

# Requirements and Standards for Nurse Registration Education Programmes

Third Edition



An Bord Altranais  
February 2005

## **Requirements and Standards for Nurse Registration Education Programmes (3<sup>rd</sup> Edition February 2005)**

The following amendments have been made and the document is to be read accordingly:

### **Section 2**

The bullet point: Internship (39 Hours per week) is amended in 2.3.2 (p.19), 2.4.2 (p.23), 2.5.2 (p.29), and 2.6.2 (p.35) to delete (39 Hours per week). Bullet point three now reads;

2.3.2 (p.19) Internship No less than 36 weeks\*

2.4.2 (p.23) Internship No less than 36 weeks\*

2.5.2 (p. 29) Internship No less than 36 weeks\*

2.6.2 (p. 35) Internship No less than 36 weeks\*

\*Inclusive of Annual Leave

### **3.2.3 Clinical Practice Experience and the Clinical Learning Environment**

The healthcare institution(s) used for clinical practice placements are required to have in place:

- evidence based practice guidelines to support appropriate standards of care and for systematic approaches to nursing care
- policies that support audit
- policies to support good practice in recording clinical practice
- policies to address complaints/concerns of staff and students
- mechanisms to support interdisciplinary team working
- a structure within which concerns around clinical practice are raised and addressed
- mechanisms to involve service users in the development and review of healthcare provision; and
- evidence of clinical and educational audit for each placement site used in the education and training of students

### **Council Directives**

All References to The Council Directive 77/453/EEC throughout the document are amended to 2005/36/EC.

# Contents

<b>Preface</b>	3
<b>Introduction</b>	5
<b>Section 1: Extracts from the Nurses Rules</b>	8
<b>Section 2: Requirements for Nurse Registration Programmes</b>	
2.1 Learning Outcomes	12
2.2 Competencies for Entry to the Register	12
2.3 General Nurse Registration Education Programme	16
2.3.1 Syllabus/Indicative Content	16
2.3.2 Theoretical and Clinical Instruction	19
2.4 Psychiatric Nurse Registration Education Programme	20
2.4.1 Syllabus/Indicative Content	20
2.4.2 Theoretical and Clinical Instruction	23
2.5 Intellectual Disability Nurse Registration Education Programme	24
2.5.1 Syllabus/Indicative Content	24
2.5.2 Theoretical and Clinical Instruction	29
2.6 Children's Nurse/General Nurse Registration Education Programme	30
2.6.1 Syllabus/Indicative Content	30
2.6.2 Theoretical and Clinical Instruction	35
<b>Section 3: Standards for the Approval of Third Level Institutions, Health care Institutions and Educational Programmes Leading to Registration</b>	
3.1 The Approval Process for Third Level Institutions, Health Care Institutions and Educational Programmes Leading to Registration	38
3.2 Standards for the Approval of Third Level Institutions, Health Care Institutions and Educational Programmes Leading to Registration	40
3.2.1 The Third Level Institution and Health Care Institution(s)	40
3.2.2 Curriculum Design and Development	41
3.2.3 Clinical Practice Experience & the Clinical Learning Environment	42
3.2.4 The Assessment Process	43
3.2.5 External Examiners	44
<b>Appendix 1</b>	
Supernumerary Status	46
<b>Appendix 2</b>	
Approval Criteria for Programmes	47
<b>References</b>	48



# Preface

The education and training of nurses has undergone a period of radical change in response to the recommendations of the Report of the Commission on Nursing *A Blueprint for the Future*, (1998), The Nursing Education Forum (2000) and the Report of the Paediatric Nurse Education Review Group (2000). The General Nurse registration/diploma programme began as a pilot project in Galway in 1994. Today, successful completion of an education and training programme in General, Psychiatric or Intellectual Disability nursing, results in registration as a nurse and the award of a primary honours degree. The registration/degree programme is a four year degree programme which takes place at approved third level institutions and allied health care institutions. The partnership arrangements between the third level institutions and the health care institutions have become more formalised during the transition from the registration/diploma to the registration/degree programme. This partnership arrangement is operationalised through a memorandum of understanding drawn up and 'signed by stakeholders at local level between each third level institution and its related health service provider' (Government of Ireland 2000 p. 44).

At present, Children's Nurses qualify for registration with An Bord Altranais following successful completion of an eighteen month third level programme leading to a Higher Diploma or Post Graduate Diploma in children's nursing. The Report on the Commission on Nursing (1998) stated that 'the qualification of sick children's nursing remain a post registration qualification' (p 175). More recently, the Report of the Paediatric Nurse Education Review Group (2000) recommended that sick children's nurse education programmes should be offered at both 'pre registration and post registration levels' (p 29). An expert group has been established to plan and manage the development and implementation of a four and a half year integrated degree programme leading to registration as a children's nurse and registration as a general nurse.

The responsibilities and functions of An Bord Altranais are defined by the provisions of the Nurses Act, 1985. Part IV of the Nurses Act, 1985 requires the Board to make rules in respect of the education and training of nurses being prepared for Registration. The Universities Act, 1997 regulates the National University of Ireland and its constituent colleges, the University of Dublin Trinity College, Dublin City University and the University of Limerick. Other legislative instruments, for example, the Qualifications (Education and Training) Act, 1999, the National Qualifications Authority of Ireland (2001), the Higher Education and Training Award Council (2001), the Further Education and Training Awards Council (2001), the Regional Technical Colleges Act, 1992, the Regional Technical Colleges (Amendment) Act, 1994, and the Regional Technical Colleges (Amendment) Act, 1999, regulate other third level institutions. Other relevant legislative instruments include the Higher Education Authority Act, 1971.

Developing and enhancing a culture of educational excellence, life long learning and procedures to implement access, transfer and progression arrangements are key features of recent legislative instruments in the education sector.

To meet these challenges An Bord Altranais has entered into a range of new partnerships. At a national level, An Bord Altranais has established associations and alliances with the National University of Ireland and its constituent colleges, the University of Dublin Trinity College, Dublin City University and the University of Limerick, the National Qualifications Authority of Ireland, the Higher Education and Training Award Council and constituent colleges, the Further Education and Training Awards Council, the Department of Education and Science and the Department of Health and Children. At a local level, following a recommendation from the Nursing Education Forum, Local Joint Working Groups have been established.

This document has been developed from the Requirements and Standards for Nurse Registration Education Programmes (2000). The document sets out, the requirements and standards of An Bord Altranais as the regulatory body (Nurses Act 1985) for the profession of nursing in Ireland.



# Introduction

The purpose of this document is to provide guidance for the development of flexible, innovative, practice-oriented registration programmes for third level institutions and for health care institutions<sup>1</sup> involved in the education and training of nurses. It is understood that each health care institution will be linked to a third level institution in the preparation and delivery of educational programmes leading to registration. The policies and practices of the third level institutions and health care institutions shall meet the requirements specified in this document.

The academic standard for these programmes is a Level 8 Honours Bachelors Degree (National Framework of Qualifications). Section IV of the Nurses Act, 1985 makes provision for the Board to make Rules to enable third level institutions and health care institutions to develop their own curricula including examinations and assessment systems based on a syllabus provided by An Bord Altranais. A committee appointed for that purpose must validate these curricula.

Third level institutions and health care institutions involved in the education and training of nurses are required to submit a detailed curriculum document to An Bord Altranais for approval. Written submissions therefore will be made jointly by the third level institution(s) and its linked health care institution(s). This document assists the development of submissions and provides a framework aimed at ensuring that high national standards are maintained.

This document is divided into three sections. Section 1 provides extracts from the Nurses Rules. Section 2 outlines the requirements for nurse education programmes leading to registration. This section is divided into six parts. The first part describes the learning outcomes that are expected from the registration programmes. The second part describes the competencies the student must reach on completion of the education programme for entry to the Register. The remaining four parts deal with the requirements for registration programmes for general nursing, psychiatric nursing, intellectual disability nursing and the integrated children's nursing/general nursing programme. Section 3, describes the standards required for the approval of third level institutions, health care institutions and educational programmes leading to registration. A statement of the standards that must be met by these institutions and the educational programmes is also provided. There are five sections: (1) The third level institution and health care institution, (2) Curriculum design and development, (3) Clinical practice experience and the clinical learning environment (4) Assessment process and (5) External examiners. For each section, a number of measurable criteria have been identified which can be used in determining whether the standard has been met or not.

<sup>1</sup>Health care institutions in this document refers to hospitals and community care settings involved in the education and training of nurses.





**SECTION 1**

# **Extracts from the Nurses Rules**



An 'Oord Altranats

February 2005

# Section 1:

## 1.1 Extracts from the Nurses Rules 2004

This section provides extracts from the relevant Rules of the Nurses Rules 2004, for the guidance of the third level institutions and healthcare institutions involved in the provision of registration education programmes. The Nurses Rules 2004 and the relevant European Directives guide and inform the development of this document.

### Interpretation (Rule 2)

In these Rules, unless the context otherwise requires, the following expressions have the meanings respectively assigned to them -

"the Act" means the Nurses Act, 1985 (No. 18 of 1985);

"the Board" means An Bord Altranais or the Nursing Board established by the Act;

"candidate" means a person whose name has been entered on the Candidate Register as provided for in Rule 10;

"Chief Executive Officer" means the person who is for the time being acting as Chief Executive Officer of the Board and includes any person duly authorised to act and acting on his/her behalf;

"Member State" means a state, other than this State, which is a member of the European Union;

"midwife" means a person whose name is entered in the Midwives Division of the Register;

"the Minister" means the Minister for Health and Children;

"nurse" means a person whose name is entered in the Register and includes a midwife and "nursing" includes midwifery;

"the Register" means the Register of Nurses maintained by the Board pursuant to the provisions of Section 27 of the Act;

"Registered General Nurse" or

"Registered Psychiatric Nurse" or

"Registered Children's Nurse" or

"Registered Nurse Intellectual Disability" or

"Registered Midwife" or

"Registered Public Health Nurse" or

"Registered Nurse Tutor"

means a person whose name is entered in the relevant division of the Register as provided for in Rule 3.

