Nurse Registration Programmes Standards and Requirements

Nurse Registration Programmes Standards and Recommitments (Fourth Edition) comes into effect in 2016.

This document replaced the Requirements and Standards for Nurse Registration Education Programme (Third Edition 2005)

Contents

Preface

The role of the Nursing and Midwifery Board of Ireland (NMBI) is the promotion of high standards of professional education, training and practice and professional conduct among nurses and midwives. With this in mind, I am extremely pleased to introduce the new revised for Nurse Registration Programmes Standards and Requirements Version 4 (2016).

NMBI is mandated by the Nurses and Midwives Act of 2011 to set Standards and Requirement for the initial professional education of registered nurses and midwives. These Standards and Requirements provide guidance for Higher Education Institutions and for Health Service Providers for the education of Registered Nurses of all four divisions of the Nurses' Register. The development, drafting and finalisation of the Standards and Requirements involved significant consultation and discussion with registrants, other key stakeholders and most importantly the public representative groups over an extended period of time. As part of the process, patient representatives groups, health service unions, directors of nursing (IADNAM), Deans and Heads of Nursing, academic curriculum leads, Clinical Placements Coordinators (CPC's), allocations officers, Department of Health, HSE Nursing and Midwifery Practice Development and Office of the Health Services Director have contributed to these Standards and Requirements.

These Standards and Requirements have been developed over a two year period following closely the recommendations of the Report of the Review of Undergraduate Nursing and Midwifery Programmes[1] and to ensure that these meet revised nursing competences in EU Directive 2013/55/EU[2]. In particular, the Board has addressed the need to ensure that a person-centred philosophy of nursing is enshrined in each of the programmes leading to registration as a nurse for each division of the professional register. New core indicative content and theoretical and clinical requirements requires programmes developers to ensure that safety of the person encountering health services, discrete knowledge and experience in caring for older persons and in primary health care settings are integral to the curriculum. The indicative content for the four divisions of nursing has been developed to augment the core content whilst reflecting the changing and future patterns of care delivery and role of the nurse. The findings of the HSE/Trinity College Dublin research study into the future role of the Registered Nurse Intellectual Disability and the HSE Office of the Nursing and Midwifery Service Director's vision for the role of the Psychiatric Nurse[3] have informed the philosophy statements and indicative content for these divisions. Similarly, the General and Children's Nurse divisional indicative content has been subject to extensive revision in consultation with nurses in clinical practice, management and in higher education settings and undergraduate students through national focus groups and consultation meetings.

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[1] Department of Health. *Report of The Review of Undergraduate Nursing and Midwifery Programmes.* Dublin: DOH, Hawkins House, 2012, 1-94.

[2] European Commission. *Commission Regulation (EU) No 213/2011 of 3 March 2011 on the Recognition of Professional Qualifications.* Amendment to Directive 2005/36/EC of the European Parliament and of the Council, Brussels: European Commission, 2011b, L59, 4.

[3] Office of the Nursing & Midwifery Services Director. *A Vision for Psychiatric/Mental Health Nursing: A shared journey for mental health care in Ireland.* Strategic Policy Framework, Swords, Co Dublin: Health Service Executive, 2012, 99-102.

A key difference between this and earlier versions has been the identification of practice learning outcomes at each stage/year of the programme as a guide to progression towards overall attainment of competence, a key recommendation of the Review Report (2012). The domains of competence have been aligned to and developed from the Nursing Subject Area Group competences for Nursing as part of the Tuning Process across Europe. In formulating the competences, the Board has mapped these against those of the Australian[5], Canadian (British Columbia)[6], New Zealand[7] and UK Nursing and Midwifery Council[8] regulatory standards for Registered Nurses and against the European Federation of Nurses Associations Competency Framework (2015) for consistency of content.

The findings of an NMBI survey of stakeholders views as to the necessity, achievability and proportionality of standard *3.2 Standards* for approval of third-level institutions and associated health care providers along informed the revised standards and requirements section 3. These have been benchmarked with those of the regulatory bodies for medicine, dentistry, pharmacy and CORU standards for dieticians and occupational therapists.

In the revised and expanded fourth edition, the number of domains of practice has been expanded to six, there are now sixteen broad competence statements each with a number of indicators (Section 2.2 Competencies for Entry to the Register) to be achieved over the four year undergraduate level 8 nursing education programme.

- Professional values and the conduct of the nurse competences

- Nursing practice and clinical decision making competences

- Knowledge and cognitive competences

- Communication and interpersonal competences

- Leadership, management and team competences

- Development of leadership and professional scholarship competences

Furthermore, these competence statements have been broken down into learning outcomes for each year of the programme (Section 2.3) in response to Review Report recommendations (C6.2- national practice competencies) and C12 (Supernumerary Status). These required the Board *"to detail the clinical expectations of supernumerary students for each stage of the programme (Year 1- Year 3) maximising student learning and student integration and linked to competency goals."* Collectively, these build incrementally to assist the student to develop competence for professional registration and guide the preceptor to monitor progress towards overall competence in regard to skill, knowledge and professional values attainment over the course of the programme.

This fourth edition of the *Standards and Requirements* is essential for the development, delivery, monitoring and evaluation of standards of initial education programmes for the nursing profession. As such, the standards and requirements guide and inform the Higher Education Institutions (HEIs), Health Care Providers (HCPs), Health Services Executive (HSE), Department of Health (DoH), persons using health services, government, registrants and statutory regulatory bodies on the acquisition of competence for safe and effective nursing practice.

The Standards and Requirements constitute an important development by the NMBI towards enhancing its role in the protection of the public and supporting registrants in demonstrating their competence to practise safely, compassionately and effectively to deliver quality safe practice. All stakeholders need assurance that the *Standards and Requirements* will serve to protect the public through ensuring high quality education programmes with graduates who are deemed fit for purpose, fit for award and fit for practice as nurses within a particular division of the professional register.

Paul Gallagher
President
Nursing and Midwifery Board of Ireland
November 2015

[4] Nursing Subject Area Group (SAG) of the Tuning Project. Tuning Educational Structures in Europe: Reference Points for the Design and Delivery of Degree Progrmmes in Europe. Brochure, Bilbao: Deusto University Press, 2011, 1-83.

[5] Australian Nursing and Midwifery Council (2006). National Competency Standards for the Registered Nurse.4th Edn. http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines.aspx#competencystandards [Accessed 31 Dec. 2014]

[6] College of Registered Nurses of British Columbia (2012) Professional Standards for Registered Nurses, Vancouver, Canada. https://crnbc.ca/Standards/Lists/StandardResources/128ProfessionalStandards.pdf (accessed 6 October 2014)

[7] Nursing Council of New Zealand (2007) Competencies for registered nurses. Wellington, NZ http://www.nursingcouncil.org.nz/Nurses/Competenciesforregisterednurses.pdf (accessed 3 September 2014)

[8] Nursing & Midwifery Council. (2010) Standards for pre-registration nursing education. NMC UK, London. http://standards.nmc-uk.org/PreRegNursing/statutory/competencies/Pages/Competencies.aspx (Accessed 14 August 2014)

Preamble

Work on the new Standards and Requirements for Nursing began in September 2013 with analysis of a Nursing and Midwifery Board of Ireland (NMBI) online survey of stakeholder views of the current Standards and Requirements undertaken earlier in the year. It is important to note that this survey dealt only with Section 3.2 of the Standards and Requirements, which covered the Board's mechanisms for approval of undergraduate nursing education programmes developed by Higher Education Institutions (HEI) and Associated Health Service Providers (AHSP). This was combined with a review of the literature on key themes associated with the Board's standards for curriculum monitoring, programme approval, teaching, learning and assessment of competence. Early on in the process the Board was delighted to receive a detailed briefing from Dr Mary Gobbi, Senior Lecturer and ERASMUS coordinator at the University of Southampton. Her expertise and experience, as a Member of the Tuning Management Committee since 2003 on the interpretation of the Tuning outcomes within the Nursing and Midwifery Council UK Standards for Education proved invaluable.

From January to March 2014 revised Standards and Requirements were designed based on recommendations from the Report of the Review of Undergraduate Nursing and Midwifery Education Programmes (2012). This version aligned the European Union (EU) Council Directive 2013/55/EU General Nursing Competences with the Board's regulations for undergraduate nursing education. It also incorporated the Tuning Project's Nursing Subject Area Group (2011) domains of practice and competences for nursing in accordance with the recommendations of the Report of the Review (Department of Health 2012).

In order to foster a collaborative approach to development of the Standards and Requirements, a series of focus groups and consultation meetings took place with clinical and academic staff, nursing students, directors of nursing and heads of nursing in thirteen HEIs between April and July 2014. By July, 65 Focus Group forms had been returned along with 8 additional submissions following each event, 11 of the 13 Local Joint working Groups had submitted Feedback Questionnaires and submissions from 22 individuals or organisations were received at the Board. This generated a great deal of raw data for analysis and for comparison against the draft of the Standards and Requirements. Thematic analysis of the Focus Group forms, Feedback Questionnaire responses, consultation meetings and individual submissions was undertaken during July and August to identify changes suggested by key professional stakeholders in the compilation of a subsequent draft of the Standards and Requirements by August 2014[9].

The Curriculum Leads from each of 13 HEIs attended a meeting at NMBI in September 2014 to review the Programme Outcomes, Competence Goals for each year, Philosophy statements, Core Nursing Syllabus and the Indicative Content for each division of Nursing. The amended draft was reviewed at further workshops and meetings with the HEI Curriculum Leads, Heads of School, Service User representatives, Allocations Officers, IADNM, Office of the Nursing and Midwifery Services Director and NMBI Standards Committee in September and October

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[9] A list of those organisations and in some cases persons who made submissions during the focus groups or consultation process is detailed in Appendix 2 – List of Contributors.

2014. This resulted in further revisions to the practice learning outcomes for each year of the programme, philosophy statements, core indicative content and specific syllabus content and practice placement specifications for each division of nursing. Allocations Officers were invited to review the Clinical and Theoretical Requirements sections at a series of meeting with the Board in 2014-2015. Their feedback informed the development of the Standards and Requirements. The competence attainment milestones for each year of the programme for each division of nursing have been formulated on the basis of a 36-week internship for the sections on clinical and theoretical instruction. This is to ensure that adequate practice placement experience is available to students for clinical learning and for assessment of such learning during the supernumerary experience for years 1 to 3 of the programme. Throughout the process the Acting Chief Education Officer liaised closely with the independent consultants and Education Officer for Midwifery to maximise opportunities for shared learning across the two professional programmes. Feedback on the draft nursing standards has been received from a number of health service unions, organisations and societies representing discrete aspects of nursing and health care and from the Nursing and Midwifery divisions of the Health Services Executive. Such observations have informed the development of the different iterations of the document. In this respect, the Interim Director Nursing and Midwifery Planning & Development (Dublin South, Kildare and Wicklow HSE), and Clinical Programme Lead in Emergency Medicine, St James's Hospital Dublin, gave permission for the Board to adapt some of the wording from a small number of the behavioural indicators for the role of the staff nurse from the National Emergency Medicine Programme's *"Role profiles for nursing staff in emergency care settings in Ireland"*.[10]

Overall, the psychiatric and intellectual disability nursing indicative content in particular have been completely updated to meet current and future service delivery needs in the light of a changing population profile and models of care and have been guided by very recent policy review evaluation reports. The report of the Office of the Nursing and Midwifery Services Director (ONMSD) (2012) A *Vision for Psychiatric/Mental Health Nursing: A shared journey for mental health care in Ireland* has informed the psychiatric nursing philosophy and syllabus content sections to ensure that the principle of recovery is clearly articulated in the standards. In addition, the findings of the HSE/TCD Survey *Shaping the Future of Intellectual Disability Nursing in Ireland (2014)* have informed the intellectual disability section. Extensive changes have been made to the indicative content and philosophy based on the feedback from the research team's evaluation of the future role of the Intellectual Disability (ID) Nurse. The general and integrated children's and general nursing programmes have also retained a distinctive focus based on current health reform policy and for the potential changes to service delivery for each of these divisions of nursing in the light of demographic changes, growing population of older people and the challenges of chronic disease management and life-limiting conditions.

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[10] These role profiles for the different levels of nurse in the emergency department had been agreed and approved by a variety of bodies including the Office of the Nursing and Midwifery Services Director.

It is salient to note that the Domains of Practice, Competences and Indicators represent *standards* set by the Board for evaluating curricula for undergraduate nursing education programmes. These do not specify the form of competence assessment, process and critical elements for skills, knowledge and professional behaviour agreed at local level between HEIs and AHSPs. Some feedback received throughout the consultation process has argued for the Board to issue a national scheme of clinical competence assessment and to give greater specificity to the process and model of clinical competence assessment. However, consideration and development of a national scheme of clinical competence assessment represents a future project for the Board. In this regard the Board proposes to canvas views of the profession on this matter. This project would need to ascertain views of key stakeholders on such a national scheme of clinical competence, development of an agreed assessment instrument, process and guidelines for preceptors, clinical placement coordinators, undergraduate nursing students and academic staff involved in its operation. Detailed review and feedback from the ONMSD and HSE Nursing and Midwifery Planning & Development Clinical Strategy & Programmes Directorate contributed to the development of the final draft submitted to the Board's Validation and Standards Committee in early 2015. The final draft was submitted to the Board's Education and Training Committee and NMBI Board in the autumn of 2015 for approval for dissemination. Higher Education Institutions and Associated Health Services Providers will then be given a two-year lead in time to develop curricula to meet the new Standards and Requirements from date of launch of new Standards and Requirements (2016).

This section provides for the relevant sections of the Nurses and Midwives Rules and European Directive (2013/55/EU), which underpin the Standards and Requirements for Midwife Registration Education Programmes.

Introduction

The purpose of this document is to provide guidance for the development of flexible, innovative, practice-oriented registration programmes for Higher Education Institutions (HEIs) and for Associated Health Care Providers (AHCPs) involved in the education and training of undergraduate nurses. It is intended for each health care institution that is linked to a higher education institution in the preparation and delivery of educational programmes leading to registration as a nurse on any of the four divisions of the professional register maintained by the Nursing and Midwifery Board of Ireland. The policies and practices of the Higher Education Institutions and the Associated Health Care Providers shall meet the standards and requirements specified in this document. The academic standard and terminal award for these programmes is at Level 8 on the National Framework of Qualifications (Quality and Qualifications Ireland, 2014).

The right and duty of the Board to make rules for pre-registration education and training is consolidated in the current legislation under sections 85 (1) and (2) of the Nurses and Midwives Act 2011 (Government of Ireland 2011). It is mandated to set and publish standards for education and to prepare and issue guidelines on, inter alia, curricular issues, programme outcomes, syllabi and indicative content, assessment and on programme governance and ethical standards of practice and professional behaviour for students and graduates nursing and midwifery. This it undertakes through formal approval of programmes of study and through the monitoring of standards of the HEIs and associated HCPs delivering such pre-registration education through annual reports and monitoring visits.

This revision to Standards and Requirements of undergraduate nursing programmes incorporates recommendations made in the Review Report (DOH, 2012b). Recommendation C6.1 further requires the NMBI to consult and collaborate with the academic and clinical providers of professional education and the Department of Health, to ensure that the revised learning outcomes adequately prepare practitioners with the competences for safe, effective, skilled, knowledgeable and ethical practice yet with an adaptive skill-set suited to dynamically changing health services. Thus, *the Standards and Requirements* (S & R) have been revised to ensure greater consistency with the EU Directives, DOH/HSE reform and modernisation agenda towards the delivery of person-centred health services in partnership with people and their primary carers (C7.1). Review recommendations (Department of Health 2012b) highlighted a need for the Standards and Requirements to take a more proactive approach to the changes in health care delivery patterns. In particular, curricular content should place explicit emphasis on a population focus (C6.1) and keep pace with the strategic health policy move towards primary and community care (C8.1), shorter periods of hospitalisation and for preventative interventions, health promotion and the management of chronic ill health and life-limiting conditions (C7.2).

In the light of international and national breaches of patient safety, governments and health regulators have come under sustained pressure to ensure more robust systems of professional monitoring of the practice and education of the health professions (Tee & Jowett 2009). Arguably, for the protection of people using health services, ensuring fitness to practise is the key duty of a regulator to minimise harm through poor professional behaviour or competence. Through application of a code of professional conduct and ethics and in the stipulation of minimum standards of professional competence for entry to the register of

nurses and midwives, the NMBI not only to approves potential registrants but also schemes of professional education. Since these are joint ventures between an HEI and associated HCPs, fitness to practise transcends organizational systems and boundaries. Universities and Institutes of Technology that are approved for provision of undergraduate nursing and midwifery programmes in conjunction with associated health care services are also governed by Quality and Qualifications Ireland (QQI) (Government of Ireland 2012).

Third-level HEIs and associated HCPs involved in the education and training of nurses are required to submit a detailed curriculum document to NMBI for approval. Written submissions therefore will be made jointly by the HEI(s) and its linked HCP(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 and Midwives Rules, European Union Council Directives for Nursing and Nurses and Midwives Act (2011).

Section 2 outlines the requirements for nurse education programmes leading to registration. This section is divided into eight parts. The first part describes the programme learning outcomes that are expected from the registration programmes. The second part describes the competences the student must reach on completion of the education programme for entry to the Register. The third part details the learning outcomes for the first three years of the supernumerary period. The remaining five parts deal with the core indicative content for all divisions of nursing followed by indicative content and theoretical and clinical instruction for each of the registration programmes for general nursing, integrated children's/general, intellectual disability and psychiatric nursing.

Section 3 describes the standards required for the approval of higher education institutions, associated health care providers 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. These are listed under eight sub-sections:

>   *3.2.1 Curriculum Design and Development*
>
>   *3.2.2 Student Entry, Admission, Transfer, Discontinuation and Completion*
>
>   *3.2.3 Programme Governance and Management*
>
>   *3.2.4 Student Support, Supervision and Learning Resources*
>
>   *3.2.5 Assessment Strategies*
>
>   *3.2.6 Practice Placement Allocations*
>
>   *3.2.7 Practice Placements Learning Environment and Competence Assessment*
>
>   *3.2.8 Quality Assurance and Enhancement Mechanisms*

Each sub-section consists of a criterion statement, standard statement and a number of measurable criteria which can be used in determining whether or not the standard has been met.

Section 1

1.1 Extracts from Nurses' Rules 2013 and EU Directive 2013/55/EU

This section provides an extract from the European Directive (2013/55/EU) and Nurses' Rules (2013) that informed the development of this document.

Extract: Nurses' Rules (2013)

This section provides extracts from the Nurses Rules (2013), for the guidance of the higher education institutions and healthcare institutions involved in the provision of registration education programmes. The Nurses Rules (2013) and the European Directive (2013/55/EU) guide and inform the development of this document.

S.I. No. 435 of 2013

NURSES AND MIDWIVES RULES, 2013

Bord Altranais agus Cnáimhseachais na h'Éireann ("The Board") in exercise of the powers conferred on it by Sections 13 of the Nurses and Midwives Act, 2011 hereby makes the following Rules:

1. Citation

    1.1 The Nurses Rules, 2010, continue to have force arising from Section 13(9) of the Nurses and Midwives Act 2011

    1.2 These Rules may be cited as the Nurses and Midwives Rules, 2013 and are supplemental to the Nurses Rules, 2010 (S.I. 689/2010)

2. The Register of Nurses and Midwives — Nurses Division

    2.1 In addition to the Divisions specified in the Nurses Rules 2010, the Nurses Division is hereby established by the Board

    2.2 The Nurses Division shall contain the names of persons registered in any of the following divisions referred to in Nurses Rules, 2010:

    (1) General Nurses Division;

    (2) Psychiatric Nurses Division;

    (3) Children's Nurses Division;

    (4) Intellectual Disability Nurses Division.

3. Candidate Register

    3.1 The following divisions of the Candidate Register are hereby established:

        (1) Nurse Candidate Division;

        (2) General Nurse Candidate Division;

        (3) Psychiatric Nurse Candidate Division;

        (4) Children's Nurse Candidate Division;

        (5) Intellectual Disability Nurse Candidate Division;

        (6) Midwives Candidate Division.

    3.2 The Nurse Candidate Division of the Candidate Register shall contain the names of any persons registered in any of divisions of the Candidate Register referred to at 3.1.2 to 3.1.5 above.

4. Publication

    4.1 These Rules will be published in the prescribed manner as defined in Section 2 of the Nurses and Midwives Act 2011." (Extract: Nurses and Midwives Rules, 2013 [S.I. 435 / 2013])

Extract: EU Directive 2013/55/EC amending Directive 2005/36/EC

(f) Paragraph 6 is replaced by the following:

'6. Training for nurses responsible for general care shall provide an assurance that the professional in question has acquired the following knowledge and skills:

(a) comprehensive knowledge of the sciences on which general nursing is based, including sufficient understanding of the structure, physiological functions and behaviour of healthy and sick persons, and of the relationship between the state of health and the physical and social environment of the human being;

(b) Knowledge of the nature and ethics of the profession and of the general principles of health and nursing;

(c) adequate clinical experience; such experience, which should be selected for its training value, should be gained under the supervision of qualified nursing staff and in places where the number of qualified staff and equipment are appropriate for the nursing care of the patient;

(d) The ability to participate in the practical training of health personnel and experience of working with such personnel;

(e) Experience of working together with members of other professions in the health sector.';

(g) The following paragraph is added:

'7. Formal qualifications as a nurse responsible for general care shall provide evidence that the professional in question is able to apply at least the following competences regardless of whether the training took place at universities, higher education institutions of a level recognised as equivalent or at vocational schools or through vocational training programmes for nursing:

(a) competence to independently diagnose the nursing care required using current theoretical and clinical knowledge and to plan, organise and implement nursing care when treating patients on the basis of the knowledge and skills acquired in accordance with points (a), (b) and (c) of paragraph 6 in order to improve professional practice;

(b) competence to work together effectively with other actors in the health sector, including participation in the practical training of health personnel on the basis of the knowledge and skills acquired in accordance with points (d) and (e) of paragraph 6;

(c) Competence to assist individuals, families and groups towards healthy lifestyles and self-care on the basis of the knowledge and skills acquired in accordance with points (a) and (b) of paragraph 6;

(d) Competence to independently initiate life- preserving immediate measures and to carry out measures in crises and disaster situations;

(e) Competence to independently give advice to, instruct and support persons needing care and their attachment figures;

(f) competence to independently assure the quality of, and to evaluate, nursing care;

(g) competence to comprehensively communicate professionally and to cooperate with members of other professions in the health sector;

(h) competence to analyse the care quality to improve his own professional practice as a nurse responsible for general care.'; (EN 28.12.2013 Official Journal of the European Union L 354/151)

Section 2

Requirements for Nurse Registration Programmes

2.1 Programme Learning Outcomes

In order for the graduate of a nursing registration programme to be eligible to practise as a Registered Nurse, the terminal programme learning outcomes must enable the student to:

1. Acquire the knowledge, professional values and discipline specific competences to fulfil the role of the Registered Nurse to deliver safe, high quality, compassionate, ethical, legal and accountable practice across the life spectrum and in diverse health care settings.

2. Demonstrate knowledge, clinical skills and professional behaviours that are underpinned by the Scope of Nursing and Midwifery Practice Framework (NMBI 2015) and the Code of Professional Conduct and Ethics for Registered Nurse and Registered Midwives (NMBI 2014).

3. Practise as a competent Registered Nurse to assess, plan, prioritise, deliver and evaluate nursing care based on a comprehensive and systematic assessment of health and nursing needs in consultation with the person receiving such care, their representative and the multi-disciplinary team.

4. Apply theoretical principles to the practice of nursing using professional judgement, critical reasoning, problem-solving and reflection derived from an evidence base of nursing and from the applied life, health and social sciences.

