RETURN TO NURSING PRACTICE COURSES

Standards and requirements

Bord Altranais agus
Cnáimhseachais na hÉireann

Nursing and Midwifery Board
of Ireland

About NMBI

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

Nurses Rules 2010

This programme is governed by the Nurses and Midwives Act 2011 and by the Nurses Rules, which provide titles of recognised qualifications under the Register or Nurses and Midwives. For more information on the Act, and on the Nurses Rules, visit the What we Do/Legislation section of NMBI's website, www.NMBI.ie

Approval of Higher Education Institutions and associated Health Care Providers

Details of approval of HEIs and associated HCPs along for provision of such programmes are published on our website. For more information, visit www.NMBI.ie/Education/Higher-Education-Institutions

Glossary

A full glossary of all the terms used in this and other NMBI publications is published on our website on www.NMBI.ie/Standards-Guidance/Glossary

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INTRODUCTION

Nursing is a practice discipline and hence theory and practice are intrinsically linked. Nurse education must be a continuum and not something that ends at the point of registration, hence there is a need for continuing professional development for all registered nurses. Return to Nursing Practice courses are provided to enable nurses returning to practice to update both their theoretical knowledge and their clinical skills. The theoretical component of the course is required to allow participants to acquire the knowledge, understanding and professional skills necessary to assess, plan, implement and evaluate nursing practice. The clinical component will allow the nurse to build on the acquired knowledge and skills and provide nursing care as a member of multidisciplinary team in the health care setting.

Nurses are required to be flexible and adaptable within today's complex healthcare settings and issues such as accountability and competency are of paramount importance in relation to the role of the nurse. The aim of clinical practice learning is to enable the nurse to develop the domains of competence (NMBI, 2000) and become safe, caring, competent decision makers willing to accept personal and professional accountability for evidence based nursing practice. Continuing competency is needed for all nurses to promote and maintain health, as well as being able to deliver competent care during illness, rehabilitation and dying. Nurses need to be committed to personal and professional development. Therefore, Return to Nursing Practice Courses will also facilitate the attainment of competence and confidence in the provision of nursing care. The Code of Professional Conduct and Ethics for Registered Nurses and Midwives (NMBI, 2014) and the Scope of Nursing and Midwifery Practice Framework (NMBI, 2015) emphasise the need for nurses to be competent and accountable for their practice.

Requirements of the Nursing and Midwifery Board of Ireland (NMBI)

- Courses must be approved by NMBI. Third Level Institutions or Centres of Nurse Education, with their partnership healthcare institutions, must apply for approval of the course from NMBI. All course details, plus supporting documentation, must be submitted. The duration of approval of the programme will be specified by NMBI but will be no longer than five years. The duration of approval will be notified by NMBI to the providing institution.

- Any significant changes to the course must be notified to NMBI.

- The course must be developed and co-ordinated by a Registered Nurse Tutor.

- Clinical placements must take place in a healthcare institution approved by NMBI for the education of nursing students/nurses.

- All clinical placements must be supported and supervised by Registered Nurses.

- Clinical placements in healthcare institutions not currently approved by NMBI for educational purposes must apply and receive such approval prior to commencement of a course.

- Records of course content, clinical placements and attendance must be kept in respect of each participant on the course for a period of no less than 3 months and as agreed by local policy.

- An annual repor t must be submitted to NMBI by the providing institution.

Taking cognisance of these guidelines, specific courses to meet the needs of nurses returning to practice in the areas of general nursing, children's nursing, psychiatric nursing and intellectual disability nursing may be developed. A single course with a common core element

RETURN TO NURSING PRACTICE COURSES

Course participants

a. Whilst there is currently no legal requirement to do so, NMBI strongly recommends that a registered nurse who is returning to practice after an absence of five years or more should complete a Return to Nursing Practice Course prior to engaging in nursing practice or being employed as a nurse. This recommendation is also applicable to nurses returning to practice in one discipline of nursing, having practised for many years in another discipline of nursing or in midwifery. This is so that the nurse will have an oppor tunity to update her/his knowledge and clinical skills in order that she/he is a competent provider of nursing care. Both the Code of Professional Conduct and Ethics for Registered Nurses and Midwives (NMBI, 2014) and the Scope of Nursing and Midwifery Practice Framework (NMBI, 2015) emphasise the need for a nurse to be competent and accountable for her/his practice. It falls within the remit of employers to insist that a Return to Nursing Practice Course be completed prior to commencement of employment.