### Requirements and Standards (Rule 4)

The Board shall stipulate requirements and standards in respect of each education and training programme referred to in Rule 5 of these Rules containing details, including minimum duration, of theoretical and clinical instruction, required to be undertaken by each candidate for satisfactory completion of such programme.

## Approval of Healthcare Institutions and Educational Institutions for Education Purposes (Rule 7)

- An educational institution or hospital proposing to provide a programme of education and training leading to registration in any Division of the Register shall apply to the Board for approval and in this regard shall supply to the Board full details of how it is proposed to implement the said programme. Such details shall include:
  - a full description of its education facilities,
  - the amount of experience each nurse undertaking the education and training programme is assured,
  - details of education to be provided in other hospitals, institutions, or community services,
  - particulars of teachers and lecturers including their qualifications,
  - details of educational facilities available at all centres where education will take place,
  - evidence of systematic arrangements whereby the attendance of each nurse undertaking the education and training programme as required under the Board's requirements and standards for such education is assured.
- Before granting approval to an educational institution or hospital, the Board shall satisfy itself both in regard to the educational institution or hospital and its associated bodies in which education is to be carried out:
  - that an adequate quantity and quality of clinical practice experience is available,
  - that the educational facilities for the nurses undertaking the education programme are adequate,
  - that the number of teaching staff and lecturers and their qualifications are adequate,
  - that the practice of nursing is of such a standard as to satisfy the Board,
  - that the accommodation is of a satisfactory standard.
- Before an educational institution or hospital is granted approval, it will be visited and reviewed by representatives of the Board.
- The Head of the Department/School of Nursing and Midwifery in the educational institution and/or the Director of Nursing or Chief Nursing Officer in the hospital shall supply to the Board such details, as may be required by the Board, of any person undertaking the education and training programme.

## Assessments - Registration (Rule 8)

Notwithstanding the provisions of Rule 5, the Board will make provision with an educational institution or hospital, to carry out written assessments of knowledge attainment and assessment of competency in clinical nursing skills throughout the period of education and training for the purpose of determining whether candidates are qualified for registration in the General Nurse Division, the Psychiatric Nurses Division, the Children's Nurses Division, the Intellectual Disability Nurses Division, subject to the following requirements:

- the Board must be satisfied, by adherence to the attached Schedule A, as to the adequacy and suitability of any assessments carried out by an educational institution or hospital for the purpose of establishing knowledge attainment or competency in clinical nursing skills,
- the Board must be satisfied, by adherence to the attached Schedule A, that the assessments to be held by any educational institution or hospital are adequate and suitable to examine theoretical content of the Syllabus stipulated by the Board in accordance with the requirements for admission to the particular Division of the Register,
- and each educational institution or hospital with which the Board makes such provision shall be approved by the Board in accordance with Section 34 of the Nurses Act, 1985.

## Schedule A

- Each educational institution or hospital must submit to An Bord Altranais a curriculum for approval by a committee

appointed by An Bord Altranais for that purpose. This curriculum must, inter alia, specify the structure, process and outcome of the programme, methods of assessment, examination, teaching strategies and appeals systems. Proposed sites for clinical placements must also be submitted for approval.

- Annual reports on the delivery of programmes, in the format specified in the appropriate requirements and standards document, will be submitted to An Bord Altranais by the educational institution and hospital.
- An Bord Altranais will review programmes approved by it at least every five years.
- Each educational institution and hospital must demonstrate quality assurance activities and outcomes aimed at ensuring continuing support for and development of their curriculum and for the development of environments approved for clinical placements.

### **Candidate Register (Rule 10)**

- The Board shall establish and maintain a register of candidates, to be known as the Candidate Register, in which the name of every such candidate, admitted to an approved programme of education and training leading to registration in the appropriate Division of the Register, shall be entered.
- Not later than thirty days after the commencement of the programme, a candidate shall apply to the Board on the appropriate form to have her/his name entered in the Candidate Register.
- The student's programme of education and training shall be taken to have commenced on the date certified in the appropriate form by a designated person in the approved educational institution.
- The Candidate Register shall show in respect of each candidate registered the following particulars; a personal identification number which will be assigned to each candidate; full names; gender and date of birth; address; dates of commencement of and cessation of the programme; name of approved institution and the title and duration of the programme.
- Each candidate whose name is entered in the Candidate Register shall be issued with a student card bearing her/his personal identification number, the title of the programme for which she/he is registered and the date of commencement of the programme together with a copy of the appropriate requirements and standards for such programme.
- A candidate shall apply to have her/his name entered separately in the Candidate Register for each registration course undertaken.
- The designated person referred to above shall inform the Board when a candidate ceases to be a participant before the completion of the programme and the reason therefor.
- Any change in the name or address of a candidate shall be notified to the Board by the candidate.

**SECTION 2**

**Requirements for  
Nurse Registration Education  
Programmes**



An Bord Altranais

February 2005

# Section 2:

## Requirements for Nurse Registration Education Programmes

### 2.1 Learning Outcomes

The purpose of the registration education programme is to ensure that on successful completion of the programme the student is equipped with the knowledge and skills necessary to practice as a competent and professional nurse.

The registration education programme enables the student to:

- Assist individuals, families and groups achieve optimum health, independence, recovery or a peaceful death in a professional caring manner.
- Provide and manage direct practical nursing whether health promotion, preventive, curative, rehabilitative or supportive, to individuals, families or groups.
- Demonstrate a knowledge base and a level of competence in clinical practice skills essential for safe practice, which are grounded in recent evidence based nursing research, where available.
- Identify and meet the nursing care needs of the individual, family, community in all health care settings.
- Demonstrate development of skills of analysis, critical thinking, problem-solving and reflective practice.
- Act as an effective member of a health care team and participate in the multidisciplinary team approach to the care of patients/clients.

### 2.2 Competencies for Entry to the Register

Competence is a complex and multidimensional phenomenon and is defined as the ability of the Registered Nurse to practice safely and effectively, fulfilling his/her professional responsibility within his/her scope of practice.

All five Domains of Competence represent the level the student must reach on completion of the education programme for entry to the Register held by An Bord Altranais. The aim is to ensure that students acquire the skills of critical analysis, problem-solving, decision-making, reflective skills and abilities essential to the art and science of nursing. Safe and effective practice requires a sound underpinning of theoretical knowledge that informs practice and is in turn informed by that practice. Within complex and changing healthcare environments it is essential that practice is informed by the best available evidence. This is reflected in the competencies.

The competencies encompass five domains:

1. Professional / ethical practice
2. Holistic approaches to care and the integration of knowledge
3. Interpersonal relationships
4. Organisational and management of care
5. Personal and professional development.

The Domains of Competence represents a broad enabling framework to facilitate the assessment of pre-registration student nurses' clinical practice. Each domain consists of performance criteria and their relevant indicators. These indicators will be developed at local level appropriate to the Division of the Register and the speciality.

A team and partnership approach will be applied when assessing the student nurse, as the assessor will consult with colleagues in determining the student nurses' competence. Clinical Nurse Managers, nurse tutors/lecturers and third-level institutions will agree on the assessment process.

Student nurses are deemed to be either competent or not and where competence has not been achieved the student nurse will be given opportunities to develop competence.

## Domain 1. Professional/Ethical Practice

### Indicators:

- 
- |  |  |
|--|--|
| 1.1. Practices in accordance with legislation affecting nursing practice.                        | <ul style="list-style-type: none"> <li>• Integrates accurate and comprehensive knowledge of ethical principles, the Code of Professional Conduct and within the scope of professional nursing practice in the delivery of nursing practice.</li> <li>• Fulfils the duty of care in the course of nursing practice.</li> <li>• Implements the philosophies, policies, protocols and clinical guidelines of the health care institution.</li> <li>• Responds appropriately to instances of unsafe or unprofessional practice.</li> <li>• Integrates knowledge of the rights of clients and groups in the health care setting.</li> <li>• Serves as an advocate for the rights of clients or groups.</li> <li>• Ensures confidentiality in respect to records and interactions.</li> <li>• Practices in a way that acknowledges the differences in beliefs and cultural practices of individuals/groups/communities.</li> </ul> |
| 1.2. Practices within the limits of own competence and takes measures to develop own competence. | <ul style="list-style-type: none"> <li>• Determines own scope of practice utilising the principles for determining scope of practice in the Scope of Nursing and Midwifery Practice Framework document.</li> <li>• Recognises own abilities and level of professional competence.</li> <li>• Accepts responsibility and accountability for consequences of own actions or omissions.</li> <li>• Consults with supervisors if allocated nursing assignments are beyond competence.</li> <li>• Clarifies unclear or inappropriate instructions.</li> <li>• Formulates decisions about care within the scope of professional nursing practice utilising the Decision-Making Framework in the Scope of Nursing and Midwifery Practice Framework document.</li> </ul>   |
-

## Domain 2. Holistic Approaches to Care and the Integration of Knowledge

### Indicators:

- |   |  |
|---|--|
| 2.1. Conducts a systematic holistic assessment of client needs based on nursing theory and evidence-based practice.                               | <ul style="list-style-type: none"> <li>• Uses an appropriate assessment framework safely and accurately.</li> <li>• Analyses data accurately and comprehensively leading to appropriate identification of findings.</li> <li>• Incorporates relevant research findings into nursing practice.</li> <li>• Promotes research designed to improve nursing practice.</li> </ul>  |
| 2.2. Plans care in consultation with the client taking into consideration the therapeutic regimes of all members of the health care team.         | <ul style="list-style-type: none"> <li>• Establishes priorities for resolution of identified health needs.</li> <li>• Identifies expected outcomes including a time frame for achievement.</li> <li>• Identifies criteria for the evaluation of the expected outcomes.</li> <li>• Plans for discharge and follow up care.</li> </ul>   |
| 2.3. Implements planned nursing care/interventions to achieve the identified outcomes.  | <ul style="list-style-type: none"> <li>• Delivers nursing care in accordance with the plan that is accurate, safe, comprehensive and effective.</li> <li>• Creates and maintains a physical, psychosocial, and spiritual environment that promotes safety, security and optimal health.</li> <li>• Provides for the comfort needs of individuals.</li> <li>• Acts to enhance the dignity and integrity of individuals/clients/groups/communities.</li> </ul> |
| 2.4. Evaluates client progress toward expected outcomes and reviews plans in accordance with evaluation data and in consultation with the client. | <ul style="list-style-type: none"> <li>• Assesses the effectiveness of nursing care in achieving the planned outcomes.</li> <li>• Determines further outcomes and nursing interventions in accordance with evaluation data and consultation with the client.</li> </ul>  |