5. Deliver person-centred, high quality and safe nursing care based on a collaborative relationship with a person receiving such care, that respects her/his dignity, autonomy, self-determination and rights to make health and life choices across the health spectrum.

6. Demonstrate skills of effective communication, delegation, inter-professional liaison and team working to promote the quality and safety of the health care environment.

7. Maintain competence to develop and enhance the capacity for self-awareness, reflective practice, leadership and professional scholarship.

8. Apply evidence from an appraisal of research studies relevant to the division of nursing to the practice of nursing.

2.2 Competency for Entry to the Register

The NMBI defines competence as the attainment of knowledge, intellectual capacities, practice skills, integrity and professional and ethical values required for safe, accountable and effective practice as a Registered Nurse. Competence relates to the nurse's scope of practice within a division of the register, is maintained through continuing professional development. The nurse may need to upskill, update or adapt competence if s/he works in a different practice setting or with a different profile of service user.

The competences for entry to the Nurses' Division of the Professional Register maintained by the NMBI are informed by the principles articulated in the Code of Professional Conduct and Ethics for Nurses and Midwives (2014) and have been benchmarked against varied sources. The draft was mapped against the national nursing competence documents from the New Zealand[11], Canadian[12], Australian[13] and NMC UK[14] nursing regulatory bodies and against the standards from the NMBI (2014) Code of Professional Conduct and Ethics and the European Federation of Nurses Associations Competency Framework (2014) for consistency. The NMBI competencies for entry to the professional register were also mapped to competences identified in Section 23(g) of EU Council Directive 2013/55/EU with specific content reference to the indicative core nursing syllabus for the six domains of nursing. This was necessary for the Board to meet its statutory monitoring requirements within the EU and for research and evaluation purposes.

In comparing these competency frameworks and code for the Registered Nurse, it was noted that whilst each is broadly consistent, none specify a competence model such as that of Benner (1984)[15] or Steinaker and Bell (1979)[16] nor specify skills at micro level. Nevertheless, feedback from the Board's consultations did request that the stage learning outcomes be guided by a framework to show gradual and incremental acquisition of skills, knowledge and professional attributes thus an adaptation of part of Benner's framework (1984) is included as an example[17]. In addition, whilst data from the consultation process and further detailed feedback from the Office of the Nursing and Midwifery Service Director's Office (ONMSD), Curriculum Leads from the HEIs, Allocations Officers and Council of Deans and Heads of Nursing has informed the development of the Standards and Requirements, it has not always been possible to incorporate every contribution. At times it has been necessary to balance widely divergent views and contributions from diverse stakeholder groups, all of whom, however, seek to ensure that the educational and clinical preparation for the next generation of Registered Nurses is fit for purpose, practice and award.

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[11] Nursing Council of New Zealand (2007) Competencies for Registered Nurses. Wellington, NZ http://www.nursingcouncil.org.nz/Nurses/Competenciesforregisterednurses.pdf (accessed 3 September 2014)

[12] College of Registered Nurses of British Columbia (2012) Professional Standards for Registered Nurses, Vancouver, Canada. https://crnbc.ca/Standards/Lists/StandardResources/128ProfessionalStandards.pdf (accessed 6 October 2014)

[13] Nursing and Midwifery Board of Australia, (2010) Nursing and Midwifery Recency of Practice Registration Standard, 1st July 2010 http://www.nursingmidwiferyboard.gov.au/Registration-Standards.aspx (accessed 24 July 2014)

[14] Nursing & Midwifery Council. (2010) Standards for pre-registration nursing education. NMC UK, London. http://standards.nmc-uk.org/PreRegNursing/statutory/competencies/Pages/Competencies.aspx (Accessed 14 August 2014)

[15] Benner, P. (1984) *From novice to expert: Excellence and power in clinical nursing practice*. Menlo Park: Addison Wesley.

[16] Steinaker, N.W. & Bell, M. R. (1979) *The Experiential Taxonomy: A New Approach to Teaching and Learning*. New York: Academic Press.

[17] See-Learning levels towards achieving practice-based competence (p.6)

The aim of the competence framework is to ensure that the undergraduate nursing student can on graduation from the programme provide safe, effective, evidence-based and compassionate nursing to people throughout the life continuum according to the division of nursing for which s/he is registered.

In keeping with recommendation 6.1 of the Report of the Review of Undergraduate Nursing and Midwifery Degree Programmes (Department of Health and Children 2012, 56), the domains of competence for entry to the Professional Nursing Register should be aligned to the five Tuning Subject Area Group points of reference for nursing degree programmes. However, an additional domain has been developed to differentiate management, liaison and team working from the development of leadership and professional scholarship. In addition, to accord with the *Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives* (2014), the term 'role' in Domain 1 has been replaced with the term 'conduct'.

All six domains of competence represent the level the graduate must reach on completion of the education programme for entry to the Nursing Register held by the Nursing and Midwifery Board of Ireland. The purpose of the registration education programme is to ensure that on successful completion of the programme the graduate is equipped with the knowledge, understanding, professional attributes and skills necessary to practise as a competent and professional nurse. The overarching aim of the programme is to ensure that the graduate acquires the competences for critical analysis, problem-solving, decision-making, collaborative team-working, leadership, professional scholarship, effective interpersonal communication and reflection that are 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 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.

Accordingly, the competences encompass the six following domains of practice:

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.

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.

Domain 3: Knowledge and cognitive competences
Knowledge and understanding of the health continuum, life and behavioural sciences and their applied principles that underpin a competent knowledge base for nursing and healthcare practice.

Domain 4: Communication and interpersonal competences

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

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.

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.

The domains are broad and applicable across the life span continuum to all four divisions of nursing and to a wide variety of nursing settings including care of the older person. This is particularly important given the ratio of older persons in hospitals/healthcare settings to other care groups. The six competence statements provide a broad enabling framework to facilitate the acquisition and assessment of an undergraduate's practice learning.

The domains emphasise an holistic assessment of student's application of knowledge, skills and professional attributes and behaviour to practice that are expected at a particular stage of the programme. Each competence statement is supported by a series of indicators that are specific to each stage of the programme and specify what a student is expected to do and to learn in practice. Indicators are the detailed and working element of a competence that demonstrate the student's professional values, skills and knowledge when effective performance of competence is observed. The undergraduate nurse's journey towards competence takes place across the four years of the programme (5 for the integrated Children's and General Nursing programme) and is marked by the achievement of learning outcomes for each stage in an incremental fashion. The practice outcomes for each year equate to the levels specified in the National Framework of Qualifications (QQI, 2012) – Year 1 (Level 6), Year 2 (Level 7) and Years 3 and 4 (& 5 Children's & General Integrated) (Level 8).

List of Competences for Entry to the Professional Register of Nurses

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.

1.1   Practise safely

1.2   Practise compassionately[18]

1.3   Practise professionally, responsibly and accountably

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.

In partnership with the person, the primary carer and other health professionals, demonstrates the capacity to:

2.1   Assess nursing and health needs

2.2   Plan and prioritise person-centred nursing care (including selecting interventions based on best evidence and identification of desired goals with the person)

2.3   Deliver person-centred nursing skills, clinical interventions and health activities

2.4   Evaluate person-centred nursing outcomes and undertaking a comprehensive re-assessment

2.5   Utilise clinical judgement

Domain 3: Knowledge and cognitive competences

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

Demonstrates the capacity to:

3.1   Practise from a competent knowledge base

3.2   Use critical thinking and reflection to inform practice

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[18] Whilst the elements of empowering a person to maintain dignity and promotion of wellbeing may depend on acquisition and application of knowledge and skills according to the stage of an undergraduate nurse's education, the requirement for showing respect, kindness and compassion is expected of all healthcare staff.

Domain 4: Communication and inter personal competences

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

Demonstrates the capacity to:

4.1   Communicate in a person-centred manner

4.2   Communicate effectively with the health care team

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.

Demonstrates the capacity to:

5.1   Practise collaboratively

5.2   Manage team, others and self safely

Domain 6: Leadership potential 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.

Demonstrates the capacity to:

6.1   Develop leadership potential

6.2   Develop professional scholarship

The Domains of Competence represent a broad enabling framework to facilitate the assessment of pre-registration undergraduate nurses' clinical practice. Each domain consists of a number of standard statements with relevant indicators. Performance criteria for each of the indicators to specify particular skills, knowledge and professional conduct may be developed as assessment of practice documents and processes at local level that are appropriate to the Division of the Register. These may be differentiated by division of nursing within the overall assessment of competence instrument that is developed locally provided that it conforms to the Standards and Requirements (NMBI 2016) and is approved by the Board as part of the curriculum submission.

A team and partnership approach will be applied when assessing the undergraduate nursing student, as the assessor will consult with colleagues in determining the student's competence. Clinical Nurse Managers, Clinical Placement Coordinators, Nurse Practice Development Coordinators, academic nursing lecturers and Heads of Nursing and Midwifery for the Higher Education Institutions will agree on the assessment process. The aim is to ensure that the graduate acquires the competences for assessment, critical analysis, problem-solving decision making, goal setting, collaborative team-working, leadership, professional scholarship, effective interpersonal communication, reflection and re-assessment that are essential to the art and science of nursing.

Learning levels towards achieving practice-based competence

In keeping with a philosophy that recognizes the development of competence to be incremental, and a framework in which there are various stages of clinical skill development, competences are assessed at four levels over the duration of the programme. Although the phrase *"on completion of the final practice placement"* applies to a particular year, this should not be taken to imply that an undergraduate may only be assessed at the very end of the final placement. Undergraduates should be assessed as attaining the required level of proficiency throughout the respective year; the statement *"on completion of the final practice placement"* refers only to the overall attainment of practice learning outcomes by the end of the year in question for progression purposes. These levels are broadly consistent with the first three stages of Benner's (1984: 13-14) stages of clinical competence. Levels 1 and 2 are representative of the Novice practitioner who has limited exposure to and experience of practice settings. Level 3 is representative of the Advanced Beginner stage whilst Level 4 is consistent with the expectations of a newly qualified nurse as a competent practitioner.

Level 1/Year 1: This level recognises that the undergraduate nursing student is a novice to the world of nursing and requires exposure to all aspects of practice. It is expected that a Registered Nurse will directly supervise the nursing student when s/he is participating in care provided to people in the practice setting across the life continuum. It is further expected that the nursing student will have a basic understanding of the broad concepts underpinning such care. The undergraduate nursing student may require continuous prompting in the provision of person-centred nursing care, and considerable direction in identifying her/his learning needs.

Level 2/Year 2: This level recognises that the undergraduate nursing student has had some exposure and participation in the provision of care in the practice environment. The undergraduate nursing student needs both the assistance and close supervision of the Registered Nurse while s/he participates in the provision of person-centred nursing. Frequent prompting may be required to support the student in the provision of person-centred nursing and in identification of its underpinning evidence. The student begins to identify her/his learning needs through discussion with her/his preceptor.

Level 3/Year 3: At this level, under the indirect supervision of the Registered Nurse, the undergraduate nursing student can identify the needs of persons and primary carers in practice and begins to adopt a problem solving approach to the provision of safe nursing care. The undergraduate nursing student actively participates in the assessment, planning, delivery and evaluation of person-centred nursing and is able to provide a rationale for her/his actions. It may be difficult for the student to prioritise care in particular or complex situations. The student demonstrates awareness of the need for best practice, and can identify her/his learning needs from clinical experience. Year 3 Practice Learning Outcomes cover the requirements for the Supernumerary placements which may include part of Stage 4 (the fourth year of study for the BSc Nursing Children's and General Integrated Programme only.)

Level 4/Year 4/5: At this level the undergraduate nursing student will be expected to competently apply a systematic approach to the provision of person-centred practice to an allocation of 4-6 patients under the distant supervision of a Registered Nurse. The student must demonstrate evidence based practice and critical thinking. S/he is capable of supporting the person and their primary carers and to work collaboratively with professional colleagues within the clinical environment. The competent practitioner possesses many attributes including practical and technical skills, communication and interpersonal skills, organisational and managerial skills and the ability to perform as part of the healthcare team, demonstrating a professional attitude, accepting responsibility and being accountable for one's own practice.

Progression on the programme is dependent on successful completion of the designated competencies to ensure that safety of the person in the practice setting is at the core of all assessment of competence decisions and that the wellbeing of the person supersedes all other considerations with regard to student performance in practice. The HEI in partnership with their associated HCPs will agree a competency assessment process which is fair, equitable and transparent and approved by the NMBI.

Undergraduate nursing students are deemed to be either competent or not and where competence has not been achieved the undergraduate will be given opportunities through a repeat placement to develop competence. Clearly defined parameters for a student to develop competence will be set out in the programme documents from the HEI in collaboration with associated HCPs, and must be approved by the NMBI. The curriculum must base its assessment of competence for practice-based learning on an explicit framework of progressive proficiency attainment for each stage of learning across the programme. Due consideration should be given to an incremental approach (years 1-4) in the provision of repeat opportunities. Such opportunities to achieve learning outcomes or competence to graduate shall be agreed between the Board, the Department of Health[19], the HEI and its associated HCP(s). Following an opportunity to repeat within a defined timeframe, if competency has not been achieved the student may be asked to leave the programme, subject to the parameters for repeat attempts and appeals mechanisms agreed with the HEI and associated HCP(s) having been duly applied.

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[19] In regard to funding for the Internship.

2.3 Learning outcomes and indicators by Year of Study leading to competence for Entry to the Professional Register of Nurses

Year 1: Learning Outcomes

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.

On completion of the final practice placement[20] for the FIRST year of the programme, the student will be able to:

1.1.1 **Practise safely**

- Apply principles of safe moving and handling to the person[21] whilst assisting a Registered Nurse to provide nursing care

- Adhere to principles of safe hand washing and infection control when undertaking nursing care

- Discuss with the Registered Nurse at least one means of maintaining the safety of vulnerable people in the practice setting

- Clarify with the Registered Nurse instructions that s/he does not understand

1.1.2 **Practise compassionately**

- Show respect, kindness and compassion towards all persons encountered in the practice setting

- Empower the person to maintain their dignity in all nursing interventions

- Describe an example, after listening to a person in the practice setting, of promoting the wellbeing and comfort of a person receiving nursing care

1.1.3 **Practise professionally and responsibly**

- Carry out nursing instructions, relevant to the role of a nursing student, responsibly, safely and in accordance with policies, procedures and guidelines

- Show personal responsibility through documenting nursing interventions

- Give a brief report to the Registered Nurse on completion of nursing activities

- Seek information and apply it to an aspect of nursing encountered during practice placement experience

- Discuss and remain within the *Scope of Nursing and Midwifery Practice Framework* as it applies to the role of the nursing student

- Outline four principles from the *Code of Professional Practice and Ethics for Registered Nurses and Registered Midwives*

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.

On completion of the final practice placement for the FIRST year of the programme, the student will be able to:

1.2.1   Assess the person's nursing and health needs

- Assist a Registered Nurse to undertake and to document information, using an appropriate framework, for an assessment or re-assessment of a person's health and social care nursing needs

- Monitor, record and report accurately a person's vital signs

1.2.2   Plan and prioritise person-centred nursing care (including selecting interventions based on best evidence and identification of desired goals with the person):

- Assist a Registered Nurse to devise a plan of nursing care

- Relate two physical, psychological and social factors that affect a person's nursing care needs

1.2.3   Deliver person-centred nursing and clinical interventions, including health activities

- Ensure consent of the person prior to giving nursing care

- Check with the Registered Nurse and the nursing care plan before undertaking nursing interventions

- Report and record nursing observations accurately

- Maintain the person's dignity, rights and independence when giving nursing care

- Avail of all learning opportunities to apply nursing skills to practice

- Assist the Registered Nurse in the safe administration of medicines

- Utilise clinical equipment safely, with awareness of limitations and hazards associated with its usage

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[20] See note on P.22.

[21] The term person may indicate a child or young person in the context of children's nursing.

1.2.4 Evaluate person-centred nursing outcomes and undertake a comprehensive re-assessment

- Assist the Registered Nurse to review a person's plan of care based on observations and feedback from the person

- Assist the Registered Nurse in altering the nursing outcomes and/or interventions for a person's plan of care based on evaluation findings

1.2.5 Utilise clinical judgement

- Identify risks associated with infection control when undertaking nursing care

- Describe the signs and symptoms of changes in a person's health status

- State actions to be taken in responding to an emergency situation in the practice placement area

Domain 3: Knowledge and cognitive competences

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

On completion of the final practice placement for the FIRST year of the programme, the student will be able to:

1.3.1 Practise from a competent knowledge base

- Outline the key principles of care planning in nursing

- Discuss the physical, developmental, emotional and behavioural signs associated with the health of one person s/he has encountered in clinical setting

- Relate aspects of the structure and function of the human body to the care of a person within the practice placements learning environment

- Discuss how sensory perceptions may change through processes of aging or ill health

- Outline at least one aspect of legislation relevant to nursing in their practice setting

1.3.2 Use critical thinking and reflection to inform practice

- Source information relevant to a nursing intervention carried out during the current practice placement

Domain 4: Communication and inter personal competences

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

On completion of the final practice placement for the FIRST year of the programme, the student will be able to:

1.4.1   Communicate in a person-centred manner

- Use verbal and non-verbal communication skills to listen actively, check understanding and respond sensitively to the person and her/his primary carer

- Discuss the emotional support that a nurse can provide to a person undergoing nursing and health procedures or interventions

- Discuss the principles of cultural diversity, dignity and autonomy in establishing a collaborative partnership with a person

- Recognise and report when a person has difficulty in expressing her/his needs and assist a Registered Nurse in addressing them

1.4.2   Communicate effectively with the health care team

- Accurately report, record, document and refer to the Registered Nurse observations and information received in the nursing care giving process

- Communicate clearly with other health care professionals

- Ensure that confidential documents are maintained securely in the health setting according to local policy

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.

On completion of the final practice placement for the FIRST year of the programme, the student will be able to:

1.5.1   Practise collaboratively

- Develop a professional relationship by working in partnership with other members of the multidisciplinary healthcare team

- Communicate effectively with other health care disciplines and members of the nursing team

1.5.2 Manage team, others and self safely

- Promote a safe and therapeutic environment for each person, self and others in keeping with the Scope of Professional Practice

- Outline the principles of a supportive clinical work environment to support safe standards of health care delivery

Domain 6: Leadership potential 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.

On completion of the final practice placement for the FIRST year of the programme, the student will be able to:

1.6.1 Develop leadership potential

- Discuss the constructive use of feedback, supervision[22] and appraisal on the development of self awareness and competence as a nurse

1.6.2 Develop professional scholarship

- Explain an example of self-directed learning used to enhance professional performance in nursing

- Report situations beyond personal competence to supervising nurse and to other health care professionals

- Make use of relevant opportunities for learning in the practice setting

[22] See note on supervision in the Explanation of Terms

Year 2: Learning Outcomes

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.

On completion of the final practice placement[23] for the SECOND year of the programme, the student will be able to:

2.1.1 Practise safely

- Identify risk factors and apply principles of safe moving and handling whilst providing nursing care

- Adhere to principles of hand hygiene, infection prevention and control and regulations governing these for care of the person in the health service setting

- Explain, using an example, how professional guidance influences the role of the nurse in safeguarding vulnerable people

2.1.2 Practise compassionately

- Demonstrate compassion, kindness and respect in caring for each person encountered in the practice setting

- Differentiate between an impartial and a judgmental attitude in nursing

- Compassionately explore with a person in the practice setting as to how his/her life and wellbeing have been affected by the experience of ill health, distress or by developmental or life-limiting conditions

2.1.3 Practise professionally and responsibly

- Discuss with and seek guidance from the Registered Nurse in situations that are beyond her/his level of competence

- Outline three professional values in nursing

- Take responsibility for and complete delegated tasks safely and in accordance with policies, procedures and guidelines and reports back to Registered Nurse

- Identify a learning need and seek opportunities to meet it in the practice setting

- Show personal responsibility through organising and documenting nursing interventions

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[23] See note on P.22.

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.

On completion of the final practice placement for the SECOND year of the programme, the student will be able to:

2.2.1 Assess the person's nursing and health needs

- Assist the Registered Nurse to take a nursing and health history on admission or review the needs of a person encountered in the practice setting using a relevant framework to organise clinical information

- Assist a Registered Nurse to analyse information collected, using an appropriate framework, to assess and re-assess a person's healthcare needs

- Identify indicators for normal health in a person in the practice setting

2.2.2 Plan and prioritise person-centred nursing care (including selecting interventions based on best evidence and identification of desired goals with the person)

- Apply theoretical and clinical knowledge to explain either a goal or an intervention listed in a person's plan of nursing care

- Discuss the priority of goals listed in a person's plan of care based on his/her current nursing needs

- Discuss an aspect of the plan of nursing care with the person concerned, and/or his/her primary carer

2.2.3 Deliver person-centred nursing and clinical interventions, including health activities

- Assist the clinical team to deliver nursing interventions in accordance with the person's plan of care

- Explain the significance of clinical observations undertaken to a Registered Nurse/ practice health worker

- Describe how to maintain a person's dignity, rights and independence whilst undertaking a nursing procedure

- Explain the principles of infection prevention and control and regulations governing these for care of the person in the health service setting

- Identify an example of a risk or hazard associated with the nursing care of a person in the health care setting

- Give examples of early warning signs of critical changes in a person's health status in the health care setting

- Assist the clinical team in response to critical changes in a person's health condition

- Explain the process of referral of a person in need of specialist expertise in the practice setting

- Assist the Registered Nurse to administer medicines safely

- Demonstrate respect for the privacy and confidentiality of personal data relating to a person's health care whether in written, verbal or electronic format

- Support and facilitate the person to promote his/her physical and emotional well-being

2.2.4 Evaluate nursing care and undertake a comprehensive re-assessment

- Review with the Registered Nurse clinical observations and feedback from the person to adjust an aspect of the plan of nursing care

- Assist the Registered Nurse to write and accurately record the person's notes and evaluation of their care

- Gather additional data to evaluate the effectiveness of a nursing goal specified in the person's plan of care

- Use evidence from local guidance or a manual of procedures to plan a nursing intervention

2.2.5 Utilise clinical judgement

- Explain the significance of clinical observations undertaken to a Registered Nurse/ practice health professional

- Identify an example of a risk or hazard associated with the nursing care of a person in the health care setting

- Give examples of early warning signs of critical changes in a person's health status in the health care setting

Domain 3: Knowledge and cognitive competences

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

On completion of the final practice placement for the SECOND year of the programme, the student will be able to:

2.3.1   Practise from a competent knowledge base

- Relate an example of nursing theory to current practice

- Apply the knowledge of the structure and function of the human body to the care of a person in the healthcare setting

- Outline common vulnerabilities and co-morbidities associated with a person's condition of within the current practice setting

- Identify and discuss an ethical and/or moral dilemma in nursing practice

- Explain the relationship between audit and quality in nursing

- Identify an aspect of national policy that influences practice and health care delivery in their division of nursing

- Explain how legislation affects at least one aspect of nursing in the current practice setting

- Read and discuss with the Registered Nurse the findings of at least one nursing research study and their relevance for current practice

2.3.2   Use critical thinking and reflection to inform practice

- Analyse with the Registered Nurse the implications of one example of professional guidance or guidelines for the current practice setting

- Reflect on a situation that s/he has found to be challenging in personal or professional development as a nurse

Domain 4: Communication and inter personal competences

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

On completion of the final practice placement for the SECOND year of the programme, the student will be able to:

2.4.1   Communicate in a person-centred manner

- Use age-appropriate and respectful communication skills with the person and her/his primary carer

- Explore the emotional support required by a person undergoing a nursing intervention or health procedure

- Engage with a person and/or his/her primary carer to discuss their experience of nursing interventions or health procedures

- Discuss with a person an aspect of their health or life style that he/she would like to change

- Use appropriate skills and knowledge to teach/facilitate a person or family member in an aspect of self management

- Apply active listening skills when communicating with a person with physical, emotional, behavioural or cultural communication difficulties

- Discuss how and when to refer a person who requires language interpreters or communication supports to express their needs

2.4.2   Communicate effectively with the health care team

- Communicate clearly and coherently with other members of the multidisciplinary team

- Report the views and wishes of the person to the health care team

- Respect the privacy of the person and confidentiality of information in the health setting

- Discuss the importance of using professional nursing language terms and abbreviations in reporting, documenting and communicating to nursing and health care teams according to local policy

- Ensure that information gathered in clinical practice is documented and clearly reported to clinical colleagues in a timely manner

- Assist a Registered Nurse in discharge planning or transition/transfer arrangements and liaison with community agencies or other relevant organisation/teams

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.