The participant must be on the Active Register maintained by NMBI prior to commencement of the course. This should be verified by the Course Co-ordinator prior to commencement of the course.

b. Nurses not currently registered with NMBI must firstly apply for registration. NMBI may, on occasions, direct that an individual must undertake a Return to Nursing Practice Course as a pre-requisite to registration. Such direction will always be issued in writing by NMBI. Once such an individual has secured a place on a course, he/she must notify NMBI of the starting date and location of the course. He/she will then have their name entered on a Candidate Register maintained by NMBI and will be issued with a certificate to this effect.

Learning outcomes:

The purpose of the Return to Nursing Practice Course is to ensure that the nurse is equipped with the knowledge and skills necessary to practice as a competent and professional nurse. The Return to Nursing Practice Course should enable the participant to achieve these six learning outcomes:

• Assist individuals, families and groups achieve optimum health, independence, recover y or a peaceful death in a professional caring manner.

• Plan, provide and manage direct nursing whether health promotional, preventative, curative, rehabilitative or supportive, to individuals, families or groups.

• Demonstrate a knowledge base and a level of competence in clinical practice skills essential for safe practice, which are grounded in recent evidence-based nursing research.

• Identify, meet and evaluate the nursing care needs of the individual, family, community in all healthcare settings.

- Act as an effective member of a healthcare team and participate in the multi-disciplinary team approach to the care of patients/clients.

- Demonstrate an appreciation of the skills of analysis, critical thinking, problem-solving and reflective practice.

Course structure and duration

The course should provide the participant with learning opportunities that will support the achievement of competence in clinical practice. The course may be delivered in a full-time or par t-time mode. The minimum duration of the programme shall be six weeks full time, and twelve weeks part-time. The deliver y of the programme from a full time/part time option is at the discretion of the course providers at local level.

Part I:

Part I, comprising a minimum of one third of the course, shall be comprised of theoretical instruction. Related clinical instruction, which may be based in a clinical skills laboratory and in the clinical area, may also be included in this part of the programme. The indicative content to be addressed during this time is set out in Section 6 of this document.

Part II:

This should be of a minimum of one half of the course and should be spent in a clinical area that has well established mechanisms for supporting learners. Placement in such an area facilitates support and assessment of the participant. The participant should be assigned a preceptor for the duration of the placement. The participant should work with a preceptor and/or other nursing staff on a daily basis for the duration of the placement. This enables the participant to develop the requisite knowledge, skills, attitudes and behaviours necessary to demonstrate the achievement of competence.

Competence is defined as the ability of the registered nurse to practice safely and effectively fulfilling her/his professional responsibility within her/his scope of practice. During par t II of the course, the competence of each participant should be assessed using the Competence Assessment Tool developed by NMBI (Page 10).

It is recognised that individuals returning to nursing practice after an absence of many years are likely to require additional support and supervised time in the clinical area in order to enable them to practice at a competent level. Par t II of the Return to Nursing Practice course may need to be extended for individual participants to facilitate the achievement of competencies and this can be negotiated at local level. It should also be recognised that though individuals may have reached a level of competence in their clinical practice, they will continue to require a level of clinical support to enable them to become confident providers of nursing care. Completion of a Return to Nursing Practice Course is not an end-point in itself but rather the beginning of an engagement in a process of continuing professional development.

Please Note: "week" means the standard working week in hours being applied to nurses by an approved healthcare institution at the time of the course.

Indicative Content and Theoretical Content

The Art and Science of Nursing:

- A review of the evolution of nursing that is discipline specific.

- The development of the role of the nurse in nursing practice.

- The application and utilisation of a systematic approach to nursing care including assessment/identification of needs, planning, prioritising, facilitating, delivering and negotiating the deliver y of care and evaluating nursing care for all client groups.

- The application of nursing principles to a variety of special client groups and practice settings including community, primary health care, physical and learning disability, mental health and care of the elderly.

- The establishment of effective professional relationships by communicating, collaborating and liaising with nursing colleagues and members of the multidisciplinary healthcare team.

- Development of verbal and written skills in relation to information giving, maintaining clinical nursing records, teaching and presentation of health information.

- Creating and contributing to a work environment supportive of teaching and learning, through preceptorship.

- Health and safety in the workplace taking cognisance of the policies, procedures and guidelines of the health care institute.

Professional, Ethical and Legal Issues:

- Role of the statutory and professional nursing bodies/agencies.

- The scope of nursing practice as defined by the profession, legislation and ethical codes and values.