## Domain 3. Interpersonal Relationships

### Indicators:

- |  |   |
|--|---|
| 3.1. Establishes and maintains caring therapeutic interpersonal relationships with individuals/clients/groups/communities. | <ul style="list-style-type: none"> <li>• Reflects on the usefulness of personal communication techniques.</li> <li>• Conducts nursing care ensuring clients receive and understand relevant and current information concerning health care.</li> <li>• Assists clients/groups/communities to communicate needs and to make informed decisions.</li> </ul> |
| 3.2. Collaborates with all members of the health care team and documents relevant information.                             | <ul style="list-style-type: none"> <li>• Participates with all health care personnel in a collaborative effort directed toward decision making concerning clients.</li> <li>• Establishes and maintains accurate, clear and current client records within a legal and ethical framework.</li> </ul>   |



## Domain 4. Organisation and Management of Care

---

### Indicators:

- |   |   |
|---|---|
| 4.1. Effectively manages the nursing care of clients/groups/communities.  | <ul style="list-style-type: none"><li>• Contributes to the overall goal/mission of the health care institution.</li><li>• Demonstrates the ability to work as a team member.</li><li>• Determines priorities for care based on need, acuity and optimal time for intervention.</li><li>• Selects and utilises resources effectively and efficiently.</li><li>• Utilise methods to demonstrate quality assurance and quality management.</li></ul> |
| 4.2. Delegates to other nurses activities commensurate with their competence and within their scope of professional practice. | <ul style="list-style-type: none"><li>• When delegating a particular role/function account is taken of the principles outlined in the Scope of Nursing and Midwifery Practice Framework.</li></ul>  |
| 4.3. Facilitates the co-ordination of care.   | <ul style="list-style-type: none"><li>• Works with all team members to ensure that client care is appropriate, effective, and consistent.</li></ul>   |

## Domain 5. Personal and Professional Development

---

### Indicators:

- |  |   |
|--|---|
| 5.1. Acts to enhance the personal and professional development of self and others. | <ul style="list-style-type: none"><li>• Demonstrates a commitment to life long learning.</li><li>• Contributes to the learning experiences of colleagues through support, supervision and teaching.</li><li>• Educates clients/groups/communities to maintain and promote health.</li></ul> |
|--|---|

## 2.3 General Nurse Registration Education Programme

### 2.3.1 Syllabus/ Indicative Content

#### Introduction

Nursing is an interpersonal caring process that acknowledges the uniqueness of the person. The general nursing programme contains the essential elements that facilitate the development of professional knowledge, skills and attitudes necessary to meet the nursing needs of patients who are acutely or chronically ill. General nurses also have an important role in the promotion of health.

The healthcare services and the work trends of general nurses are changing continuously and the general nurse must be able to respond to the health needs and demands of the Irish population. Nursing practice also involves working with other professions and the general nursing programme aims to develop nurses who will act as effective members of a health care team at various levels of the health care system.

The list of topics included in the syllabus is not exhaustive. It provides an indication of the content of the General Nurse Registration education programme in terms of the range of topics and gives no indication of the weighting of each topic in the curriculum. Curriculum planners will be expected to demonstrate that the programme is relevant and responsive with the most recent policy and legislative change.

#### Nursing

- Definitions and conceptualisations of nursing. Key concepts in nursing including the concept of caring and holism.
- The philosophical and theoretical foundations of nursing including nursing models in nursing practice.
- The sources of nursing knowledge.
- The research process and its application in nursing.
- Process of developing nursing practice and knowledge through review, research and reflection on experience. The interdependent relationship between theory, practice and research.
- Process of assessing/ identifying needs, planning, prioritising, delivering and evaluating care in general nursing.
- Nursing practice in relation to performing, assisting, supporting, educating and rehabilitating the individual in hospital, community and home care settings.
- Safe and informed nursing practice in emergency, acute and chronically ill, palliative and terminal, patient care settings.
- The nursing responsibility and practice in relation to diagnostic investigations, methods of treatment including drug therapy, communicable and non-communicable diseases.
- The application of general nursing principles to special client groups and practice settings including maternity, child care/paediatric, mental illness/psychiatry, learning disability and older person care settings.
- Current issues, trends and developments in national and international nursing.

#### Communication and interpersonal skills

- Self-awareness, exploration of the impact of personal feelings and values on interactions.
- Development of interpersonal and communication skills essential to the nurse practitioner.
- Communicating/ interacting with different cultural and ethnic groups, people with disability/ impairment and different age groups.

- Communication techniques in a therapeutic relationship.
- Establishing effective professional relationships with clients and family/ friends, nursing colleagues and with other professionals/ members of the health care team.
- Process of communicating nursing information verbally and in writing.
- Information/ communication systems and technology.

### **The Individual in Health and Illness**

- The nature of the individual and the bio/ psycho/ socio/ economic/ cultural/ spiritual and political factors influencing development of the individual and his/her experience of health and illness.
- The normal structure and function of the individual.
- The nature of disease and pathological processes and how it alters normal function and activities of living.
- Introduction to the nursing responsibility and practice in relation to people with learning/ physical disability.
- The normal psychological development of the person over the lifespan.
- Current issues in health psychology.
- Coping mechanisms and strategies in psychiatric disorders and in maintaining mental health.
- Introduction to the nursing responsibility and practice in relation to people with mental health problems.
- Society, culture, norms and the individual.
- Sociological perspectives of health and illness.
- The nursing responsibility and practice in relation to vulnerable individuals or groups including the disadvantaged, ethnic/ cultural minorities.

### **Health Promotion**

- Concept of health and models of health promotion.
- Social, cultural, gender, environmental, political and economic factors effecting health.
- Local, national and international strategies for achieving health.
- Measuring health and identifying the health needs of individuals, groups and the public.
- Process of facilitating change and maintaining a healthy life-style.
- The nurse's contribution to public health issues and health promotion programmes throughout the life span.
- Stress management in health care and nursing.
- Current issues in health promotion.

### **Professional and Personal Development**

- The development of nursing - including the historical, political, social, cultural, economic and international factors influencing its development.
- Scope of practice in nursing as defined by the profession, legislation and ethical codes and values.
- Legal issues.
- Philosophical concepts and ethics.
- Moral/ ethical issues in nursing practice.
- Role of statutory, regulatory and professional bodies.

- Professional conduct in relation to accountability, transparency, confidentiality and advocacy.
- Managerial and organisational skills required for nursing practice, and to lead a multi-disciplinary team.
- Multi-disciplinary team functioning and differing role boundaries including the role of formal and informal carers.
- Creating a work environment, which supports education to include learning, commitment to developing and maintaining standards of nursing care.
- Process of developing nursing practice and ensuring quality care including audit/ quality improvement mechanisms.
- Teaching skills required to facilitate student learning in the clinical practice environment.
- Self-awareness in relation to attitude development, response/ reaction to events and development of personal coping mechanisms.
- Personal awareness of the nurse's contribution to caring for the individual and of the nurse's value as part of the health care team.
- Self-directed learning skills, clinical reasoning/ problem-solving skills, decision-making skills in nursing as the foundation for continuing education, maintaining competency and career development.
- The nurse's contribution to the development of health care services and policy at local, national and international levels.
- Current issues in professional & personal development.

### **Health Care Systems**

- The health care structure and the provision of health and social services in Ireland.
- The role of informal carers, statutory/ voluntary agencies, public/ private, hospital/ community services in health care.
- Health and social services available to the individual in relation to access, entitlements and provisions.
- The role and responsibilities of health care providers in creating and maintaining a safe environment for patients, staff and visitors.
- Economics of health care.
- Comparative health care systems.
- Current issues, policies and initiatives in the health services.

## 2.3.2 Theoretical and Clinical Instruction for General Nursing

### Having regard for Council Directive 77/453/EEC

The theoretical and clinical instruction shall comprise of no less than 4,600 hours

Theoretical Instruction - no less than one - third of 4,600 hours = 1,533 hours

Clinical Instruction - no less than one - half of 4,600 hours = 2,300 hours

### An Bord Altranais Total Requirements of the Programme are 144 Weeks

Essential requirements of the programme

• Theoretical instruction (to include self-directed study, exams)	No less than 58 weeks
• Clinical instruction (supernumerary clinical placement)	No less than 40 weeks
• Internship (39 hours per week)	No less than 36 weeks*
• Discretionary component (must be accounted for in the curriculum document and at least half should comprise supernumerary clinical placement)	10 weeks

Following any interruption \*\*in the educational programme the third level institution in partnership with the health care institutions ensure that the student meets the programme requirements.

Two-thirds of the theoretical content of the educational programme is devoted to Nursing Studies, one-sixth to Biological Sciences and one-sixth to Social Sciences.

### Having regard for Council Directive 77/453/EEC, the clinical instruction of the programme shall consist of Nursing in relation to

CLINICAL INSTRUCTION	MINIMUM NO. OF WEEKS
General and Specialist Medicine	18 weeks
General and Specialist Surgery	18 weeks
Specialist placements Accident & Emergency Child Care & Paediatrics Mental Health and Psychiatry Care of the older person Home Nursing/community Operating theatre Maternity care	18 weeks (minimum 2 weeks placement in each speciality)
Remaining regulated placements (can be in core/specialist clinical areas)	20 weeks

The specialist placements must comprise at least one quarter (18 weeks) of clinical learning time with a minimum placement of 2 weeks in each of the identified areas.