On completion of the final practice placement for the SECOND year of the programme, the student will be able to:

2.5.1   Practise collaboratively

- Identify opportunities to work for the person's wellbeing, recovery, independence and safety in a collaborative partnership

- Communicate effectively with other health care disciplines and members of the nursing team in the coordination of health care provision

2.5.2   Manage team, others and self safely

- Discuss ways to minimise risk to a person's safety, security, well-being and health status

- Show that the management of own time and use of resources are improving

- Identify to the Registered Nurse the key elements of a supportive clinical work environment to facilitate a culture of multidisciplinary trust

- Actively seek out and engage with learning opportunities for self and others in the practice setting

- Demonstrate preparation and organisation prior to undertaking nursing interventions

Domain 6: Leadership potential 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.

On completion of the final practice placement for the SECOND year of the programme, the student will be able to:

2.6.1   Develop leadership potential

- Explain to the Registered Nurse ways in which a nurse could establish priorities in a clinical setting

- Describe how a nurse should respond and react to challenging events and unforeseen circumstances in practice

- Apply the insights derived from the constructive use of feedback and supervision to self awareness and personal and professional development

- Reflect on insights derived from a critical incident in the health care setting

2.6.2   Develop professional scholarship

- Discuss with the Registered Nurse two examples of situations that would require to be shared with experienced colleagues, senior managers and other health care professionals

- Identify the pathway for disclosing nursing care practice issues/concerns according to local policy

- Describe to the Registered Nurse how s/he has adapted or would adapt a nursing intervention in response to a person's dynamically altering health status

Year 3: Learning Outcomes[24]

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.

On completion of the final practice placement[25] for the THIRD year of the programme, the student will be able to:

3.1.1   Practise safely

- Adhere to principles of hand hygiene, infection prevention and control and regulations governing these for care of the person in the health service setting

- Carry out a basic risk assessment with regard to the safety of the person for the delivery of safe and competent nursing care

- Clarify with the Registered Nurse instructions that s/he perceives to be beyond her/his competence or scope of professional practice

- Analyse with the Registered Nurse how ethical and professional guidance governing the role of the nurse applies to the safeguarding of vulnerable people encountered in the practice setting

3.1.2   Practise compassionately

- Contribute to a positive environment of respect and inclusion towards persons, colleagues and visitors in the practice setting

- Facilitate persons in the practice setting to enhance their physical, emotional or mental health, wellbeing or comfort

3.1.3   Practise professionally and responsibly

- Outline how personal integrity and honesty uphold professional values in nursing

- Show personal responsibility through organising and documenting nursing interventions

- Justify reasons for decisions and actions taken whilst completing delegated tasks safely and in accordance with policies, procedures and guidelines

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[24] Year 3 Practice Learning Outcomes cover the requirements for the Supernumerary placements which may include part of Stage 4 (the fourth year of study for the BSc Nursing Children's and General Integrated Programme only).

[25] See note on P.22.

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.

On completion of the final practice placement for the THIRD year of the programme, the student will be able to:

3.2.1 Assess the person's nursing and health needs

- Interview a person, using a relevant framework, to elicit the person's experience of altered health, ability and developmental or life stage needs

- Analyse an aspect of and apply insights to an accurate assessment of a person's nursing needs, using an appropriate framework

- Integrate knowledge of pathophysiology and pharmacotherapeutics into assessment of the person

- Perform health status assessments and develop physical examination skills using a variety of tools and techniques for the orderly collection and documentation of assessment

- Recognise signs of changing health care needs to intervene, document and involve members of the multidisciplinary team

3.2.2 Plan and prioritise person-centred nursing care (including selecting interventions based on best evidence and identification of desired goals with the person)

- Devise and review a person's nursing care plan taking into account relevant spiritual, cultural and environmental factors

- Justify with the Registered Nurse the planned nursing interventions in a person's care plan on principles of safety and best practice

- Present a plan of care and rationale for interventions to members of the health care team

3.2.3 Deliver person-centred nursing and clinical interventions, including health activities

- Adapt nursing interventions to changing health needs and reassess and document changes to the plan of care accordingly

- Empower a person to make a plan to change an aspect of their lifestyle to promote health, recovery, resilience or self-management of a condition, or to improve his/her wellbeing or social inclusion

- Recognise, report to the Registered Nurse and document when s/he judges a person to require interventions beyond the student's scope of practice

- Assist the Registered Nurse in the ordering, storage, monitoring and safe administration of medicines including controlled drugs

- Utilise nursing interventions, medical devices and equipment safely, with awareness of limitations and hazards in their usage

- Enter information about the person's nursing and health care safely into electronic records where available

3.2.4 Evaluate nursing care and undertake a comprehensive re-assessment

- Review healthcare observations, feedback from the person, family and other health professionals in conjunction with the Registered Nurse to adjust an aspect of person's plan of care

- Assist the Registered Nurse to write and accurately record the person's notes and evaluation of their care

- Gather additional data from multiple sources to analyse and evaluate priorities, goals and time frames based on changes to the person's condition or responses

- Review a nursing intervention for one person's plan of care against evidence of best practice

3.2.5 Utilise clinical judgement

- Justify the nursing actions to manage risks identified in the care of a person in the current practice setting

- Recognise and report promptly signs of critical changes in a person's health status to members of the multidisciplinary team

- Identify to the Registered Nurse the protocols to follow in dealing with an emergency situation in the practice setting

- Apply the critical thinking process when making clinical judgements originating in the collection and interpretation of assessment data

Domain 3: Knowledge and cognitive competences

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

On completion of the final practice placement for the THIRD year of the programme, the student will be able to:

3.3.1 Practise from a competent knowledge base

- Outline common physical, developmental, emotional and behavioural signs, vulnerabilities and co-morbidities associated with the care of persons in the current practice setting

- Discuss an example of how inequalities in health and morbidity in society may affect a person's health

- Apply reasoning to explore a moral dilemma in day to day nursing practice

- Identify a relevant aspect of international policy that influences nursing practice and health care delivery in Ireland

- Examine a piece of legislation that is relevant to nursing practice situations and settings

- Utilise health information technology and nursing informatics in nursing practice where available

3.3.2 Use critical thinking and reflection to inform practice

- Analyse and suggest potential responses to a situation in the current practice setting that is perceived to be problematic

- Outline steps taken to enhance personal resilience and nursing practice

Domain 4: Communication and inter personal competences

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

On completion of the final practice placement for the THIRD year of the programme, the student will be able to:

3.4.1 Communicate in a person-centred manner

- Use age-appropriate and respectful communication skills with the person and her/his primary carer

- Explore the importance of maintaining professional boundaries whilst providing emotional support to the person undergoing nursing care and health procedures/interventions

- Apply active listening skills when communicating with a person with physical, emotional, behavioural or cultural communication difficulties

- Discuss how and when to refer a person who requires language interpreters or communication supports to express their needs

- Use a broad range of verbal and non-verbal skills to communicate effectively and compassionately with a person and her/his primary carer

- Ensure that a person receives all necessary information to make an informed choice regarding their healthcare

- Discuss with a person an aspect of their health or life style that he/she would like to change

- Engage with a person and/or his/her primary carer to discuss their experience of nursing interventions or health procedures

- Use appropriate skills and knowledge to teach/facilitate a person or family member in an aspect of self management

3.4.2 Communicate effectively with the health care team

- Recognise and take appropriate action when a person requires language interpreters or communication supports or specialist technologies to empower persons with communication difficulties to express their needs

- Communicate clearly and effectively with other members of the multidisciplinary team

- Liaise with other health care and other professionals to ensure that the rights and wishes of the person are represented

- Give examples to the Registered Nurse of steps taken to respect the privacy of the person and the confidentiality of information gathered in the health setting

- Begin to use professional nursing language terms when reporting, documenting and communicating to nursing colleagues and other members of the multidisciplinary team

- Discuss with the Registered Nurse the parameters for sharing of information in accordance with legal and professional requirements and in the interests 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.

On completion of the final practice placement for the THIRD year of the programme, the student will be able to:

3.5.1   Practise collaboratively

- Develop opportunities to work in a collaborative partnership with the person, family and health care team

- Collaborate effectively with other health care disciplines and members of the nursing team to coordinate care provision

3.5.2   Manage team, others and self safely

- Identify with the Registered Nurse measures for the promotion of a safe environment for each person, self and others in the practice setting

- Assess priorities, manage own time and resources safely and effectively in undertaking delegated activities under the supervision of the Registered Nurse

- Identify at least one aspect of nursing in the health care setting that could be subject to an audit for quality improvement

- Work with the healthcare team to foster a supportive clinical working environment to facilitate a culture of multidisciplinary trust, openness, respect, kindness and safe standards of health care

- Demonstrate personal organisation and efficiency in undertaking nursing care

- Explain the principles of the audit cycle and their impact of quality enhancement within the health care setting

Domain 6: Leadership potential 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.

On completion of the final practice placement for the THIRD year of the programme, the student will be able to:

3.6.1   Develop leadership potential

- Work with the Registered Nurse to lead an activity or clinical intervention in the practice setting

- Explain to the Registered Nurse the principles of effective delegation

- Plan an activity that involves coordination and liaison with other members of the health care team in the practice setting

- Seek, accept and apply information to enhance self awareness and personal competence through the constructive use of feedback, supervision and appraisal

- Apply insights derived from reflection on an aspect of daily nursing practice or from a critical incident in the health care setting

3.6.2   Develop professional scholarship

- Identify and attend an activity or event to enhance her/his continuing professional development

- Explain to the Registered Nurse the criteria used to determine when a situation requires to be shared with experienced colleagues, senior managers or other health care professionals

- Analyse and discuss with the Registered Nurse how and why a nurse may need to adapt nursing interventions and to update competence in response to dynamically altering health environments

Year 4 Learning Outcomes

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.

On completion of the final practice placement[26] for the FOURTH or FINAL[27] year of the programme, the student will demonstrate capacity to:

4.1.1   **Practise safely:**

- Adhere to best practice to ensure the safety of the person whilst protecting the public, through the delivery of safe, ethical, reliable and competent nursing care across the life continuum

- Adhere to principles of hand hygiene, infection prevention and control and regulations governing these for care of the person in the health service setting

- Behave with integrity, honesty and within Irish and European legislation to uphold the professional values of nursing

- Practise within her/his scope of professional practice with due regard for regulatory and statutory requirements

- Challenge behaviour or health care practice that could compromise a person's safety, privacy or dignity, giving due regard to ethical and professional guidance on safeguarding of vulnerable people

4.1.2   **Practise compassionately**

- Consistently support the person across the life continuum through practice that is caring, kind, sensitive, holistic, impartial, and non-judgmental

- Demonstrate respect for the diversity, dignity, integrity and uniqueness of the person through a collaborative partnership that recognises her/his autonomy

- Practise compassionately to facilitate, promote, support and optimise the health, wellbeing, comfort and quality of life of persons whose lives are affected by altered health, distress, disability, chronic disorders or life-limiting conditions

4.1.3   **Practise professionally, responsibly and accountably**

- Identify with the nursing team personal responsibility, level of authority and lines of accountability within one's scope of practice

- Take personal and professional accountability for own decisions, actions and for the completion of delegated tasks

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[26]   See note on P.22

[27]   For Children's/General integrated Programme

- Show personal responsibility through organising and documenting nursing interventions safely and in accordance with policies, procedures and guidelines

- Accept responsibility for own limitations and for the enhancement of clinical competence by undertaking 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.

On completion of the final practice placement for the FOURTH or FINAL year of the programme the student, in partnership with the person, the primary carer and other health professionals, will demonstrate the capacity to:

4.2.1 Assess the person's nursing and health needs

- Apply an appropriate framework in a systematic manner when taking a comprehensive nursing history. The history should accurately reflect the person's experience of altered health, their ability and developmental or life stage needs

- Analyse information collected through interviews, observations, physical and psychosocial assessment and diagnostics tests to reach an accurate nursing assessment, using an appropriate framework, of a person's health care needs

- Recognise and interpret signs of normal and changing health care needs and escalate to members of the multidisciplinary team when necessary

- Recognise signs of a life-limiting condition and assist the person and family to access a specialist palliative care team

4.2.2 Plan and prioritise person-centred nursing care (including selecting interventions based on best evidence and identification of desired goals with the person)

- Develop a clear and concise person-centred plan that incorporates the person's experience of altered health and expectation for recovery

- Plan nursing interventions with specific indicators for achievement of goals, applying best available evidence based on principles of quality and safety

- Prioritise the person's immediate and longer-term nursing and health care needs through setting goals based on acuity whilst taking into account relevant physical, psychological, social, spiritual, cultural and environmental factors

- Communicate plan of care and rationale for interventions clearly to the person, primary carer and other health professionals

4.2.3 Deliver person-centred nursing and clinical interventions, including health activities

- Obtain permission from and check the understanding of the person or nominee prior to delivering nursing interventions

- Deliver person-centred nursing care safely through a range of nursing interventions in accordance with the person's plan of care

- Support and empower the person, through the provision of accurate and relevant information, to make health and life choices for health promotion and screening, recovery, resilience, self-management, wellbeing and social inclusion

- Assist the person to maintain his/her dignity, rights, independence and comfort

- Apply principles of health and safety including moving and handling, infection prevention and control and emergency procedures

- Empower the person to maintain needs related to their activities of living

- Support a safe and comfortable environment to facilitate the person to promote health, self-management and physical and emotional well-being

- Support a person with a life-limiting condition and his/her primary carers to adapt to the transition to palliative care through the nursing management of uncomplicated symptoms and liaison with palliative care teams

- Adhere to legislation and professional practice guidelines for the safe and effective administration of medicines and other therapeutic interventions

- Utilise medical devices and technologies and clinical equipment safely, with awareness of correct usage, limitations and hazards associated

- Adhere to best principles for risk assessment and hazard minimisation and take relevant actions to manage risks safely

- Utilise information management technology safely to record personal data for clinical decision making

4.2.4 Evaluate nursing care and undertake a comprehensive re-assessment:

- Collate a range of clinical observations, feedback from the person and other sources of information to adjust the plan of nursing care through ongoing evaluation of its effectiveness

- 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

- Monitor and evaluate nursing interventions against evidence of best practice

4.2.5   Utilise clinical judgement

- Make sound clinical judgements to adapt interventions to changing health needs

- Recognise and respond to early warning signs of critical changes in a person's health status

- 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 behavioural sciences and their applied principles that underpin a competent knowledge base for nursing and healthcare practice.

On completion of the final practice placement for the FOURTH or FINAL year of the programme, the student will demonstrate capacity to:

4.3.1   Practise from a competent knowledge base

- Apply current and relevant aspects of concepts and theory of nursing to care planning, nursing interventions and health settings

- Apply current and relevant aspects of professional standards to the practice of nursing

- Apply current and relevant knowledge of the structure and function of the human body from the health and life sciences in nursing practice situations

- Recognise common physical, developmental, emotional and behavioural signs, vulnerabilities and co-morbidities within the relevant division of nursing

- Apply current and relevant knowledge from the social and behavioural sciences in nursing practice situations and settings

- Apply reasoning and relevant knowledge from the ethical theory to moral dilemmas in day to day nursing practice

- Apply principles of quality and safety to audit and evaluate nursing and healthcare practice

- Apply current and relevant aspects of national and international policies that influence nursing practice and health care delivery

- Demonstrate and apply knowledge of legislation relevant in nursing practice situations and settings

- Apply knowledge and understanding of current and relevant aspects of principles of health information technology and nursing informatics in nursing practice

- Appraise, and apply as relevant, aspects of the nursing research process to enhance the evidence base of nursing practice interventions

4.3.2 Use critical thinking and reflection to inform practice

- Develop analytical skills for problem-solving, critical thinking, reasoning, evaluation, synthesis for application to nursing practice situations and interventions

- Develop personally and professionally through reflection to enhance resilience and own nursing practice

Domain 4: Communication and inter personal competences

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

On completion of the final practice placement for the FOURTH or FINAL year of the programme, the student will demonstrate capacity to:

4.4.1 Communicate in a person-centred manner

- Communicate in an effective, compassionate, age-appropriate, respectful, culturally sensitive and non-discriminatory manner with the person and her/his primary carer

- Provide emotional support to the person undergoing nursing care and health procedures/interventions, whilst respecting professional boundaries

- Empower the person and primary carer to follow appropriate policies to express concerns about their experience of nursing and health procedures/interventions

- Utilise communication techniques and technologies to empower a person with sensory, physical, emotional, behavioural or cultural communication difficulties to express their needs

- Communicate with a person in a manner respects cultural diversity in health beliefs and practices, health literacy, communication, language, translation or interpreting needs

4.4.2 Communicate effectively with the health care team

- Accurately, concisely and clearly report, record, document and refer to the health care team observations and information received in the nursing care giving process

- Communicate clearly and coherently verbally and in writing with other health and social care professionals

- Negotiate with other health care and other professionals to ensure that the rights, beliefs and wishes of the person are not compromised

- Respect the privacy of the person and confidentiality of information in the health setting

- Use professional nursing language terms when reporting, documenting and communicating to nursing and health care teams

- Share information with others in accordance with legal and professional requirements in the interests 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.

On completion of the final practice placement for the FOURTH or FINAL year of the programme, the student will demonstrate capacity to:

4.5.1 Practise collaboratively

- 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

- Collaborate effectively with other health care disciplines and members of the nursing team in decision making and for continuity of care

4.5.2 Manage team, others and self safely

- 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

- Using information gained from a risk assessment, devise a safety plan for a person encountered in the practice setting

- Assess priorities, manage time, caseload and resources safely and effectively

- Participate in audit and quality improvement initiatives and processes within the health service setting

- Foster a supportive clinical work environment that facilitates a culture of multidisciplinary trust, openness, respect, kindness, and compassion and safe standards of health care

- Contribute to the learning experiences of other colleagues through provision of support, supervision and facilitation of learning

- Demonstrate personal organisation and efficiency of own workload in undertaking the person's care

Domain 6: Leadership potential 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.

On completion of the final practice placement for the FOURTH or FINAL year of the programme, the student will demonstrate capacity to:

4.6.1   Develop leadership potential

- Lead and co-ordinate a team, delegating, supervising and monitoring nursing care provision

- 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

- Enhance personal performance of professional role through constructive use of feedback, supervision and appraisal

- Reflect on and apply insights derived from aspects of daily nursing practice and critical incidents to enhance self awareness and personal competence

4.6.2   Develop professional scholarship

- 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

- Recognise and respond to situations that require to be referred to experienced colleagues, senior managers and other health care professionals

- Learn from experience to adapt nursing interventions and to update competence in response to dynamically altering health environments

2.4 Core Indicative Content for the Nurse Registration Programme for all Divisions of the Nursing Register (RGN, RCN, RNID, RPN)

This section of the Standards and Requirements has been developed from but thoroughly revises the earlier third edition. Its content not only reflects the recommendations of the Department of Health's Review of Undergraduate Nursing and Midwifery Education Programmes for realignment of programmes to meet both the national and European legislative changes, but also is the result of extensive consultation by the Board with Registered Nurses involved in nursing education and curriculum leads in the Higher Education Institutions (HEIs). Furthermore, it has been informed by detailed input from the HSE Office of the Nursing and Midwifery Services Director to ensure that it reflects the health service reform agenda for current and future practise as a Nurse in Ireland. Section 2.4 is the newly devised Core Indicative Content for all divisions of nursing, in line with the Review Recommendations C2 (Shared Learning). In addition, Sections 2.5, 2.6, 2.7 and 2.8 detail the Indicative Content for each of the four divisions of Nursing – General, Children's, Intellectual Disability and Mental Health/Psychiatric– in line with the Review Recommendations C6-C7 (Curriculum Content).

Particular attention has been paid to the expansion of indicative content, shared learning opportunities across the four disciplines, the retention of the essence of their individual contributions to the discipline of Nursing whilst underpinning the ideas of safeguarding vulnerable persons using health services C6.3), person-centredness (C7.1) and a stronger community nursing emphasis (C8.1). It has been organised under the domains of practice for all four divisions of nursing and should be read in conjunction with the indicative content and philosophy statements for general, children's, intellectual disability and psychiatric nursing programmes that follow.

Domain 1: Professional values and the conduct of the nurse

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.

- Nursing, the Law and relevant legislation

- Professional values of nursing

- Familiarization with professional and ethical guidance governing the role of the nurse

- Knowledge of concepts of diversity, equality, socially justice, tolerance and accessibility in healthcare

- Active pursuit of opportunities to promote inclusion

- Knowledge of the nature and development of the profession of nursing

- Developing the virtues of kindness, empathy and compassion as central to safe quality care delivery

- Respect for the person across the life continuum – service users, academic, practice based and multidisciplinary colleagues, members of the public, family members or primary carers

- Principles of health, wellbeing and comfort of persons whose lives are affected by ill health, distress, disability or life-limiting conditions

- General principles of health and wellbeing and their enhancement

- Knowledge of how to support and promote health, wellbeing, rights and dignity of people, groups, communities and populations

- Understanding the effect of ill health, disability, inability to engage, ageing or life-limiting conditions

- Empowerment and the partnership approach

- Consultation, information provision, the right to choice, informed consent

- Activities of living using a person-centred /child and family/ recovery-focussed/ behavioural support plan framework

- Holism, non-judgmental caring

- Cultural sensitivity, awareness and respect in practice

- Protection of the safety of the person and the general public

- Child protection in the context of the protection of the safety and wellbeing of the child including HSE Children First Training or subsequent updated child protection course

- Principles of safe practice in health and social care – hazard recognition and critical control point; food safety

- Role of the HSE in safety of the person using health services, good practice and for protection of the public in health services–HSE Quality and Patient Safety initiative: http://www.hse.ie/eng/about/qps/

- Understanding limitations and hazards of common nursing interventions, including psychological and medical treatments

- The scope of professional nursing practice within regulatory and statutory requirements

- The nurse's role, responsibilities and functions, limits of his/her competence

- Seeking advice from, or referring to, colleagues and other professionals where necessary

- Accountability in nursing and healthcare

- Personal and professional responsibility, level of authority and lines of accountability

- Personal and professional accountability for decisions and actions

- Principles of delegation and supervision

Domain 2: Nursing practice and clinical decision making

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.

