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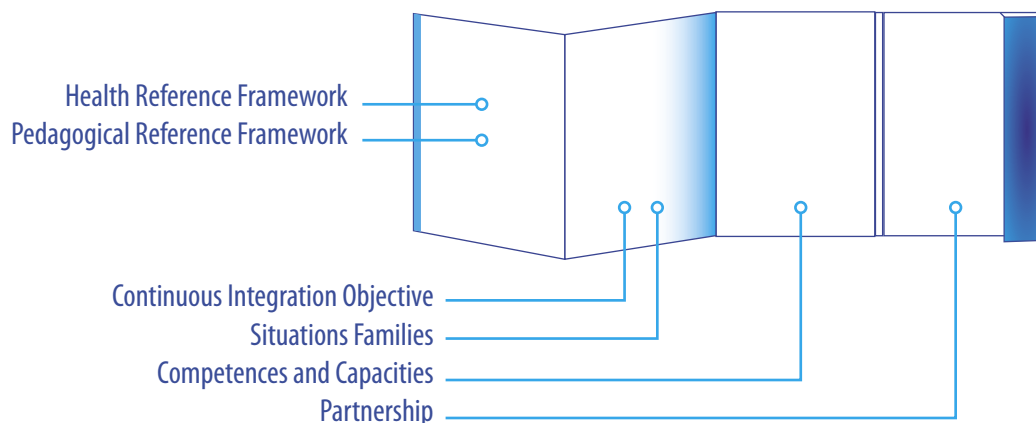
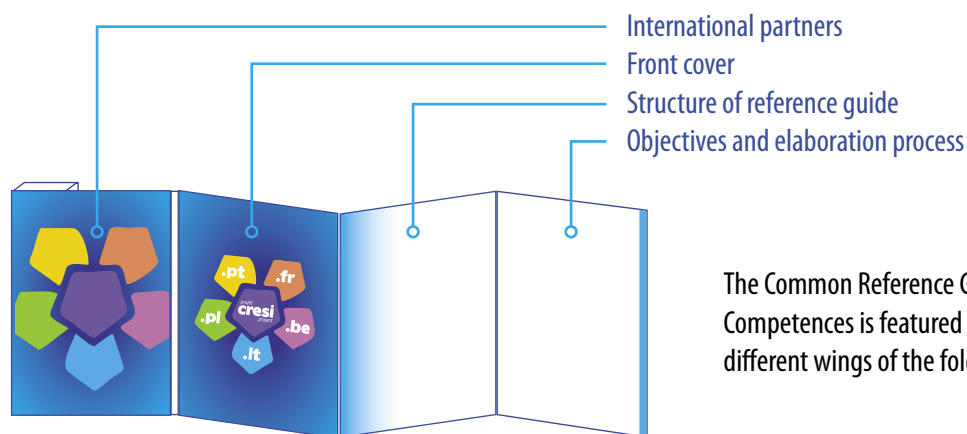


# EUROPEAN REFERENCE GUIDE FOR COMPETENCES IN NURSING

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## FOLDER

### Common Reference Guide for Competences



## BROCHURES

### Pedagogical framework, Methods and Glossary

### Five national reference guides for competences



Specific national reference guides for competences are presented in the different brochures enclosed inside the folder.

The pedagogical framework, methods and glossary are covered by another document which goes with all the (common and national) reference guides.

# OBJECTIVES OF THE PROJECT AND ELABORATION PROCESS OF REFERENCE GUIDES

## **WITHIN THE DYNAMICS OF EUROPEAN EXCHANGES:**

- Clarify the various competences to be acquired by students in nursing at the end of their training in each of the contexts encountered, all this within a realistic and prospective vision in coherence with populations' needs ;
- Produce a reference guide for competences common to the different contexts ; promote local adaptations with a view to create national reference guides which are the reflection of local realities and of the common reference guide ;
- Promote the transparency of nursing qualifications;
- Situate the common reference guide in human resources management.

## **MANY PLAYERS TOOK PART IN THE CREATING AND DEVELOPING THIS PROJECT:**

- A methodological team, a pedagogical team, quality experts, a coordination team.  
The composition of each of these teams is listed on the «partnership» page ;
- Each of the five partner countries delegated a team in charge of validation.  
The composition of each delegation is listed on the last page of each national reference guide ;
- An international team, composed of representatives from each of the five partner countries, in charge of production.  
The composition of the international team is listed on the last volet of the presentation folder.