Remaining regulated placements comprising of approximately a quarter (i.e. 20 weeks), are decided in collaboration and partnership with the curriculum team to achieve the learning outcomes of the programme. It is suggested that consideration might be given to a placement in intellectual disabilities. These placements should embrace the diverse learning experiences, through rotation within the associated health care providers, to enable the students achieve the required competencies of the programme.

All theory, supernumerary core placements and the specialist placements must be completed prior to students undertaking the final placement of 36 weeks internship which consolidates the completed theoretical learning and supports the achievement of clinical competence within the learning environment.

The latter weeks of the student's internship clinical placement should be conducive to the student making the transition to the role of Registered Nurse and should include opportunities to utilise the skills of critical analysis, problem solving, decision-making, reflective skills and the abilities essential to the art and science of nursing, while managing care.

### All placements must meet the audit requirements of An Bord Altranais and the higher education institution.

\*Inclusive of Annual Leave

\*\*Interruption: Any leave (other than annual leave and bank holidays) including sick leave, maternity leave, force majeure leave, paternity leave, parenting leave, compassionate leave and special leave.

## 2.4 Psychiatric Nurse Registration Education Programme

### 2.4.1 Syllabus/ Indicative Content

#### Introduction

Psychiatric nursing is a specialist nursing discipline. The primary objectives are to facilitate the maximum development of the mental health of the individual who has psychiatric problems and to promote psychiatric nursing. The basis of the work of the psychiatric nurse is the relationship the nurse has with the person and their families who use the mental health services. The manner in which the psychiatric nurse develops this relationship, in partnership with those who use the services and their carers, and the skills the nurse uses within these relationships is the focus of psychiatric nursing.

The term "psychiatric nurse" is used for consistency with the Registered Psychiatric Nurse Division of the Register maintained by An Bord Altranais.

The list of topics included in this syllabus provides an indication of content for the Psychiatric Nurse Registration Education Programme. Curriculum planners will be expected to demonstrate that the programme is relevant and responsive with the most recent policy and legislative change.

#### Professional Development in Psychiatric Nursing

- Historical development of psychiatric nursing.
- Role of statutory, regulatory and professional nursing bodies.
- Conceptual and theoretical nursing models for psychiatric nursing practice.
- Self-awareness and the therapeutic use of self in psychiatric nursing.
- Exploration and impact of personal feelings, values, beliefs and attitudes on nursing interactions.
- Principles and methodologies of research.
- Relevance and application of research to psychiatric nursing practice
- The role and responsibilities of health care providers in creating and maintaining a safe environment for patients, staff and visitors.
- Current issues, trends and developments in national and international psychiatric nursing, and the delivery of Mental Health Services.
- The scope of psychiatric nursing practice, as defined by the profession, legislation and ethical codes and values.
- Multidisciplinary team, roles, responsibilities and boundaries.
- Theories of organisation and management.
- Creating a work environment, which supports education to include learning, commitment to developing and maintaining standards of nursing care.
- Teaching skills required to facilitate student learning in the clinical environment.
- Self-directed learning skills, clinical reasoning/problem-solving skills, decision-making skills in nursing as the foundation for continuing education, maintaining competency and career development.
- Concepts of quality in psychiatric care, standard setting and audit.

- Information/communication systems and technology.
- Development of nursing knowledge through review and reflection.

### **Person-Centred Psychiatric Nursing**

- Nursing individuals with mental health problems/illnesses across the lifespan.
- Epidemiology and aetiology of mental health problems/illnesses.
- Psychopathology of mental health problems/illnesses.
- Diagnostic categories of mental illnesses.
- The process of observing, assessing/identifying needs, prioritising, facilitating, planning, delivering and evaluating care specific to the mental health needs of the individual across the life span.
- Communication modes, processes and use of skills with individuals experiencing mental health problems/illnesses.
- Counselling theories, overview of theoretical frameworks and their applications to psychiatric nursing.
- Behavioural and cognitive therapies, principles, application and relevance to psychiatric nursing.
- Coping mechanisms and problem-solving strategies used in maintaining social and mental health.
- Activities of psychiatric nursing in partnership with families for assisting, supporting, educating and rehabilitating a person with a mental health problem/illness in hospital and community care settings.
- Role of the psychiatric nurse in person-centred therapies e.g. rehabilitational, occupational, resocialisation.
- Caseload management, team work and decision making in psychiatric nursing.
- Psychiatric nursing in relation to special groups e.g. child and adolescent, elderly, forensic, people who abuse substances.
- Role of the nurse in the education and empowerment of people experiencing mental health problems/illnesses, in achieving optimum health status.
- Understanding and building therapeutic relationships with service users.

### **Health Science and Applied Principles in Psychiatric Nursing**

- Human anatomy, physiology and pathophysiology, including the nature of disease, pathological processes and altered body function.
- Nursing care and management of acute and chronic diseases and disorders and associated pathological processes.
- Theoretical and practical application of first aid and emergency principles.
- Pharmacology as applied to nursing practice.
- Principles of biochemistry, nutrition, genetics and embryology and their relevance to psychiatric nursing.
- Immunology, microbiology and infection control in psychiatric nursing practice.
- Maintenance and promotion of safety in practice settings.

### **Social Science and Applied Principles in Psychiatric Nursing**

- Basic sociological terms and concepts.
- Sociocultural definitions of health and illness, mental health and mental illness.
- Health promotion in mental health practice.
- Environmental, economic, cultural, political, social, spiritual, educational and gender factors influencing mental health throughout life.

- Concepts of deviance, normality and compliance in relation to mental health care.
- The mental health services in Ireland, policies, functions and initiatives.
- Voluntary and statutory services available to the client/family.
- Concepts of law and current legislation within the context of the mental health services.
- Philosophical concepts and ethics.
- Principles of philosophy as they relate to psychiatric nursing.
- The psychology of health and human behaviour through the stages of life.
- Models of learning and application of learning theories as they relate to psychiatric nursing practice.
- Developmental psychology across the lifespan.



## 2.4.2 Theoretical & Clinical Instruction for Psychiatric Nursing

### Having regard to An Bord Altranais decision to apply the provision of Council Directive 77/453/EEC to Psychiatric Nursing

The theoretical and clinical instruction shall comprise of no less than 4,600 hours

Theoretical Instruction - no less than one - third of 4,600 hours = 1,533 hours

Clinical Instruction - no less than one - half of 4,600 hours = 2,300 hours

### An Bord Altranais Total Requirements of the Programme are 144 Weeks

Essential requirements of the programme

• Theoretical instruction (to include self-directed study, exams)	No less than 58 weeks
• Clinical instruction (supernumerary clinical placement)	No less than 40 weeks
• Internship (39 hours per week)	No less than 36 weeks*
• Discretionary component (must be accounted for in the curriculum document and at least half should comprise supernumerary clinical placement)	10 weeks

Following any interruption \*\*in the educational programme the third level institution in partnership with the health care institutions ensure that the student meets the programme requirements.

Two-thirds of the theoretical content of the educational programme is devoted to Nursing Studies, one-sixth to Biological Sciences and one-sixth to Social Sciences.

#### The following is the minimum number of weeks to be spent in different aspects of clinical instruction over the educational programme

CLINICAL INSTRUCTION	MINIMUM NO. OF WEEKS
Psychiatric nursing (including in-patient and community care settings)	36 weeks
Specialist care Care of the older person Adult general nursing	18 weeks (minimum 2 weeks placement in each speciality)
Remaining regulated placements (can be in core/specialist clinical areas)	20 weeks

The specialist placements must comprise at least one quarter (18 weeks) of clinical learning time with a minimum placement of 2 weeks in each of the identified areas.

Remaining regulated placements comprising of approximately a quarter (i.e. 20 weeks), are decided in collaboration and partnership with the curriculum team to achieve the learning outcomes of the programme. These placements should embrace the diverse learning experiences, through rotation within the associated health care providers, to enable the students achieve the required competencies of the programme.

All theory, supernumerary core placements and the specialist placements must be completed prior to students undertaking the final placement of 36 weeks internship which consolidates the completed theoretical learning and supports the achievement of clinical competence within the learning environment.

The latter weeks of the student's internship clinical placement should be conducive to the student making the transition to the role of Registered Nurse and should include opportunities to utilise the skills of critical analysis, problem solving, decision-making, reflective skills and the abilities essential to the art and science of nursing, while managing care.

#### All placements must meet the audit requirements of An Bord Altranais and the higher education institution.

\*Inclusive of Annual Leave

\*\*Interruption: Any leave (other than annual leave and bank holidays) including sick leave, maternity leave, force majeure leave, paternity leave, parenting leave, compassionate leave and special leave.

## 2.5 Intellectual Disability Nurse Registration Education Programme

### 2.5.1 Syllabus/ Indicative Content

#### Introduction

The philosophy of care of a person with an intellectual disability contains a number of implicit principles, which embrace the concept that all persons with all levels of ability have the same rights and, in so far as possible, the same responsibilities as other members of society. They have a right and a need to live within the community like other people and they have a right to receive those services necessary to meet their specialised and changing needs. They should receive, if and when necessary, professional assistance and services which will allow recognition, development and expression of the individuality of each person.

Nurses who work with persons with an intellectual disability have a diversity of roles, from intensive physical nursing of individuals with profound handicap to supportive guidance in the management and habilitation of children, adolescents and adults. The care of persons with an intellectual disability forms part of the nursing profession as a whole, yet it is specialised and very different from other disciplines of nursing.

The Syllabus is indicative. It allows scope for the continuing development of subject matter and for the extension of new knowledge to accommodate emerging trends. Curriculum planners will be expected to demonstrate that the programme is relevant and responsive with the most recent policy and legislative change.

#### Nursing and Professional Development

In any teaching approach to the following topics, the person with an intellectual disability is central to the concept being taught.

##### FOUNDATIONS OF CONTEMPORARY NURSING

- Historical development of nursing.
- The evolution of the role of the nurse in intellectual disability.
- Demographic profile and changing trends in care.
- Role of the statutory, regulatory and professional nursing bodies.

