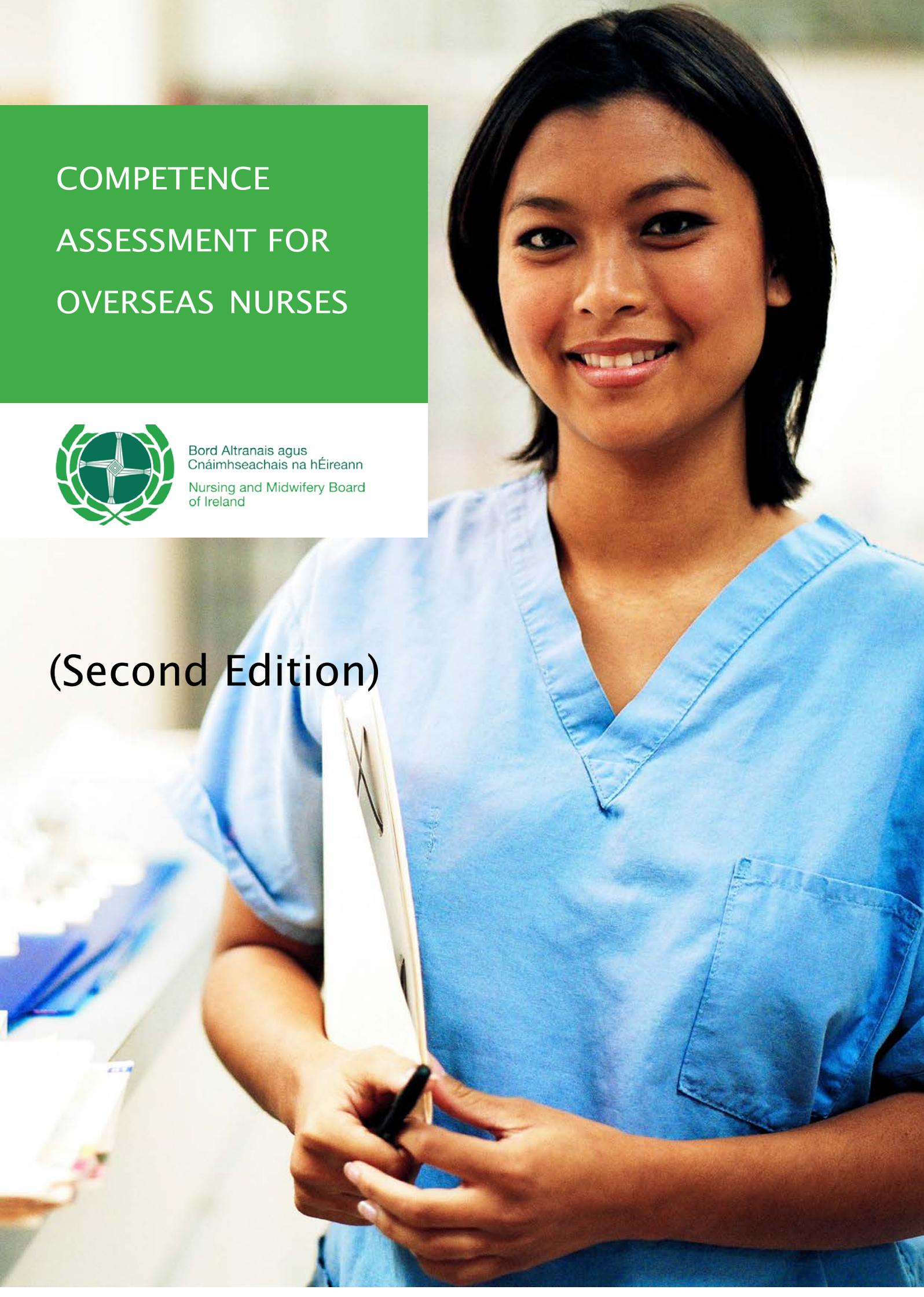


COMPETENCE  
ASSESSMENT FOR  
OVERSEAS NURSES



Bord Altranais agus  
Cnáimhseachais na hÉireann  
Nursing and Midwifery Board  
of Ireland

(Second Edition)



The Competence Assessment for Overseas Nurses document has been developed for nurses educated and trained outside Ireland who do not qualify for registration under the EU Directive. It is designed to provide guidance on a period of adaptation and assessment in an Irish health care facility and guidance on the development and provision of an aptitude test by an educational provider in advance of registration by the Nursing and Midwifery Board of Ireland (NMBI).

The current document Competence Assessment for Nurses (Second Edition) was published in 2018. It was revised to reflect the updated NMBI (2016) *Nurse Registration Programmes Standards and Requirements (Fourth Edition)* and to incorporate the guidance on the provision of an aptitude test.

## **About NMBI**

The Nursing and Midwifery Board of Ireland (NMBI) is the independent, statutory organisation which regulates the nursing and midwifery professions in Ireland. For more information about our role and functions, visit [www.NMBI.ie/What-We-Do](http://www.NMBI.ie/What-We-Do)

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# CANDIDATE NURSE DETAILS

FORNAME ▶

SURNAME ▶

NMBI PIN ▶

HOSPITALNAME ▶

# INTRODUCTION

NMBI, mindful of its regulatory authority to promote high standards of professional education and training and professional conduct among nurses and midwives and its mission to protect the public through these functions, has developed a robust framework for determining eligibility of nurses educated and trained overseas in non-European Union (EU) countries to register with NMBI.

A person who has trained outside the Republic of Ireland must undergo a regulatory assessment by NMBI in order to be registered as a nurse on the NMBI register. As a pre requisite to registration NMBI may request the applicant to either:

- I. undergo a period of adaptation
- or
- II. undertake an aptitude test

A period of adaptation is a period of supervised practice possibly accompanied by theoretical input. The aptitude test is an alternative to the adaptation/assessment model for assessing the competence of overseas educated and trained nurses. It is based on theoretical input and a number of phased theoretical and practical assessments. An applicant who is undergoing a period of adaptation or an aptitude test will have his/her name entered on a Candidate Register maintained by NMBI and is referred to as a Candidate Nurse. NMBI also requires that the successful completion of either must be achieved within a specific timeframe that will be stipulated on their NMBI decision letter.

