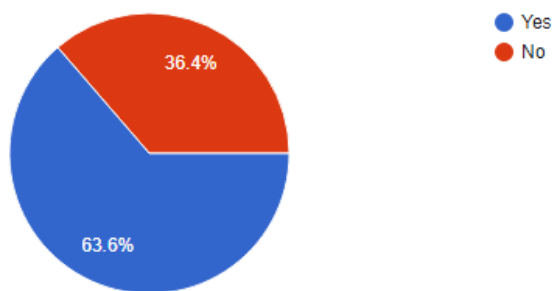
All students felt adequately supervised and supported by qualified nurses received ongoing feedback from mentors. On the part of teachers and professors, 23.7% stated that they had not received feedback.



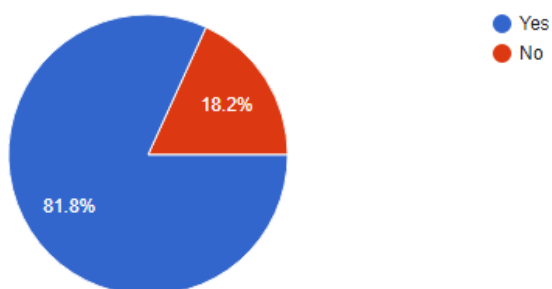
90.9% of students were introduced to other students and 72.7% worked in conjunction with other students in the same location.



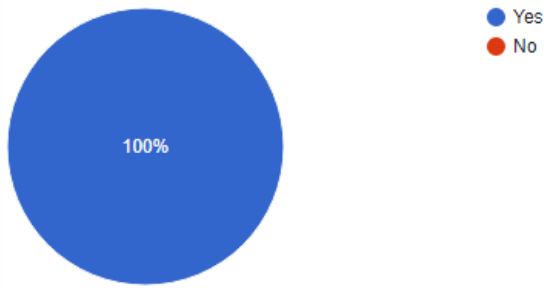
63.6% of the students were encouraged to do reflective work or write about some daily practice and to exchange learning with other students.



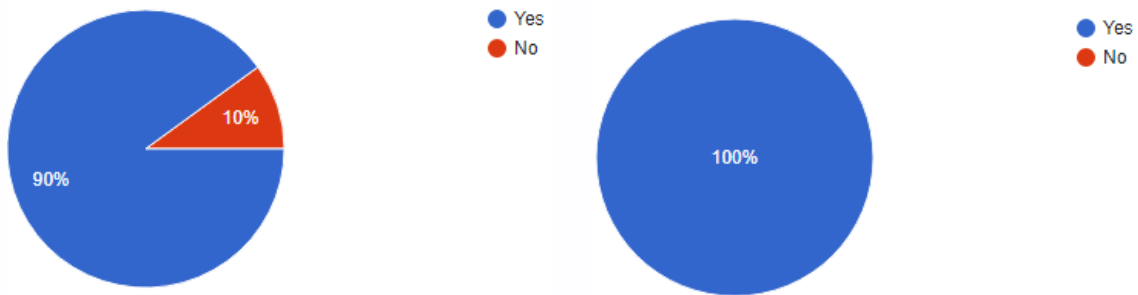
Regarding whether the student's training during their stay was in line with the principles of the Nursing Philosophy, 81.8% stated that it was and, in the same way, the students perceived improvements and changes in themselves.



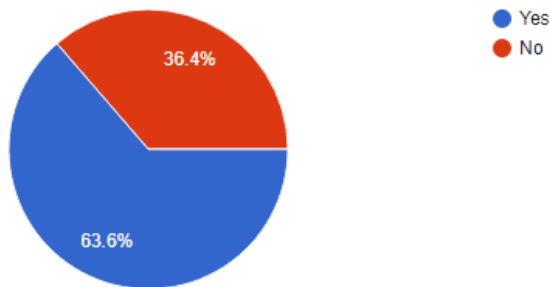
100% of the students stated that relevant values were included as part of the training process and understood that an evaluation of their attitude would be conducted during the training process.



To 90% of the students, the evaluation criteria were explained from the beginning and in all cases the practice was based in Evidence.

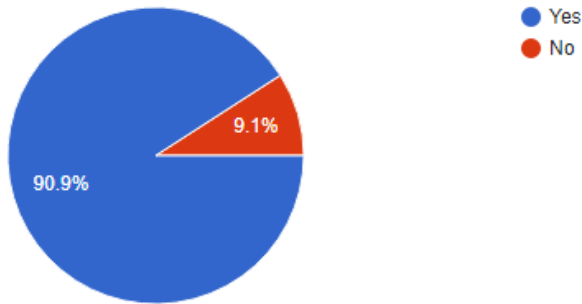


As for the use of scientific literature during practices, 63.6% were encouraged to use it.

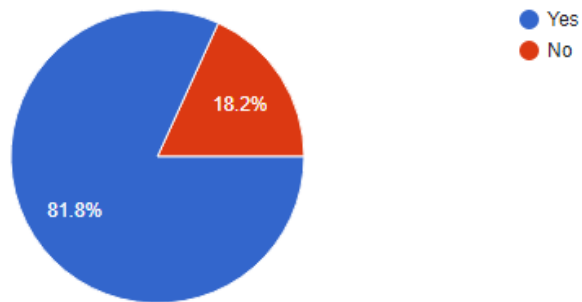


On the other hand, all students made aware of and understood the importance of Quality policy of the organization from the beginning and any student experienced any form of punishment during placement.