- Principles of developing and maintaining a partnership with the person, the primary carer and other health professionals

- Providing care that respects diversity, is equitable, socially just, tolerant and accessible within a high quality environment

- Facilitating respectful and empathetic relationships between people, services, their families, parents and carers, chosen advocates, and co-workers

- Interprofessional team working

- Principles of using a nursing process framework in the provision of person-centred care

- Comprehensive physical and emotional assessment

- Frameworks/processes for recognition and management of signs of normal and changing health care needs

- Communicating the results of a standardised assessment to the person in a respectful and understandable manner

- Person-centred planning incorporating the person's values and preferences, experience of altered health and expectation for recovery and best interests of the person and family

- Nursing interventions based on principles of autonomy, quality of care, safety and best evidence

- Empowering people to achieve, maintain or recover independence

- Physical, psychological, social, spiritual, cultural and environmental factors in health and wellbeing

- Nursing skills, clinical interventions and health activities as applied to the person's healthcare condition

- Demonstrating evidence based reasoned clinical judgement in nursing

- Principles of health and safety including moving and handling, infection prevention and control and emergency procedures

- Basic life support and initiation of life preserving measures

- Principles of risk, hazards and adverse outcomes and management of risks identified

- Sepsis detection, recognition, communication, early intervention, timely referral and emergency intervention principles: high risk groups, prevalence and sources

- Community development such as building support mechanisms in the community

- Voluntary agency support

- Using voluntary resources in the community

- Discharge planning

- Caring for older adults in general hospital settings; care of older persons with complex needs, co-morbidities, chronic disease management

- Home and Long Term Care Settings, Medical Assessment Units

- Care of the older adult with Dementia- Gerontology specialist wards and rehabilitation units, Nursing Homes, Community care, End of Life care

- Communication with the person with dementia/altered cognition/ cognitive Impairment. Cognitive assessment and use of Single Assessment Tool (SAT). Family support services

- Safety for the older person across the life span continuum - frailty, polypharmacy, falls prevention, dementia/delirium

- Day care services for the older person (memory clinics, syncope clinics, falls and bone health clinics), day hospital, older person assessment units, ongoing monitoring/ management of older persons in the community and implementation of appropriate care pathways without admission to acute/residential settings

- Dementia Care Settings both day care and residential for the person and families.

- Community nursing services, Community Intervention Teams, dedicated gerontology teams, provision of care and ongoing case management with Older Persons. Home help/home care package services - maintaining independence/supported living in community

- Specialist areas for care of the older person, respite care, end of life and palliative care of the older adult in mental health and intellectual disability settings. Psychiatry of Later Life, support of persons and families affected by mental health and implementing appropriate care pathways for older persons with Mental Health difficulties

- Working in partnership with service users of the health and social care services and their families

Domain 3: Knowledge and cognitive skills

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

- Theories of nursing and relevant concepts for nursing practice situations and settings

- Recognising deficits in areas of functioning and the ability to respond to those needs through care plan, communication (MDT + Handover) and action

- Mindfulness for quality and safety e.g. the Safety Pause

- The ability to recognise poor professional practice and to report concerns in an appropriate manner through agreed communication and reporting protocols

- Principles of common physical, developmental, emotional and behavioural signs, vulnerabilities and co-morbidities within relevant division of nursing

- Legislation and health policy relevant to nursing practice situations and settings within a specific division of nursing

- Principles of critical thinking and reflection, problem-solving, reasoning, evaluation and synthesis

- Calculations and numeracy for nursing practice

- Knowledge of voluntary agencies, care pathways

- Understanding of the common trajectories of life-limiting conditions

- Understanding of the impact that psychological responses, social stressors and spiritual dimensions or pathological responses to loss may have on the mental health and decision making of the person with a life-limiting condition and their family and take this into account when planning care

- Understanding of the principles and philosophy of palliative care for a person with a life-limiting condition as applied to the relevant division of nursing

- Education for people with life-limiting conditions and their families, carers and professional colleagues

- Knowledge, empathic communication and emotional support for a person with a life-limiting condition

- Awareness of the role of specialist palliative practitioners in supporting colleagues in health and social care services to provide a palliative care approach to persons with a life-limiting condition

- Principles of quality and safety – theories of improvement science

- Clinical audit and measurement for quality

- General principles of risk assessment and safety management

  - Risk factors in risk events

  - Models of managing risk

  - Positive risk taking

  - Legal and ethical implications of risk assessment and management

  - Ethical concerns in managing risk and safety management

Life and Health Sciences (Applied)

*Knowledge and appreciation of the structure and function of the human body across the lifespan from the health and life sciences as applied to nursing practice situation*s

- Structure and function of the human body across the lifespan

- Principles of human anatomy – cells, major organs and body structures

- Anatomy of the respiratory, cardiovascular, musculoskeletal, gastrointestinal, hepato-bilary, endocrine, reproductive, immune, nervous, urinary and integumentary systems

- Principles of human physiology –cell function, major organs, glands and bodily systems, psychoneuroimmunology, biological basis of pain

- Physiology of the respiratory, cardiovascular, musculoskeletal, gastrointestinal, hepato-bilary, endocrine, reproductive, immune, nervous, urinary and integumentary systems

- Principles of biochemistry, genetics, radiology and embryology as applied to nursing practice

- Principles of nutrition and dietetics- digestion, absorption, metabolism, macro- and micronutrients

- Principles of pathology and pathophysiology and the alterations for a person in relation to functioning, daily activities and nursing needs across the lifespan continuum

- Principles of microbiology, infection prevention and control, immunology and immunisation and their application to safety of the person in nursing practice

Pharmacology for Nursing Practice and Health Care

Knowledge, understanding and skills in the principles of pharmacology and safe administration of medicines.

- Principles of drug therapy - principles of pharmacodynamics (drug action, agonism and antagonism, specificity, side-effects and tolerance); drug interaction, dose-response

- Principles of pharmacokinetics (drug absorption, distribution, metabolism and excretion). Therapeutic drug monitoring. Adverse drug reactions

- Neurotransmission, neurotransmitters and drug actions and general ANS pharmacology. Receptor pharmacology and cell signalling

- Role of various health professionals

- Principles of safe drug administration

- Drug groups and their application to nursing and midwifery management of patients/clients with a variety of health problems

  - Anaesthetics, antimicrobials, anti asthmatic drugs,anticonvulsants, antidepressants, anxiolytics and hypnotics, drugs used in the treatment of cardiovascular diseases and other drug groups. Local and general anaesthetics

  - Drugs acting on the CNS: pharmacological treatment of anxiety, insomnia, psychotic disorders, depression, epilepsy, pain

  - Drugs in neurodegenerative disease. CNS stimulants. Drug dependence and abuse

- Self medication - issues of adherence/compliance

- Nursing/Midwifery considerations concerning drug therapy including non-pharmacological interventions for specific client/patient groups and with various health problems

- An overview of the principles of medication safety and an introduction to the evidence underpinning safe medication management

- Principles of Nurse Prescribing

Ethics for Nursing Practice and Health Care

Knowledge and appreciation of ethics, ethical principles and virtues and their application to nursing practice and health care.

- Knowledge of the task of ethical reasoning and the ethical principles, values and virtues governing the practice of nursing

- Ethical guidelines governing the role of the nurse

- Understanding the principles of autonomy, dignity, veracity, justice, equality and privacy within a legal and ethical framework of care

- Applying relevant knowledge from ethical theory to moral challenges in day to day nursing practice

- Ethical considerations in relation to research for all client groups

- Ethical aspects of data management – Data Protection and confidentiality of personal data for persons using health services on information technology devices

- Practising within a code of ethics in the delivery of nursing interventions

- Applying moral sensitivity, imagination, reasoning to ensure ethical decision-making in nursing practice

- Applying ethical principles to identify and understand poor professional practice, challenge unprofessional behaviour and report abuse

- Understanding the ethical, legal and professional standards pertaining to each division of nursing across the life span

Health Promotion

Knowledge and appreciation of national and international policies that influence health, health care and nursing practice.

- Concepts of health and wellbeing, altered health, disease and disability.

- Understanding the principles of primary health

- Models and approaches to health promotion, public health and preventative medicine

- Social, cultural, gender, environmental, political, racial, religious and economic factors affecting the health of the person across the life span

- Demographic and epidemiological trends across the health continuum– building a healthier society

- Contemporary issues in protection and welfare of vulnerable groups across the health continuum

- Diet, nutrition and health – lifestyle nutrition; healthy eating/ nutrition guidelines

- Contemporary health challenges – obesity, diabetes, cardiovascular disease, cancer, osteoporosis, malnutrition etc

- Personal and family lifestyles: promoting healthy lifestyles across the life span continuum

- Measuring health and identifying the health care needs of the individual, groups and the public

- Assessment, planning, facilitating and evaluating healthy life targets in partnership with the person 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

Nursing Research

Knowledge and understanding of the application of the research process to enhance the evidence base of nursing practice and health care.

- Principles of quantitative and qualitative research

- Research design, data collection and analysis and dissemination of findings.

- Conducting a review of the literature

- Knowledge and understanding of principles underpinning ethically sound research methodologies and practices

- Awareness of, and sensitivity towards, the particular challenges involved in research with vulnerable people using the health services

- Familiarization with protocols and procedures for the ethical approval of research studies

- Familiarization with the processes involved in demonstrating and assuring the research integrity of completed studies

- Academic reference conventions – correct citation and avoidance of plagiarism

- Research process, appraisal and application

- Critical analysis and application of research studies for health and general nursing practice

- The nature and construction of evidence to justify and underpin nursing interventions and best practice

- Delivering effective nursing care based on best practice informed by research, evidence, critical thinking and professional judgement

Nursing Informatics

Principles of informatics and nursing informatics and their application to the delivery of nursing practice

- Use of relevant concepts and terminology to support the delivery of nursing practice within Electronic Health Record (EHR) and its variants including Patient Held Record (PHR)

- Relevant information and communication technology to support the delivery of evidence informed care of the person including how to access and evaluate web based information and use of reference management systems

- Principles of e-Health, telemedicine, assistive technology within nursing

- Principles of using Information and Communication Technologies (ICT) in accordance with professional and regulatory standards

- Principles of using ICT applications, in vitro diagnostic medical devices and other mobile or smart devices for delivery of nursing practice and the management of associated health information

- Concepts and terminology of ICT in the delivery of nursing care

- Ethical and legal aspects of social media usage by health care professionals in protecting the confidentiality of persons using the health services

Psychology as Applied to Nursing

Knowledge and appreciation of fundamental principles of psychology as these apply to nursing practice and health care across the life span.

- A fundamental introduction to psychological theory, research, principles and processes and their application to nursing and health care in general

- This includes:

  - developmental psychology throughout the life span

  - principles of learning and behavioural psychology

  - principles of sensation, perception, cognition, consciousness, emotion, motivation, and personality

  - relationships and family, social psychology, organisational psychology, health psychology, stress management and foundations of biological psychology

  - the psychological impact of altered health and hospitalisation

  - the psycho social basis of pain

- Specific added emphasis in General Nursing on psychology of acute, chronic disorders and disability, and psychology of health promotion

- Specific added emphasis in Children's Nursing on psychology of play and interactions within families with children

- Specific added emphasis in Psychiatric/Mental Health Nursing on the psychological basis of mental health and distress, and psychological interventions

- Specific added emphasis in Intellectual Disability Nursing on the psychology of intellectual disability and psychological aspects of communication with people with an intellectual disability

- The development of a knowledge base of psychological principles and skills as they apply to nursing should be aimed at:

  - acquiring an understanding of psychological aspects of health, nursing care, one's own functioning as a nurse, interactions with people using health services and their families, communities, and health care organisations

  - the application of psychology to nursing and health care with a view to optimising care provision

Sociology as Applied to Nursing

Apply current and relevant knowledge from the social sciences to critique inequalities in health morbidity and mortality, and the sociological dynamics of caring in contemporary society.

- Knowledge of the social sciences relevant to nursing practice situations and settings

- Sociological perspectives on physical and mental wellbeing, health and resilience

- Fundamental sociological concepts and terminology: society, culture, norms and the person

- Sociocultural definitions of health and illness, wellness, ability and disability across the life continuum for persons, families, communities and societies

- Health behaviour and the influence of culture and social position on a person's experiences of health and altered health

- Sociology of the Family

- Sociological dynamics shaping caring in contemporary society

- The person and family in contemporary society: diversity in faith, culture and pluralism

- Values and beliefs regarding individuals and groups in contemporary society

- Professional power and the social construction of health and illness

- Sociological perspectives on physical and psychological well-being, health, ill health and inclusion across the life course for persons, families, communities and societies

- Concepts of stigma, labelling, deviance, normality and compliance in relation to health care

- Inequalities in health and ill health: gender, age, ethnicity, sexual orientation, migration and socio-economic group

- Globalisation: health, the health continuum and health care provision

- The social context of healthcare: pluralism, social control, power, medical dominance, professions, and medicalization

Social Policy as Applied to Nursing

Knowledge and understanding of the principles of social policy in relation to nursing and health care.

- The role of social policy in the delivery of healthcare

- Understanding welfare state typologies

- Recognition of difference and fair redistribution considering issues of equity and social inclusion

- The relationship between poverty and health

- Avoiding discriminatory practice, the role of the nurse in anti-discrimination, Empowerment of vulnerable oppressed minorities, nursing role in advocacy and rights

- Marginalisation with reference to mental health, race, ethnicity, social class, gender, and status

- The social versus medical perspective on disability

- The role of the nurse in relation to social justice

- Cultural competence and cultural skills and sensitivity in professional practice

Domain 4: Communication and inter personal skills

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

- Exhibiting awareness of self and of the impact of personal values, beliefs and feelings

- Developing personally and professionally in relation to attitudes, professional conduct, response and reaction to events, developing coping mechanisms and resilience

- Principles of communication in a person-centred manner

- Effective, compassionate, age-appropriate, respectful and non-discriminatory communication

- Communication that is respectful, equitable and effective in meeting the health care needs of minority and ethnic groups with diverse cultural health beliefs and practices, health literacy, communication, language, translation or interpreting needs

- Development of emotional intelligence for use in health settings to "monitor one's own and other people's emotions, to discriminate between different emotions, to use emotional information to guide thinking and behaviour" (Andrew, 2008).

- Principles of emotional support

- Respecting professional boundaries

- Communication technologies to empower persons with communication difficulties to express their needs

- Principles of reporting, recording and documentation

- Principles of open disclosure

- Principles of effective communication with other health and social care professionals

- Principles of advocacy and negotiation with other health care and other professionals to ensure that the rights, beliefs, values and wishes of the person are respected and upheld; developing assertiveness skills

- Appropriate and inappropriate use of social media by health professionals

- Corporate communication and corporate identity

Domain 5: Management and team working

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.

- Management systems/healthcare system

- Principles of collaborative practice and conflict resolution

- Principles of team work

- Teambuilding and inter-professional collaboration

- Working independently within the team

- Managing risk safely and accountably in multidisciplinary teams

- Working effectively across professional and agency boundaries

- Coordinating, delegating and supervising care in the healthcare team

- Understanding the roles and responsibilities of other health and social care professionals

- Advocacy and the multidisciplinary team

- Helping people exercise rights, uphold safeguards and balance minimal restriction

- Identifying priorities, time management and team resources for quality of care in multidisciplinary teams

- Collaboration in multidisciplinary team working for accountable systems of evaluation and review

- Principles of human dimensions of change

- Principles of human factors theory applied to environmental, organisational and human characteristics of health and safety at work

- Principles of dynamics risk assessment and management

- Principles for promoting a safe environment

- Principles of audit, quality improvement processes and measuring standards

- Concepts underpinning a supportive clinical work environment

- Concepts underpinning an effective teaching and learning environment

Domain 6: Leadership potential and professional scholarship

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.

- Leadership and accountability for effective clinical health and social care

- Leadership, personal values, beliefs and emotions that affect practice

- The integration of humanities, social sciences, and natural sciences knowledge to inform self-reflective and relational processes of practice and leadership

- Personal and professional development and the capacity to learn from experience

- Learning through practice supervision, feedback, reflection and evaluation

- Principles of co-ordination, delegation, supervision and monitoring of nursing care provision

- Constructive use of feedback, supervision and appraisal

- Principles of personal and professional development through reflection and self-care to enhance resilience and own nursing practice

- Principles of lifelong learning

- Principles of reflection in practice

- Principles of academic writing and presentation of knowledge

- Legal and professional principles influencing the sharing of confidential information with others

- Principles of effective preceptorship and models of supervision

- Adapting nursing interventions and updating competence in response to dynamically altering health environments and population focus

- Concept of the political dimensions of nursing and health care

- Principles of health economics, resource allocation and mixed economy of health care provision

- Health care demand, evaluation of interventions, health capital financing, delivery of health markets, planning, budgeting and financial monitoring

- Corporate governance in health care

- Principles of transnational migration among health professionals

2.5 General Nurse Registration Programme

General Nursing Philosophy

General nursing is a professional, interpersonal caring process that encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, across the health continuum and in all settings through the promotion of person centred care. General Nurses use clinical judgment to guide professional intervention for the promotion of health, prevention of ill health and injury, provision of safe care to the person, families, communities, and populations. General nursing involves the provision of holistic care to persons and their primary carers in ever evolving health care settings. General Nurses promote wellness, health education and self-management to empower people to achieve their maximum health potential across the health continuum and lifespan. When people develop ill health or an enduring or life-limiting condition, the focus of general nursing is to promote healing, growth, recovery and development, to minimise distress and suffering. This involves not only safeguarding vulnerable persons against harm but also to enable people to understand and cope with their altered health, its treatment and its actual and potential consequences for life.

Fundamental to general nursing practice is an empathic and collaborative relationship between the nurse and the person that is based on trust, understanding, compassion, support and serves to empower the person to make shared decisions regarding his/her care. The General Nurse is a safe, compassionate, and competent decision maker who accepts personal and professional accountability for her/his actions and for lifelong learning through continuing professional development. S/he is self-directed in seeking out new information, reflecting on activity and in identifying new aspects of the role.

2.5.1 Indicative Content

Since the healthcare services and the work trends of nurses are changing continuously, the general nurse must be able to respond effectively to the developing health needs and demands of the Irish population. Thus, the list of topics included in the indicative content is not exhaustive and must be read in conjunction with Section 2.4: Core Indicative Content for the Nurse Registration Programme for all Divisions of the Nursing Register. Together these provide an indication of the content of the General Nurse Registration education programme in terms of the range of topics and give no indication of the weighting of each topic in the curriculum. The content is indicative and allows 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 and for provision of care to all parts of society as population focus demands.

Domain 1: Professional values and the conduct of the nurse

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.

- Nature and ethics of the general nursing profession

- Principles and definitions of general nursing

- The development of general nursing including the historical, contemporary, political, social, economic, legal, professional, educational, cultural and international factors influencing its development

- Sources of nursing knowledge: philosophical and theoretical foundations of key concepts underpinning general nursing practice

Domain 2: Nursing practice and clinical decision making

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.

- Application of General Principles across General Nursing

- The pathological processes of specific diseases and the alterations for a person in relation to her/his functioning, daily activities and nursing needs across the lifespan continuum

- Understanding of an individual's personal account of the experience of the health continuum

- Cause, treatment, and care of a person experiencing specific diseases

- Providing informed, evidence-based, safe, and holistic general nursing practice in diverse settings

- Understanding principles of patient safety, adverse events, near misses and harm prevention

- Using standardised reporting and safety checklists including the National Early Warning Score (NEWS)

- Sepsis/septic shock – definitions, prevalence, sources and high risk groups across the age spectrum

- National Clinical Guidelines on Sepsis Management – awareness, compliance, multi disciplinary team roles and responsibilities

- Sepsis as time-dependent medical emergency. Systemic inflammatory response syndrome

- Sepsis detection, recognition, communication and ISBAR protocol, early intervention, timely referral to critical care and emergency intervention treatment principles

- Minimisation of the burden of chronic sequelae

- Diagnostic criteria for high risk groups – children, maternal health, emergency department, adult in-patient settings, community/primary care settings, chronic disease groups

- Pharmacology across the systems

- Principles of screening and diagnostics and the nurse's role, responsibility and practice

- Diagnostics, screening, haematology; 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

- Principles of general medical nursing

- Principles of specialist medical nursing

- Principles of emergency department nursing

- Medical assessment unit role and function

- Principles of general surgical nursing

- Principles of specialist surgical nursing

- Principles of operating theatre and recovery nursing

- Intensive care and cardiac care unit nursing

- Cardiac rehabilitation and stroke recovery

- Principles of nursing in specialist settings

- Principles of palliative care; hospice friendly hospitals, cancer surgery, chemotherapy, radiotherapy and other therapies

- Supporting the person with a life-limiting condition and primary carers through the trajectory of investigations, testing, diagnosis, treatment, care of co-morbidities and adjustment to loss and focus on palliative approach to care

- Principles of psychosocial approaches to chronic ill health self management

- Managing the person with confusion or delirium in the acute care setting

- Principles of maternity care and neonatal care

- Principles of nursing children and young persons in general health care settings

- Principles of nursing people with mental health difficulties and concurrent physical health needs

- Identifying signs and symptoms of stress, emotional distress and risk of suicidal behaviour

- Principles of nursing people with a physical, sensory or intellectual disability and concurrent physical health needs

- Discharge planning and preparing the person and family for domiciliary, community/primary health care/family liaison, step down care

- Principles of outpatients, day care and step down unit nursing

- Principles of nursing in community settings; community hospitals, primary health care teams, general practice, public health nursing, care pathways

- Awareness of the range of community, primary health care and support agencies of the care of the person in their own home

- Principles of nursing older persons and of services – screening, assessment of dementia, family support, community care, community hospitals, inpatient/outpatient assessment, dementia screening, day care, gerontological units, domiciliary care, carer support services, health and social care provision, end of life care

- Elder abuse and neglect principles and interventions

Domain 3: Knowledge and cognitive skills

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

- General nursing principles applied to all practice settings

- Applying current theoretical and clinical principles of general nursing to inform care planning, clinical decision making and nursing intervention

- Principles underpinning personal hygiene, infection control, monitoring of vital signs, mobility, pain management, care of the unconscious person, pre and post-operative care, admission and discharge plan as they apply to the person in general nursing settings

- Principles of teaching, facilitation and promotion of recovery and advising people and their primary carer(s) on health lifestyles as they pertain to general nursing

- Principles underpinning the provision of evidence-based, safe, and holistic general nursing practice in diverse settings

- Principles underpinning the observation, assessment, recognition, reporting and response to critical signs of changes or deterioration in a person's health status

- Responding to the changing needs of diverse people, communities and populations in respect of health care provision in the general setting

- Awareness of complementary/alternative therapies for the person in hospital and other appropriate care settings

Pharmacology:

- Pharmacological principles in the use of intravenous fluids, blood and blood products

- Drug calculation skills in the use of intravenous fluids, blood and blood products

- Clinical practice guidelines for best practice in blood sampling by venepuncture and peripheral intravenous cannulation

- Legislative framework underpinning blood sampling by venepuncture and peripheral intravenous cannulation

- Risk management in blood sampling by venepuncture and peripheral intravenous cannulation

- Clinical skills practice in blood sampling by venepuncture and peripheral intravenous cannulation

- Experience of actual or simulated of blood sampling by venepuncture and peripheral intravenous cannulation in the practice setting

Domain 4: Communication and interpersonal skills

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

- Principles of shared decision-making, facilitation and promotion of recovery and empowering people and their primary carer(s) on health lifestyles as they pertain to general nursing

- Statutory regulations governing general internal medical and surgical treatment and nursing intervention, including the giving and refusing of consent, withdrawal from treatment and of a person's legal capacity

- Medico-legal aspects of competence assessment and capacity

- Communication among healthcare teams working with the person whose condition is deteriorating clinically – using early communication processes including ISBAR[28]

- The ability to be responsible and flexible in meeting the identified needs of the person and primary carer(s) and to integrate these needs into care, discharge planning and support in dying/death

[28] Source: ISBAR (I = Identify yourself, S= Situation, B= Background, A= Assessment, R= Recommendation)
http://www.hse.ie/eng/about/Who/ONMSD/practicedevelopment/MEWS/ (01/11/14)

Domain 5: Management and team working

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.