NMBI has revised the current document giving regard to Directive 2013/55/EU and Directive 2005/36/EC on the recognition of professional qualifications and regulation, Directive 2012/1024/EU on administrative cooperation through the Internal Market Information System (IMI Regulation). The Nurses and Midwives Act, 2011 and the Nurses Rules 2018 (Recognition of professional Qualifications) have also guided and informed the development of this document.

**Section one** of this document provides nurses in the Irish health care institutions involved in the provision of an adaptation programme to nurses from overseas with a theoretical and competence assessment framework, accompanying guidance and information. It is also intended to provide a framework of assessment, guidance and information to those nurses from overseas undergoing a period of adaptation. Nurses will find that the guidance provided in this document will assist in the development of a unique programme suited to the individual needs of each Candidate Nurse. The

assessment tool in this document is broadly based on the guidance provided in the *(NMBI 2016) Nurse Registration Programmes Standards and Requirements* which sets out the competencies that nursing students must reach on completion of the education programme for entry to the register.

The Competence Assessment Tool and accompanying Meeting Record Sheets as attached in *Appendix 1* of this document. The Competence Assessment Tool is the assessment instrument for use during the period of adaptation. The use of this evidence-based best practice framework will allow for consistency across all health care institutions involved in the provision of an adaptation and assessment programme to nurses from overseas. It will ensure transparency and accountability in the adaptation and assessment process. The use of this framework will facilitate staff in determining the ability of the Candidate Nurse to practice nursing safely and effectively within the Irish health services.

**Section two** of this document provides Higher Education Institutes (HEI's) or appropriate education providers with information and guidance on the development and provision of an Aptitude Test. The competence assessment aptitude test provides an alternative to the adaptation and assessment model. The aptitude test will provide an equitable, economical, efficient and accurate assessment for applicants. The testing employed will determine the applicants competency, knowledge and skills in relation to the terminal learning outcomes and six domains of competency as set out in the *(NMBI 2016) Nurse Registration Programmes Standards and Requirements*. The Aptitude Test should be developed and adapted to examine the potential suitability for registration as a registered nurse within the specific discipline of the NMBI register and the specific environment where the Candidate will work.

NMBI commends this publication to you and recommends that you use this assessment framework, thereby ensuring that nurses from overseas are supported and guided in a comprehensive manner while achieving competence to practice nursing safely and effectively in Ireland.

**A full glossary of all the terms used in this and other NMBI publications is published on our website on [www.NMBI/Standards-Guidance/Glossary](http://www.NMBI/Standards-Guidance/Glossary)**

## 1.1 Guidance on the provision of a Period of Adaptation and Assessment

An applicant from overseas may be required by NMBI to undertake a period of adaptation prior to obtaining registration. A period of adaptation is a period of supervised practice possibly being accompanied by further education and training. The period of adaptation is under the responsibility of a qualified nurse and this period of supervised practice shall be the subject of assessment. An applicant undergoing a period of adaptation will have his/her name entered on a Candidate Register maintained by NMBI and is referred to as a Candidate Nurse.

The purpose of the period of adaptation is to ensure that each Candidate Nurse becomes eligible for registration with NMBI. In order to become eligible for registration the Candidate Nurse must achieve competence. Competence is demonstrated by an ability of the Candidate Nurse to practice safely and effectively fulfilling his/her professional responsibility within his/her scope of practice. The Candidate Nurse works under the responsibility of a qualified nurse to develop the expected competencies for the duration of the period of adaptation. The Candidate Nurse actively engages in the process of adaptation and has a responsibility to negotiate opportunities for learning and to provide the necessary evidence that learning has occurred. The period of adaptation is the subject of an assessment to determine the achievement of competence. The Director of Nursing will attest to the suitability of the Candidate Nurse to have his/her name entered on the Register as maintained by NMBI following this period of adaptation and assessment.

## 1.2 Criteria for the provision of a period of adaptation

Prior to providing a period of adaptation to a Candidate Nurse the following criteria should be considered.

- The Candidate Nurse is placed in a learning environment that is already audited by a process approved by NMBI and has well established mechanisms for supporting learners. Placement in such an area facilitates assessment of suitability for access to the register as maintained by NMBI.
- The Candidate Nurse works with a qualified nurse (the preceptor/assessor) and/or other nursing staff on a daily basis for the duration of the period of adaptation. This enables the Candidate Nurse to develop the requisite knowledge, skills, attitudes and behaviours necessary to demonstrate the achievement of competence.
- The Preceptor/Assessor ideally has one year of post-graduate experience in the clinical area and is aware of the fundamental principles of assessment. It is essential that each Preceptor/Assessor have completed a teaching and assessing or preceptorship course.

## 1.3 Adaptation strategy

The principle aim of the period of adaptation is to harness the knowledge and expertise that the Candidate Nurse brings to the programme in ways that empower the nurse to accept and exercise responsibility and accountability for independent learning, personal growth and self-awareness, and to demonstrate the competence required to have his/her name entered on the register.

Learner-centred approaches that embrace the processes and competencies of adult learning are encouraged to enable the Candidate Nurse to take control of professional development. Given the cultural background, and the wide ranging knowledge and experience the Candidate Nurse may process, no single teaching and learning strategy will address all needs.

A variety of teaching and learning strategies are used in order to build upon existing knowledge and expertise:

- Supervised clinical nursing practice provides experiential learning and enables the Candidate Nurse to achieve and to demonstrate competence.
- Reflective discussions during supervised practice facilitate critical awareness and reflective practice.
- Problem solving enables the Candidate Nurse to assess and manage work in conjunction with peers. This fosters a notion of individual and collective thought and it encourages and enhances a team approach. It allows the Candidate Nurse to demonstrate initiative.
- The use of a learning log provides an opportunity to reflect upon and record personal encounters and to further develop English language-writing skills.
- Theoretical instruction can be thought through a blended learning approach or face to face teaching.

## 1.5 Competency Assessment Strategy

The assessment strategy recognises the knowledge, expertise and previous experience of the Candidate Nurse. It acknowledges that the nurse is registered on a professional register of nurses maintained by a nursing regulatory body in another country. In addition it also takes into account the individualised instructions set out in each nurse's NMBI decision letter which states the length of the required period of adaptation.