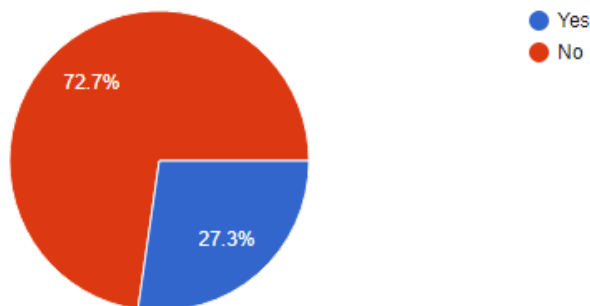
90.9% of students were correctly informed of the placement sources such as: technological devices, tools, instruments etc., ...



All the ethical principles applicable to the placement was clear to the students from the beginning in 81.8% of cases.

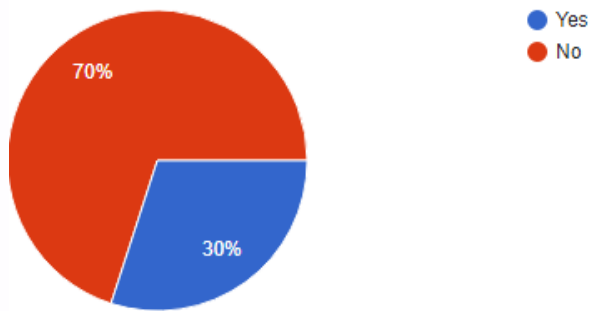


72.7% of students do not identified any compromise that could jeopardize future professional training in the organization's development strategy and mission and all students understood the professional role of Nursing in such organization or placement.

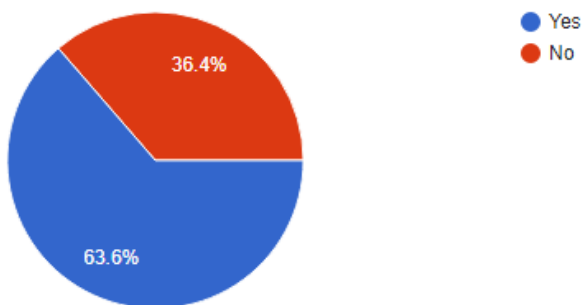


In terms of development strategies, 90.9% considered that there was a Continuous Professional Development Strategy in the Organization.

On the other hand, only 30% of the students were encouraged to participate in internal training with the rest of the professional staff.

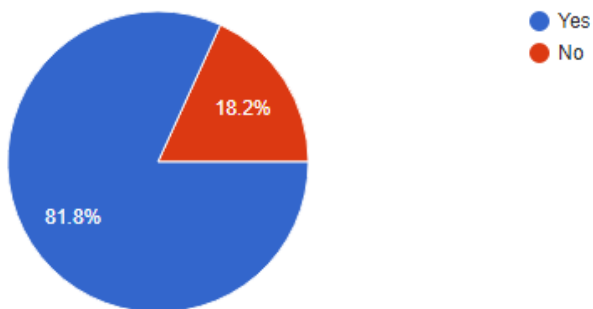


63.6% of students felt that the Organization and placement was involved in Nursing Research and innovation.

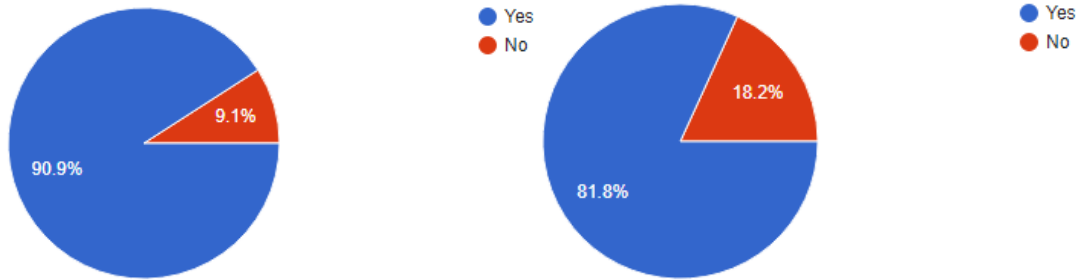


All students were informed of the possible risks and how to protect themselves against them.

Many students (81.8%) experienced language barriers with both their mentor and the rest of the staff.



All students considered that the attitude of its mentor and the rest of the team as pro-active. In addition, 90.9% considered that the training plan coincided with the objectives and time and 81.8% increased their level of confidence and ability to work independently.



1.7 Conclusions

Once having analyzed these data it was compared with the Hospitals' reports and Universities' evaluations corresponding with those students and high coincidence was found. The Covid Situation meant that we could only evaluate the settings as the students had found them before the audit process was undertaken however further work needs to be undertaken with future exchange to evaluate the impact of the audit system in developing and enhancing the areas where the placements did show need for this and the audit process, in picking up these areas. Wider use of the audit tool in international/EU settings with lower resources would be helpful in determining the impact of audit in enhancing an assuring quality fully. This output makes provision for the evaluation of the tool, identifying metrics which determine whether the conclusions drawn from the initial audit can be predictive of high quality placement learning environments. Metrics were drawn from existing tools such as CLES T, from the lived experience of international students and educators involved; and with ethical permission from other evaluative means (eg: student evaluation, Teacher evaluation of student learning, etc).

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.



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