- Contemporary issues in protection and welfare of vulnerable groups.

- An introduction to health promotion and health education

- Multi-disciplinary team functioning and differing role boundaries including the role of formal and informal carers.

Research appreciation and evidence-based practice:

- An introduction to the concept of self-directed learning skills, critical thinking/reasoning skills and decision-making skills and reflective practice in nursing.

- An introduction to the research process and techniques for literature searching.

- Utilising research and evidence-based practice in nursing.

Clinical skills content:

- Manual handling and safe moving.

- Cardio-pulmonary resuscitation.

- Infection control and prevention.

- Administration of intravenous fluids and blood products.

- Blood glucose management.

- Use of equipment and technical aids to facilitate care (as appropriate).

- De-escalation techniques.

Assessment of participants' competencies

Attainment of competence in clinical practice should be assessed, in respect of each participant, using the Competence Assessment Tool (page 10).

Participants who are not seen to be developing towards a competent level of clinical practice should be identified to the Course Co-ordinator. The course participant should be informed of the concerns identified. Support and guidance should be offered and an action plan developed. Concerns about patient/client or staff safety should be notified to the Director of Nursing in the healthcare institution concerned. Ultimately, if the individual is already registered, a decision may be taken to request that an enquiry into the participant's fitness to practise be under taken by NMBI. All concerns and action taken should be documented.

Entry Procedure

Application for entry to the course should be made directly to the institution responsible for co-ordination of the course. Institutions are responsible for publicising the course and the application process.

Once approved by NMBI, course details will be placed on the web-site of the Nursing Careers Centre (www.nursingcareers.ie) and in the Nursing/Midwifery Career Development booklet produced by the Nursing Careers Centre in NMBI.

It is the responsibility of the institution co-ordinating the course to determine, in consultation with partnership healthcare institutions, any occupational health requirements that must be met by applicants prior to commencing the course.

Number of participants

The number of participants on the course should be determined by the number who can be adequately supported and supervised in the clinical area. Due consideration should be given to the number of other

individuals who require support and super vision in the clinical area at the same time and the impact that may have on patients/clients and staff.

Financial support

Financial support for individuals under taking Return to Nursing Practice Courses is provided through a funding agreement between the Department of Health and Children and healthcare institutions. The terms of this agreement varies from time to time. Participants should be given written information about the funding arrangements that apply at the time of commencement of the course.

Participant support

It is recognised that participants on Return to Nursing Practice Courses may have been out of nursing practice for very many years. Whilst they have been developing life skills and possibly experience in other areas of employment, they require support and guidance during their return to nursing practice. It is therefore in the interests of the participant, profession, and the patient/clients that the return to practice is facilitated in a pro-active manner. Participants are expected to actively engage in the process of returning to nursing practice. The guidance provided by NMBI (2003) on developing a quality clinical learning environment is as applicable in relation to course participants as it is in relation to nursing students.

Participants should be provided with a course handbook containing all relevant information about the course, the institutions, the personnel and the assessment process. The handbook should set out the participants' roles and responsibilities in under taking the course. A learning contract may be utilised to underpin this commitment.

A named individual in the educational institution and in the healthcare institution should be identified for the purposes of participant information and support.

Evaluation of the course

Each course should be evaluated by participants, nurse managers, clinical staff and educators. Consideration should be given to a follow-up evaluation of participants some months after completion of the course. Courses should be periodically reviewed, based on the findings of the evaluation. Evaluation forms should be developed at local level.

Each educational institution providing Return to Nursing Practice Courses must submit an annual report to NMBI in respect of the course. A template for this report is provided in Appendix B. The report should be submitted by the 1st February of each year.

At the completion of each course, participants should be issued with a certificate of attendance for the course.

COMPETENCE ASSESSMENT TOOL

The Competence Assessment Tool, which is available for download in the Registration section of the NMBI website www.NMBI.ie, is designed to allow for a transparent assessment process that is user friendly. The focus is on facilitating learning opportunities that allow the nurse returning to practice to further develop independent learning skills and the performance criteria of competence associated with lifelong learning and continued professional development. Evidence of competence may be gathered by a number of methods including:

• By direct observation of the Return to Practice Nurse's performance throughout the period of clinical placement

• By question and answer sessions to assess underpinning knowledge

• By reflective discussions between the Return to Practice Nurse and the Preceptor regarding professional progress

• By testimony from other key qualified nursing staff

• By product evidence, e.g. documented nursing care

• By learning log evidence

Learning log

The use of a learning log during the period of clinical placement is recommended. The nurse returning to practice (hereafter known as the Return to Practice Nurse) may use the learning log to record personal accounts of learning and in so doing engage in reflective practice. To determine competence, the Preceptor satisfies him/herself that the Return to Practice Nurse has achieved the learning outcomes and the learning log may assist the Preceptor in this endeavour. The log provides documented evidence of learning and the reflective notes may provide evidence that competence has been achieved in the relevant domains.