The assessment strategy will measure applicants ability to meet the standards for safe effective and competent practice in line with (NMBI 2016) Nurse Registration Programmes Standards and Requirements. The assessment will determine the applicant's competency, knowledge and skills in relation to the terminal learning outcomes and six domains of competency as set out in the NMBI (2016) Standards and Requirements.

The Competence Assessment Tool is designed to allow for a transparent assessment process that is user-friendly. The focus is on facilitating learning opportunities that allow the Candidate Nurse to further develop

independent learning skills and the performance criteria of competence associated with life long learning and continuing professional development. Evidence of competence may be gathered by a number of methods including:

- By direct observation of the Candidate Nurse's performance throughout the period of adaptation
- By question and answer sessions to assess underpinning knowledge
- By reflective discussions between the Candidate Nurse and the Preceptor/Assessor regarding professional progress
- By testimony from other key qualified nursing staff
- By product evidence, e.g. documented nursing care
- By learning log evidence

## 1.6 Learning log

The use of a learning log during the period of adaptation is recommended. The Candidate Nurse may use the learning log to record personal accounts of learning and in so doing engage in reflective practice. To determine competence the Preceptor/Assessor satisfies him/herself that the Candidate Nurse has achieved the learning outcomes and the learning log may assist the Preceptor/Assessor in this endeavor. The log provides documented evidence of learning and the reflective notes may provide evidence that competence has been achieved in the relevant domains.

## 1.7 Attendance

Full attendance of 100% is expected of the Candidate Nurse during the period of adaptation. However 80% is the minimal attendance recommended before final assessment can be under taken. A full shift is attended to enable achievement of the learning outcomes. Any deviation from this is negotiated locally with the Clinical Nurse Manager or Preceptor/Assessor.

## 1.8. Assessment meetings

To facilitate the assessment process it is recommended that formal meetings take place between the Preceptor/Assessor and the Candidate Nurse. An initial, an intermediate and a final meeting are essential. Meetings are held in private, free from disturbance. All meetings are recorded in the Meeting Record Sheets and entries must be dated and signed.

### Initial meeting

- The initial meeting between the Candidate Nurse and the Preceptor/Assessor takes place early in the first week of the period of adaptation.
- The Competence Assessment Tool provides the framework for the discussion.

- The learning outcomes and the Domains of Competence<sup>1</sup> are discussed in detail and opportunities for practice-based learning are identified.
- The Candidate Nurse and the Preceptor/Assessor formulate a learning contract, as learning needs, objectives, resources and strategies are identified.
- A record of the meeting is made in the Initial Meeting Record Sheet.

### **Intermediate meeting**

- The intermediate meeting between the Candidate Nurse and the Preceptor/Assessor takes place at the mid-way point of the period of adaptation (e.g. 3-6 weeks). The decision as to when the intermediate meeting should be held is determined locally by the Preceptor/Assessor and is dependent on the individual adaptation process that each Candidate Nurse will experience.
- The progress of the Candidate Nurse is evaluated and the results are entered on the Competence Assessment Tool under the column 'Intermediate Meeting'. The Preceptor/Assessor initialises each competency indicator under the column 'Progressing, yes or no'.
- Not applicable may be recorded if this is deemed to be the case. A comment on the reason for this should be included on the Intermediate Meeting Record Sheet.
- In the event that the Candidate Nurse is not progressing in an identified area/s a Verifier attends the meeting and the Director of Nursing is notified.
- The learning contract is examined in light of an identified lack of progress. In order to determine the reasons for the lack of progress by the Candidate Nurse the learning needs, objectives, resources and strategies are re-examined.
- An examination of the clinical learning environment to ensure that the environment is conducive to learning may be helpful in light of an identified lack of progress.
- An action plan is drawn up and agreed between the Candidate Nurse, the Preceptor/Assessor and the Verifier that will offer specific guidance and support to facilitate progression.
- The action plan must be documented and should detail the following:
  - I. Agreement on the part of the Candidate Nurse and the Preceptor/Assessor as to the exact area/s where a problem/s are identified
  - II. Specific details of how the problem area/s will be addressed in the clinical area
  - III. An agreed period of time for further supervised practice
  - IV. An agreed minimum contact time per week that the Preceptor/Assessor and Candidate Nurse will practice together
- A record of the meeting is made in the Intermediate Meeting Record Sheet.

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<sup>1</sup> These are defined as broad categories that represent the functions of the Registered Nurse in contemporary practice.

## Final meeting

- The final meeting takes place during the final week of clinical placement.
- An 80% attendance record is required.
- If identified during the intermediate meeting that the Candidate Nurse was not progressing in certain competencies, then sufficient attendance (i.e.12 weeks) to determine that progress should be assessed is required before this final meeting takes place.
- The Candidate Nurse and the Preceptor/Assessor attend the meeting.
- The Verifier attends if:
  - I. Either the Candidate Nurse or the Preceptor/Assessor or both requests his/her presence at the meeting
  - II. Problems are identified during the intermediate meeting
  - III. The Candidate Nurse is deemed not competent
- Progress is evaluated and the results are entered on the Competence Assessment Tool under the column 'Final Meeting'. The Preceptor/Assessor initialises each competency indicator under the column 'Competent' or 'Not Competent'.
- If a Candidate Nurse is deemed not competent and a decision to extend the period of adaptation and assessment beyond 12 weeks is under consideration, this must be notified to and agreed by NMBI.
- A full review and further development of the learning contract and action plan will also be required at this point.
- A record of the meeting is made in the Final Meeting Record Sheet.

## 1.9 Management of assessment documentation

The Candidate Nurse is responsible for managing his/her assessment documentation for the duration of the period of adaptation and assessment. Records of meetings held are documented in the Meeting Record Sheets and on the Competence Assessment Tool. The Candidate Nurse holds the documentation throughout the period of adaptation and assessment and returns all documentation to the Preceptor/ Assessor on completion of the period of adaptation. The completed documentation is then held by the hospital for a period of not less than 3 months and as agreed by local policy.