- Through careful observation and assessment, recognising, reporting and responding to critical signs of changes or deterioration in a person's health status

- The principles of safety of the person in health settings, adverse events, near misses and harm prevention as they pertain to general nursing practice

- Developing situational awareness- observing and responding to the dynamic interactions between the person in health settings, colleagues, resources and the healthcare environment

- Advocacy skills in the context of management and team function in general nursing

- Liaison with other multidisciplinary team members and agencies: GP, dental, pharmaceutical services, Primary Health Care and Social Services

- Responding to the ever changing needs of diverse people, communities and populations in respect of health care provision

Domain 6: Leadership potential and professional scholarship

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.

- Being aware of current issues, trends and developments in general nursing from a national and international perspective pertaining to nursing practice

- Demographic profile and strategic context to healthcare provision in Ireland

- Contemporary health policy

- Being self-directed in seeking new information for the evolution of the role of the general nurse in context of health reform programme – role expansion and extension: nurse specialists, nurse prescribing, ionising radiation and nurse-led service developments

- Develop knowledge of general nursing through review, research and reflection on experience, taking cognisance of the interdependent relationship between theory, practice and research

- Explore and analyse factors that facilitate and inhibit learning and assessment and apply these concepts to the facilitation of learning and assessment in clinical practice

- Reflect on own learning and identify strategies to address own learning needs in the context of general nursing

2.5.2 Theoretical and Clinical Instruction for General Nursing

Having regard for European Union Council Directive 2013/55/EU

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.

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

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.

Practice experience represents the clinical placement component of a nursing student's undergraduate programme during which s/he acquires the knowledge, skills, professional values and competences required for entry to the professional register. Through the experience of working in and leading a team and of being in direct contact with people making use of health services, whether in hospital, community, primary health care, residential, domiciliary or other settings, the undergraduate learns the art, science and craft of holistic nursing and the promotion of health.

All practice placement experience must be selected on the basis of its intrinsic value to further the development in the undergraduate of such knowledge, skills, professional values and competences that are required to meet the programme outcomes for the particular division of nursing. Practice experience must be gained under the supervision of appropriately prepared preceptors and with levels of nursing staff and resources for the safe delivery of nursing care to those using the service. (Adapted from Article 23, Council Directive 2013/55/EU)

Nursing and Midwifery Board of Ireland Total Requirements of the Programme are 144 Weeks	
Essential Requirements of the Programme	**Number of weeks**
Theoretical instruction	63 weeks
Clinical instruction	45 weeks
Internship[29]	36 weeks
Total	**144 weeks**

Following any interruption[30] in the educational programme the higher education institution in partnership with the health care institutions ensure that the student meets the programme requirements.

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[29] Inclusive of annual leave.

[30] Any leave (other than annual leave and bank holidays) including sick leave, force majeure leave, parental leave, compassion leave and special leave.

Having regard for Council Directive 2OO5/36/EC
(V2 Nurse Responsible for General Care, 5.2.1) and 2013/55/EU,
the clinical instruction of the programme shall consist of Nursing in relation to

- General and specialist medicine – including emergency department

- General and specialist surgery – including operating theatres

- Child care – children's hospital, child health services, primary care

- Maternity care – midwifery services

- Mental health and psychiatry

- Care of the older person and gerontology – care of older people in residential services, hospital inpatient, other services

- Community nursing – primary health care team, community, public health nursing

The following is the minimum number of weeks to be spent in different aspects of practice instruction over the educational programme	
Practice Instruction	**Minimum number of weeks**
General and Specialist Medicine (EU)	18 weeks
General and Specialist Surgery (EU)	18 weeks
Care of the Older Person	6 weeks
Primary Health Care and Community Nursing (EU)	4 weeks: (e.g. PHN, Primary care, RN in the community, Care of the person with an Intellectual Disability[31])
Specialist Placements	10 weeks (as specified in weeks placement below)
Emergency Department	2 weeks
Operating Theatre	2 weeks
Child Care and Paediatrics (EU)	2 weeks
Mental Health and Psychiatry (EU)	2 weeks
Maternity Care (EU	2 weeks
Remaining Regulated Placement.	25 weeks
Total	**81 weeks (supernumerary and internship)**

All placements included are planned in support of the curriculum aims and enabling students to achieve the learning outcomes of the programme.

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[31] If feasible and available, experience of persons with an intellectual disability who are medically unwell or with chronic health condition.

The specialist placements must comprise 10 weeks of clinical learning time with a minimum of 2 weeks in each of the identified areas. Remaining regulated placements comprising of 25 weeks is decided in collaboration and partnership with the curriculum team[32] 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 to achieve the required competences of the programme. The clinical learning opportunities that occur during the remaining regulated placements may alter over time to align with and reflect future strategic changes in health policy and delivery to meet changing health and wellbeing needs of the population served.

All specialist (EU) and primary health care placements must be completed during the supernumerary period 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 students making the transition to the role of the Registered Nurse and should include opportunities to utilise the skills of critical analysis, problem solving, decision making, reflective practice skills, the management skills and the abilities essential to the art and science of nursing, while managing care.

All practice placements must meet the audit requirements of the Nursing and Midwifery Board of Ireland and the Higher Education Institutions.

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[32] The Programme Director, Allocations Officer and Student Allocations Liaison Officers for AHCPs.

2.6 Children's Nurse/General Nurse Registration Programme

Children's Nursing Philosophy

Children's nursing is a professional, interpersonal caring process that encompasses autonomous and collaborative care of children and young people and their families through the use of a child and family centred philosophy, where negotiation of care and participation in care is central to a partnership approach to care with families. In delivering care the children's nurse recognises and values the individual physiological, psychological, spiritual, cultural and emotional developmental needs of the child.

Children's nurses demonstrate competence in assessment, planning, delivery and evaluation of therapeutic interventions in child health and nursing to work with children and young people experiencing acute and enduring health difficulties and life-limiting conditions. The children's nurse aims to facilitate an environment of care in which children and their families are empowered, through involvement in decision-making and participation in the delivery of nursing care and treatment where appropriate. Children's nurses work in partnership with children and young people and their families 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. Children's nurses can negotiate care delivery with parents in a manner that is culturally and socially sensitive and thus enables parents to determine their level of participation in their child's care. An effective partnership in care requires the nurse to support parents and child to develop the knowledge and skills to support the family's management of the child's care and to promote health whether at home or in the hospital setting or other healthcare facility. Children's nurses are mindful of and work in partnership with other professionals and services that provide for the continuity of educational supports for the child or young person whilst s/he is experiencing altered health.

The children's nurse is a safe, compassionate, and competent decision maker who accepts professional accountability for her/his actions and for lifelong learning through continuing professional development. The healthcare services and the work trends of children's nurses are changing continuously and the children's nurse must be able to respond effectively to the developing health needs and demands of the Irish population.

2.6.1 Indicative Content

The list of topics included in the indicative content is not exhaustive and must be read in conjunction with **Section 2.4: Core Indicative Content for the Nurse Registration Programme for all Divisions of the Nursing Register**. Together these provide an indication of the content of the Children's Nurse Registration Programme in conjunction with the **philosophy statement and indicative content for the General Nurse Registration education programme**. In terms of the range of topics, these give no indication of the weighting of each topic in the curriculum. The content is indicative and allows 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 and for provision of care to all parts of society as population focus demands.

Domain 1: Professional values and the conduct of the nurse

Knowledge and appreciation of the nature and development of the profession and of the general principles of health and children's nursing and their implications.

- Evolution and development of the role of the nurse in children's nursing

- Exploration of the professional identity of what it means to be a children's nurse

- Evolution of the role of the children's nurse in the context of the national and international health reform programmes – role expansion and extension: community outreach, nurse specialists, advanced nurse practitioner, nurse prescribing, ionising radiation and nurse-led service developments

- Practising within a statutory framework and code of ethics delivering nursing interventions within the children's nurse's scope of practice

- The promotion and protection of the welfare and individual rights of the child and young person, and their parents and guardians, and their incorporation into national and international health care policies

- Treating the child and young person and family/primary carer with dignity, respect, kindness, impartiality and compassion

- Principles of child-centred and family-centred care

- Using a child and family centred philosophy within which each child with health care needs and his/her family are valued and engaged

Domain 2: Nursing practice and clinical decision making

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.

- Recognition of each child as an individual with unique characteristics, capabilities, needs and wishes

- The unique world of children and families and the nursing responsibility and practice in relation to children in diverse health care settings

- Acknowledging and supporting a child and young person's unique responses to and experience of health, altered health, frailty, ability and health-related life events in whatever environment or circumstances the nurse is intervening

- Support of the child, young person and family for autonomy and self-management of health for recovery, health maintenance and promotion of optimal health and functioning

- Acting as an advocate for the child, young person and family whilst accessing health care services in a range of health care settings

- Nursing the child and young person and their family in a changing society: diversity in faith, culture and social norms

- Respecting the privacy and confidentiality of the child and young person receiving health care

- Understanding of a child's or young person's or family member's account of the experience of altered health

- Use of a model/framework to guide systematic assessment of the child to identify health and nursing needs and the development of a child centred plan of care

- Recognising, assessment, reporting and responding to critical signs of deterioration in a child and young person's health

- Assessment, delivery and evaluation of therapeutic goals, nursing interventions and treatment modalities in child health and nursing for children and young people experiencing diverse health problems

- Nursing practice in relation to performing, assisting, supporting, educating and rehabilitating the child and young person in health care, community and family/domestic settings

- Application of evidenced based best practice in the context of children's nursing

- Empowering and helping children and young people to achieve, maintain or recover optimal health, self-management of long-term health issues and living as part of a positive network of family and local support

- Awareness of complementary therapies for children with altered health

- The ability to be responsible and flexible in meeting the identified needs of the child and young person/family and to integrate these needs into discharge planning and support in end of life care

- Responding to the changing health care and nursing needs of children and young people

- Awareness of the range of community, primary health care and support agencies for the child and family in community settings

- Safe and informed children's nursing practice in primary, emergency, acute and chronically ill, palliative and end of life settings

- Understanding of the principles, philosophy and application of a palliative care approach to meeting the needs of child and young people who have a life-limiting condition and their families

- Understanding of the principles of care for a child with a mental health condition in the acute care setting

- Assisting the child's transition to adolescent care with specific education /training; preparing the child and family for transition with provision of appropriate support/documentation

- Care, treatment approaches and service provision in child and adolescent mental health
- Legislation for child and adolescent health care in Ireland
- Distress, emotional, behavioural or relationship factors in childhood
- Caring for the child and adolescent with specific mental health difficulties

Domain 3: Knowledge and cognitive skills (additions to core indicative content)

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

- Organisation of child health services from a national and international perspective
- Changing national and international trends in child health
- Health and social policy in child health care
- Issues, trends and developments nationally and internationally in children's nursing

Health Science and Applied Principles in Nursing

- Anatomy, physiology, biochemistry and pathophysiology for children across the health continuum
- Differences in anatomy, physiology, biochemistry and pathophysiology between children and adults that affect health and ill health
- Principles of genetics, embryology, microbiology, infection control, nutrition and pharmacology in the context of growth and development for children and young people
- Ill health in the developing child e.g. how the dynamic state of development impacts on presentation, management and coping with altered health in childhood

Health Promotion

- The role of the children's nurse in health promotion for children and their families
- Social, cultural, gender, environmental, political and economic influences on foetal, child and maternal health
- Application of the principles of health education and health promotion to children and families in primary/community and acute care settings
- Knowledge of demographic and epidemiological trends pertaining to health and altered health in children
- National and international measures to protect and promote child health (e.g. immunisations etc.)

Sociology as Applied to Nursing

- Sociological principles applied to children and their families (for example the sociology of childhood, family, adoption and fostering, mental health, health inequalities, gender inequalities, child abuse, child neglect, substance abuse etc.)

Psychology as Applied to Nursing

- Understanding of developmental psychology and the implications of the key theories of attachment, moral, emotional and cognitive and social development for supporting the ill child

- The importance of play/therapeutic play in childhood and its role in mitigating the negative effects of separation, hospitalisation and treatment for children with acute and chronic altered health in hospital and community settings

- Apply communication theory to children and young people in the context of health care

Ethics as Applied to Nursing

- Ethical issues pertaining to children and families in health care

- Application of ethical principles and related legislation within the context of caring for children and families including but not exclusively autonomy, best interests, competence to assent/dissent and decision pertaining to initiation and withdrawal of treatment in ethically and legally challenging situations

Nursing Research

- Understanding of evidence informed practice and of the research process

- Ethical considerations in relation to undertaking research with children and/or their families

- Analysis and evaluation of research findings for children's and general nursing practice

Nursing Informatics

- Understanding of the application of information and communication technologies in children's healthcare

Domain 4: Communication and interpersonal skills

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

- The role of interpersonal communication skills and their application to the child and young person and to her/his primary carer at all phases of the life span

- Development of age appropriate interpersonal, cross cultural and communication techniques and skills essential for therapeutic relationships with clients and young people according to age, ethnicity, ability (including cognitive ability) and health status

- Building therapeutic alliances with children and young people and their families to facilitate child and family empowerment and involvement in the delivery of care for their child

- Developing situational awareness- observing and responding to the dynamic interactions between children and young people in health services, colleagues, resources and the healthcare environment

- Integration and application of knowledge of child development and/or concepts of ill health on the child's ability to effectively communicate their needs in healthcare setting

- Self-awareness and exploration of the impact of personal beliefs, values, attitudes and feelings and their impact on interactions between children, their families and also other healthcare professionals

Domain 5: Management and team working

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.

- Knowledge of challenges to the prioritisation, coordination, delivery and evaluation of healthcare for the child and his/her family in a range of health care settings

- Advocacy in the context of working in an interdisciplinary setting

- Knowledge and skills of effective team functioning to ensure safe and proficient coordination and delivery of care for the child and family

- Principles of promoting a safe environment and management of risk for the child and his/her family in healthcare settings

- Working with the family, child and young person with general medical, surgical or specialist health care needs to access primary and community services through discharge planning

- Liaison with other multidisciplinary team members and agencies: GP, dental, pharmaceutical services, Primary Health Care and Social Services, Child and Adolescent Mental Health Services, Intellectual Disability services

Domain 6: Leadership potential and professional scholarship

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.

- Develop knowledge of children's nursing through review, research and reflection on experience, taking cognisance of the interdependent relationship between theory, practice and research

- Explore and analyse factors that facilitate and inhibit learning and assessment and apply these concepts to the facilitation of learning and assessment in clinical practice

- Reflect on own learning and identify strategies to address own learning needs in the context of children's nursing

- Knowledge of the role of the children's nurse in shaping health initiatives and the promotion of equitable health resources within society

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

Having regard for European Union Council Directive 2013/55/EU, 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.

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

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.

Practice experience represents the clinical placement component of a nursing student's undergraduate programme during which s/he acquires the knowledge, skills, professional values and competences required for entry to the professional register. Through the experience of working in and leading a team and of being in direct contact with people making use of health services, whether in hospital, community, primary health care, residential, domiciliary or other settings, the undergraduate learns the art, science and craft of holistic nursing and the promotion of health.

All practice placement experience must be selected on the basis of its intrinsic value to further the development in the undergraduate of such knowledge, skills, professional values and competences that are required to meet the programme outcomes for the particular division of nursing. Practice experience must be gained under the supervision of appropriately prepared preceptors and with levels of nursing staff and resources for the safe delivery of nursing care to those using the service. (Adapted from Article 23, Council Directive 2013/55/EU)

Nursing and Midwifery Board of Ireland Total Requirements of the Programme are 170 Weeks	
Essential Requirements of the Programme	**Number of weeks**
Theoretical instruction	75 weeks
Clinical instruction	59 weeks
Internship[33]	36 weeks
Total	**170 weeks**

Following any interruption[34] in the educational programme the higher education institution in partnership with the health care institutions ensure that the student meets the programme requirements.

Having regard for Council Directive 2OO5/36/EC (V2 Nurse Responsible for General Care, 5.2.1) and 2013/55/EU, the clinical instruction of the programme shall consist of Nursing in relation to

- General and specialist medicine – including emergency department

- General and specialist surgery – including operating theatres

- Child care– children's hospital, child health services, primary care

- Maternity care – midwifery services and neonatal care

- Mental health and psychiatry

- Care of the older person and gerontology – care of older people in residential services, hospital inpatient, other services

- Community nursing – primary health care team, community, public health nursing

[33] Inclusive of annual leave.

[34] Any leave (other than annual leave and bank holidays) including sick leave, force majeure leave, parental leave, compassion leave and special leave.

The following is the minimum number of weeks to be spent in different aspects of practice instruction over the educational programme	
Practice Instruction Requirements.	**Minimum number of weeks.**
General and Specialist Medicine (EU).	28 weeks • Adult 14 weeks. • Child 14 weeks.
General and Specialist Surgery (EU)	28 weeks • Adult 14 weeks. • Child 14 weeks.
Care of the Older Person	4 weeks • 4 weeks Community/other
Primary Health Care and Community Nursing (EU)	4 weeks : (e.g. PHN, Primary care, RN in the community,
	2 Weeks: Care of the person in an Intellectual Disability service area)
Specialist Placements	10 weeks (as specified in weeks placement below)
Emergency Department	4 weeks (Child and Adult)
Operating Theatre	2 weeks (Child and Adult)
Mental Health and Psychiatry (EU)	2 weeks
Maternity Care (EU)	2 weeks
Remaining Regulated Placement	19 weeks • Adult 9 weeks • Child 10 weeks
Total	**95 weeks** (supernumerary and internship)

All placements included are planned in support of the curriculum aims and enabling students to achieve the learning outcomes of the programme.

The specialist placements must comprise 10 weeks of clinical learning time. Remaining regulated placements comprising of 19 weeks is decided in collaboration and partnership with the curriculum team[35] 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 to achieve the required competences of the programme. The clinical learning opportunities that occur during the remaining regulated placements may alter over time to align with and reflect future strategic changes in health policy and delivery to meet changing health and wellbeing needs of the population served.

All supernumerary and specialist/EU 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 students making the transition to the role of the Registered Nurse and should include opportunities to utilise the skills of critical analysis, problem solving, decision making, reflective practice skills, the management skills and the abilities essential to the art and science of nursing, while managing care.

All practice placements must meet the audit requirements of the Nursing and Midwifery Board of Ireland and the Higher Education Institutions.

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[35]   The Programme Director, Allocations Officer and Student Allocations Liaison Officers for AHCPs.

2.7 Intellectual Disability Nurse Registration Programme

Intellectual Disability Nursing Philosophy

Intellectual disability nursing is a professional, interpersonal caring process that encompasses autonomous and collaborative care of persons of all ages, with a variety of abilities and capabilities, in health, altered health or wellbeing and in all settings through the promotion of person centred care. Intellectual disability nurses hold values such as empathy and listening to the person as being of high importance in enabling them to support and empower people with intellectual disability. An ability to see through the eyes of the person that the nurse is supporting is regarded as of great value. Furthermore intellectual disability nurses regard the vindication of the human rights of each person that they support as paramount; this can be achieved through empowering the individual to live a life of quality that they have chosen.

Registered Nurses Intellectual Disability (RNIDs) build relationships with their clients and families based on principles of human rights, inclusion, advocacy, protection and support for independent living to the maximum degree possible. RNIDs support persons with an intellectual disability to exercise the same human rights and, in so far as possible, the responsibilities as other members of society. This includes the right to live within the community, to receive services necessary to meet their specialised and changing needs and as necessary, professional assistance and services to allow recognition, development and expression of the individuality of each person.

The RNID is a safe, compassionate, and competent decision maker who accepts personal and professional accountability for her/his actions and for lifelong learning through continuing professional development. The professional education of an RNID should foster in the nursing student independence of thought, advocacy skills and the ability to carry out comprehensive assessments of the person and thus enable the intellectual disability nurse to work as an independent practitioner. Since the healthcare services and the needs of people with an intellectual disability are changing continuously, RNIDs must have the capacity to respond flexibly and effectively to the developing health needs and demands of the population.

2.7.1 Indicative Content

The list of topics included in the indicative content is not exhaustive and must be read in conjunction with **Section 2.4: Core Indicative Content for the Nurse Registration Programme for all Divisions of the Nursing Register**. It provides an indication of the content of the Intellectual Disability 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 content is indicative and allows 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 and for provision of care to all parts of society as population focus demands.

Domain 1: Professional values and conduct of the nurse

Sources of nursing knowledge: philosophical and theoretical foundations of key concepts underpinning intellectual disability nursing practice.

- Definitions and conceptualisations of intellectual disability nursing
- The development of intellectual disability nursing - historical, contemporary, political, social, economic, legal, professional, educational, cultural and international factors influencing it
- Specialist and advanced nursing practice within intellectual disability nursing
- Current issues, trends and developments in national and international intellectual disability nursing

Professional values and conduct in intellectual disability nursing

- Concepts of person-centred practice, compassion, integrity, caring, accountability and safety of vulnerable people
- Recognition of each person as having unique characteristics, capabilities, needs and wishes
- Demographic profile and changing trends in healthcare of persons with an intellectual disability
- The organisation of voluntary, not for profit, for profit organisations and statutory service provision for people with intellectual disabilities
- International models of care
- Education for the person with an intellectual disability

Domain 2: Nursing practice and practice decision making

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.