Attendance

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

Assessment meetings

To facilitate the assessment process it is recommended that formal meetings take place between the Preceptor and the Return to Practice Nurse. An initial, an intermediate and a final meeting are essential.

Meetings are held in private, free from disturbance. All meetings are recorded in the Meeting Record Sheets and entries must be dated and signed.

Initial meeting

- The initial meeting between the Return to Practice Nurse and the Preceptor takes place early in the first week of the clinical practice.

- The Competence Assessment Tool provides the framework for the discussion.

- The learning outcomes and the Domains of Competence are discussed in detail and opportunities for practice-based learning are identified.

- The Return to Practice Nurse and the Preceptor formulate a learning contract, as learning needs, objectives, resources and strategies are identified.

- A record of the meeting is made in the Initial Meeting Record Sheet. (Page 32)

Intermediate meeting

- The intermediate meeting between the Return to Practice Nurse and the Preceptor takes place at the mid-way point of the period clinical practice. The decision as to when the intermediate meeting should be held is determined locally by the Preceptor.

- The progress of the Return to Practice Nurse is evaluated and the results are entered on the Competence Assessment Tool under the column 'Intermediate Meeting'. The Preceptor initialises each competency indicator under the column 'Progressing' or 'Not progressing'.

- Not applicable may be recorded if this is deemed to be the case. A comment on the reason for this should be included on the Intermediate Meeting Record Sheet.

- *In the event that the Return to Practice Nurse is not progressing in an identified area a Verifier attends the meeting and the Director of Nursing is notified.*

  a. The learning contract is examined in light of an identified lack of progress. In order to determine the reasons for the lack of progress by the Return to Practice Nurse the learning needs, objectives, resources and strategies are re- examined.

  b. An examination of the clinical learning environment to ensure that the environment is conducive to learning may be helpful in light of an identified lack of progress.

  c. An action plan is drawn up and agreed between the Return to Practice Nurse, the Preceptor and the Verifier that will offer specific guidance and support to facilitate progression.

  d. The action plan must be documented and should detail the following:

1. Agreement on the par t of the Return to Practice Nurse and the Preceptor as to the exact area/s where a problem/s is/are identified
2. An agreed period of time for further supervised practice
3. An agreed minimum contact time per week that the Preceptor and Return to Practice Nurse will practice together
4. Specific details of how the problem area/s will be addressed in the clinical area

- A record of the meeting is made in the Intermediate Meeting Record Sheet. (Page 33)

Final meeting

- The final meeting takes place during the final week of clinical placement.

- A minimum of 80% attendance record is required.

- If identified during the intermediate meeting that the Return to Practice Nurse was not progressing in certain competencies, then sufficient attendance to determine that progress is required before this final meeting takes place.

- The Return to Practice Nurse and the Preceptor attend the meeting.

- The Verifier attends if:

    1. either the Return to Practice Nurse or the Preceptor or both requests his/her presence at the meeting

    2. problems are identified during the intermediate meeting

    3. the Return to Practice Nurse is deemed not competent

- Progress is evaluated and the results are entered on the Competence Assessment Tool under the column 'Final Meeting'. The Preceptor initials each competency indicator under the column 'Competent' or 'Not Competent'.

- If a Return to Practice Nurse is deemed not competent and a decision to extend the period of clinical practice and assessment beyond 6 weeks is under consideration, this must be notified to and agreed by the Course Co-ordinator and Director of Nursing.

- A full review and further development of the learning contract and action plan will also be required at this point.

- A record of the meeting is made in the Final Meeting Record Sheet. (Page 34)

Management of assessment documentation

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

SUMMARY OF ASSESSMENT PROGRAMME

First week of the period of clinical practice/assessment

- Initial Meeting is held.

- The Return to Practice Nurse and Preceptor discuss and plan how the competencies are to be achieved.

- A learning contract is agreed.

During the period of clinical practice/assessment

- The Return to Practice Nurse works with Preceptor and /or other nursing staff in the achievement of competencies.

- The Return to Practice Nurse engages in reflective practice and records learning in learning log.