## 1.10 Report of the Director of Nursing

The Preceptor/Assessor advises the Director of Nursing on the outcome of the period of adaptation and assessment. Following this consultation with the Preceptor/Assessor, the Director of Nursing furnishes to NMBI a report on the Candidate Nurse. The report states whether, in the opinion of the Director of Nursing, the Candidate Nurse has or has not demonstrated competence and recommends or does not

recommend registration accordingly.

## 1.11 Summary of Adaptation and Assessment

### **First week of the period of adaptation/assessment**

- Initial Meeting is held
- Candidate Nurse and Preceptor/Assessor discuss and plan how the competencies are to be achieved.
- A learning contract is agreed

### **During the period of adaptation/assessment**

- Candidate Nurse works with Preceptor/Assessor and /or other nursing staff in the achievement of competencies.
- Candidate Nurse engages in reflective practice and records learning in learning log.
- Candidate Nurse arranges the dates of intermediate and final meetings with the Preceptor/Assessor.

### **Mid-way during the period of adaptation/assessment**

- Intermediate meeting is held and Candidate Nurse is formally assessed
- Candidate Nurse, Preceptor/Assessor and Verifier (if applicable) discuss progress to date and develop an action plan to promote achievement of competencies if applicable.

### **Final week of the period of adaptation/assessment**

- Candidate Nurse, Preceptor/Assessor and Verifier (if applicable) hold a final meeting.
- Final assessment is carried out and documentation is completed, signed and submitted to the Director of Nursing.
- Director of Nursing submits a report to NMBI that recommends or does not recommend registration.

# SECTION 2

## 2.0 Overview

The competence assessment aptitude test provides an alternative to the adaptation and assessment model which assesses the competence of overseas nurses seeking registration with NMBI. The aptitude testing will provide an equitable, economical, efficient and accurate assessment for applicants.

*“aptitude test means a test limited to the professional knowledge of the applicant, carried out or recognised by the Board, with the aim of assessing the ability of the applicant to pursue the relevant professional activities in the State”*

*Nurses and Midwives Rules 2018 (Recognition of professional Qualifications) (3) p2*

The testing employed will determine the applicants competency, knowledge and skills in relation to the terminal learning outcomes and six domains of competency as set out in the *(NMBI 2016) Nurse Registration Programmes Standards and Requirements*.

## 2.1 Guidance on the provision of an Aptitude Test

In Ireland registered nurses are accountable healthcare professional practitioners working within a scope of practice. Fundamental to safe patient care is competent registered nurses.

The principles and values underpinning an Aptitude Test include:

- The priority to ensure patient and public protection.
- The assessment must assure the NMBI that the assessment methodology will determine whether or not candidates meet the standards for safe, effective and competent practice in order to be eligible to register with the NMBI.
- Providing a robust, fair, objective, valid, reliable and evidenced based assessment methodology.
- Providing a responsive efficient, effective, economical and equitable assessment for all candidates.
- The competencies for entry to the NMBI Register will inform this assessment.
- The assessment structure and process will support the candidate to demonstrate the knowledge, skills and competencies that are determined by the Board in terms of the Registration Requirements and Standards including divisions of the register.
- The teaching and learning infrastructure must adequately support the development of a valid, reliable and robust testing process within a secure testing environment.

## 2.2 Eligibility to apply

An Aptitude Test is open to any applicant who is eligible to undertake it, both from a regulatory and a legal perspective, regardless of prospective employment. To be eligible from a regulatory perspective, the applicant must have an in-date decision letter from the NMBI, noting that an Aptitude Test is one of the options that must be successfully completed as a pre-requisite to registration as a registered nurse with the NMBI. To be eligible from a legal perspective (if relevant) the applicant must comply with the entry requirements to the Republic of Ireland, such as an atypical working scheme (AWS) letter of approval or an entry visa.

## 2.3 Parts of the Aptitude Test

The Aptitude Test comprises two parts:

**Part 1:** Theory or Knowledge Test or MCQ Test

**Part 2:** Practical or OSCE Test

Part 1 must be successfully completed before part 2 can be attempted. On successful completion of part 2 the candidate will be eligible for registration with NMBI.

Both parts of the Aptitude Test should be based on the *NMBI (2016) Nurse Registration Programmes Standards and Requirements* and are what a newly qualified general nurse in the Republic of Ireland must be able to achieve. The Aptitude Test will examine the potential suitability for registration as a registered nurse with NMBI in the specific discipline of the register and the specific environment where the Candidate will work.

## 2.4 Attempts

Two attempts (that is, one repeat) are allowed at each of the two parts of the Aptitude Test. The Theory part must be repeated in full. An applicant who fails at the first attempt of the Practical Part/OSCEs is required to resit the OSCE station/s failed. It is essential to note that at a number of the stations, there are more than one situation or scenario used. The situation or scenario for the second attempt may be different to that of the first attempt. Therefore, an applicant is required to repeat the station/s failed but the situation or scenario may be different between the first and second attempt. Provisions must be made for the applicant to appeal the final decision of the aptitude test.

## 2.5 Overview of Part 1: Theory/MCQ Test

The theory part consists of a supervised on-line assessment of professional knowledge and understanding. A method of assessment known as multiple choice questions (MCQs) is used. There are up to 150 questions and each question has four possible answers, only one of which is correct, over a three hour period. A minimum pass mark of 50% must be achieved in the theory part. The theory part must be successfully completed before the practical part can be attempted.

## 2.6 Overview of Part 2: Practical/OSCE Test

The practical part comprises a methodology known as objective structured clinical examination (OSCE). OSCE is acknowledged internationally as an assessment methodology that enables the applicant to demonstrate competence in a simulated practice setting, known as a station. Assessment of competence for practice through a range of OSCEs includes a number of different simulated stations. A station is set up as a clinical setting and has all the necessary equipment. Up to 20 stations, with a minimum of 14 stations, must be completed. Each station assesses different competencies pertaining to the specific discipline of the register of nursing. There are a number of aims and requirements that are expected to be achieved at each station.