##### NURSING SCIENCE AND PROFESSIONALISM

- Philosophical and theoretical foundations of caring.
- The process of applying a systematic approach to nursing care.
- Ethics.
- Conceptual and theoretical models for nursing practice.
- Contribution of theorists to nursing.
- Concept of nursing diagnosis.
- Professionalism and the development of nursing.
- Professional conduct in relation to accountability, confidentiality and personal health and safety.

#### INTELLECTUAL DISABILITY NURSING PRACTICE

- The evolution of care for people with learning disabilities.
- Philosophy and ethos of caring for people with an intellectual disability.
- The scope of practice in intellectual disability nursing.
- The relationship between nursing and trans-disciplinary agencies.
- Process of supporting the family as a primary care giver to the person with an intellectual disability.
- Principles of supporting, teaching and learning for clients and colleagues.
- Specialist and advanced practice within intellectual disability nursing.
- Evaluation of service provision.

#### NURSING RESEARCH

- The research process.
- Statistics and analysis.
- The relevance and application of evidence-based research to nursing practice.

#### ORGANISATIONAL MANAGEMENT FOR NURSING PRACTICE

- Theories of organisation, management and change.
- Organisational structures and management in clinical practice.
- Leadership theories, styles and implications for nursing practice.
- Personnel issues, including performance appraisals, job application and interviews.
- Resource and financial management, including quality issues, audits, budgeting and duty rosters.
- The process of maintaining health and safety in the practice setting.
- Legislation and how it informs nursing management and practice.
- Organising and managing mentorship, preceptorship and clinical supervision.
- Interpersonal dynamics and workplace management.

#### INFORMATION TECHNOLOGY AND THE CONCEPT OF LEARNING

- Theories of learning and the concept of the adult as a lifelong learner.
- Developing nursing knowledge and practice through review and reflection.
- Information technology, and its theory and application to nursing practice.
- The use of assisted technology and innovations to support physical, psychological and social independence.

#### **Person - Centred Care**

Person-centred nursing care is based upon the principles of equality, maximum participation and choice for the individual.

#### NURSING INDIVIDUALS WITH INTELLECTUAL DISABILITY ACROSS THE LIFE- SPAN

- The concept of disability, handicap and impairment.
- The epidemiology, aetiology and management of associated clinical conditions in intellectual disability
- Growth and developmental patterns of the individual across the life-span.
- Meeting the needs of the individual across the life-span.

- Activities of daily living and nursing priorities and planning across the life-span.
- The family and the person with disability.
- Family reactions and adaptations, and the provision of adequate support systems.
- Advocacy and self-advocacy.
- Speech and language development and modes of communication.
- Motor movement management, including physiotherapy, physical education, aquatics, swimming, remedial movement, occupational therapy and rehabilitation.
- Play as a developmental process and therapeutic activity.
- Socialisation, social and self help skill acquisition.
- Sensory deprivations, their consequence and management.
- Working positively with individuals who present with behaviours that challenge.
- Developing relationships and issues of sexuality.
- Facilitating transition and life course planning.
- Occupational and vocational skills, training, development and work.
- Leisure and recreational activities which facilitate the development and expression through the medium of art, craft-work, drama, dance, mime, music, puppetry and sporting activities.
- The principles, uses and benefits of complementary therapies.

#### INTELLECTUAL DISABILITY AND MENTAL HEALTH

- Normal versus abnormal behavioural responses to life experience and related to individuals with learning disabilities.
- Legislation and mental health.
- Nature of mental health problems across the life-span and modes of intervention.
- Nursing diagnosis and management specific to the mental health needs of individuals across the life-span.
- Cognitive, affective and behavioural models of intervention.
- Current trends in mental health research and legislation applicable to intellectual disability.

#### COMMUNICATION, INTERPERSONAL SKILLS AND THERAPEUTIC RELATIONSHIPS

- Nursing as a therapeutic-interpersonal process.
- Interpersonal communication skills.
- Self-awareness exploring the impact of personal feelings and values on interactions.
- Pastoral care, the philosophical foundations of spiritual well-being, loss and grief, bereavement, death and dying.
- Conflict management and group dynamics.
- Communicating with persons with an intellectual disability, families, colleagues.
- Communication within the health care environment.
- The use and the application of counselling skills.

## Health Sciences and Applied Nursing Principles

Every person with an intellectual disability is regarded as an individual whose particular physical, psychological and social needs are carefully considered.

### NURSING KNOWLEDGE AND PRACTICE

- The principles of practical nursing.
- Management of acute and chronic diseases and disorders and associated pathological processes.
- Theoretical and practical application of first-aid and emergency principles.
- Infection control in nursing practice.

### HEALTH AND ILLNESS CONTINUUM

- Concepts of health and models and approaches to health promotion.
- Personal, environmental, economic, cultural, political, social, educational and gender influences on health.
- National and international influences on health promotion.
- Health promotion, education and teaching in nursing practice.
- Using health promotion materials for persons with an intellectual disability and their families.
- Trends and predictors of mortality and morbidity in persons with intellectual disability across the life-span.
- Identifying health needs of individual service users and associated groups.
- Public health care from a life-span perspective.
- Management and maintenance of health.

### FOUNDATION AND BIOLOGICAL SCIENCES

- Anatomy, physiology and pathophysiology, including the structure and function of the body, the nature of disease, pathological processes and altered body function.
- Applied biology and biochemistry.
- The principles of genetic inheritance.
- Pharmacology as applied to nursing practice.
- Immunology and microbiology.

## Nursing, Sociology, Law and Environment

The person with an intellectual disability possesses a unique dignity and potential and has a right to take his or her place in society and to develop creative and spiritual attributes.

### SOCIAL SCIENCE

- Nature and concept of sociology as a science and its application to nursing.
- The inter-relationship between the individual, the family and social structures.
- The influence of society on the evolution of nursing.
- Disability and society, and barriers to inclusion.
- The sociology of human interaction within family and society.
- Psychology of human development and behaviour through the stages of life.

- Concepts of philosophy.

#### INTELLECTUAL DISABILITY, GOVERNMENT POLICY AND SERVICE DELIVERY

- The Irish health care system.
- The historical development of services for people with intellectual disability in Ireland.
- National and international models of care.
- The organisation of voluntary and statutory service provision incorporating structure, function, responsibilities and funding.
- The health and social services available to the client and family.
- Education for the person with an intellectual disability.
- Social role valorisation and normalisation.
- Politics and nursing.

#### INTELLECTUAL DISABILITY, SOCIETY AND THE LAW

- Concept of law and its development.
- Law modalities including common, civil, criminal, constitutional, property, tort.
- Administration of the justice system in Ireland.
- Current legislation within the context of intellectual disability.
- Nursing profession and the law.
- Freedom of information.
- Child protection, society and family support.
- Data protection.
- The rights of the individual.
- Ethical issues and the health care environment.

## 2.5.2 Theoretical & Clinical Instruction for Intellectual Disability Nursing

### Having regard to An Bord Altranais decision to apply Council Directive 77/453/EEC to Intellectual Disability Nursing

The theoretical and clinical instruction shall comprise of no less than 4,600 hours

Theoretical Instruction - no less than one - third of 4,600 hours = 1,533 hours

Clinical Instruction - no less than one - half of 4,600 hours = 2,300 hours

### An Bord Altranais Total Requirements of the Programme are 144 Weeks

Essential requirements of the programme

• Theoretical instruction (to include self-directed study, exams)	No less than 58 weeks
• Clinical instruction (supernumerary clinical placement)	No less than 40 weeks
• Internship (39 hours per week)	No less than 36 weeks*
• Discretionary component (must be accounted for in the curriculum document and at least half should comprise supernumerary clinical placement)	10 weeks

Following any interruption \*\*in the educational programme the third level institution in partnership with the health care institutions ensure that the student meets the programme requirements.

Two-thirds of the theoretical content of the educational programme is devoted to Nursing Studies, one-sixth to Biological Sciences and one-sixth to Social Sciences.

#### The following is the minimum number of weeks to be spent in different aspects of clinical instruction over the educational programme

CLINICAL INSTRUCTION	MINIMUM NO. OF WEEKS
Education and Development of child and Education and Development of adult	36 (minimum 12 weeks in each area)
Disorders of human behaviour Acute nursing Specialist areas	18 weeks (minimum 2 weeks placement in each speciality)
Remaining regulated placements: (can be in core/specialist placements)	20 weeks

The specialist placements must comprise at least one quarter (18 weeks) of clinical learning time with a minimum placement of 2 weeks in each of the identified areas.

Remaining regulated placements comprising of approximately a quarter (i.e. 20 weeks), are decided in collaboration and partnership with the curriculum team to achieve the learning outcomes of the programme. It is suggested that consideration might be given to a placement in mental health/psychiatry. These placements should embrace the diverse learning experiences, through rotation within the associated health care providers, to enable the students achieve the required competencies of the programme.

All theory, supernumerary core placements and the specialist placements must be completed prior to students undertaking the final placement of 36 weeks internship, which consolidates the completed theoretical learning and supports the achievement of clinical competence within the learning environment.

The latter weeks of the student's internship clinical placement should be conducive to the student making the transition to the role of Registered Nurse and should include opportunities to utilise the skills of critical analysis, problem solving, decision-making, reflective skills and the abilities essential to the art and science of nursing, while managing care.

#### All placements must meet the audit requirements of An Bord Altranais and the higher education institution.

\*Inclusive of Annual Leave

\*\*Interruption: Any leave (other than annual leave and bank holidays) including sick leave, maternity leave, force majeure leave, paternity leave, parenting leave, compassionate leave and special leave.

## 2.6 Children's Nurse/General Nurse Registration Education Programme

### 2.6.1 Syllabus / Indicative Content

#### Introduction

Nursing is an interpersonal caring process that acknowledges the uniqueness of the person. The children's /general nursing programme contains the essential elements that facilitate the development of professional knowledge, skills and attitudes necessary to meet the nursing needs of clients along the life span continuum.

Nursing the child with health care needs requires the adoption of a child and family centred philosophy within which each child and his/her family are valued. The aim of children's nursing is to facilitate child and family empowerment, and to enable maintenance/restoration of optimal well being for the child in a needs led culturally sensitive and high quality manner.