- The Return to Practice Nurse arranges the dates of intermediate and final meetings with the Preceptor.

Mid-way during the period of clinical practice/assessment

- Intermediate meeting is held and Return to Practice Nurse is formally assessed.

- The Return to Practice Nurse, Preceptor and Verifier (if applicable) discuss progress to date and develop an action plan to promote achievement of competencies if applicable.

Final week of the period of clinical practice/assessment

- Return to Practice Nurse, Preceptor and Verifier (if applicable) hold a final meeting.

- Final assessment is carried out and documentation is completed, signed and submitted to the Course Co-ordinator.

Learning Outcomes

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

The period of clinical practice enables the Return to Practice Nurse to achieve these six learning outcomes:

1. Assist individuals, families and groups achieve optimum health, independence, recovery or a peaceful death in a professional caring manner.

2. Plan, provide and manage direct nursing whether health promotional, preventative, curative, rehabilitative or supportive, to individuals, families or groups.

3. Demonstrate a knowledge base and a level of competence in clinical practice skills essential for safe practice, which are grounded in recent evidence-based nursing research.

4. Identify, meet and evaluate the nursing care needs of the individual, family, community in all healthcare settings.

5. Act as an effective member of a healthcare team and participate in the multi- disciplinary team approach to the care of patients/clients.

6. Demonstrate an appreciation of the skills of analysis, critical thinking, problem- solving and reflective practice.

RETURN TO PRACTICE NURSE DETAILS

EDUCATIONAL INSTITUTION ▶

HEALTH CARE INSTITUTION ▶

NAME OF CANDIDATE ▶

DIVISION OF THE REGISTER ▶

NMBI PIN ▶

COMMENCEMENT DATE ▶ D D M M Y Y Y Y

COMPLETION DATE ▶ D D M M Y Y Y Y

Domains of Competence

Competence is a complex multidimensional phenomenon and is defined as the ability of the Registered Nurse to practice safely and effectively, fulfilling his/her professional responsibility within his/her scope of practice (NMBI 2015).

All five Domains of Competence represent the level the Return to Practice Nurse must reach on completion of the adaptation period for entry to the register held by NMBI. The aim is to ensure that the Return to Practice Nurse acquires the skills of critical analysis, problem-solving, decision-making, reflective skills and abilities essential to the art and science of nursing. Safe and effective practice requires a sound underpinning of theoretical knowledge that informs practice and is, in turn, informed by that practice. Within a complex and changing healthcare environment it is essential that the best available evidence informs practice. This is reflected in the competencies.

The Domains of Competence represent a broad enabling framework to facilitate the assessment of the Return to Practice Nurses' clinical practice. Each domain consists of performance criteria and their relevant indicators.

A team and partnership approach will be applied when assessing the Return to Practice Nurse as the Preceptor will consult with colleagues in determining the Return to Practice Nurses' competence.

Return to Practice Nurses are deemed to be either competent or not, and where competence has not been achieved, the nurse will be given opportunities to develop competence through an action plan. There are no ratings in the verification of competence.

Domains of Competence

1 Professional/ethical practice

2 Holistic approaches to care and the integration of knowledge

3 Interpersonal relationships

4 Organisation and management of care

5 Personal and professional development

DOMAINS OF COMPETENCE

Domain 1. Professional / Ethical Practice

Please sign your initials in the relevant boxes below

Key

1.1 = Performance Criteria   **1.1 (a)** = Indicator   ➜ = Critical Element

1.1	Practices in accordance with legislation affecting nursing practice.	Progressing at Intermediate Meeting		Competant at Final Meeting		Documented Evidence	
1.1 (a)	Integrates accurate and comprehensive knowledge of ethical principles, the Code of Professional Conduct and within the scope of professional nursing practice, in the delivery of nursing practice.	YES	NO	YES	NO	YES	NO
	Utilises and critically evaluates the knowledge of:						
	➜ Ethical principles and their implications for nursing practice,						
	➜ Code of professional conduct						
	➜ Scope of practice.						
1.1 (b)	Fulfils the duty of care in the course of nursing practice.						
	➜ Applies and evaluates principles of the above (1.1 a) to nursing practice.						