Promotion of optimal physical health

- Assessment and delivery of therapeutic interventions, including medication management, to work with people experiencing intellectual disabilities and associated sensory, developmental and physical health needs
- Working with persons with an intellectual disability within diverse roles and settings, including a person's home, from intensive physical nursing of persons with profound disabilities to supportive guidance in the care and support across the lifespan

- Health assessment and the ability to carry out comprehensive assessments of the person and fostering the ability the intellectual disability nurse to work as an independent practitioner

- Undertaking a range of assessments-developmental, behavioural, health, physical, head-to-toe and developing a comprehensive clinical impression; referral for specialist assessment

- Taking a comprehensive nursing, medical, social and developmental history and report development

- Person-centred planning

- Nursing care intervention skills - assessment, observational and decision making skills

- Addressing complex health needs in terms of nutrition; epilepsy; diabetes; medication management; infection control; palliative and end of life care; sexuality education; health promotion and how this is applied in intellectual disability nursing practice

- Management of multiple health conditions

- Understanding of the principles, philosophy and application of a palliative care approach to the needs of a person with an intellectual disability who has a life-limiting condition

- Health promotion and education skills

- Sexual health and relationship skills

- Acting as a clinical decision maker

- Empowering the person to access primary, secondary and tertiary health services

Promotion of optimal mental health

- Mental health related to persons with an intellectual disability, dual diagnosis

- Services to support people with mental health concerns

- Liaising with psychiatrists and other mental health staff; implementing behaviour management support plans)

- Dementia assessment and care support planning

- Dementia care skills

- Specialist services to support people with dementia including specialist memory clinics

- Services to support people with autism

- Assessment of capacity

Education and training with service users

- Facilitating and empowering the person with an intellectual disability to meet her/his full potential through partnership in an inclusive, dynamic and flexible environment across the lifespan

- Employing play or other educative/development approaches

- Education skills – teaching, facilitation of learning, group facilitation skills

- Skills relating to the assessment, support and interventions for behaviours that challenge

- Multi element behavioural support

- Feeding, eating, drinking and swallowing disorder skills

- Life skills training, life building and support for independent living

- Person centred planning skills

- Services to support community integration skills

- Providing employment support for people with an intellectual disability; human resources/staffing; budgets

Education and training with staff or volunteers

- Contributing to education of mainstream health, social care and education staff as to the specific and complex health and social care needs of children, young people and adults with an intellectual disability

- Educating care staff - communication skills; monitoring medication side effects

- Evidence based care programmes

- Health promotion

- Sexuality and parenting support for people with an intellectual disability

- Supporting transitions (child to adult and adult to old age services)

Domain 3: Knowledge and cognitive skills

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

Health related care

- Nursing principles in relation to general health and specialist nursing care for the person with an intellectual disability throughout the lifespan including childhood, education, adolescence, adulthood, employment, palliative and end of life care

- Responding effectively to the developing health needs and rights of the people with an intellectual disability to access domiciliary, primary health and mainstream health and social services

- Activities of living support; enhancing personal safety; promoting self-care; addressing oral and dental health; promoting personal health and healthy lifestyles

- Practice assessment and management of the dynamics of risk

- Recognising, reporting and challenging abuse, neglect, ill treatment and any practice that exploits, demeans, disrespects, threatens or fails to protect the needs and human rights of vulnerable children and adults with an intellectual disability

- Legislation including capacity assessment and legislation pertaining to intellectual disability nursing practice across the life span continuum

Services to support community integration

- Empowering people with an intellectual disability to exercise the same human rights and, in so far as possible, the responsibilities as other members of society

- Empowering the person to reside within the community, to receive services necessary to meet his/her specialised and changing needs and to live as independently as possible

- Services within primary care settings

- Provision of necessary professional assistance and support services to allow recognition, development and expression of the individuality of each person

- Working to improve the person's participation in the community through the development of socially valued roles and increased life satisfaction

- Living full and inclusive lives in the local community and in wider society

- Models of community living for people with an intellectual disability; in-home support, technological supports; accommodation needs assessment

- Funding models for assisted living, social housing, and personal assistance and support packages

- Person-centred planning; community development; community liaison work; providing personal assistance

- Services to support children with complex disability

- Young person's services

- School to work transition

- Services to support community integration and community development

- Services for older persons with an intellectual disability including retirement

- Services to manage complex medical needs (e.g. palliative; end of life care)

- Bereavement support services

- Sexual health and parenting services

- Acute hospital liaison services

- Respite and family support services

- Services to support people in the criminal justice system

- Specialist health visiting services (community group homes, acute hospitals, and primary care services)

- Services to support community integration and community development

- Health education and health promotion services

Domain 4: Communication and interpersonal skills

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

Psychosocial support

- Building relationships with their persons and primary carer(s) based on principles of human rights, inclusion, advocacy, protection and support for independent living to the maximum degree possible

- Psychosocial interventions such as providing emotional support, enhancing a person's ability to communicate or offering access to complementary therapies

- Communication; emotional and psychological support; counselling; education

- Family support- liaison with maternity services, genetic screening, parent craft, caring for a child with multiple and complex health and developmental needs; early intervention services

- Empathy and attuning to the person's individual means of communication

- Recognising and responding therapeutically to the complex behaviour that people with an intellectual disability may use as a means of communication

- Statutory regulations governing the rights and supports necessary to provide effective and compassionate care for a person with an intellectual disability, including the giving and refusing of consent to intervention and of a person's developmental and legal capacity

- Development of age appropriate interpersonal, cross cultural and communication techniques and skills essential for communicating with persons with an intellectual disability, families, and colleagues

- Working in partnership with clients, their relatives and other carers to fulfil life choices and to live inclusively to the person's maximal potential

Using assistive technology

- Supporting use of assisted communication devices; electronic monitoring and compensatory assistive devices and technologies to promote independence

- Communication skills (including augmentative methods)

- Technological supports of people with intellectual disability

- Developing innovative approaches to communication

- Assistive technology assessment and management

Domain 5: Management and team working

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.

Management and administration

- Advocacy skills in the context of management and team function in intellectual disability nursing

- Organisational skills

- Administration skills

- Case management skills

- Interacting with other multidisciplinary team members and agencies: GP, dental, pharmaceutical services, Primary Health Care and Social Services, Housing, Social Welfare meetings; liaising with external agencies; supervision of the activities of other staff; negotiation with other Skills, Employment and Jobs agencies for access to supported employment, vocational training, sheltered work

Safe Practice

- Principles of safe practice and working safely

- Evidence-based and safe nursing care

- Understanding limitations and risks nursing interventions, including psychological and medical treatments

- Awareness of own health and wellbeing

- Knowledge of political, legal, social, and regulatory influences on safe practice and working safely, risk and safety planning, including balancing safety with positive and therapeutic risk taking, and personal safety

Domain 6: Leadership potential and professional scholarship

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.

Advocacy

- Working with the child and young person with an intellectual disability to access education in pre-school, primary, secondary, vocational and higher education to his/ her maximum potential

- Promoting services user autonomy; facilitating participation by families and people with an intellectual disability

- Contributing to the development of service plans for persons with an intellectual disability and complex health needs living in the community

- Community development such as building support mechanisms in the community

- Home and hospital care management and communication

- Contributing to/shaping future disability provision, health and social care policy, health screening and database, data protection for vulnerable adults and children with disabilities

Preparation for meeting standards/regulations

- HIQA Standards, Code of Professional Conduct, National Reports on Autism/Respite care /Congregated Settings /New Directions

- Preparation for meeting standards/regulations

- Ensuring compliance with standards and regulations

- Measuring nursing and services quality

- Evidence based practice methods

Self-direction

- Develop knowledge of intellectual disability nursing through review, research and reflection on experience, taking cognisance of the interdependent relationship between theory, practice and research

- Explore and analyse factors that facilitate and inhibit learning and assessment and apply these concepts to the facilitation of learning and assessment in practice

- Reflect on own learning and identify strategies to address own learning needs in the context of intellectual disability nursing

2.7.2 Theoretical and Clinical Instruction for Intellectual Disability Nursing

Having regard to Nursing and Midwifery Board of Ireland decision to apply the provision of European Union Council Directive 2013/55/EU 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.

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

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.

Practice experience represents the clinical placement component of a nursing student's undergraduate programme during which s/he acquires the knowledge, skills, professional values and competences required for entry to the professional register. Through the experience of working in and leading a team and of being in direct contact with people making use of health services, whether in hospital, community, primary health care, residential, domiciliary or other settings, the undergraduate learns the art, science and craft of holistic nursing and the promotion of health.

All practice placement experience must be selected on the basis of its intrinsic value to further the development in the undergraduate of such knowledge, skills, professional values and competences that are required to meet the programme outcomes for the particular division of nursing. Practice experience must be gained under the supervision of appropriately prepared preceptors and with levels of nursing staff and resources for the safe delivery of nursing care to those using the service. (Adapted from Article 23, Council Directive 2013/55/EU)

All supernumerary and specialist/EU 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. Following any interruption in the educational programme the higher education institution in partnership with the health care institutions ensure that the student meets the programme requirements.

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

Nursing and Midwifery Board of Ireland Total Requirements of the Programme are 144 Weeks	
Essential Requirements of the Programme	**Number of weeks**
Theoretical instruction	63 weeks
Clinical instruction	45 weeks
Internship[36]	36 weeks
Total	**144 weeks**

The following is the minimum number of weeks to be spent in different aspects of practice instruction over the educational programme	
Practice Instruction Requirements.	**Minimum number of weeks.**
Health and Social Development of the Child.	8 weeks
Health and Social Development of the Adult including Care of the Older Person	30 weeks
Specialist Intellectual Disability nursing	12 weeks e.g. CNS/ ANP nurse led services, behaviours that challenge
Nursing of client groups in other settings	6 weeks min 2weeks in each • General nursing • Mental health nursing • Care of the older person
Remaining Regulated Placement.	25 weeks
Total	**81 weeks** **(supernumerary and internship)**

All placements included are planned in support of the curriculum aims and enabling students to achieve the learning outcomes of the programme.

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[36] Inclusive of Annual Leave.

Remaining regulated placements of 25 weeks are decided in collaboration and partnership with the curriculum team[37] and should embrace the diverse learning experiences, through rotation within the associated health care providers, to enable the students to achieve the required competences of the programme. The practice learning opportunities that occur during the remaining regulated placements may alter over time to align with and reflect future strategic changes in health policy and delivery to meet changing health and wellbeing needs of the population served.

All supernumerary placements including nursing of client groups in other settings and the specialist placements must be completed prior to students undertaking the final placement of 36 weeks internship. This consolidates the completed theoretical learning and supports the achievement of clinical competence within the learning environment. Following any interruption in the educational programme the higher education institution in partnership with the health care institutions ensure that the student meets the programme requirements.

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

All practice placements must meet the audit requirements of the Nursing and Midwifery Board of Ireland and the Higher Education Institutions.

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[37]   The Programme Director, Allocations Officer and Student Allocations Liaison Officers for AHCPs.

2.8 Psychiatric Nurse Registration Programme

Psychiatric – Mental Health Nursing Philosophy

The following philosophy statement reflects the values and principles underpinning psychiatric – mental health nursing.

A recovery-oriented approach

Psychiatric nurses build therapeutic alliances with people who experience mental health difficulties through an interpersonal engagement built on the principles of recovery, person-centredness, inclusion, empathy and advocacy. Through the interpersonal relationship, the psychiatric nurse facilitates the person to find hope, recovery and resilience, and together build interventions that integrate the person's strengths and abilities, recognising the impact of social determinants of health and the importance of social inclusion in the person's recovery journey. The voice and experience of the service user through connective guided discovery is fundamental to mental health nursing. The nurse's role is to journey with the person through their time of distress, crisis and difficulty, supporting them towards positive mental health, hope, social inclusion the capacity to find meaning in their experience and to make life choices. Psychiatric nurses demonstrate skilled assessment and therapeutic interventions and works with people experiencing mental health difficulties in a manner that is tolerant of diversity and respects personal meaning and choice

Respect and dignity for the service user

Fundamental to psychiatric nursing practice is the therapeutic relationship between the nurse and the person who experiences mental health difficulties based on respect for individual human rights, autonomy, equality, dignity, and confidentiality.

Providing service-user centred care

Psychiatric nurses focus on meeting an individual's needs through a collaborative partnership with the person, significant others, the multi-disciplinary team and the wider community. In partnership with the person and the multi-disciplinary team, psychiatric nurses use therapeutic acumen, critical and systematic nursing judgment and compassion to influence assessment positively, planning, implementation and evaluation of practice and service delivery. Crucial elements of psychiatric nursing include the building of a supportive dialogue of engagement with each person and the employment of the nurse's interactive skills in a timely and appropriate manner conducive to the person's level of receptivity and unique perspective.

A focus on development

The focus of psychiatric nursing is to provide a supportive consistent presence for the person facilitating the development of the nurse's therapeutic use of self, in order to reach people in mental distress and difficulties at all levels of care (primary, secondary, and tertiary) and to make recovery an expectation and reality. Engaging with the therapeutic use of self requires the nurse to reflect on personal and professional needs though awareness of self and of values, feelings and beliefs that act as barriers or facilitators to a recovery ethos. The psychiatric nurse accepts personal and professional accountability for her/his actions and for lifelong learning journey and continuing professional development. Since the context of healthcare delivery and evidence to support professional practice are changing continuously, the psychiatric nurse must be able to engage effectively to meet the mental health needs and demands of the population.

2.8.1 Indicative Content

The list of topics included in the indicative content below is not exhaustive and must be read in conjunction with **Section 2.4: Core Indicative Content for the Nurse Registration Programme for all Divisions of the Nursing Register**. It provides an indication of the content of the Psychiatric 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 content is indicative and allows 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 and for provision of care to all parts of society as population focus demands.

Domain 1: Professional values and conduct of the nurse

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.

Social Inclusion

- Understanding the empowerment of people with mental health difficulties who use mental health services
    - Active partnership in care and treatment
    - Consultation, information provision
    - Choice and informed consent
    - Recovery-focussed approaches
    - Working in Partnership

- Engaging service users, carers, groups, communities and organisations using values-based mental health frameworks

    - Cultivating hope, self-worth, meaning and optimism

    - Actively pursuing opportunities to promote inclusion

- Knowledge of and combating social stigma

    - Stigma reduction through social inclusion and community participation

    - Challenging negative stereotypes, negative beliefs, and professional pessimism

Safe Practice

- Principles of safe practice and working safely

- Evidence-based and safe nursing care

- Understanding limitations and risks nursing interventions, including psychological and medical treatments

- Awareness of own mental health and wellbeing

- Knowledge of

    - Political, legal, social, and regulatory influences on safe practice and working safely, risk and safety planning, including balancing safety with positive and therapeutic risk taking personal safety

Compassionate and empathetic Care

- Understanding of person-centred and recovery-focused practice

- Understanding of values, respect and the meaning of individual lived experience of mental health difficulties

    - Avoidance of assumptions

    - Supporting social inclusion

    - Respect for individual choice

Accountable and ethical Practice

- Knowledge of code of conduct frameworks

- Ethical decision-making

- Ethics for practice in mental health working

    - Ethical challenges relating to people's choices and decision-making about care

- Legal frameworks and mental health legislation

  - The protection of vulnerable individuals

- Accountability as applied to complex needs across the lifespan including those arising from cognitive impairment, long-term conditions and individuals approaching the end of life

- The challenges of inequalities and discrimination in mental health

Domain 2: Nursing practice and practice decision making

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.

Promoting Recovery and Relationship Building

- Value and principles underpinning recovery oriented relationships

- Therapeutic relationships and choice

- The shared journey towards recovery

- Strengths based approaches

  - Active engagement

  - Cultivating hope and enhancing resilience to promote recovery

  - Consultation, participation, partnership, coproduction

  - Professional competencies required to support recovery

- Understanding and utilising service user and family narratives and perspectives to enable recovery

- Empowering through partnership in 'own' care

  - Consultation, education

- Promoting positive relationships

  - Social inclusion

  - Human rights

  - Living a self-directed life

  - Meaning and satisfaction

  - Creating partnerships with communities and peer support/ mutual help groups

- Promoting family/carer involvement, including challenges and limitations of involvement

Promotion of Practice Innovation and Decision Making

- The promotion of mental health, wellbeing across life span

- Evidence based interventions for prevention, detection and early intervention of mental health difficulties

    - Maximising service user involvement through new innovations e.g. technology

    - Social inclusion, community integration and access to community resources

    - Enhancing the health and wellbeing of people with mental health difficulties

    - Positive therapeutic engagement

Domain 3: Knowledge and cognitive skills

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

Knowledge and sources of knowledge

- Definitions and conceptualisations of psychiatric and mental health nursing

- The philosophical and theoretical foundations underpinning mental health nursing practice that offer ways of understanding the nature of mental health and recovery

- Contemporary discourses in mental health: bio/medical, psychosocial, cultural, spiritual and legal explanations of mental illness and distress

- Conceptual and theoretical nursing models for mental health nursing practice

- Understanding the contexts of care as including the site of care, the nature of the care, and the religious, spiritual, historical, political, social, and professional perspectives brought to bear on that care

- Understanding and accommodating the diverse views on mental distress, mental illness, treatments, services and recovery

- The role of the environment and its effect on mental health in populations

- Demographics and the changing trends in care of persons with mental health difficulties, healthcare economics and mental health

- Cost effectiveness in mental health care

- Quality in mental health care

- Information literacy and mental health

    - Retrieval and synthesis of evidence derived from nursing, behavioural and psychiatric research and policy literature

Understanding the Nature of Mental Distress/Illness

- Definitions of mental health

- The continuum of mental health/distress/illness

- Understanding service users personal accounts of mental distress/illness

- Cause, treatment, and care of a person experiencing mental distress

  - Language and diagnostic classification systems in mental health care

  - Biomedical classifications (DSM and ICD) of mental health difficulties

  - Recognising the strengths and limitations of diagnostic classifications systems from the perspective of service users and health care professionals

- Aetiology and epidemiology related to mental health difficulties

  - Biomedical theories (genetic, biochemical, structural)

  - Psychological theories (cognitive, psychoanalytic, behavioural, cognitive, vulnerability model), family theories (expressed emotion)

  - Social (age, gender, social class, homelessness, education, substance misuse, violence and abuse) spiritual and legal explanations

  - Recognising mental distress/illness: affective disorder, psychosis, anxiety disorder, personality disorder and suicidal behaviour

- Awareness of the empirical evidence base for nursing and psychiatric interventions

- Ability to explain and discuss to Service Users/ family/ other members of the MDT the rationale for selection of different treatments, including recommended care pathway for common psychiatric conditions, behavioural and lifestyle changes and medication usage

- Factors that impact on a person's mental health

- Recognising the impact of mental health distress/illness on a person and their family/ carer

- Citizenship, personhood and social inclusion

- Impact of labelling, stigma and social inclusion

- Recovery as an integral element of mental health services

- Principles underpinning a recovery approach to mental health service provision

- Mental health care across hospital, community and primary care services

- Complementary approaches to the management of mental distress

Knowledge of recovery competencies and service user perspectives

- Understanding the importance of service user narratives and perspectives on recovery
- The effect of mental illness on service users and families, with specific emphasis on citizenship and social inclusion
- Recovery principles, processes and environments that support recovery in national and international contexts
- Recognising and supporting personal resourcefulness in mental ill health
- Human resilience, strength and knowledge
- Working constructively with trauma and crisis
- The role of the service user movement

Knowledge of legal, cultural and ethical spheres as applied to mental health nursing

- The interconnectedness of practice, cultural, legal, and ethical principles in mental health care across the lifespan
- Active protection of service users' rights
- The needs of vulnerable people who experience mental health difficulties in the protection of human subjects in research
- Disparity in access in mental health delivery systems
- Resources inequity
- Discrimination and mental ill health
- Reducing discrimination
- Cultural diversity, sensitivity and awareness and working in partnership

Psychopharmacology

- Pharmacokinetics/pharmacodynamics
- Mode of action, desired effects, contraindications and adverse effects of the common pharmacological interventions used in the treatment of mental health difficulties
- The role of the nurse in the management of pharmacological interventions used in the treatment of mental health difficulties in hospital and community settings
- Monitoring impact of medication and potential adverse drug reactions
- Education of service users on medication and medication concordance

Physical Health and Wellbeing related to Mental Health

- Physical health and well-being in a specific mental health context

- Pathology, aetiology, investigations and treatment in common physical disorders associated with severe mental health difficulties

- Physical assessment and care planning for physical health in a specific mental health context

- Identifying barriers to physical care

- Addressing deficits and deterioration in physical status through appropriate monitoring and knowing when and how to screen for physical health issues and act on deteriorating physical health

Working in different contexts

Principles of Mental Health Nursing as Applied to Community Settings

- Facilitating and empowering the person with a mental health problem to meet her/his full potential through partnership in an inclusive, dynamic and flexible environment across the lifespan

- The role of the psychiatric/mental health nurse in community health care

- Legal aspects in relation to care in the community

- Assessment of service users and carers as applied to community settings

- Recovery and wellness programmes in the community

- Safety working in the community

- Working with high-risk groups

- Liaison and referral

- Prevention, detection and early intervention of mental health difficulties

- Delivering highly skilled care in collaboration with interprofessional teams within accountable systems for evaluation and review

- Empowering clients to achieve an optimal level of functioning in the community

- The role of family in relation to treatment and social inclusion in the context community mental health

- Health care policy relevant to community mental health care

- Concepts and models of community mental health care, working and treatment

- Voluntary and non-voluntary admission to and discharge from mental health facilities

- The role of the mental health nurse in risk assessment and management in mental health care

- Knowing the components of a comprehensive risk assessment (for self-harm, suicide, violence, absconding, falls, physical health risks etc.)

- Risk in acute mental distress/illness

- Acute mental distress and its influence in risk

- Risk assessment as influencing

- Vulnerable clients and risk

Working with People with Enduring Mental Health Difficulties

- Understand of the experience of a service user with an enduring mental health difficulty

- Engaging people who experience enduring mental health difficulties

- Assessment of needs of service users and carers with an enduring mental health difficulty

- Empowering service users and families to cope with enduring mental health difficulties, using recovery oriented approaches

Working with the Older Person

- Mental health and healthy aging

- Mental health difficulties that affect the older person

- The role of the mental health nurse caring for older people with mental health difficulties living in a variety of settings

- The statutory and voluntary organisation role in the care of the older adult

- End of life care and understanding of the principles, philosophy and application of a palliative care approach to the needs of a person with a mental health difficulty who has a life-limiting condition

Child and Adolescent Mental Health Nursing

- Care, treatment approaches and service provision in child and adolescent mental health

- Legislation for child and adolescent health care in Ireland

- Distress, emotional, behavioural or relationship factors in childhood

- Caring for the child and adolescent with specific mental health difficulties

  - Recovery approaches to child and adolescent and family assessment, planning, interventions and evaluation

  - Supporting children, adolescents and young adults for optimal emotional, psychological and physical wellbeing

Working with People who Experience Multiple and Complex Needs

- Social, cultural, political and economic change and its impact for the health of particular disadvantaged groups

- Care, treatment approaches and service provision in the field of sexual violence

- Care, treatment approaches and service provision for people with a diagnosis of personality disorder

- Care, treatment approaches and service provision for people with a diagnosis of eating disorder

- Care, treatment approaches and service provision for people with a diagnosis of substance misuse

- Care, treatment approaches and service provision for people with a dual diagnosis

- Maternal mental health and mental health during pregnancy

- Supporting people who are involved in the criminal justice system

- Bereavement support services

- Sexual health and parenting services

- Diversity and the mental health needs of the LGBT community

- Working with people engaging in deliberate self-harm

- Suicide prevention

- Theoretical and practical application of first aid and emergency safety principles in crisis situations including:

  - Deliberate self-harm

  - Violence and aggression

  - Resuscitation

Domain 4: Communication and interpersonal relationships

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

Promoting Recovery and Relationship Building

- Developing therapeutic relationships to promote recovery

- Respect

- Individual choices

- Building on strengths

- Hope and enhancing resilience

- Understanding the strengths and weaknesses of service users, families, and communities' experiences of different information and healthcare technologies in both the medical and the behavioural healthcare systems

- Health-promotion through education, role modelling and effective communication to people experiencing mental health difficulties and their family members

- Diversity in interpersonal approaches and skills

- Making sense of experience to promote recovery

- Engaging with people of all ages experiencing mental health difficulties at all points across lifespan, cultures and contexts

- Understanding the importance of self-awareness and reflexivity for the development of effective relationship-building and the facilitation of recovery with service users and their families

- The role of personal feelings, values, beliefs and attitudes on interactions with service users

- The intrapersonal and interpersonal dynamics that interfere with the nurse service user relationship and quality treatment

- Safe, effective non-discriminatory communication

- Safe, healing environments in transitions between services; encompassing service users, families, and communities and levels of care

- Responding effectively to people who are anxious or in distress or expressing suicidal or self-harming thoughts using therapeutic principles, to promote his/her wellbeing, manage personal safety and resolve conflict

- Use skills of relationship building and communication to engage with and support people distressed by hearing voices, experiencing distressing thoughts or experiencing other perceptual difficulties

- The impact of abuse and trauma on people's wellbeing

- Post-traumatic stress

- Self-awareness and the therapeutic use of self in mental health nursing.

- Developing therapeutic relationships with people experiencing mental health difficulties and the application

- Exploration and impact of personal feelings, values, beliefs and attitudes on nursing interactions

- Developing skills for effective communication with clients their families or carers in clinical practice

- Developing social skills in the context of warmth, respect and basic empathy including verbal and non-verbal communication

- Developing questioning skills in communication

- Self-awareness and reflection of communication skills

- Identify choices with regard to appropriate professional interventions

- Psychotherapeutic frameworks

- Analysis and the therapeutic and non-therapeutic application of authoritative/ directive and facilitative interventions

- Principles and application of psychotherapeutic approaches commonly used in mental health care – psycho education, motivational interviewing

- Psychotherapeutic frameworks/interventions with different client groups

- Factors that may influence the use of theoretical frameworks/interventions in clinical practice

- Psychotherapeutic skills and frameworks

- Theoretical assumptions underpinning psychotherapeutic frameworks

- Psychotherapeutic skills for clinical practice

- Genograms

- Circular questioning

- Group dynamics, setting-up and facilitating therapeutic groups

- Cognitive schemas

- Behavioural interventions – Cognitive Behaviour Therapy and Dialectical Behaviour Therapy principles

Domain 5: Management and team working

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 interprofessional health care team.