## 2.7 Standards and Requirements for Aptitude Tests

To ensure that the Aptitude Test will provide a mechanism that will ensure public safety and be quality assured the following standards and requirements must be adhered to:

- I. The Aptitude Test must have first received approval from the HEI's or appropriate education provider's own approval process mechanisms prior to sending NMBI an application for approval.
- II. NMBI must approve the Aptitude Test and undertake a site visit prior to approval.
- III. The Aptitude Test must have a programme management team made up with members of the HEI or appropriate education providers and Health Care Services who comprise of diverse and sufficient qualifications, knowledge and skills to contribute to the assessment process. The team must also include a patient representative.
- IV. The Aptitude Test must be evidenced based and led and coordinated by a Registered Nurse Tutor or an educationalist that has the relevant academic qualifications and experience.
- V. Criteria for assessors with the appropriate qualifications and experience to undertake the OSCE's must be clearly outlined.
- VI. OSCE's and MCQs must be developed by subject experts with appropriate qualifications in the subject matter. Details of which must be submitted to NMBI.
- VII. Both the theory and the practical elements of the Aptitude Test should be based on the *NMBI (2016) Nurse Registration Programmes Standards and Requirements*.

- VIII. Evidence that OSCE's and MCQs are tested, updated and changed on a regular basis and are discipline specific must be provided.
- IX. In order to facilitate an Aptitude Test the HEI's or appropriate education provider must show evidence and availability of appropriate facilities, resources and equipment (including IT infrastructure, video recording, clinical skills and classrooms).
- X. Financial security of the programme must be guaranteed.
- XI. Eligibility to access the programme must be open, transparent and regardless of prospective employment.
- XII. The application process including dress code must be made explicit to the applicant.
- XIII. The candidate must have passed a relevant English exam prior to undertaking the aptitude test
- XIV. The grading criteria, including pass rates with a minimum of 50% must be made explicit to the candidate and NMBI.
- XV. An evaluation must be completed by the candidates.
- XVI. The appeal process for candidates must be clearly defined.
- XVII. Evaluation and feedback must be sought from relevant stakeholders i.e. Health Care Services, HEIs or appropriate education providers and service users.
- XVIII. The Aptitude Test must be updated and revised on a continuous basis incorporating feedback received.
- XIX. The HEI's or appropriate education provider must maintain appropriate records.
- XX. NMBI must be informed of the Candidates who have passed, failed the knowledge assessment or twice the OSEC.
- XXI. NMBI will continuous monitor the process any changes to the process NMBI must be notified in writing.
- XXII. An annual report must also be submitted to NMBI.

# References

- Directive 2013/55/EC of 20 November 2013 on the Recognition of Professional Qualifications. Amendment to Directive 2005/36/EC of the European Parliament and of the Council. Directive, Brussels: Official Journal of the European Union, L354, 2013, 132-170.
- Irish Medical Council (2016) *Pre –Registration Examination System*. Dublin, Irish Medical Council.
- Lauder W *et al* (2008) Measuring competence, self-reported competence and self-efficacy in pre-registration students *Nursing Standard*, (22) 20, 35-43.
- Nursing and Midwifery Board of Ireland (2014) *Code of Professional Conduct for Registered Nurses and Midwives*. Dublin: Nursing and Midwifery Board of Ireland.
- Nursing and Midwifery Board of Ireland (2015) *Scope of Nursing and Midwifery Practice Framework*. Dublin: Nursing and Midwifery Board of Ireland.
- Nursing and Midwifery Board of Ireland (2016) *Nurse Registration Programmes Standards and Requirements*. Dublin: Nursing and Midwifery Board of Ireland.
- Nursing and Midwifery Council (NMC) (2017) *Registering as a nurse or midwife in the UK Information for applicants trained outside the European Union or European Economic Area*, London NMC.
- The Nurses and Midwives Act. Statute, Dublin: Stationery Office, 2011.
- Linnette J & Visbal-Dionaldo ML Analysis of Multiple Choice Questions: Item Difficulty, Discrimination Index and Distractor Efficiency. *International Journal of Nursing Education* (9) 3: 109-114
- Quality and Qualifications Ireland (2014) *The National Framework of Qualifications - an Overview. Policy Summary, Dublin* [http://www.qqi.ie/Pages/National-Framework-of-Qualifications-\(NFQ\).aspx](http://www.qqi.ie/Pages/National-Framework-of-Qualifications-(NFQ).aspx) (accessed December 2017)
- Statutory Instrument (S.I) No 8 /2017 - *Recognition of the Professional Qualifications of Nurses and Midwives Regulations (Directive 2005/36/EC.)* Office of the Attorney General, Dublin.
- Statutory Instrument (S.I) No 218 /2018 *Nurses and Midwives (Education and Training) Rules* - Office of the Attorney General, Dublin.
- Kim S *et al* (2009) Comparing narrative and multiple-choice formats in online communication skill assessment. *Medical Education*, 43: 533-541

# Appendix 1

## Competence Assessment Tool for Nurses From

### Learning Outcomes

Learning outcomes are specific statements about what the nurse should have achieved by the end of a module (Quinn 2000). The purpose of the registration education programme is to ensure that the nurse is equipped with the knowledge and skills necessary to practice as a competent and professional nurse.

**The period of adaptation enables the Candidate Nurse to achieve these six learning outcomes:**

1. Assist individuals, families and groups achieve optimum health, independence, recovery or a peaceful death in a professional caring manner.
2. Provide and manage direct practical nursing whether health promotional, preventive, curative, rehabilitative or supportive, to individuals, families or groups.
3. 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.
4. Identify and meet the nursing care needs of the individual, family, community in all health care settings.
5. Demonstrate development of skills of analysis, critical thinking, problem- solving and reflective practice.
6. Act as an effective member of a health care team and participate in the multi-disciplinary team approach to the care of patients/clients.

## Domains of Competence

In 2016, the *Nurse Registration Programmes Standards and Requirements* (NMBI 2016) were published. These standards and requirements included core competencies and learning outcomes that a nurse must have achieved after their final placement of a practice placement of a nursing degree programme and prior to registration to the register.