The list of topics included in the syllabus is not exhaustive. It provides an indication of the content of Children's Nurse and General Nurse Registration education programme in terms of the range of topics and gives no indication of the weighting of each topic in the curriculum. The syllabus allows scope for the continuing development of subject matter and for the acquisition of new knowledge to accommodate emerging trends in nursing, healthcare and society.

#### Nursing

##### FOUNDATIONS OF CONTEMPORARY NURSING.

- The development of nursing including the historical, contemporary, political, social, economic, legal, professional, educational, cultural and international factors influencing its development.
- Evolution and development of the role of the nurse in children's and adult nursing.
- Demographic profile and changing trends in healthcare.
- Role of the statutory, regulatory and professional nursing bodies/agencies.

##### THE ART AND SCIENCE OF NURSING.

- Definitions and conceptualisations of children's and general nursing practice.
- Philosophical and theoretical foundations of key concepts underpinning children's and adult nursing practice.
- Sources of nursing knowledge underpinning children's and adult practice.
- The application and utilisation of a systematic approach to nursing care including assessment/identification of needs, planning, prioritising, facilitating, delivering and negotiating the delivery of care and evaluating nursing care for all client groups.
- Ethics, morality and legislation pertaining to nursing practice across the life span continuum.

##### NURSING PRACTICE.

- Develop knowledge through review, research and reflection on experience, taking cognisance of the interdependent relationship between theory, practice and research.
- Informed, evidence-based, safe, and holistic nursing practice in primary, emergency and acute care, life-threatening illness, chronic illness, palliative and terminal patient care settings.



- The nurse's role, responsibility and practice related to diagnostic investigations, methods of treatment including drug therapy, communicable and non-communicable diseases, curative, palliative and terminal aspects of care.
- The ability to be responsible and flexible in meeting the identified needs of the patient/family and to integrate these needs into care, discharge planning and support in dying/death.
- The application of nursing principles to a variety of special client groups and practice settings including community, primary health care, physical & learning disability, mental health and care of the elderly.
- Process of developing nursing practice in partnership with clients/families in relation to performing, assisting, supporting, educating and rehabilitating the individual at all ages in hospital, community and home care settings.
- Awareness of complementary/alternative therapies for the client in hospital and other appropriate care settings.
- Current issues, trends and developments from a national and international perspective pertaining to nursing practice.

#### NURSING RESEARCH

- Principles of research.
- The research process.
- Research methodologies.
- Statistics and analysis.
- Ethical considerations in relation to research for all client groups.
- Critical analysis and application of research in children's and general nursing practice.
- The relevance of evidence based research to nursing practice.

#### Health Sciences

##### PHYSICAL AND BIOLOGICAL SCIENCES (applied)

- Genetics and embryology.
- Anatomy and physiology.
- Physics, chemistry, biochemistry.
- The pathological processes of disease and the alterations for an individual in relation to functioning and daily activities across the lifespan continuum.
- Microbiology and its application in nursing, infection control, immunology and immunisation.
- Pharmacology.

#### Behavioural and Social Sciences

##### SOCIOLOGY AS APPLIED TO NURSING PRACTICE

- Fundamental sociological concepts and terminology.
- Society, culture, norms and the individual.
- The implications of multiculturalism in society.
- Values and beliefs regarding individuals in contemporary society.
- Sociological perspectives of physical and mental well being, health, physical and mental illness, disability/impairment/handicap across the lifespan continuum for individuals, families, communities and societies.
- Inequalities in health and illness: gender, age, ethnicity and class.

## PSYCHOLOGY AS APPLIED TO NURSING PRACTICE

- Developmental psychology throughout the life span.
- Health and illness psychology.
- Behavioural psychology throughout the life span.
- Social psychology throughout the life span.
- Play and education as a developmental and therapeutic activity.
- Impact of illness, disability, and hospitalisation for individuals of all ages.
- Organisational psychology.

### **The Individual in Health and Illness**

- The process of development from conception to adulthood and the genetic and environmental factors influencing each developmental phase.
- The nature of the individual and the bio/psycho/socio/economic/cultural/ spiritual and political factors influencing the development of the individual and his/her experience of health and illness across the life span.
- Understanding the development phases of age related groups and vulnerable clients.
- The nature of disease and pathological processes and how they alter normal function and activities of living.
- The normal psychological development of the person over his/her unique life span.
- The unique world of individuals and families and the nursing responsibility and practice in relation to people with chronic and life limiting illness, learning/physical disability and mental health problems and vulnerable individuals or groups including disadvantaged, ethnic/cultural minorities, young people and the elderly.
- Caring for individuals and their families in a multicultural society
- The importance of play/therapeutic play in childhood and education throughout the life span.
- The effects of illness/hospitalisation on the client and family throughout the life span.

### **Health Promotion**

- Concepts of health and wellbeing, illness, disease and disability.
- Models and approaches to health promotion and public health.
- Social, cultural, gender, environmental, political and economic factors effecting health of client groups including foetal, maternal health.
- Demographic and epidemiological trends in health and illness.
- National and international influences on health promotion.
- Local, national and international strategies for achieving health.
- Contemporary issues in protection and welfare of vulnerable groups.
- Individual and family lifestyles in health and illness.
- Promoting and enabling healthy lifestyles across the life span continuum.
- Measuring health and identifying the health care needs of the individual, groups and the public.
- The unique role and skills of the nurse in assessing, planning, facilitating and evaluating healthy life targets in partnership with the individual and other health care professionals.
- Health promotion policy and policy development.

- The role of the nurse in health promotion and health education, and the application of the principles of health education and health promotion for individuals across the life span continuum.
- Stress management in health care and nursing.

### **Communication and Interpersonal Skills**

- Self-awareness, exploration of the impact of personal beliefs, values, attitudes and feelings and their impact on interactions.
- Information communication systems and technology applied to nursing practice.
- Development of age appropriate interpersonal, cross cultural and communication techniques and skills essential for therapeutic relationships with clients and families according to age, ethnicity, disability and impairment.
- The establishment of effective professional relationships by communicating, collaborating and liaising with nursing colleagues and members of the multidisciplinary healthcare team.
- Development of verbal and written skills in relation to information giving, teaching and presentation of health information and maintaining clinical nursing records.
- Creating and contributing to a work environment supportive of teaching and learning, through preceptorship, clinical supervision and mentorship.
- The role of counselling skills and their application to the client at all phases of the life span.
- Pastoral care, the philosophical foundations of spiritual wellbeing, loss and grief, bereavement, dying and death across the life span continuum.

### **Professional and Personal Development**

- Self-awareness and the impact of personal values and feelings in relation to attitude development, response and reaction to events and the development of personal coping mechanisms.
- Self directed learning skills, critical thinking/reasoning skills and decision-making skills in nursing as the foundation for life-long professional education, maintaining competency and career development.
- The scope of nursing practice as defined by the profession, legislation and ethical codes and values.
- Delivery of a nursing care service that is person-centred in all health care settings that is responsive and flexible to changing needs of individuals, families, the community and society.
- Process of developing nursing practice and ensuring quality care including audit/quality improvement mechanisms.
- Personal awareness of the nurse's contribution to caring for the individual and of the nurse's value as part of the health care team.
- Multi-disciplinary team functioning and differing role boundaries including the role of formal and informal carers.
- The promotion and protection of individual rights and their incorporation into national and international health care policies.
- Contribution to the development of policy and healthcare services at local, national and international levels.
- The fostering of a supportive clinical work environment that facilitates self-determination, teaching & assessing, effective coping skills, professional and safe standards of care.

### **Health Care Systems**

- The historical development and evolution of the Irish health care services.
- The structure, organisation and funding of the current healthcare systems in Ireland.
- Health and social legislation.

- The role of informal carers, statutory/voluntary agencies, public/private, hospital/community services in health care.
- Health and social services available to the individual of all ages in relation to access, entitlements and provisions.
- The role and responsibilities of health care providers in creating and maintaining a safe environment for patients, families, staff, workers and visitors.
- Economics of health care.

### **Organisation and Management of Care**

- Theories of organisation, management and change.
- Leadership and management competencies required for nursing practice.
- Leadership theories, styles/practices and the implications in professional nursing practice.
- Clinical pathways.
- Performance appraisal.
- Industrial and organisational psychology.
- Risk management, audit and quality assurance mechanisms.

## 2.6.2 Theoretical and Clinical Instruction for Children's Nursing/General Nursing

### Having regard for Council Directive 77/453/EEC for general nursing registration programmes

The theoretical and clinical instruction shall comprise of no less than 4,600 hours

Theoretical Instruction - no less than one - third of 4,600 hours = 1,533 hours

Clinical Instruction - no less than one - half of 4,600 hours = 2,300 hours

### An Bord Altranais Total Requirements of the Programme are 170 Weeks

Essential requirements of the programme

• Theoretical instruction (to include self-directed study, exams)	No less than 70 weeks
• Clinical instruction (supernumerary clinical placement)	No less than 54 weeks
• Internship (39 hours per week)	No less than 36 weeks*
• Discretionary component (must be accounted for in the curriculum document and at least half should comprise supernumerary clinical placement)	10 weeks

Following any interruption \*\*in the educational programme the third level institution in partnership with the health care institutions ensure that the student meets the programme requirements.

Two-thirds of the theoretical content of the educational programme is devoted to Nursing Studies, one-sixth to Biological Sciences and one-sixth to Social Sciences.

### Having regard for Council Directive 77/453/EEC, the clinical instruction of the programme shall consist of Nursing in relation to

CLINICAL INSTRUCTION	MINIMUM NO. OF WEEKS		
	Adult	Child	Integrated
General and Specialist Medicine	14	14	28
General and Specialist Surgery	14	14	28
Specialist placements Accident & Emergency, Mental Health and Psychiatry, Care of the older person, Home Nursing/community, Operating theatre, Maternity care, Intellectual Disability	18 weeks (minimum 2 weeks placement in each speciality)		
Remaining regulated placements (can be in core/specialist clinical areas)	14 weeks (7 weeks in each discipline)		

The specialist placements must comprise of 18 weeks of clinical learning time with a minimum placement of 2 weeks in each of the identified areas.