This project was carried out two years. During this period, national and international workshops followed one another in order to, on the one hand, develop the main axes and contents of the project, and on the other hand, to carry out the validation of results.

Each country has kept their specificities and remained faithful to their own sensitivity. Instead of limiting the reference guide to a common denominator, the project has been enriched with the qualities of each partner. This result could only be achieved thanks to the implementation and the assimilation of methods common to all participants.



## HEALTH REFERENCE FRAMEWORK

**The** Health Reference Framework describes the concept of health, of the person, of the environment and of health care on which all partners of the CRESI Project have come to an agreement. In this perspective the aim of training is to train nurses to acquire the necessary competences which will help them to provide quality health care in adequacy with people's and populations' needs. The type of health care described here is carried out autonomously and through collaboration and applies to various areas in health promotion, education, disease prevention and curative/palliative/rehabilitation health care. It is intended for the person, the individual considered as a whole, unique, responsible, free being undergoing continuous developments in search for a certain quality of life and for the answer to their needs and expectations. The person, in continuous interaction with their environment, evolves according to their own potential, priorities, dignity, culture, values and beliefs.

The present definition of health refers to the definition provided by the WHO which considers health as «a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity». As for health care, it is based on an interpersonal relationship which takes into account each person and the environment in its health project. Nurses support the person and encourage them to take part in their health and disease experiences. They help them to develop a freely agreed life and health project. They continuously analyze and evaluate their practices and health care processes. Nurses, with a view to global and collective coherence, integrate health promotion action principles in their practice. The aim of these principles is to adapt prevention medicine strategies within a health promotion approach, to promote citizen participation, to involve concerned populations, to develop networking and inter-sectorial partnership, to develop quality insurance procedures, to increase action competences and capacities through continuous education and training and finally to articulate the area of health promotion with other political action areas.

Nurses practice their job in multi-disciplinarity and in accordance with the code of ethics and deontology. While practicing, they make sure to ensure health care quality, security, coordination and continuity. Nurses base their practice on a high level of knowledge, scientific evidence and see to it that nursing care develop through research.

## PEDAGOGICAL REFERENCE FRAMEWORK

**The** Pedagogical Reference Framework directly clarifies the pedagogical choices serving the integrated competence-based approach. The integrated reference guide for competences is a **reference framework** which defines the competences to be mobilized by nurses at the end of their training. By «reference framework» we mean an institutional, contextual projection as well as a projection for referentialization (Figari, 2004). The aim here is to define formal guidelines in terms of reference guides in order to develop a coherent, but also dynamic pedagogical approach which can be updated according to the evolution of the profession and of society.

This way, integrated reference guides for competences are used as **tools** for building integrated reference guides for training and assessment.

The term «integrated» implies the existence of coherence between pedagogical objectives, functions and means implemented. The emphasis is on integration, the global nature and the authenticity of situations while building competences as well as when exploiting them during training and assessment (Parent F., 2008).

The integrated reference guide for competences uses the paradigm of knowledge construction: the **socioconstructivist paradigm**. (Jonnaert P., 2004)

The socioconstructivist option is based on the following premises:

- The student **builds their knowledge**. This knowledge:
  - is temporarily viable and not defined once for all
  - results from a **reflexive practice** and is thus not admitted as such without being called into question
  - is linked to **contexts and learning situations**.
- **The student develops their knowledge** progressively in the style of a true construction based on previous knowledge, by establishing **links** between that knowledge and the various realities which the student is confronted with.

Training should be organized around the functions of the integrated reference guide for competences. These functions are classified according to their level of integration, i.e. their level of decreasing complexity: the continued objective of integration, situation families, competences and capacities together with criteria/indicators. This classification should enable disciplinary integration and result in learning and evaluation methods adapted to each level.

## CONTINUOUS INTEGRATION OBJECTIVE

*End of training profile*

**With respect for deontology and ethics rules, conceive and carry out a health/health care project with a parson, a family or a group by developing a multidisciplinary approach in various professional situations. Do some research work using scientifically recognized tools and resources. Organize therapeutic education activities or health education activities. Show reflexiveness in one's practice.**

## SITUATIONS FAMILIES

*Competences mobilization context*

### SITUATIONS FAMILY – HOSPITAL –

#### Context

The student takes care of an adequate number of people, one of them showing a high level of dependence.

#### Activities

The student collects data in order to identify needs, issues, nursing diagnoses. They plan the interventions taking into account collaboration with the multidisciplinary team. They take a health/therapeutic education approach of the patient, provide nursing care. They evaluate their own activities and adjust them in a continuous process. They communicate orally and in writing using provided media.