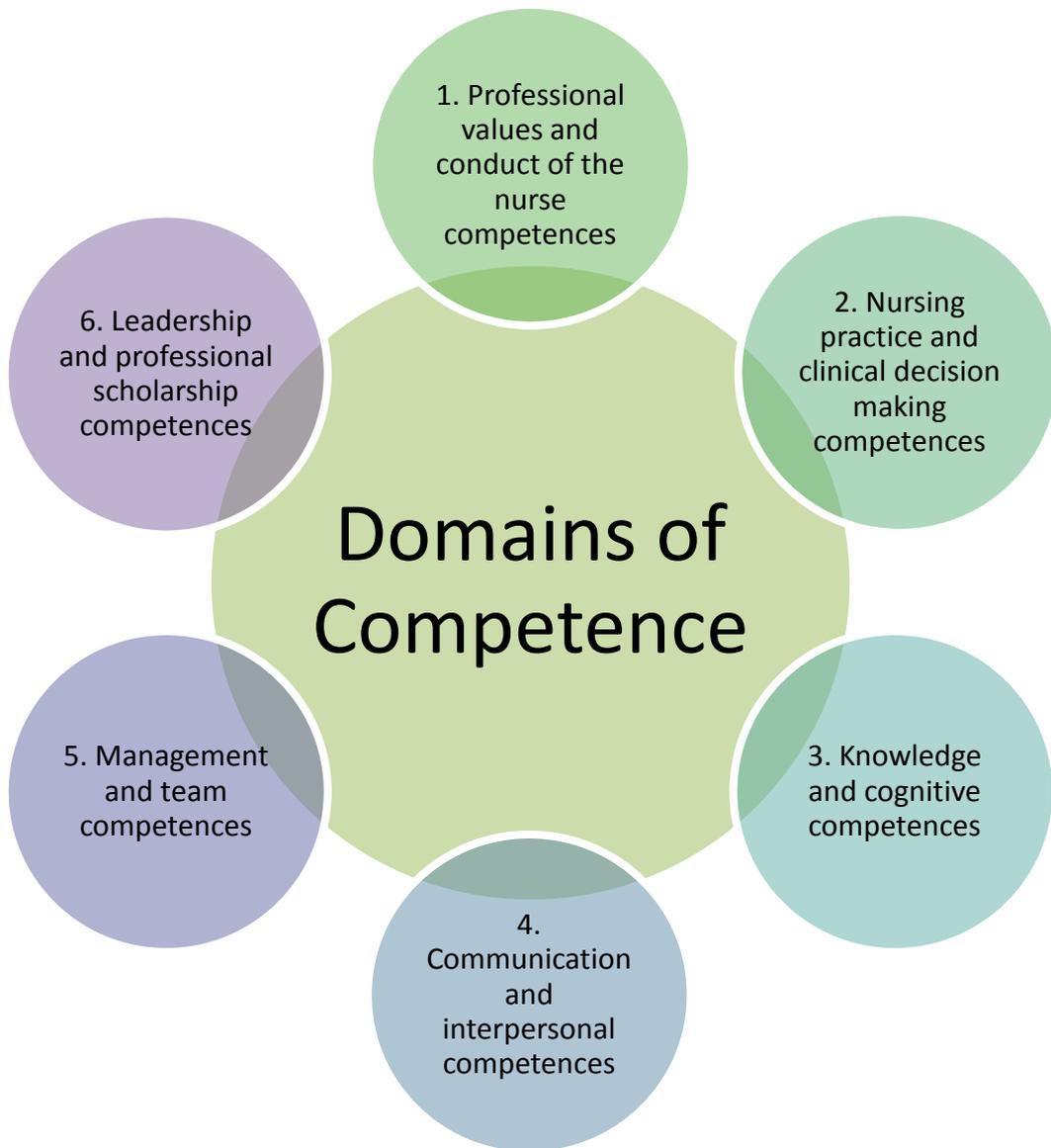
There are four divisions of the nursing register:

- General Nurse Registration
- Children's Nurse Registration
- Intellectual Disability Nurse Registration
- Psychiatric Nurse Registration

While there are many divisions of the register for registration, nurses must meet the core nursing competencies as outline in the *Nurse Registration Programmes Standards and Requirements* (NMBI 2016) and adapt according to the division of the register they are practicing. The six domains of competencies outlined below are broad and applicable across the life span and adaptable to a wide variety of nursing setting including the older persons.

Safe and effective practice requires a sound underpinning of theoretical knowledge that informs practice and is in turn informed by practice. Within a complex and changing healthcare service and population focus, it is essential that practice is informed by the best available evidence and that graduates develop a capacity for continuing professional development to maintain competence over a potentially long professional career.

The Domains of Competence represent a broad enabling framework to facilitate the assessment of the Candidate Nurses' clinical practice. Each domain consists of performance criteria and their relevant indicators. A team and partnership approach will be applied when assessing the Candidate Nurse as the Preceptor/ Assessor will consult with colleagues in determining the Candidate Nurses' competence. Candidate Nurses are deemed to be either competent or not and where competence has not been achieved the nurse will be given opportunities to develop competence through an action plan.



## Domain 1. Professional values and conduct of the nurse competences

*Knowledge and appreciation of the virtues of caring, compassion, integrity, honesty, respect and empathy as a basis for upholding the professional values of nursing and identity as a nurse.*

**Please sign your initials in the relevant boxes below**

### Key

**1.1 = Performance Criteria    1.1 (a) = Indicators and associated Critical Elements**

1.1	Practice Safely	Progressing at Intermediate Meeting		Competant at Final Meeting		Documented Evidence	
		YES	NO	YES	NO	YES	NO
<b>1.1 (a)</b>	<b>Adhere to best practice in the delivery of safe, ethical, reliable and competent nursing care across the life continuum</b>	YES	NO	YES	NO	YES	NO
	➤ Demonstrates the ability to provide safe nursing care which is consistent and within their scope of practice						
	➤ Utilises and critically evaluates the knowledge of ethical principles and their implications to nursing care as described in the Code of Professional Conduct and Ethics						
	➤ Adhere to best practice, policies and procedures when providing nursing care						
<b>1.1 (b)</b>	Adheres to principles of hand hygiene, infection prevention and control as per governance policy						