- Health policy, mental health care and the inter-professional team

- Collaboration with other health care professionals, service users, families and communities to provide culturally appropriate mental health care

- Recognising power imbalances between professionals and people experiencing mental health difficulties

- Promoting services user autonomy; facilitating participation by families and people with an mental health problem

- Advocacy for appropriate and effective assessment and management of service users' mental health with the inter-professional team

- Managing mental health care environments

  - Actions that enhance safety, psychological security and therapeutic outcomes

Domain 6: Leadership potential and professional scholarship

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.

- The individual contribution to leadership, management and design in mental health inter-professional teams

- Exploring the emotional impact on self of working in mental health

- Reflection and supervision

- Principles and practice of self-development

- Clinical Nurse Specialists and Advanced Nurse Practitioner roles in mental health

- Using practice supervision, feedback, reflection and evaluation

- Effective learning cultures for professional and personal development skills in mental health

- Develop knowledge of psychiatric nursing through review, research and reflection on experience, taking cognisance of the interdependent relationship between theory, practice and research

- Explore and analyse factors that facilitate and inhibit learning and assessment and apply these concepts to the facilitation of learning and assessment in practice

- Reflect on own learning and identify strategies to address own learning needs in the context of psychiatric nursing

2.8.2 Theoretical and Clinical Instruction for Psychiatric Nursing

Having regard to Nursing and Midwifery Board of Ireland decision to apply the provision of European Union Council Directive 2013/55/EU 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.

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

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.

Practice experience represents the clinical placement component of a nursing student's undergraduate programme during which s/he acquires the knowledge, skills, professional values and competences required for entry to the professional register. Through the experience of working in and leading a team and of being in direct contact with people making use of health services, whether in hospital, community, primary health care, residential, domiciliary or other settings, the undergraduate learns the art, science and craft of holistic nursing and the promotion of health.

All practice placement experience must be selected on the basis of its intrinsic value to further the development in the undergraduate of such knowledge, skills, professional values and competences that are required to meet the programme outcomes for the particular division of nursing. Practice experience must be gained under the supervision of appropriately prepared preceptors and with levels of nursing staff and resources for the safe delivery of nursing care to those using the service. (Adapted from Article 23, Council Directive 2013/55/EU)

Nursing and Midwifery Board of Ireland Total Requirements of the Programme are 144 Weeks	
Essential Requirements of the Programme	**Number of weeks**
Theoretical instruction	63 weeks
Clinical instruction	45 weeks
Internship	36 weeks
Total	**144 weeks**

All supernumerary and specialist/EU placements must be completed prior to students undertaking the final placement of 36 weeks internship that consolidates the completed theoretical learning and supports the achievement of clinical competence within the learning environment. Following any interruption in the educational programme the higher education institution in partnership with the health care institutions ensure that the student meets the programme requirements.

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

The following is the minimum number of weeks to be spent in different aspects of practice instruction over the educational programme	
Practice Instruction Requirements	**Minimum number of weeks**
Mental health nursing	36 weeks: Acute, community, recovery and other mental health services
Mental health in older life	6 weeks - psychiatry of later life/ care of older person
Specialist mental health nursing	8 weeks e.g. CNS/ ANP nurse led services, drug/alcohol dependence, forensic/prison medical services, child and young person services, suicide/self-harm prevention, homeless team, perinatal services, voluntary agencies, dual/complex needs, other. This is not inclusive of possible specialist mental health settings. Undergraduates may see some but not all of such environments.
Nursing of client groups in other settings	6 weeks • 4 Weeks general nursing • 2 Weeks other e.g. Care of the person with an intellectual disability, midwifery
Remaining regulated placement	25 weeks
Total	**81 weeks (supernumerary and internship)**

All placements included are planned in support of the curriculum aims and enabling students to achieve the learning outcomes of the programme

Remaining regulated placements of 25 weeks are decided in collaboration and partnership with the curriculum team[39] and should embrace the diverse learning experiences, through rotation within the associated health care providers, to enable the students to achieve the required competences of the programme. The practice learning opportunities that occur during these remaining regulated placement weeks will align with and reflect those naturally occurring changes in the Irish health services as they evolve to meet the health and wellness needs of the population they serve.

All care of client groups in other placements (6 weeks) and the specialist placements (8 weeks) must be completed during the supernumerary period prior to students undertaking the final placement of 36 weeks internship. The 6 weeks mental health in older life placement may take place either during the supernumerary OR internship period.

This consolidates the completed theoretical learning and supports the achievement of clinical competence within the learning environment. Following any interruption in the educational programme the higher education institution in partnership with the health care institutions ensure that the student meets the programme requirements.

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

All practice placements must meet the audit requirements of the Nursing and Midwifery Board of Ireland and the Higher Education Institutions.

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[39]   The Programme Director, Allocations Officer and Student Allocations Liaison Officers for AHCPs.

Section 3

Standards for the approval of Higher Education Institutions, Associated Health Care Provider(s) and Educational Programmes leading to Registration

3.1 The Approval Process for Higher Level Institutions, Associated Health Care Provider(s) and Educational Programmes Leading to Registration

The Nursing and Midwifery Board of Ireland (NMBI) has statutory responsibility to approve Higher Education Institutions and Associated Health Care Providers in respect of educational programmes leading to registration as a nurse. The role of the NMBI in relation to the approval of professional education is distinct from academic accreditation of a programme by the HEI for subject quality purposes or by its awarding body, the Qualifications and Quality Assurance Authority of Ireland (QQAAI), for accreditation and approval of its fitness for purpose for the conferment of an academic award. Professional accreditation and approval is a judgement as to whether a programme is fit for purpose in preparing graduates to be fit for practice for entry into a specific profession. The latter is distinguished by the existence of criteria that are specific to that profession, these having been defined in consultation with members of that profession and other relevant parties and stakeholders. 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 the Nursing and Midwifery Board of Ireland's quality education framework consists of three parts:

a) Approval of the Higher Education Institution and Associated Health Care Provider(s)

b) Approval of the education programme(s)

c) Review of annual reports.

a) Approval of the Higher Education Institution and Health Care Institution(s).

1. The Higher Education Institution and its Associated Health Care Providers must make a written submission to The Nursing and Midwifery Board of Ireland in the form of a self-assessment audit of compliance with Board's Standards and requirements and must declare that its curricular programmes comply with these standards. This self-assessment audit must be submitted every five years.

2. The Higher Education Institution and its Associated Health Care Provider(s) must declare that they meet the NMBI criteria for approval of HEIs for education and training of candidates for registration.

3. At least once every five years the Nursing and Midwifery Board of Ireland will, by site visits, satisfy itself as to the suitability of the Higher Education Institution / Associated Health Care Providers (s) in respect of the capacity and capability of the institutions to provide education and clinical practice experiences leading to registration. The Board reserves the right to conduct more frequent site visits as follow up to monitoring of requirements, conditions or recommendations specified for programme approval or in response to information received in regard to programme delivery.

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. The Nursing and Midwifery Board of Ireland will forward a report in respect of the site visit to the Higher Education Institution and its Associated Health Care Provider(s) following Board approval.

b) Approval of the Programme

1. The Higher Education Institution and its Associated Health Care Provider(s) must submit to the Nursing and Midwifery Board of Ireland a detailed curriculum document including evidence of compliance with the Nursing and Midwifery Board of Ireland standards in respect of each registration programme. All supporting documentation (competence assessment tool, clinical and educational audit tool) will be submitted at this time. Submissions must be in print i.e. hard copy.

2. The Higher Education Institution and its Associated Health Care Provider(s) must declare that their curricular programmes comply with the Nursing and Midwifery Board of Ireland standards.

3. An Officer of the Board will initially review the curriculum and prepare a report. A validation and Standards Committee appointed by the Nursing and Midwifery Board of Ireland will review the curriculum. This committee will include representatives of the Higher Education Institution and its Associated Health Care Provider(s). 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 Higher Education Institution and the Associated Health Care Provider(s) or in the education programme(s) that affect any aspect of compliance with these standards must be notified to the Nursing and Midwifery Board of Ireland.

The duration of approval of the education programme(s) will be specified by the Nursing and Midwifery Board of Ireland but will be no longer than five years.

Notification of approval of the Higher Education Institution and its Associated Health Care Provider(s) will be by letter from the Nursing and Midwifery Board of Ireland.

Summary details of approved programmes including clinical sites will be published on the Nursing and Midwifery Board of Ireland website.

c) Review of Annual Reports.

The Nursing and Midwifery Board of Ireland requires the Higher Education Institution/Associated Health Care Provider(s) to produce an annual report. The annual report will be submitted in April of each year and will be produced jointly by the Higher Education Institution/Associated Health Care Provider(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 the Nursing and Midwifery Board of Ireland requirements.

- Information on the quality of and changes to the practice placement learning environments 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 / HEI academic regulations.

- A list of the nurse lecturers to include Division of the Register and the Nursing and Midwifery Board of Ireland PIN numbers.

- Change of External Examiner(s) to include verification of compliance with Standard 3.2.5.3 and the Nursing and Midwifery Board of Ireland/NMCUK 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 standards and requirements must be notified to The Nursing and Midwifery Board of Ireland.

New programmes leading to registration may not commence without prior approval of the Nursing and Midwifery Board of Ireland.

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 Higher Education Institution and the Associated Health Care Provider(s) in the event of a disagreement with the Nursing and Midwifery Board of Ireland. Any appeal must be made within 30 days of date of receipt of decision of the Board. Senior representative(s) of the Higher Education Institution/ Associated Health Care Provider (s) must make the request in writing 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 Higher Education Institution and the Associated Health Care Provider not involved in the programme. The Nursing and Midwifery Board of Ireland 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 Higher Education Institutions and Associated Health Care Provider Services and Educational Programmes Leading to Registration

The criteria for approval of education programmes for the purpose of registration for a specific division of nursing are set out in this section under eight headings. Each heading consists of a criterion statement, standard statement and a series of indicators. Indicators assist the education providers, HEI and AHCP(s), to identify the evidence required to demonstrate that the programme is fit for purpose and for practice to meet the criteria for professional approval. The eight headings are:

3.2.1 Curriculum Design and Development

3.2.2 Student Entry, Admission, Transfer, Discontinuation and Completion

3.2.3 Programme Governance and Management

3.2.4 Student Support, Supervision and Learning Resources

3.2.5 Assessment Strategies

3.2.6 Practice Placement Allocations

3.2.7 Practice Placements Learning Environment and Competence Assessment

3.2.8 Quality Assurance and Enhancement Mechanisms

3.2.1 Curriculum Design and Development

Criterion:

Curriculum design and development should reflect current, evidence/research 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, the development of evidence based professional practice and in response to educational, health, social and economic change.

Standard:

The curriculum is strategically planned to demonstrate balanced distribution and integration of theory and practice, in order to achieve the learning outcomes, proficiency and competencies for Registered Nurses as outlined in Section 2 of the Standards and Requirements of the Nursing and Midwifery Board of Ireland.

Indicators:

1. The programme of study is designed as a Level 8 Honours Bachelor's level on the National Framework of Qualifications (QQI, 2014).

2. The curriculum design and development ensures that the programme meets all Nursing and Midwifery Board of Ireland (NMBI) statutory requirements and EU Directives for Nurse Registration Education Programmes.

3. The programme demonstrates consistency with the NMBI *Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives.*

4. The programme of study makes safety of the person and protection of the public an integral, explicit and continuing component within the curriculum.

5. The programme of study shows the theme of consultation, collaboration, participation, engagement with the person receiving health care and choice as integral, explicit and continuing components within the curriculum.

6. The programme of study demonstrates that the delivery of person-focused nursing care respects the dignity, autonomy, and right of the person receiving care to make health and life choices as integral, explicit and continuing elements with the curriculum.

7. Current educational theory, professional nursing knowledge and advances in health care practice, which are evidence/research based, guide curriculum design and development.

8. The curriculum development team is led by academic staff who are Registered Nurse Tutors[40] and comprises representative members of key academic and clinical stakeholders in nursing practice.

9. The curriculum describes the range of knowledge, competencies, skills and professional attributes designed to assist the development of knowledgeable, competent, reflective practitioners capable of accepting personal and professional accountability for delivering evidence-based practice and for life-long learning.

10. The curriculum design reflects various methods of teaching/learning and provides a balance between lectures, tutorials, workshops, small group teaching, interactive learning (e.g. problem-based) demonstrations, practical work and self-directed learning.

11. The curriculum articulates opportunities for intentional, shared, interprofessional learning that is designed to enhance collaborative practice with other health professionals.

12. Module descriptors identify the ECTS[41] credits, aims, learning outcomes, indicative content, student contact hours, student effort/self-directed learning hours and assessment strategy (-ies).

13. The curriculum articulates how the student is enabled to achieve the expected learning outcomes of the programme.

14. There is evidence of involvement of persons receiving healthcare in the review and evaluation of the programme and in curriculum development.

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[40] Or hold academic and teaching qualifications and experience deemed equivalent and approved by the Nursing and Midwifery Board of Ireland.

[41] European Credit Transfer System credits widely adopted in the EU.

3.2.2 Student Entry, Admission, Transfer, Discontinuation and Completion

Criterion:

The Higher Education Institution should provide explicit information to applicants and potential students as to the minimum entry requirements for admission to, transfer and discontinuation from, and completion of the programme of study. At the beginning of the programme, the HEI should provide students with information on academic support, personal guidance, student services and academic facilities.

Standard:

The Higher Education Institution demonstrates a commitment to fair and transparent processes for student admission, entry, transfer, discontinuation and completion.

Indicators:

1. Clear and comprehensive information for applicants is available in electronic and hard copy format specifying the programme of study and the application processes.

2. Applicants for Nursing must specify one of the four divisions of the Nursing Register at point of entry – General, Children's/General Integrated, Intellectual Disability or Psychiatric.

3. Information clearly specifies entry and programmes requirements in regard to Garda vetting, health screening, vaccinations, occupational health and affidavits or legal declarations.

4. The mechanism for student admission to the educational programme ensures that the stated entry requirements are met in accordance with institutional policy on equal opportunities for applicants and students[42].

5. Flexible modes of entry - for example Mature Students, FETAC, ACCESS, graduate entry - and clear procedures for Approval of Prior Learning (APL) are specified and have been approved by NMBI.

6. Information relating to the collection, analysis and use of relevant information on admissions, discontinuation, transfer, non-completion, progression and graduation demonstrates the HEI's adherence to data protection requirements.

7. 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.

8. The mechanism and conditions for students exiting the educational programme before completion are explicit.

9. The Nursing and Midwifery Board of Ireland (Registration Department) is notified in writing of any student who exits the programme prior to successful completion of the programme.

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[42] Evidence of the HEI's policies on Equal Opportunities and Diversity, Recruitment, Selection and Admissions (including Disclosure and Anti-Fraud Policy and Processes)

10. Following any interruption[43] in the educational programme the partnership institutions ensure that the student meets the educational programme requirements as identified by the Nursing and Midwifery Board of Ireland.

11. Clear mechanisms for student transfer, withdrawal, discontinuation and eligibility for exit awards are specified.

12. Student transfer arrangements ensure that the full requirements of the educational programme leading to registration will be completed in a collaborative manner between HEIs.

13. 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.

14. Eligibility to register with the Nursing and Midwifery Board of Ireland is based on successful completion of the programme and the successful achievement of both the theoretical and clinical practice assessments.

15. The HEI maintains adequate records on the completion of the programme, the conferment of academic awards, details of attrition, non-completion, transfers and first employment destinations of graduates.

3.2.3 Programme Governance and Management

Criterion:

The programme should be managed efficiently and effectively by the HEI in conjunction with a Local Joint Working Group. Membership should be drawn from stakeholders from the Higher Education Institution and Associated Health Care Services. These should include student representatives and key managerial, academic, administrative staff from the HEI and clinical and managerial staff from the AHCS hospital and community services, who are associated with its delivery. The programme should be well organised, with clear managerial, operational governance and reporting structures. Systems for programme evaluation should be robust and transparent.

Standard:

Delivery and development of the programme of study must be co-ordinated through joint Higher Education Institution and Associated Health Care Services governance mechanism, specified in a Memorandum of Understanding, to ensure compliance with NMBI Standards and Requirements and EU directives.

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[43] Interruption: any leave (other than annual leave and bank holidays) including sick leave, maternity leave, force majeure leave, paternity leave, parental leave, compassionate and special leave.

Indicators:

1. There is a formal Memorandum of Understanding (MOU) between each HEI and its AHCP(s) describing mutually agreed planned approaches which the parties will adopt and support in order to ensure the programme can reach a successful conclusion.

2. The MOU describes the process each party commits to develop that ensures all stakeholders have a voice and empowers **relevant** staff to maintain, improve and support students and their learning. MOU's can be revisited five-yearly.

3. The programme of study adheres to all statutory and regulatory requirements of the Nursing and Midwifery Board of Ireland and to the current European Directives on Nursing.

4. Major institutional review of the effectiveness of the programme of study occurs on a five yearly basis.

5. Modules, curriculum, indicative content, marks and standards / HEI academic regulations and programme delivery are monitored annually with the support of appropriate External Examiners' reports.

6. An annual report on the programme of study is provided to NMBI in a timely manner and in accordance with its requirements by the programme coordinator.

7. Processes for continuous quality improvement of the programme of study are robust and transparent.

8. For external practice placements outside of Ireland, HEIs must have formal arrangements in place with host practice institutions that comply with NMBI regulations and EU directives.

9. The Higher Education Institution and the Associated Health Care Provider(s) keep appropriate records including records of professional and academic awards conferred.

10. The process of monitoring and responding to student attendance in respect of the theoretical and clinical practice experience requirements is declared.

11. A policy for dignity and respect towards and between nursing students, clinicians, persons receiving healthcare and academic staff is in place.

12. The organisation structure supporting the management of the educational programme is explicit.

13. The named person with direct responsibility as course leader/co-ordinator to lead the programme holds appropriate academic and professional qualifications and experience.

14. A Local Joint Working Group (LJWG), which includes representatives of the key stakeholders from the Higher Education Institution and the Associated Health Care Provider(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.

15. Membership of the LJWG is inclusive of representatives from academic, and clinical stakeholders from acute and community practice settings and from persons using health services. Composition of the LJWG should reflect health services reorganisation and its membership adjusted accordingly.

16. The LJWG is responsive to programme change in line with the DOH Health Reform Agenda and population focus.

17. A governance agreement is in place within the HEI in respect of financial and staffing resources[44] to support the delivery of the educational programme for the five year approval period.

18. Confirmation of institutional support for the long-term security of the programme is explicit with appropriate and adequate resources and facilities being made available to meet the teaching and learning needs of the students.

19. Structures are in place to facilitate the participation academic and practice staff and nursing undergraduates in the relevant deliberation, evaluation and decision-making processes associated with programme review and development.

20. A mechanism for staff development, including academic and clinicians involved in delivery and assessment of teaching and learning, is declared.

3.2.4 Student Support, Supervision and Learning Resources

Criterion:

The Higher Education Institution and its Associated Health Service Provider(s) should provide adequate guidance and support for student learning throughout the programme of study to foster an effective learning climate. The HEI and AHCS should provide adequate[45] financial and human resources in terms of academic, supervisory, administrative, and clinical personnel to ensure the effective delivery of teaching, learning and assessment. Such resources should support research activity, programme administration and professional development of the staff involved in programme delivery and should be specified in a Memorandum of Understanding.

Standard:

There is evidence as specified in a Memorandum of Understanding of the commitment of adequate resources by the HEI's and Associated Health Care Provider(s) for effective support, guidance and supervision of nursing students.

Indicators:

1. The mechanism for student support in relation to student services, facilities, academic and personal guidance is explicit and is made known, in writing, to students at the beginning of the programme.

2. Support mechanisms are provided for students, designed with their needs in mind and responsive to feedback from those who use such student services.

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[44] 1 academic staff member: 20 undergraduate nursing student ratio.

[45] Of sufficient level to match the needs for delivering the programme in accordance with criteria specified in NMBI Standards and Requirements.

3. HEI and Schools/Departments educational learning resources and facilities (including technological support) adequately support delivery of the entirety of the programme.

4. Teaching and facilitation of student learning is resourced by adequate numbers of appropriately prepared academic, administrative, technical and clinical staff to support the delivery of the programme at the stated professional and academic level.

5. Nursing subjects are developed and taught by Registered Nurses/midwives with appropriate professional and academic qualifications and teaching expertise in the subject matter.

6. The academic and practice staff delivering the programme hold appropriate professional qualifications and have the subject knowledge, skills and proficiency to teach or assess students in a range of settings.

7. A mechanism for staff development that prepares staff to deliver the educational programme including the provision for maintaining nursing subject expertise and academic and clinical credibility is declared.

8. Processes for monitoring of student attendance, sickness, absence and attrition are fair, accurate, transparent and available.

9. Specified periods of annual leave are identified within the curriculum for years 1-3 of the programme and during the final year internship period.

10. A formal grievance and complaints policy for students is in place.

11. Processes for monitoring of student achievement, progression and completion are fair, accurate, transparent and available.

12. A formal appeals procedure is in place with clear guidance on the process for students.

13. Access is afforded to undergraduate nursing students for clinical exposure to allied health professionals.

14. The methodology of the Higher Education Institution and the Associated Health Care Provider(s) to support students in the practice learning setting and to be involved in the clinical environment and its development are explicit.

15. Mechanisms for student support in relation the provision of adequate guidance, supervision and examination of competence development in practice placement settings are available.

16. The staff resource[46] supports the delivery of the educational programme at the stated professional and academic level.

17. The HEI and AHCP(s) routinely monitor and review the effectiveness of support services available to students and implement necessary improvements.

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[46] Nurse Practice Development Coordinator, Clinical Placement Coordinator (1:30), Academic Staff (1:20), Allocations Liaison Officer (1:50) staff–student ratio.

3.2.5 Assessment Strategies

Criterion:

Assessment of academic achievement, progression and completion must be fair, effective and transparent. Students should be assessed using published criteria, regulations and procedures that are applied consistently and are subject to internal and external verification.

Standard:

The assessment of learning is a continuous process and demonstrates a balanced and integrated distribution throughout the educational programme that is verified through the external examination process.

Indicators:

1. The curriculum design includes the assessment strategy in relation to the measurement of practice-based and theoretical learning outcomes.

2. The programme assessments strategy is strategically planned and fit for purpose.

3. Assessments serve a formative function for gauging student progress and a summative purpose to ensure that progression to the next part/year of the programme is dependent on student attainment of required educational standards in theory and practice.

4. From an early stage, students are made aware of the assessment strategy used for their programme of study by the provision of an assessment map detailing the range of examinations, assignments, practice-based and other assessments of proficiency that will be encountered and the criteria used to measure their academic and practice performance.

5. Assessment techniques are established as reliable and valid measurements of learning outcomes.

6. Assessments are based on a variety of strategies that are aligned with the subject area, practice placements learning environment, and stage of the educational programme and are consistent with module learning outcomes.

7. Assessment measures the integration and application of theory to the nursing care of people using health services that is learned throughout the programme. It requires the student to demonstrate competence within practice through the achievement of learning outcomes in both theory and practice.

8. Practice-based assessment of learning outcomes and competence is based on an explicit model or framework for competence assessment.

9. The grading criteria indicating the standard for a pass award is declared and made explicit for theoretical and clinical practice assessments.

10. Module assessments have clear marking criteria that are available to students, internal and external examiners and academic staff.

11. Written exemplars of internal moderation being employed in the grading of module assessments are provided.

12. Policies governing student absence, non-submission of assessment work, non-attendance at examinations, mitigating circumstances and repeat arrangements are explicit.

13. Assessments are subject to administrative checks to verify accuracy of procedures used.

14. All assessment results are considered and approved by a properly constituted Examination Board in accordance with the HEI's policies and Assessment and Examination Regulations.

