



POSTGRADUATE DIPLOMA IN NURSING (INFECTION PREVENTION & CONTROL)

Clinical Learning Agreement

RCSI DEVELOPING HEALTHCARE LEADERS WHO MAKE A DIFFERENCE WORLDWIDE

To whom it may concern,

A member of staff from your organisation has applied to undertake the Post Graduate Diploma in Nursing (Infection Prevention & Control) in the School of Nursing & Midwifery in RCSI.

The Post Graduate Diploma in Nursing (Infection Prevention & Control) is programme of study which aims to ensure safe and effective nursing and midwifery practice through the development of the knowledge and competencies necessary for high level professional practice. A key component of this programme is the integration of theory and practice and the completion of dedicated learning hours and clinical competencies. Further programme information can be found here:

http://www.rcsi.ie/nursing_courses

The programme is accredited by the Nursing and Midwifery Board of Ireland and they require that each student on the programme have:

1. 250 hours of verified dedicated learning time
2. Completed a set of competencies relevant to the programme.

We are hereby seeking your agreement to support your staff member in the completion of the programme. The competence assessment will be carried out by a dedicated RCSI tutor. The student will also have a clinical learning log in which they will document the learning experiences throughout the programme. As the student progresses through the programme their 250 clinical learning hours will require verification by relevant members of your nursing team, depending on the specific learning. We are asking for your support in facilitating this student while they are undertaking this programme. Should you agree to this please completed the attached form.

Please feel free to contact the dedicated RCSI Nurse Tutor for this programme Niamh Rohan (niamhrohan@rcsi.ie) or myself for further clarification if required.

Yours Sincerely

Professor Zena Moore
Head of School of Nursing & Midwifery, RCSI



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Student name:	
Position in organisation:	
Profile of the organisation:	
Nature of Facility:	<input type="checkbox"/> Acute General Hospital <input type="checkbox"/> Nursing Home <input type="checkbox"/> Community Care Area <input type="checkbox"/> Other _____
May this student access the expertise of the Infection Control CNS during the course of study	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A – No CNS in post
Number of beds/clients/residents:	
Learning Resource and Materials Available:	<input type="checkbox"/> Library <input type="checkbox"/> Internet Access <input type="checkbox"/> Learning Support Personal
Do you provide services relevant to the programme of study that the student may access?	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand that the student requires 250 hours clinical learning experience related to this programme and agree to facilitate this and for my staff to verify this:	<input type="checkbox"/> Yes <input type="checkbox"/> No
The student is required to undertake additional learning experiences in these specific areas. Please indicate the availability of these experiences in your organisation and your agreement to facilitate the student to visit these areas:	
Microbiology Laboratory	<input type="checkbox"/> Yes <input type="checkbox"/> No Possible Alternative: _____
Pharmacy Department/Antimicrobial Pharmacist	<input type="checkbox"/> Yes <input type="checkbox"/> No Possible Alternative: _____
Central Decontamination Unit CDU Related Competencies	<input type="checkbox"/> Yes <input type="checkbox"/> No Possible Alternative: _____



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Operating Theatres	<input type="checkbox"/> Yes <input type="checkbox"/> No Possible Alternative: _____
Endoscopy Unit	<input type="checkbox"/> Yes <input type="checkbox"/> No Possible Alternative: _____
Invasive Cardiology /Invasive Radiology Department	<input type="checkbox"/> Yes <input type="checkbox"/> No Possible Alternative: _____
Hospital Kitchen/Catering Services	<input type="checkbox"/> Yes <input type="checkbox"/> No Possible Alternative: _____
Waste Management Services/Estates/Technical Services	<input type="checkbox"/> Yes <input type="checkbox"/> No Possible Alternative: _____
Laundry and Linen Services/Housekeeping Services	<input type="checkbox"/> Yes <input type="checkbox"/> No Possible Alternative: _____
Agreement to Facilitate:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Director of Nursing Name:	
Director of Nursing Signature:	_____
Date:	

Note to student: Please ensure that if any section of this form is marked 'No' that a supplemental form with alternative arrangements are included.

Please return this form to yeukaichikwamba@rcsi.ie