I.1	Behave with integrity, honesty and within Irish and European legislation to uphold the professional values of nursing	Progressing at Intermediate Meeting		Competant at Final Meeting		Documented Evidence	
I.1 (c)	➤ Demonstrates the ability to apply the code of professional conduct and ethics to nursing practice	YES	NO	YES	NO	YES	NO
	➤ Demonstrates the ability to apply the core values of nursing such as compassion, care and commitment and associated behaviours to inform their decision making						
I.1 (d)	<b>Practice within her/his scope of professional practice with due regard for regulatory and statutory requirements</b>						
	➤ Identifies own abilities, knowledge and level of nursing skills using the NMBI (2015) Scope of Nursing Practice Framework						

1.2	<b>Practice Compassionately</b> Demonstrates the ability through reflective practice and discussion:	Progressing at Intermediate Meeting		Competant at Final Meeting		Documented Evidence	
		YES	NO	YES	NO	YES	NO
1.2 (a)	Provides nursing care that is caring, kind, sensitive, holistic, impartial and non-judgmental						
	<i>Below</i>						
1.2 (b)	Respects the diversity, dignity, integrity, uniqueness and autonomy of the person						
1.2 (c)	Facilitates, promotes, support and optimize the health, wellbeing, comfort and quality of life of the person						
1.3	<b>Practice professionally, responsibly and accountability</b>						
	1.3(a) Ability to identify level of authority and lines of accountability within one's scope of practice						
	1.3(b) Takes personal and professional accountability for own decisions, actions and for the completion of delegated tasks						
1.3 (c)	Ability to organise and document nursing interventions safely and in accordance with polices, procedures and guidelines						
1.3 (d)	Maintains and undertakes relevant continuing professional development						

## Domain 2: Nursing practice and clinical decision making competences

*Knowledge and understanding of the principles of delivering safe and effective nursing care through the adoption of a systematic and problem-solving approach to developing and delivering a person-centred plan of care based on an explicit partnership with the person and his/her primary carer.*

2.1	Assess the person's nursing and health needs:	Progressing at Intermediate Meeting		Competant at Final Meeting		Documented Evidence	
		YES	NO	YES	NO	YES	NO
2.1 (a)	Applies an appropriate framework in a systematic manner when taking a comprehensive nursing history						
2.1 (b)	Ability to analyse information collected through the nursing assessment process						
2.1 (c)	Recognise and interpret signs of normal and changing health care needs and escalate to members of the multidisciplinary team when necessary						
2.1 (d)	Recognise signs of a life-limiting condition and assist the person and family to access a specialist palliative care team						
2.2	<b>Plan and prioritise person-centred nursing care</b>						
2.2 (a)	Develop a clear and concise person-centred plan that incorporates the person's experience of altered health and expectation for recovery						
2.1 (b)	Plan nursing interventions with specific indicators for achievement of goals, applying best available evidence based on principles of quality and safety						
2.2 (c)	Prioritise the person's immediate and longer-term nursing and health care needs through setting goals based on acuity						
2.1 (d)	Communicate plan of care and rationale for interventions clearly to the person, primary carer and other health professionals						

2.3	Deliver person-centred nursing and clinical interventions, including health activities:	Progressing at Intermediate Meeting		Competant at Final Meeting		Documented Evidence	
2.3 (a)	Obtain informed consent from person or nominee prior to delivering nursing interventions	YES	NO	YES	NO	YES	NO
2.3 (b)	Delivers nursing care safely through a range of nursing interventions						
2.3 (c)	Informs and empowers the person in health promotion and screening, recovery, resilience, self-management, wellbeing and social inclusion						
2.3 (d)	Assist the person to maintain his/her dignity, rights, independence and comfort						
2.3 (e)	Apply principles of health and safety including moving and handling, infection prevention and control and emergency procedures						
2.3 (f)	Empower the person to maintain needs related to their activities of living						
2.3 (g)	Supports a safe and comfortable environment						
2.3 (h)	Ability to support and manage a person with a life-limiting condition and their family						
2.3 (i)	Adhere to legislation and professional practice guidelines for the safe and effective administration of medicines and other therapeutic interventions						

<b>2.3 (j)</b>	Utilise medical devices, technologies and clinical equipment safely						
<b>2.3 (K)</b>	Adheres to best practice in risk assessment, risk management and hazard minimization						
<b>2.3 (L)</b>	Utilise information management technology safely to record personal data for clinical decision making						

<b>2.4</b>	<b>Evaluate nursing care and undertake a comprehensive re-assessment:</b>	<b>Progressing at Intermediate Meeting</b>		<b>Competant at Final Meeting</b>		<b>Documented Evidence</b>	
<b>2.4 (a)</b>	Collate a range of clinical observations, feedback from the person and other sources of information to adjust the plan of nursing care though ongoing evaluation of its effectiveness	YES	NO	YES	NO	YES	NO
<b>2.4 (b)</b>	Gather additional data to evaluate planned priorities, goals, time frames and interventions against actual outcomes, changes to the person's condition, responses, or situational needs						
<b>2.4 (c)</b>	Monitor and evaluate nursing interventions against evidence of best practice						

2.5	Utilise clinical judgement:	Progressing at Intermediate Meeting		Competant at Final Meeting		Documented Evidence	
		YES	NO	YES	NO	YES	NO
2.5 (a)	Make sound clinical judgements to adapt interventions to changing health needs						
2.5 (b)	Recognise and respond to early warning signs of critical changes in a person's health status						
2.5 (c)	Initiate life preserving measures in response to critical changes in a person's health status or in emergency situations						

### Domain 3: Knowledge and cognitive competences

*Knowledge and understanding of the health continuum, life and behavioral sciences and their applied principles that underpin a competent knowledge base for nursing and healthcare practice*

3.1	Practise from a competent knowledge base:	Progressing at Intermediate Meeting		Competant at Final Meeting		Documented Evidence	
		YES	NO	YES	NO	YES	NO
3.1 (a)	Apply current and relevant aspects of concepts and theory of nursing to care planning, nursing interventions and health settings						
3.1 (b)	Apply current and relevant aspects of professional standards to the practice of nursing						