15. Information is provided to students in a timely and accessible manner as to the processes for obtaining results, viewing scripts, securing module lecturer and advisor of studies feedback to students, and requesting a recheck of marks.

16. 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.

17. Programme criteria specify pass/fail standards, compensation, and maximum number of supplemental attempts.

18. The assessment strategy does not allow compensation between theoretical and clinical practice assessments.

19. There is evidence that External Examiners are appointed by the Higher Education Institution in accordance with its procedures and with criteria specified by the NMBI for the experience and expertise of examiners of professional nursing programmes.

20. External examiners' reports attest to the External Examiner's role in reviewing the content, structure, organisation and assessment of the nursing programme in terms of equity, fairness and transparency.

21. There is evidence of the quality assurance role of the external examiner in ensuring that decision-making by examination boards of the Higher Education Institution is rigorous, fair and consistent, and in programme review.

22. The Higher Education Institution and its Associated Health Care Provider(s) provide an annual report on the educational programmes by including the external examiner's report or a summary to the Nursing and Midwifery Board of Ireland.

23. The assessment strategy ensures that graduates meet the intended programme learning outcomes and competencies for proficient practice as a Registered Nurse in a specified division of the professional register.

3.2.6 Practice Placements

Criterion:

The HEI and its AHCP(s) work in partnership to select, develop and provide appropriate practice placements for students. Learning opportunities are provided to ensure the student gains the breadth of experience supporting the curriculum aims developing the competences required for registration.

Standard:

Practice placement experience is selected by the HEI in partnership with its AHCP(s) supporting the curriculum aims, in accordance with EU Directives and NMBI Standards and Requirements.

Indicators:

1. HEI's and AHCP's are committed to monitor and support the quality of the learning environment in all practice placements in order to ensure an optimum learning environment for students. This commitment is outlined in the Memorandum of Understanding (M.o.U.).

2. The M.o.U. details the system for academic liaison and engagement with practice sites to support undergraduate practice based learning.

3. Practice placements provide students with the appropriate learning environments to support the development and achievement of their competencies; placement selection must be subject to ongoing review and monitoring by the HEI and AHCP(s) given the dynamic nature of health services provision.

4. All practice placements are audited in order to assess and ensure their suitability as quality learning environments, in accordance with the NMBI Standards and requirements for programme approval.

5. Practice Placements are selected to reflect the breadth and diversity of the educational program and the division of the register, encompassing the scope of settings in which the specified division of nursing normally operates.

6. Where learning opportunities occur under the supervision of other members of the multidisciplinary team, allied health, educational and social care professionals, such experiences are monitored by a registered nurse and the placement's final assessment process allows for the involvement of a Registered Nurse.

7. HEI's have a framework in place for students to raise concerns about the perceived safety of the practice learning environment. The HEI's have a formal structure in place, in agreement with their AHCP's, to follow up such reports with clinical sites concerned.

8. Systems for allocation of students are transparent and fair.

9. HEIs and AHCPs have dedicated allocations personnel in post including 0.5 WTE of an allocations liaison post for up to 50 students (Department of Health 2004, 41).

10. Prior to using new practice placement sites, verification of the completed audit as endorsed by the Higher Education Institution are submitted to the Nursing and Midwifery Board of Ireland.

11. A maximum of 13 weeks of NMBI clinical instruction time may be provided for students to experience practice placements in either a European Union state or in an International Healthcare System.

12. EU/International Practice Placements are governed by a formal learning agreement between the students' own HEI and the HEI of the hosting country detailing **the agreed** criteria and mechanisms for such placements[47].

13. EU/International Practice Placements are based only in health care institutions which have been approved by *either* the competent authority of the host state *or* by the hosting HEI with whom the HCP is associated.

14. As with all Practice Placement sites, the HEI must notify the NMBI of **the agreed** criteria and mechanisms utilised for evaluating an International / EU Practice Placements as being an appropriate learning environment for the development of students' competences.

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[47] These should include, inter alia, specified criteria for preparation, travel arrangements, accommodation, supervision, orientation to cultural differences and to professional standards for practice in the host site(s), practice learning opportunities, mechanisms for undergraduate support, health and safety arrangements, monitoring and evaluation reporting processes.

3.2.7 Practice Placements Learning Environment and Competence Assessment

Criterion:

Practice-based learning forms a mandatory and essential component of the professional nursing education to enable students to develop the domains of competence to become safe, caring, competent decision-makers who are willing to accept personal and professional accountability for evidence-based nursing care.

Standard(s):

Clinical Placement Coordinators are appropriately qualified and adequately prepared for and supported in the role of guidance, support, facilitation and monitoring of practice-based learning among undergraduate nursing and midwifery students.

Preceptors and assessors of nursing students' practice-based learning are appropriately qualified and adequately prepared for and supported in the role of student supervision and assessment of proficiency towards competence in nursing practice.

Indicators:

1. Clearly written up-to-date learning outcomes/objectives[48] appropriate to the practice placement environment are available and accessible to ensure optimal use of valuable practice placement experience.

2. Learning outcomes that are explicit to the practice setting are used for each year of the programme to guide student practice-based learning.

3. Nursing students and all those involved[49] in meeting their learning needs are fully acquainted with the expected learning outcomes relating to that practice placement setting.

4. At all times there are sufficient registered practitioners to facilitate the supervision and support of student nurses to achieve the expected learning outcomes of the programme.

5. Practice based learning is supported by adequate numbers of appropriately qualified and prepared practitioners with experience of the relevant division of nursing to act as preceptors.

6. Practice based learning is supported by adequate numbers of appropriately qualified and prepared Clinical Placement Coordinators who are supported by a Nurse Practice Development Coordinator. A minimum ratio of one clinical placement coordinator to every 30 nursing students is in place with due regard to the geographical location and array of practice settings[50] (Department of Health 2004, 41).

7. Preceptorship arrangements are in place to support student placements in community and primary care settings.

[48]   The learning outcomes/ objectives are reviewed and revised as necessary.

[49]   Clinical Placement Co-ordinators, Preceptors, Nurse Practice Development Coordinators, Clinical Nurse Managers, Link Academic Staff and others involved in supervision or assessment of nursing students.

[50]   This relates to acute services; the CPCs for primary care and community settings require a CPC-student ratio that reflects the geographical location and travel considerations for such settings.

8. Nursing students are assigned a named primary preceptor, who is a Registered Nurse, during practice placement to provide support and supervision and assist them to develop the knowledge, know how, skills and competence to become proficient practitioners of nursing.

9. Preceptors/Registered Nurses, who support students, have completed a teaching and assessing course approved by the NMBI to enable them support, guide and assess students' learning and competence development.

10. Protected time policy/arrangements are in place for preceptor supervision and examining of undergraduate students.

11. Preceptor initial preparation is supported by refresher courses and support from HEI in relation to student supervision and competence assessment.

12. Assessment of the achievement of practice learning and competence development is undertaken in a fair, effective and transparent manner in accordance with the assessment strategy and NMBI Standards and requirements.

13. Practice-based assessment of learning and attainment of competence is based on an explicit model or framework for progressive achievement of proficiency.

14. Mechanisms for preceptorship evaluation are in place.

15. The supernumerary status of the student is explicit for preceptors and nursing students.

16. Specified internship practice placements provide experience of the 24 hour cycle of the person accessing health services.

17. Specific periods of protected time are allocated for reflection during supernumerary placements and the final internship clinical placement (Nurse Education Forum 2000).

18. The time allocated for protected reflective practice during supernumerary placements and the structures in place for the implementation of protected reflective time during the period of internship should be agreed formally between the HEIs and the associated health care providers and included in the memorandum of understanding.

19. Reflective time of a minimum of 4 hours per week should be an integral component of any supernumerary nursing and specialist placement.

20. Reflective time equivalent to a minimum of 4 hours per week forms an integral component of the internship period of clinical allocation to enhance the consolidation of theory to practice (HSE HR Circular 030/2009).

21. Reflection is developed through the maintenance during the internship period by the nursing student of a personal professional portfolio of learning related to competence development.

22. Students are supported and supervised during the final placement of 36 weeks internship to consolidate the completed theoretical learning and to support the achievement of clinical competence on graduation and registration.

23. The HEI and AHCPs operate an effective fitness to practise mechanism for the protection of the public and safety of the vulnerable person receiving healthcare.

24. The HEI and AHCPs operate robust processes for managing undergraduate health problems.

3.2.8 Quality Assurance and Enhancement Mechanisms

Criterion:

The strategy, policy and procedures for quality monitoring, assurance and enhancement should have formal status within the Higher Education Institution and its Associated Health Service Provider(s), are publicly accessible and include a role for students and other academic and practice stakeholders.

Standard:

The Higher Education Institution and its Associated Health Service Provider(s) demonstrate a commitment to the fostering of an organizational culture for continuous quality improvement with written evidence outlining the systems and outcomes of quality monitoring and enhancement.

Indicators:

Quality assurance indicators are identified and measured in relation to the availability of:

1. Reports of internal and external subject quality reviews.

2. Reports of module, year and programme evaluation.

3. Students', former students' and employers' evaluations of the programme.

4. Sufficient registered practitioners to facilitate the supervision of nursing students.

5. Evidence based practice guidelines to support care delivery.

6. Reports of research awareness and the application of research findings among clinical practitioners.

7. Reports on the delivery of person-centred, holistic care of the person using health services.

8. Policies/protocols in respect of medication management.

9. Policies/protocols in respect of good practice in recording the delivery of nursing care.

10. Mechanisms and evidence of audit of nursing documentation.

11. Evidence of maintenance of competence and of continuing professional development of all academic and practice staff involved in programme delivery.

12. Evidence of clinical risk management programmes.

13. Mechanisms for and evidence of student support, supervision and assessment whilst in practice settings.

14. Mechanisms for and evidence of educational and clinical audit.

15. Mechanisms are explicit as to the role and function of members of the public and persons in receipt of healthcare in the process of programme review and evaluation.

Appendix 1: Explanation of Terms

Accountability

Being able to give an account of one's nursing and midwifery judgements, actions, and omissions as they relate to life-long learning. It also incorporates maintaining competency, and upholding both quality patient care outcomes and standards of the nursing and midwifery professions (adapted from Krautscheid 2014)[52].

Adverse Event

An incident which resulted in or could have resulted in harm.

Advocacy

A means of empowering people by supporting them to assert their views and claim their entitlements and where necessary, representing and negotiating on their behalf.

Appropriate

Matching the circumstances, meeting the needs of the individual, groups or situation.

Assessment /Patient Assessment
(health assessment and structured physical examination)

Patient assessment is the fundamental competency necessary to guide safe practice and encompasses physical, mental, cultural, environmental and spiritual assessment. In addition, physical examination skills are essential to inform critical thinking, decision making, planning therapeutic interventions and identifying achievable outcomes across the life-span. Assessment skills and critical thinking skills are developed and refined over time, but are an essential competency and should start as early as possible in the programme. Assessment and patient responses to care, requires constant re-assessment and monitoring for evidence of any deterioration or failure to meet the planned outcome; is a central component of nursing care. (Written communication: Byrne, S. Director of Nursing & Midwifery Planning & Development [Dublin South, Kildare and Wicklow HSE, 2015])

Autonomy

Self-determination; a person's ability to make choices on the basis of their own values. Australian Nursing and Midwifery Council (2006) National Competency Standards for the Registered Nurse. http://www.anmc.org.au/

Capacity

The ability to understand, deliberate and communicate a choice in relation to a particular healthcare decision at a particular time.

Clinical Governance

The system of authority to which healthcare teams are accountable for the quality, safety and satisfaction of persons in the care they deliver.

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[52] Krautscheid, C. (2014) Defining Professional Nursing Accountability: A Literature Review. Journal of Professional Nursing 30(1): 43-47

Clinical Placement Co-ordinator (CPC)

Drennan (2002: 482)[53] defined the Clinical Placement Co-ordinator (CPC) as "an experienced nurse who provides dedicated support to student nurses in a variety of clinical settings." The primary functions of the role include guidance, support, facilitation and monitoring of learning and competence attainment among undergraduate nursing students through reflective practice. CPCs are supernumerary to clinical care delivery and ensure that clinical practice facilitation and assessment of student learning is carried out fairly and effectively, by provision of support and guidance to preceptors and clinical nurse/midwife managers through negotiation of linkages between academic and clinical environments (McNamara 2007)[54]. The role is complex and entails participation with link academic staff and clinical staff in audit of the practice setting learning environment and engagement in practice development.

Collaborative practice

Collaborative practice occurs when several health workers from different professional backgrounds work together with individuals of all ages, families, groups and communities, to deliver the highest quality of care (adapted from World Health Organization 2010).

Colleagues

Co-workers, other health and social care professionals, other health care workers and nursing and midwifery students.

Competence

The attainment of knowledge, intellectual capacities, practice skills, integrity and professional and ethical values required for safe, accountable and effective practice as a Registered Nurse. Competence relates to the nurse's scope of practice within a division of the register, is maintained through continuing professional development and the nurse may need to upskill, update or adapt competence if s/he works in a different practice setting or with a different profile of service user.

Competences

The development of competences for a specified discipline represents the goal of an education programme; competences are specified in a manner that renders them assessable and develop incrementally throughout a programme of study.

"Competences represent a dynamic combination of cognitive and meta-cognitive knowledge, intellectual and practical skills and ethical values." (Nursing Subject Area Group (SAG) of the Tuning Project 2011, 9)

The knowledge, understanding, and ability levels specified in the learning outcomes are directly related to levels of competence at a particular academic award level and consist of both generic and subject-specific competences that are specific to a discipline.

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53   Drennan J. (2002) An evaluation of the role of the Clinical Placement Coordinator in student nurse support in the clinical area. Journal of Advanced Nursing 40(4): 475-483

54   McNamara M. (2007) Illuminating the essential elements of the role of the clinical placement co-ordinator: a phenomenological inquiry. Journal of Clinical Nursing 16(8): 1516-1524

Competency Framework

A complete collection of competencies and their indicators that are central to and set the standards of effective performance for a particular client group (Nursing and Midwifery Council, 2010).

Conduct

A person's moral practices, actions, beliefs and standards of behaviour.

Confidentiality

An entrusted relationship with private or restricted information between the health professional and a person receiving health care.

Cultural competence

The attainment and demonstration among health professionals who are working with people from diverse ethnic origins of *"a set of congruent behaviours, attitudes and policies that come together in a system, agency or among professionals to work effectively in cross-cultural situations required."* (Cross, Bazron, Dennis and Isaacs, 1989)

Delegation

"Delegation is the transfer of authority by a nurse or midwife (the delegator), who is responsible for health care delivery, to another person to perform a particular role or activity that is normally within the scope of practice of the delegator" (Mueller and Vogelsmeier, 2013).[55]

Domain

"An organised cluster of competencies in nursing practice." Australian Nursing and Midwifery Council (2006) National Competency Standards for the Registered Nurse. http://www.anmc.org.au/

Ethics

The principles, values and virtues that enable people to live a morally good life. Applied to nursing and midwifery, the moral principles presented in the Code of Professional Conduct and Ethics or Registered Nurses and Registered Midwives underpin professional practice.

Evidence Based Practice

The use of the best available evidence together with the nurse or midwife's expertise and a person's values and preferences in making healthcare decisions.

Family-Centred Care

"Family-centered care (FCC) is a philosophy of care that recognizes the family's central role in the child's life and in the delivery of care."[56] It is usually taken to indicate a collaborative relationship between the child, family and health care provider in decision-making about health care interventions although no consensus has been achieved as to its exact definition (Kuo et al. 2012)[57].

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[55] Mueller, C. & Vogelsmeier, A. (2013) Effective Delegation: Understanding Responsibility, Authority and Accountability. *Journal of Nursing Regulation* 4(3): 20-25

[56] Coyne I, Murphy M, Costello T, O'Neill C, Donnellan C. A survey of nurses' practices and perceptions of family-centred care in Ireland. See comment in PubMed Commons below Journal of Family Nursing 2013 Nov;19(4):469-88

[57] Kuo D, Houtrow A, Arango P, Kuhlthau K, Simmons J & Neff J *Maternal Child Health* 2012 16(2): 297-305

Incident

An event or circumstance which could have, or did lead to unintended and unnecessary harm to a person, or to a complaint being made, or to loss or damage.

Indicators

Statements of the behaviour that would be observed when effective performance of a competence is demonstrated.

Integrity

Upholding the values of the profession and the accepted standards of practice. Acting with integrity is acting honestly and behaving as expected under the Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives.

Knowledge

The cognitive representation of ideas, events or happenings. It can be derived from practical or professional experience as well as from formal instruction or study. It can comprise description, memory, understanding, thinking, analysis, synthesis, debate and research.

Learning Outcomes

Learning outcomes for programmes of study specify the acquisition of knowledge, understanding, ability and skills that a student should have attained through the process of learning and has been defined as follows:

"Learning outcomes are statements of what a learner is expected to know, understand and to be able to demonstrate after completion of a learning experience...according to Tuning, learning outcomes are the expression in terms of the level of competence to be obtained by the learner." (Nursing Subject Area Group (SAG) of the Tuning Project 2011, 9)

Omission

Failure to do something, especially something that a person has a moral or legal obligation to do.

Person

A person means an individual who uses health and social care services. In some instances, the terms 'client', 'individual', 'patient', 'people', 'resident', 'service user', 'mother', or 'baby', 'child', 'young person' are used in place of the term person depending on the health or social care setting.

Person-centred nursing

"A person-centred approach to nursing focuses on the individual's personal needs, wants, desires and goals so that they become central to the care and nursing process. This can mean putting the person's needs, as they define them, above those identified as priorities by healthcare professionals" (Draper & Tetley, 2013)[58]. According to McCormack and McCance (2006), it is a complex process founded not only on prerequisites of professional competence but also on a care environment that supports the approach. They argue that it means engaging with and working with a person's values and beliefs, involving her/him centrally in decision making, providing for the

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[58] http://www.open.edu/openlearn/body-mind/health/nursing/the-importance-person-centred-approaches-nursing-care (accessed December 2014)

person's needs within an empathetic presence to effect person-centred therapeutic outcomes of satisfaction and involvement in care and a feeling of wellbeing in the person[59]. If the social context of nursing is constructed on an institutional model of care delivery, it may hamper the development and use of a person-centred nursing ethos by nurses (Middleton & Uys, 2008[60]).

Practice

Practice has been defined by the Nursing and Midwifery Board of Australia in the context of the disciplines of nursing and midwifery as:

"Practice means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a nurse or midwife. For the purposes of this registration standard, practice is not restricted to the provision of direct clinical care. It also includes working in a direct nonclinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact on safe, effective delivery of services in the profession and/ or use their professional skills." *(Nursing and Midwifery Board of Australia, 2010).*[61]

Preceptor

A preceptor is a Registered Nurse or Midwife who has undertaken preparation for the role and who supports undergraduate nursing or midwifery students in their learning in the practice setting and assumes the role of supervisor and assessor of the students' achievement of clinical learning outcomes and competence.

Protected disclosure

A nurse or midwife, in good faith, can report:

- Safety concerns which may put the person or public at risk;
- Legal obligations that are not being met; or
- Where public funds are being wasted.

By reporting their concerns in line with the relevant legislation, the nurse or midwife is protected from their employer taking action against them.

Quality care

Practice has been defined by the Quality and Safety Directorate, Health Service Executive (Crowley, 2014 Personal Communication) as:

"Care that (i) is person-centred, (ii) is safe, (iii) is effective and (iv) results in better health and wellbeing."

Further guidance is available from the HSE Quality and Patient Safety website at: http://www. hse.ie/eng/about/qps/

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[59] McCormack B, McCance, T. (2006) Developing a framework for person-centred nursing. **Journal of Advanced Nursing** 56(5): 472-479

[60] Middleton L., Uys L. (2008) A social constructionist analysis of talk in episodes of psychiatric student nurses in conversation with clients in community clinics. **Journal of Advanced Nursing** 65(3): 576-586

[61] Nursing and Midwifery Board of Australia,(2010) Nursing and Midwifery Recency of Practice Registration Standard, 1st July 2010 http://www.nursingmidwiferyboard.gov.au/Registration-Standards.aspx (accessed 24 July 2014)

Quality of Practice

Evidence-based professional standards balanced against the needs and satisfaction of the person using health services with that of organizational efficiency.

Registered Midwife

A midwife whose name is entered in the midwives division of the register of nurses and midwives.

Registered Nurse

A nurse whose name is entered in the nurses division of the register of nurses and midwives.

Responsibility

The obligation to perform duties, tasks or roles using sound professional judgement and being answerable for the decisions made doing this (Nursing and Midwifery Board of Ireland, 2015: 2)

Scope of Practice

The range of roles, functions, responsibilities and activities which a registered nurse or registered midwife is educated, competent and has authority to perform (Nursing and Midwifery Board of Ireland, 2015:2).

Self-determination

A person taking control of their own life and making their own decisions.

Standards

Authoritative statements developed, monitored and enforced by the Nursing and Midwifery Board of Ireland to describe the responsibilities and conduct expected of Registered Nurses and midwives. The standards are based on the principles and values that underpin professional practice.

Sufficient knowledge

Having knowledge equal to the proposed end as specified in a learning outcome or practice based indicator as judged by the person evaluating the performance of the student or peer.

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, competence, skills and professional attributes essential to a professional practitioner of nursing.

    2.5 The student takes an active role in achieving the learning outcomes whilst acknowledging and respecting the interests/rights of the person using health services.

All practice placements must meet the audit requirements of the Nursing and Midwifery Board of Ireland and the higher education institution.

Supervision

Supervision is defined by the Board as *"the provision of oversight, direction, guidance or support by a nurse or midwife to students or unregulated health care workers (HCW). Supervision may be direct or indirect"* (NMBI, 2015: 2)[62]. *"Direct supervision means that the supervising nurse or midwife is actually present and works with the student or unregulated HCW undertaking a delegated role or activity. Indirect supervision implies that the nurse or midwife does not directly observe the student or the regulated or unregulated HCW undertaking a delegated role or activity. Both direct and indirect supervision can include oversight, direction, guidance and support and evaluation"* (NMBI, 2015: 14).

Students undertaking the registration education programme do so under the supervision of a Registered Nurse who has been designated as his/her preceptor and under the wider supervision and direction of a team of Registered Nurses within each practice setting. During years 1-3, the level of direct and indirect supervision varies according to the year of the programme, confidence, experience and level of skills and proficiency as judged by the Registered Nurse. In some cases, the student will shadow the Registered Nurse during nursing interventions; in other circumstances the Registered Nurse may undertake nursing interventions at arm's length and report back on and document the process and outcomes. During the final year placements within the 36 weeks internship, students continue to need guidance, support, prompting, feedback and evaluation to enable them achieve the level of clinical competence expected within the practice placement environment.

Therapeutic Relationship

The relationship established and maintained between a person requiring or receiving care and a nurse or midwife through the use of professional knowledge, skills and attitudes in order to provide nursing or midwifery care expected to contribute to the person's health outcomes (adapted from The Nursing Council of New Zealand).

[62] Nursing & Midwifery Board of Ireland, *Scope of Nursing and Midwifery Practice Framework*. 2015 Blackrock Co. Dublin

Appendix 2:
List of contributors

The Nursing and Midwifery Board of Ireland (NMBI) wishes to acknowledge the expert assistance it received through a series of focus groups and consultation meetings with members of the academic (including nursing students), clinical practice and managerial community of the nursing profession in the course of developing the new Standards and Requirements. Thanks are also extended to the Department of Health, Chief Nurse, Health Services Executive Office of the Nursing and Midwifery Services Director, Council of Deans and Academic Heads, Health Unions and to representatives of Health Services Patient Representative Groups for the extensive feedback given to the earlier drafts.

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