They use adequate tools, information and communication technology, scales, grids, . . . The student works in partnership with the patient, their family and relatives and the multidisciplinary team while making sure that health care is continuously provided. They see to the persons' good treatment and stay attentive to the respect of their dignity. They evaluate results, the process and carry out self-assessment.

#### Conditions

The student works alone or as part of a group of peers under the responsibility of a professional who monitors them. The student has access to all the resources necessary.

### SITUATIONS FAMILY – DOMICILE AND LIFE ENVIRONMENTS –

#### Context

In a health care situation in a life environment (domicile, institutions) or in an accommodation institution, with/without access to medical aid, the student takes care of one or several patients/families in a situation requiring acute, chronic or palliative health care, in link with various pathologies:

A person/family showing partial or total dependance, suffering from a chronic pathology or recently gone out of hospital, or a dependant person/family suffering from chronic psychiatric disorders and /or mental/educational defect, or a person/family requiring palliative care.

#### Activities

The student works in interaction with the people around him and the mutlidisciplinary team. They ensure networking. They adapt to the characteristics of the situation. The student collects information (anamnesis, evaluation tools) following the best practices possible. They analyze the situation according to a holistic approach, identify the person's/family's issues, plan activities and implement them (within a continuity vision). Among others, they carry out educational or socio-educational occupational/therapeutic, prevention, screening promotion activities. They use creative pedagogical methods. They see to the good treatment of the person and to the respect of their dignity. They question themselves, evaluate their own actions and adapt them according to the person.

#### Conditions

The student works alone or as part of a group of peers under the responsibility of a professional who monitors them. The student has access to all the resources necessary.

### SITUATIONS FAMILY – COMMUNITY –

#### Context

Group health (geographic or social group aware of their belonging to one and same group in order to take care of one's personal health and well-being but also to solve common health issues).

#### Activities

The student analyzes health determinants, ensures the identification of various issues, among which health issues ; they identify aid resources and networks, make up prevention, promotion, education and rehabilitation strategies ; they discuss and negotiate the health care project with the groups, promote the implementation of national health care programmes (vaccination, etc.), use various scientifically recognized inquiry tools such as information and communication technology, write a well-argued report either on the methods and actions used or on what they have learnt. They then assess the results, the process and carry out self-assessment.

#### Conditions

The student works alone or as part of a group of peers under the responsibility of a professional who monitors them. The student has access to all the resources necessary.



## COMPETENCES AND CAPACITIES

*Competences and capacities to be developed in order to be in coherence with the health framework*

### Competence 1 : **MANAGE RESOURCES AND PROFESSIONAL KNOWLEDGE**

**In order to get involved in one's professional development, take part in, organize and apply research results, using material resources, among others information and communication technology. Write reports on this research.**

- 1.1. Participate in/ Organize/ a research, using a scientific approach
- 1.2. Use information and communication technology
- 1.3. Write a report / a professional document
- 1.4. Apply research results
- 1.5. Use material resources
- 1.6. Get involved in a professional development

### Competence 2 : **PLAN A HEALTH / HEALTH CARE PROJECT**

**Collect and analyze data in order to identify real and potential needs and establish a diagnosis. Plan interventions and evaluate the process and results. Take the health system into account at all stages of the process.**

- 2.1. Take the health system into account
- 2.2. Collect data
- 2.3. Analyze data
- 2.4. Identify real and potential needs
- 2.5. Establish a (nursing, community) diagnosis
- 2.6. Plan interventions
- 2.7. Evaluate the process and results of the interventions.

### Competence 3 : **ESTABLISH A PROFESSIONAL RELATIONSHIP**

**Provide psychological, social and spiritual support and/or a helping relationship in a trusting atmosphere. Inform, educate and train. Work as a team. Deal with one's emotions.**

- 3.1. Establish a trusting relationship
- 3.2. Provide (if necessary) psychological, social and spiritual support/ a helping relationship
- 3.3. Inform, educate and train
- 3.4. Work as a team
- 3.5. Deal with one's emotions

### Competence 4 : **CARRY OUT PROMOTIONAL, PREVENTIVE, CURATIVE, REHABILITATION AND PALLIATIVE HEALTH CARE**

**Within the framework of the various dimensions of nursing care, carry out autonomous and prescribed health care.**

- 4.1. Carry out autonomous care
- 4.2. Carry out prescribed care





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