3.1 (c)	Apply current and relevant knowledge of the structure and function of the human body from the health and life sciences in nursing practice situations						
3.1 (d)	Recognise common physical, developmental, emotional and behavioural signs, vulnerabilities and co-morbidities within the relevant division of nursing						
3.1 (e)	Apply current and relevant knowledge from the social and behavioural sciences in nursing practice situations and settings						
3.1 (f)	Apply reasoning and relevant knowledge from the ethical theory to moral dilemmas in day to day nursing practice						
3.1 (g)	Apply principles of quality and safety to audit and evaluate nursing and healthcare practice						
3.1 (h)	Apply current and relevant aspects of national and international policies that influence nursing practice and health care delivery						

<b>3.1 (l)</b>	Demonstrate and apply knowledge of legislation relevant in nursing practice situations and settings						
<b>3.1 (m)</b>	Apply knowledge and understanding of current and relevant aspects of principles of health information technology and nursing informatics in nursing practice						
<b>3.1 (n)</b>	Appraise, and apply as relevant, aspects of the nursing research process to enhance the evidence base of nursing practice interventions						
<b>3.2</b>	<b>Use critical thinking and reflection to inform practice:</b>	<b>Progressing at Intermediate Meeting</b>		<b>Competant at Final Meeting</b>		<b>Documente Evidence</b>	
<b>3.2 (a)</b>	Develop analytical skills for problem-solving, critical thinking, reasoning, evaluation, synthesis for application to nursing practice situations and interventions	YES	NO	YES	NO	YES	NO
<b>3.2 (b)</b>	Develop personally and professionally through reflection to enhance resilience and own nursing practice						

## Domain 4: Communication and interpersonal competences

*Knowledge, appreciation and development of empathetic communication skills and techniques for effective relationships with people and other professionals in health care settings.*

4.1	Communicate in a person-centred manner:	Progressing at Intermediate Meeting		Competant at Final Meeting		Documented Evidence	
		YES	NO	YES	NO	YES	NO
4.1 (a)	Communicate in an effective, compassionate, age-appropriate, respectful, culturally sensitive and non-discriminatory manner with the person and her/his primary carer	YES	NO	YES	NO	YES	NO
4.1 (b)	Provide emotional support to the person undergoing nursing care and health procedures/interventions, whilst respecting professional boundaries						
4.1 (c)	Empower the person and primary carer to follow appropriate policies to express concerns about their experience of nursing and health procedures/interventions						
4.1 (d)	Utilise communication techniques and technologies to empower a person with sensory, physical, emotional, behavioral or cultural communication difficulties to express their needs						
4.1 (e)	Communicate with a person in a manner respects cultural diversity in health beliefs and practices, health literacy, communication, language, translation or interpreting needs						

4.2	Communicate effectively with the health care team:	Progressing at Intermediate Meeting		Competant at Final Meeting		Documented Evidence	
4.2 (a)	Accurately, concisely and clearly report, record, document and refer to the health care team observations and information received in the nursing care giving process	YES	NO	YES	NO	YES	NO
4.2 (b)	Communicate clearly and coherently, verbally and in writing with other health and social care professionals						
4.2 (c)	Negotiate with other health care professionals to ensure that the rights, beliefs and wishes of the person are not compromised						
4.2 (d)	Respect the privacy of the person and confidentiality of information in the health setting						
4.2 (e)	Use professional nursing language terms when reporting, documenting and communicating to nursing and health care teams						
4.2 (f)	Share information with others in accordance with legal and professional requirements in the interest of protection of the public						

## Domain 5: Management and team competences

Using management and team competences in working for the person's wellbeing, recovery, independence and safety through recognition of the collaborative partnership between the person, family and multidisciplinary health care team.

5.1	Practice collaboratively:	Progressing at Intermediate Meeting		Competant at Final Meeting		Documented Evidence	
5.1 (a)	Work towards the person's wellbeing, recovery, independence and safety through a collaborative partnership between the person, family and multidisciplinary health and social care team	YES	NO	YES	NO	YES	NO
5.1 (b)	Collaborate effectively with other health care disciplines and members of the nursing team in decision making and for continuity of care						
5.2	<b>Manager Team, others and self safely:</b>	YES	NO	YES	NO	YES	NO
5.2 (a)	Assess risk to a person's safety, security, and well-being and health status through promotion of a safe environment for each person including self						
5.2 (b)	Using information gained from a risk assessment, devise a safety plan for person encountered in the practice setting						
5.2 (c)	Assess priorities, manage time, caseload and resources safely and effectively						
5.2 (d)	Participate in audit and quality improvement initiatives and processes within the health service setting						
5.2 (f)	Contribute to the learning experiences of other colleagues through provision of support, supervision and facilitation of learning						

5.2 (g)	Demonstrate personal organization and efficiency of own workload in undertaking the person's care						

## Domain 6: Leadership and professional scholarship competences

*Developing professional scholarship through self-directed learning skills, critical questioning /reasoning skills and decision-making skills in nursing as the foundation for lifelong professional education, maintaining competency and career development.*

6.1	Develop leadership potential:	Progressing at Intermediate Meeting		Competant at Final Meeting		Documented Evidence	
		YES	NO	YES	NO	YES	NO
6.1 (a)	Lead and co-ordinate a team, delegating, supervising and monitoring nursing care provision	YES	NO	YES	NO	YES	NO
6.1 (b)	Exhibit awareness of self and of the impact of personal values and feelings in relation to attitude development, professional conduct, response and reaction to events and to the development of coping mechanisms, personal wellbeing and resilience						
6.1 (c)	Enhance personal performance of professional role through constructive use of feedback, supervision and appraisal						
6.1 (d)	Reflect on and apply insights derived from aspects of daily nursing practice and critical incidents to enhance self-awareness and personal competence						

6.2	Develop leadership potential:	Progressing at Intermediate Meeting		Competant at Final Meeting		Documented Evidence	
6.2 (a)	Develop professional scholarship through self-directed learning skills, critical questioning/reasoning skills and decision-making skills in nursing as the foundation for lifelong professional education, maintaining competency and career development	YES	NO	YES	NO	YES	NO
6.2 (b)	Recognise and respond to situations that require to be referred to experienced colleagues, senior managers and other health care professionals						
6.2 (c)	Learn from experience to adapt nursing interventions and to update competence in response to dynamically altering health environments						