1.1	Practices in accordance with legislation affecting nursing practice.	Progressing at Intermediate Meeting		Competant at Final Meeting		Documented Evidence	
1.1 (c)		YES	NO	YES	NO	YES	NO
	Implements the philosophies, policies, protocols and clinical guidelines of the health care institution.						
	→ Utilises and critically evaluates a knowledge of: - Service philosophies including mission statement - Policies and procedures - Standards.						
	→ Integrates the above into nursing practice.						
1.1 (d)	**Responds appropriately to instances of unsafe or unprofessional practice.**						
	→ Demonstrates knowledge and adapts a proactive approach in the identification and prevention of instances of unsafe or unprofessional practice.						
1.1 (e)	**Integrates knowledge of the rights of clients and groups in the health care setting.**						
	→ Demonstrates in practice knowledge of: - Client/Patient rights - Freedom of Information Act - Legal Rights						
	→ Disseminates knowledge of the above to individuals/groups/communities and colleagues.						

1.1	Practices in accordance with legislation affecting nursing practice.	Progressing at Intermediate Meeting		Competant at Final Meeting		Documented Evidence	
1.1 (f)		YES	NO	YES	NO	YES	NO
	Serves as an advocate for the rights of clients or groups						
	→ Acts as an advocate for the rights of individuals / groups / communities						
1.1 (g)	**Ensures confidentiality in respect to records and interactions.**						
	→ Demonstrates confidentiality in nursing practice.						
	→ Maintains patient confidentiality.						
1.1 (h)	**Practices in a way that acknowledges the differences in beliefs and cultural practices of individuals/ groups/ communities.**						
	→ Demonstrates confidentiality in nursing practice.						
	→ Shows respect for the differences in beliefs and cultural practices of individuals / groups / communities.						
	→ Respects the impact of gender, ethnicity, aging and the family on health and illness.						
	→ Disseminates knowledge of the above to individuals/ groups/ communities and colleagues.						

1.2 Practices within the limits of own competence and takes measures to develop own competence.		Progressing at Intermediate Meeting		Competant at Final Meeting		Documented Evidence	
1.2 (a)	Determines own scope of practice utilising the principles for determining scope of practice in the Scope of Nursing and Midwifery Practice Framework document.	YES	NO	YES	NO	YES	NO
	→ Identifies own abilities and learning required with reflective logs in nursing practice.						
	→ Demonstrates dissemination of knowledge and development of skills, attitudes and behaviour to fulfil nurse's role.						
1.2 (b)	Recognises own abilities and level of professional competence.						
	→ Develops and demonstrates practical clinical nursing skills based on observation, participation and integration of knowledge.						
	→ Critically evaluates own ability and level of professional competence within Code of Conduct and Scope of Practice.						
1.2 (c)	Accepts responsibility and accountability for consequences of own actions or omissions.						
1.2 (d)	Consults with supervisors if allocated nursing assignments are beyond competence.						
1.2 (e)	Clarifies unclear inappropriate instructions.						

1.2	Practices within the limits of own competence and takes measures to develop own competence.	Progressing at Intermediate Meeting		Competant at Final Meeting		Documented Evidence	
1.2 (f)	Formulates decisions about care within the scope of professional nursing practice utilising the Decision-Making Framework in the Scope of Nursing and Midwifery Practice Framework document.	YES	NO	YES	NO	YES	NO

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

Please sign your initials in the relevant boxes below

2.1	Conducts a systematic holistic assessment of client needs based on nursing theory and evidence-based practice.	Progressing at Intermediate Meeting		Competant at Final Meeting		Documented Evidence	
2.1 (a)	**Uses an appropriate assessment framework safely and accurately.**	YES	NO	YES	NO	YES	NO
	➜ Implements and utilises an appropriate assessment framework safely and accurately.						
	➜ Integrates relevant research findings to underpin nursing assessment.						
2.1 (b)	**Analyses data accurately and comprehensively leading to appropriate identification of findings.**						
	➜ Identifies client needs and gives rationale for findings.						
2.1 (c)	**Incorporates relevant research findings into nursing practice.**						
	➜ Critically evaluates research findings that underpin nursing practice.						
2.1 (d)	**Promotes research designed to improve nursing practice.**						
	➜ Disseminates findings to colleagues.						

2.2	Plans care in consultation with the client taking into consideration the therapeutic regimes of all members of the health care team.	Progressing at Intermediate Meeting		Competant at Final Meeting		Documented Evidence	
2.2 (a)		YES	NO	YES	NO	YES	NO
	Establishes priorities for resolution of identified health needs.						
	➜ Supports and defends priorities in resolution of identified health needs in consultation with the individual/ group/ community and other members of the health care team.						
2.2 (b)	Identifies expected outcomes including a time frame for achievement.						
2.2 (c)	Identifies criteria for the evaluation of the expected outcomes.						
2.2 (d)	Plans for discharge & follow up care.						
	➜ Develops a discharge plan and follow- up care in consultation with the individual/group/community and other members of the health care team.						