Remaining regulated placements comprising of 14 weeks is decided in collaboration and partnership with the curriculum team to achieve the learning outcomes of the programme. These placements should embrace the diverse learning experiences, through rotation within the associated health care providers, to enable the students achieve the required competencies of the programme.

All theory, supernumerary core placements and the specialist placements must be completed prior to students undertaking the final placement of 36 weeks internship, which consolidates the completed theoretical learning and supports the achievement of clinical competence within the learning environment.

The latter weeks of the student's internship clinical placement should be conducive to the student making the transition to the role of Registered Nurse and should include opportunities to utilise the skills of critical analysis, problem solving, decision-making, reflective skills and the abilities essential to the art and science of nursing, while managing care.

### All placements must meet the audit requirements of An Bord Altranais and the higher education institution.

\*Inclusive of Annual Leave

\*\*Interruption: Any leave (other than annual leave and bank holidays) including sick leave, maternity leave, force majeure leave, paternity leave, parenting leave, compassionate leave and special leave.



**Standards for the approval  
of Third Level Institutions,  
Health Care Institutions and  
Educational Programmes  
leading to Registration**



An Bord Altranais

February 2005

# Section 3: Standards for the Approval of Third Level Institutions, Health care Institutions and Educational Programmes Leading to Registration

## **3.1 The Approval Process for Third Level Institutions, Health Care Institutions and Educational Programmes Leading to Registration**

An Bord Altranais has statutory responsibility to approve third level institutions and health care institutions in respect of educational programmes leading to registration. Educational quality will be achieved through partnership and collaboration between the key stakeholders utilising the principles of governance and self-assessment.

The approval process as part of An Bord's quality education framework consists of three parts:

- a) approval of the third level institution and health care institution(s)
- b) approval of the education programme(s)
- c) review of annual reports.

### **a) Approval of the Third Level Institution and Health Care Institution(s).**

1. The third level institution and its linked health care institution(s) must make a written submission to An Bord Altranais in the form of a self-assessment audit of compliance with An Bord Altranais standards and must declare that its curricular programmes comply with the standards. This self-assessment audit must be submitted every five years.
2. The third level institution and its linked health care institution(s) must declare that they are suitable for the education and training of candidates for registration.
3. At least once every five years An Bord Altranais will, by site visits, satisfy itself as to the suitability of the third level institution/health care institution(s) in respect of the capacity and capability of the institutions to provide education and clinical practice experiences leading to registration.
4. Site visits will take place in an atmosphere of partnership and collaboration aimed at continuous quality improvement.
5. The site visit team will include a Board member(s) and an Officer(s) of the Board. An external expert and/or health service user may form part of the site visit team.
6. A report in respect of the site visit will be forwarded to the third level institution and its linked health care institution(s) following approval by An Bord Altranais.

### **b) Approval of the Programme**

1. The third level institution and its linked health care institution(s) must submit to An Bord Altranais a detailed curriculum document including evidence of compliance with An Bord Altranais standards in respect of each registration programme. All supporting documentation (competence assessment tool, clinical & educational audit tool) will be submitted at this time. Submissions must be in print i.e. hard copy.



2. The third level institution, health care institution(s) must declare that their curricular programmes comply with An Bord Altranais standards.
3. An Officer of the Board will initially review the curriculum and prepare a report. A validation committee appointed by An Bord Altranais will validate the curriculum. This committee will include representatives of third level institutions and health care institutions. The decision of the Validation Committee will require the approval of the Education and Training Committee and the Board.
4. Once approval has been granted it will be maintained through annual monitoring and review.

The following general provisions regarding the process of approval apply:

Approval may be granted or withheld. Conditions to be implemented within a specified time-scale may be attached to programme(s) approval. Recommendations may also be attached to approval.

After approval has been granted, any subsequent changes within the third level institution and its linked health care institution(s) or in the education programme(s) that affect any aspect of compliance with these standards must be notified to An Bord Altranais.

The duration of approval of the education programme(s) will be specified by An Bord Altranais but will be no longer than five years.

Notification of approval of the third level institution and its linked health care institution(s) will be by letter from An Bord Altranais.

Summary details of approved programmes including clinical sites will be published on An Bord Altranais website.

### **c) Review of Annual Reports.**

An Bord Altranais requires the third level institution/health care institution(s) to produce an annual report. The annual report will be submitted in February of each year and will be produced jointly by the third level institution/health care institution(s).

The report should include the following information:

- Update on conditions and recommendations in respect of programme(s) approval and site visit report
- Evidence that programmes continue to meet An Bord Altranais requirements
- Information on the quality of the clinical practice placements and the arrangements/structures that are in place to enable students achieve the learning outcomes
- Student numbers per cohort per programme
  - number of places available per programme,
  - number of places accepted,
  - attrition rates
  - current numbers
- Changes to curriculum structures or processes
- Changes to marks and standards
- A list of the nurse lecturers to include Division of the Register and An Bord Altranais PIN numbers
- Change of External Examiner(s) to include verification of compliance with Standard 3.2.5.3 and An Bord Altranais PIN number if applicable
- The external examiner's annual report or a summary.

In addition to the annual report, any significant changes that affect any aspect of compliance with the requirements and standards must be notified to An Bord Altranais.

## New programmes leading to registration may not commence without prior approval of An Bord Altranais.

### The Appeal Process

Provision is made to appeal the decision of the Board with regard to the approval of a programme and/or institution(s). The appeal process gives a hearing to the third level institution and the health care institution(s) in the event of a disagreement with An Bord Altranais. Any appeal must be made within 30 days of date of receipt of decision of the Bord. The request must be made in writing by senior representative(s) of the third level institution/health care institution(s) outlining the reasons why the decision is being questioned by the partnership. Upon acceptance of the appeal by the President of the Board, an Appeals Panel is appointed. The Panel will comprise the President (or delegated representative), who will act as Chair, a Board Member, Chief Education Officer (or delegated representative), an Education Officer and an education representative from a third level institution not involved in the programme. An Bord Altranais Appeal's Panel will hear the evidence. The Chair, within seven working days will communicate the final outcome of the appeal in writing to the relevant stakeholders.

## 3.2 Standards for the Approval of the Third Level Institutions and Health Care Institutions and Educational Programmes Leading to Registration

### 3.2.1 The Third Level Institution and Health Care Institution(s).

The third level institution and the health care institution(s) are committed to providing nurse education programmes, which demonstrate that the highest standards of professional education and training are in place.

- 3.2.1.1 All statutory and regulatory requirements of An Bord Altranais and European Directives are met.
- 3.2.1.2 The third level institution and health care institution(s) respond to change effecting professional, educational, health, social and economic issues.
- 3.2.1.3 The third level institution and health care institution(s) keep appropriate records including records for the conferment of professional and academic awards.
- 3.2.1.4 The process of monitoring student attendance in respect of the theoretical and clinical practice experience requirements is declared.
- 3.2.1.5 The organisation structure supporting the management of the educational programme is explicit.
- 3.2.1.6 The course leader/co-ordinator leading the programme team is a registered nurse tutor with appropriate academic and professional qualifications and experience.
- 3.2.1.7 A Local Joint Working Committee, which includes representatives of the key stakeholders from the third level institution and health care institution(s) is in operation to oversee and continually monitor at local level programme implementation so that any existing problems can be promptly identified and properly addressed.
- 3.2.1.8 The staff resource supports the delivery of the educational programme at the stated professional and academic level.
- 3.2.1.9 Audit of both the academic and the clinical learning environment should facilitate the identification of the number of students that may be effectively supported within a clinical practice placement.
- 3.2.1.10 Nursing subjects are developed and taught by registered nurses/midwives with appropriate professional and academic qualifications and teaching expertise in the subject matter.
- 3.2.1.11 Nurses involved in the delivery of the programme must have their names entered on the appropriate division of the Active Register maintained by An Bord Altranais.
- 3.2.1.12 The methodology of the higher education institutes to support students in the clinical learning environment and be involved in clinical practice and its development must be made explicit.

- 3.2.1.13 A mechanism for staff development that prepares staff to deliver the educational programme including the provision for maintaining nursing expertise and credibility is declared.
- 3.2.1.14 Educational resources/facilities (including technological support) to meet the teaching and learning needs of the students to complete the programme are met for the entirety of the programme.
- 3.2.1.15 The mechanism for student admission to the educational programme ensures that the stated entry requirements are met. The mechanism and conditions for students exiting the educational programme before completion are explicit.
- 3.2.1.16 The conditions for students continuing progression and successful completion of the programme are explicit and are made known, in writing, to students at the beginning of the programme.
- 3.2.1.17 Following any interruption<sup>2</sup> in the educational programme the partnership institutions ensure that the student meets the educational programme requirements as identified by An Bord Altranais.
- 3.2.1.18 Student transfer arrangements ensure that the full requirements of the educational programme leading to registration will be completed.
- 3.2.1.19 The mechanism for student support in relation to student services, facilities, academic and personal guidance is explicit.
- 3.2.1.20 An Bord Altranais (Registration Department) is notified in writing of any student who exits the programme prior to successful completion of the programme.
- 3.2.1.21 The third level institution and the health care institution(s) provide an annual report on the educational programmes including the external examiner's report or a summary to An Bord Altranais.

### 3.2.2 Curriculum Design and Development.

Curriculum design and development should reflect current, evidence/researched based educational theory and health care practice. The curriculum model chosen should be dynamic and flexible to allow for changes in nursing practice and health care delivery and the development of evidence based practice.