2.3	Implements planned nursing care/interventions to achieve the identified outcomes.	Progressing at Intermediate Meeting		Competant at Final Meeting		Documented Evidence	
2.3 (a)	Delivers nursing care in accordance with the plan that is accurate, safe, comprehensive and effective.	YES	NO	YES	NO	YES	NO
	→ Delivers accurate, safe, comprehensive and effective nursing in accordance with the plan.						
2.3 (b)	Creates and maintains a physical, psychosocial, and spiritual environment that promotes safety, security and optimal health.						
	→ Identifies, creates and maintains a physical, psychosocial and spiritual environment for the individual/ group/ community to ensure safety, security and optimal health.						
2.3 (c)	Provides for the comfort needs of individuals.						
2.3 (d)	Acts to enhance the dignity and integrity of individuals/clients/ groups/communities.						
	→ Identifies and maintains sensitivity to the dignity and integrity of individuals/ clients/ groups/ communities.						

2.4	Evaluates client progress toward expected outcomes and reviews plans in accordance with evaluation data and consultation with the client.	Progressing at Intermediate Meeting		Competant at Final Meeting		Documented Evidence	
2.4 (a)	**Assesses the effectiveness of nursing care in achieving the planned outcomes.**	YES	NO	YES	NO	YES	NO
	➜ Critically evaluates the effectiveness of nursing care in achieving the planned outcomes in consultation with the individual/group/community and other members of the health care team.						
2.4 (b)	**Determines further outcomes and nursing interventions in accordance with evaluation data and consultation with the client.**						
	➜ Determines further outcomes and nursing interventions in accordance with evaluation data in consultation with the individual/group/community and other members of the health care team.						

Domain 3. Interpersonal Relationships:
Please sign your initials in the relevant boxes below

3.1 Establishes and maintains caring therapeutic interpersonal relationships with individuals/ clients/ groups/ communities.	Progressing at Intermediate Meeting		Competant at Final Meeting		Documented Evidence	
	YES	NO	YES	NO	YES	NO
3.1 (a) Reflects on the usefulness of personal communication techniques.						
➜ Critically evaluates the usefulness of personal communication techniques.						
3.1 (b) Conducts nursing care ensuring clients receive and understand relevant and current information concerning health care.						
➜ Demonstration of the provision of nursing care that ensures clients: - Receive relevant and current information concerning health care. - Understand relevant and current information concerning health care.						
3.1 (c) Assists client/groups/communities to communicate needs and to make informed decisions.						
➜ Identify strategies that enable clients/groups/communities to communicate needs and to make informed decisions.						
➜ Implement strategies that enable clients/groups/communities to communicate needs and to make informed decisions.						
➜ Critically evaluates strategies that enable clients/groups/communities to communicate needs and to make informed decisions.						

3.2 Collaborates with all members of the health care team and documents relevant information.		Progressing at Intermediate Meeting		Competant at Final Meeting		Documented Evidence	
3.2 (a)	Participates with all health care personnel in a collaborative effort directed toward decision making concerning clients.	YES	NO	YES	NO	YES	NO
	→ Demonstrates the ability to contribute as part of the health care team in a collaborative effort directed toward decision-making concerning clients.						
3.2 (b)	Establishes and maintains accurate, clear and current client records within a legal and ethical framework.						
	→ Demonstrates the ability to maintain accurate, clear and current client records within a legal and ethical framework.						

Domain 4. Organisation and Management of Care

Please sign your initials in the relevant boxes below

4.1	Effectively manages the nursing care of clients/ groups/ communities.	Progressing at Intermediate Meeting		Competant at Final Meeting		Documented Evidence	
4.1 (a)	Contributes to the overall goal/ mission of the health care institution.	YES	NO	YES	NO	YES	NO
	→ Applies and contributes to the overall goal/mission of the health care institution.						
4.1 (b)	Demonstrates the ability to work as a team member.						
4.1 (c)	Determines priorities for care based on need, acuity and optimal time for intervention.						
4.1 (d)	Selects and utilises resources effectively and efficiently.						
4.1 (d)	Utilises methods to demonstrate quality assurance and quality management.						

4.2	Delegates to other nurses' activities commensurate with their competence and within their scope of professional practice.	Progressing at Intermediate Meeting		Competant at Final Meeting		Documented Evidence	
4.2 (a)	When delegating a particular role/ function account is taken of the principles outlined in the Scope of Nursing and Midwifery Practice Framework.	YES	NO	YES	NO	YES	NO

4.3	Facilitates the co-ordination of care.	Progressing at Intermediate Meeting		Competant at Final Meeting		Documented Evidence	
4.3 (a)	Works with all team members to ensure that client care is appropriate, effective and consistent.	YES	NO	YES	NO	YES	NO
	→ Demonstrates the ability to co- ordinate care and work with all team members to ensure that the client care is appropriate, effective and consistent.						

Domain 5. Personal and Professional Development

Please sign your initials in the relevant boxes below

5.1	Acts to enhance the personal and professional development of self and others.	Progressing at Intermediate Meeting		Competant at Final Meeting		Documented Evidence	
5.1 (a)	**Contributes to the learning experiences of colleagues through support, supervision and teaching.**	YES	NO	YES	NO	YES	NO
	➜ Participates in the support, supervision and teaching of colleagues to enhance their personal and professional development.						
5.1 (b)	**Educates clients/ groups/ communities to maintain and promote health.**						
	➜ Participates in the education of clients/groups/communities.						

INITIAL MEETING RECORD SHEET

To be completed by the Return to Practice Nurse in partnership with the Preceptor.
This is a record of a plan to achieve competence and to achieve the learning outcomes. The Return to Practice Nurse and the Preceptor formulate a learning contract, as learning needs, objectives, resources and strategies are identified. The Competence Assessment Tool provides the framework for this.

SIGNATURE ▶ _____   DATE ▶ _____
(of Return to Practice Nurse)

SIGNATURE ▶ _____   DATE ▶ _____
(of Preceptor)

INTERMEDIATE MEETING RECORD SHEET

To be completed by the Preceptor in partnership with the Return to Practice Nurse.
The initial meeting record and the plan to achieve the five domains of competence are reviewed and an action plan developed where progress is not being made. Verifier attends if problem/s are identified or if either Preceptor or Return to Practice Nurse requests his/her presence.

SIGNATURE ▶ _____   DATE ▶ _____
(of Return to Practice Nurse)

SIGNATURE ▶ _____   DATE ▶ _____
(of Preceptor)

SIGNATURE ▶ _____   DATE ▶ _____
(of Verifier - if applicable)

FINAL MEETING RECORD SHEET

To be completed by the Preceptor in the presence of the Return to Practice Nurse.

Verifier attends if Return to Practice Nurse deemed not competent or if either Preceptor or Return to Practice Nurse requests his/her presence.

Competent

If learning outcomes have been achieved and Return to Practice Nurse deemed competent Preceptor signs below:

SIGNATURE ▶ [   ]
(of Preceptor)

OR

Not Competent

If Return to Practice Nurse deemed not competent Preceptor signs below and specifies below Domain/s of Competence not achieved:

SIGNATURE ▶ [   ]
(of Preceptor)

Comments

SIGNATURE ▶ _____ DATE ▶ _____
(of Return to Practice Nurse)

SIGNATURE ▶ _____ DATE ▶ _____
(of Preceptor)

SIGNATURE ▶ _____ DATE ▶ _____
(of Verifier - if applicable)

APPENDIX

Annual Report

This should contain the following information

➔ Name of Educational institution.
➔ Name of Healthcare institution(s)
➔ Details of courses planned, but not held.

In respect of each course

➔ Commencement date
➔ Number who successfully commenced the course
➔ Number who completed the course
➔ Number who did not complete the course
➔ Attach list with the following information

a. Name of participants.
b. NMBI PIN of participants or Candidate Registration Number.
c. Duration of course for individual participant/Full-time or par t-time.
d. If participant did not complete the course, the reason for this decision.

➔ Attach summary of course evaluation.
➔ Number and dates of courses planned for current year.
➔ Name of Course Co-ordinator

The annual report should be sent to the:

Education Department,
Nursing & Midwifery Board of Ireland,
18/20 Carysfort Avenue,
Blackrock,
Co. Dublin.

References

Code of Professional Conduct and Ethics for Registered Nurses and Midwives – NMBI, 2014.
Scope of Nursing and Midwifery Practice Framework – NMBI, 2015.
Guidelines on the Key Points that may be considered when Developing a Quality Clinical Learning Environment – NMBI, 1st Edition, April 2003.

Competence Assessment Tool may be accessed on www.NMBI.ie/Registration.

Notes

Return to Nursing Practice