- 3.2.2.1 All statutory and regulatory requirements of An Bord Altranais and European Directives are adhered to.
- 3.2.2.2 The curriculum design and development is based on An Bord Altranais Requirements for Nurse Registration Education Programmes.
- 3.2.2.3 Curriculum design and development led by registered nurse tutors is guided by professional nursing knowledge that is evidence/research based.
- 3.2.2.4 The curriculum development team comprises representative members of key stakeholders in nursing education and nursing practice.
- 3.2.2.5 The curriculum is strategically planned to demonstrate balanced distribution and integration of theory and practice, to achieve the learning outcomes as stated by An Bord Altranais.
- 3.2.2.6 The curriculum utilises a range of teaching-learning strategies to assist the development of knowledgeable, competent, reflective practitioners willing to accept personal and professional accountability for evidenced-based practice, practitioners equipped with the life-long skills for problem-solving and self-directed learning.
- 3.2.2.7 The curriculum design reflects various methods of teaching/learning and provides a balance between lectures, tutorials, workshops, small group interactions, demonstrations, practical work and self-directed learning. The module descriptors identify the aims, the learning outcomes, the syllabus content, student contact hours, student effort/self directed learning hours and the assessment strategies.

<sup>2</sup> Interruption: any leave (other than annual leave and bank holidays) including sick leave, maternity leave, force majeure leave, paternity leave, parenting leave, compassionate and special leave.

- 3.2.2.8 The curriculum articulates how the student is enabled to achieve the expected learning outcomes of the programme.
- 3.2.2.9 The curriculum design includes the assessment strategy in relation to the measurement of clinical and theoretical learning outcomes.
- 3.2.2.10 Opportunity for the student to experience an elective clinical placement in another European Union health care system may be provided for a maximum period of twelve weeks duration. Clinical placements are based in institutions approved by the competent authority of the Member State. Any exception to this needs to be approved by An Bord Altranais. Criteria and mechanisms for international exchange students are explicit.

### **3.2.3 Clinical Practice Experience and the Clinical Learning Environment**

The aim of clinical practice learning is to enable students develop the domains of competence and become safe, caring, competent decision-makers willing to accept personal and professional accountability for evidence-based nursing care. Clinical practice experience, whether in the hospital or in the community care setting, forms the central focus of the profession and is an integral component of the nurse registration education programme.

- 3.2.3.1 Clinical practice placements are based in health care institutions, that are the subject of audit as to their suitability as quality clinical learning environments and An Bord Altranais standards of approval.
- 3.2.3.2 Prior to using new clinical practice placement sites, verification of the completed audit as endorsed by the higher education institution must be submitted to An Bord Altranais.
- 3.2.3.3 The selection of areas for clinical practice experience reflects the scope of the health care settings and supports the achievement of the learning outcomes of the educational programme.
- 3.2.3.4 Student allocation to clinical placements is based on the need to integrate theory and practice and to facilitate the progressive development of clinical skills, knowledge and competence.
- 3.2.3.5 Opportunity for the student to experience direct contact with the patient or client should be provided early in the educational programme.
- 3.2.3.6 Clearly written up-to-date learning outcomes/objectives appropriate to the clinical practice environment are available and accessible to ensure optimal use of valuable clinical practice experience. The learning outcomes/objectives are reviewed and revised as necessary.
- 3.2.3.7 Students and all those involved in meeting their learning needs are fully acquainted with the expected learning outcomes relating to that clinical placement.
- 3.2.3.8 Each student is assigned a named preceptor, who is a registered nurse, during clinical practice placement to provide support and supervision.
- 3.2.3.9 Preceptors/nurses, who support students, should have completed a teaching and assessing course to enable them support, guide and assess students and assist them learn the practice of nursing.
- 3.2.3.10 Named registered nurse tutors in liaison with named clinical placement co-ordinators/preceptors and registered nursing staff, monitor the quality of clinical learning environments and guide and support the students, ensuring that the clinical practice placement(s) provides an optimum learning environment.
- 3.2.3.11 The supernumerary status of the student is explicit (see Appendix I).
- 3.2.3.12 Clinical practice experience includes experience of the 24 hour cycle of patient/client care. At all times there must be sufficient registered practitioners to facilitate the supervision and support of student nurses to achieve the expected learning outcomes of the programme. Students must be supported and supervised during the final placement of 36 weeks internship, which consolidates the completed theoretical learning and supports the achievement of clinical competence on graduation and registration.

- 3.2.3.13 Specific periods of protected time are allocated for reflection during supernumerary placements and the final internship clinical placement (Nurse Education Forum 2000). Reflective time equivalent to a minimum of 4 hours per week should be an integral component of the internship period of clinical allocation to enhance the consolidation of theory to practice (Circular 46/2004 Department of Health and Children 2004). The time allocated for reflective practice during supernumerary placements and the structures in place for the implementation of effective reflective protected time during the period of internship should be "agreed formally between third-level institutions and health service providers and included in the memorandum of understanding (Nurse Education Forum p. 71).
- 3.2.3.14 Quality assurance indicators are identified and measured in relation to:
- sufficient registered practitioners to facilitate the supervision of student nurses;
  - availability of evidence based practice guidelines to support care;
  - research awareness and the application of research findings;
  - evidence of individualised, holistic patient/client focused care;
  - availability of policies/protocols in respect of medication management and good practice in recording nursing care/intervention;
  - evidence of mechanisms of audit of nursing documentation;
  - evidence of continuing professional development of all practice staff;
  - evidence of clinical risk management programmes;
  - availability of mechanisms for student support, supervision and assessment;
  - availability of mechanisms for educational and clinical audit;
  - availability of mechanisms to involve the public and patients/clients in healthcare.

### 3.2.4 The Assessment Process.

The assessment of learning is a continuous process and demonstrates a balanced and integrated distribution throughout the educational programme.

- 3.2.4.1 Assessments are strategically planned and function to:
- provide feedback on student progress
  - ensure educational standards (theoretical and clinical practice) are achieved before entry to the next part/year of the programme, as appropriate.
- 3.2.4.2 Assessments are based on a variety of strategies that are aligned with the subject area, clinical practice setting, stage of the educational programme and expected learning outcomes.
- 3.2.4.3 Assessment measures the integration and application of theory to patient/client care learned throughout the programme and requires the student to demonstrate competence within practice through the achievement of learning outcomes in both theory and practice.
- 3.2.4.4 Assessment strategies are established as reliable and valid measurements of learning outcomes.
- 3.2.4.5 The grading criteria indicating the standard for a pass award is declared and made explicit for theoretical and clinical practice assessments.
- 3.2.4.6 Assessment regulations relating to compensation, supplemental examinations, appeal mechanisms and conditions for continuance on the programme are explicit and made known to students and key stakeholders.
- 3.2.4.7 The assessment strategy does not allow compensation between theoretical and clinical practice

assessments.

- 3.2.4.8 The mechanism whereby records are maintained demonstrate, that each student meets the declared standards of learning outcomes in both the clinical and theoretical components of the programme, and is eligible for registration.
- 3.2.4.9 Eligibility to register with An Bord Altranais is based on successful completion of the programme and the successful achievement of both the theoretical and clinical practice assessments.

### 3.2.5 External Examiners.

External examiners have an important role in maintaining the standard of nursing programmes by providing an independent view about the content, structure, organisation and assessment of the educational programme.

- 3.2.5.1 External examiners are appointed by the third level institution in accordance with specified criteria (see 3.2.5.3 below).
- 3.2.5.2 The role of the external examiner is explicit and functions to:
- maintain the quality and standards of registration programmes;
  - ensure the assessment strategies for theory and practice are reliable and equitable;
  - ensure individual students are treated fairly.
- 3.2.5.3 External examiners for nursing studies:
- are registered nurses with professional qualifications appropriate to the registration programme being examined;
  - hold academic and teaching qualifications and have at least 3 years full-time teaching experience in courses appropriate to the programme being examined;
  - have experience in examining and assessing registration students;
  - have experience in the development, management, delivery and evaluation of registration programmes;
  - have at least two 2 years full-time experience in the area of clinical practice appropriate to the registration programme being examined.
- 3.2.5.4 The mechanism whereby the external examiner is provided with relevant documentation, participates in decision-making concerning the programme and has membership of the examination Boards of the Third Level Institution, is explicit.
- 3.2.5.5 The third level institution verifies to An Bord Altranais that the external examiner meets the standard as set out in 3.2.5.3.

# APPENDICES



An 'oord Altranals

February 2005

# Appendix I

## Supernumerary Status

Students undertaking the registration education programme have supernumerary status during the programme with the exception of a final placement of 36 weeks internship, which consolidates the completed theoretical component of the programme. Students will continue to need support and supervision during the internship period to enable them achieve and clinical competence within the clinical practice environment.

1. Clinical practice placements provide learning opportunities, which enable the achievement of the learning outcomes. The supernumerary status of the student during the period of clinical placement is an important factor in enhancing the educational value of the experience.
2. The key features of supernumerary status are:
  - 2.1 Allocation to a clinical practice placement is driven by educational needs enabling the student to achieve stated learning outcomes;
  - 2.2 The student actively participates in giving care appropriate to the student's level of knowledge and practical experience, with the supervision and direction of a registered nurse/midwife;
  - 2.3 The student is surplus to the rostered complement of nurses;
  - 2.4 The clinical placement allows for purposeful/focused learning where the student applies the theoretical knowledge to health care practice and develops the integrated knowledge and skills essential to a professional practitioner;
  - 2.5 The student takes an active role in achieving the learning outcomes whilst acknowledging and respecting the interests/rights of the patient/client.

**All practice placements must meet the audit requirements of An Bord Altranais and the higher education institution.**



## Appendix 2

### **Approval criteria for programmes.**

The standards for the approval of third level institutions, health care institutions, curriculum design and development, clinical practice experience, assessment process and external examiners are the benchmarks used for programme approval criteria.

# References

An Bord Altranais (2000) *Requirements and Standards for Nurse Registration Education Programme*. 2nd Ed. Dublin: An Bord Altranais.

Department of Health and Children (2000) *Report of the Paediatric Nurse Education Review Group*. Dublin: Department of Health and Children.

Government of Ireland (1998) *Report of the Commission on Nursing. A Blueprint for the Future*. Dublin: The Stationery Office.

Government of Ireland (2000) *A Strategy for the Pre-registration Nursing Education Degree Programme. The Report of the Nurse Education Forum*. Dublin: The Stationery Office.