



Pilot Project Leonardo da Vinci

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Portugal

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REFERENCE GUIDE FOR
COMPETENCES IN NURSING

Changes in society and in the health care system require high qualifications and new competences for nurses in Lithuania, as described in the "Reference Guide for Competences in Nursing - a new updated Approach to Nursing Education".

The aim of the health care system is the physical and mental well-being of each Lithuanian citizen, to be achieved by ensuring accessible, qualitative and effective health care and by creating equal opportunities for all residents of the country to receive necessary medical aid as well as the right to choose their physician or medical establishment (Health care in Lithuania, 2006).

Our conception of health care is based on:

- **Health**, viewed as the varying levels of well-being which occur throughout a lifespan. Health, seen as the universal physical, spiritual and social well-being of the individual, family, group, community and public, not only in the absence of disease or infirmity (Health Care in Lithuania, 2006). The main direction of health policies is health education and promotion. Emphasis is put on the creation of active health policies by active involvement of the patient in this process and the formation of a holistic approach to health, ensuring safety, quality, rightness and equality in health care service (Jankauskienė, Pečiūra, 2007).
- Each **Person** is a human being with a unique thinking, biological and social organism, an irreplaceable individual unlike any other person, who is influenced by heredity, their environment, culture and experiences. They are in the continuous process of becoming capable of choosing (Travelbee, 1966). A person's level of well-being, knowledge and ability to take part in self-care activities determines health care needs.
- **Nursing** is viewed as the branch of health care which includes health education, health strengthening, health promotion, disease and risk factors prevention, physical, mental and social health care in all health care institutions, other institutions and at the patient's domicile (Law of Lithuania Republic on Nursing Practice, 28-06-2001 No. IX-413). The Nursing Process is the method used to form an organizational framework for providing and managing health care. The aim of nursing is to assist individuals or families in preventing or coping with the experience of illness and suffering, and if necessary to assist them in finding meaning in these experiences with the ultimate goal being the presence of hope (Travelbee, 1971).
- **Environment**, viewed as all internal and external factors or influences surrounding the identified patient or system (Neuman, 1995). The environment provides the structure for understanding those elements external to the patient, which affect health-seeking behaviours. The patient's and their family's relationships, the values and beliefs of one's culture, and the resources available within the patient's domicile and the community encompass the person's environment.
- The **Multidisciplinary** approach and **collaboration** are health care basics. Communication is a process which enables the nurse to establish a nurse-patient relationship and hereby fulfils the purpose of nursing, i.e. to assist individuals and families in preventing and coping with the experience of illness and suffering and, if necessary, to assist them in finding meaning in these experience (Travelbee, 1966). The nurse uses communication skills such as interviewing, counselling, negotiating, collaborating, documenting, and teaching in professional practice.

BIBLIOGRAPHICAL REFERENCES

- Jankauskienė D., Pečiūra R. (2007). Health policy and control. Vilnius: "Baltijos kopa".
- Meleis A. J. (1997). Theoretical Nursing. Development and Progress. Third Edition. Philadelphia, New York: Lippincott.
- Public Information Office (2006). Health Care in Lithuania, Vilnius: UAB "Petro ofsetas".
- Tomey A. M., Alligood M. R. (2002). Nursing Theorists and Their Work. Fifth Edition, St. Louis, London, Philadelphia, Sydney, Toronto.



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| Autonomy | Govern oneself, take informed decisions / responsibility and liberty. |
| Coherence | Adequate links between elements (players, activities, methods, theory, practice and objectives) to ensure efficiency of the action to reach objectives. |
| Collaboration | Persons, groups and organizations linked and working together, through a defined mechanism of collaboration, coordination and communication, in order to achieve common objectives, for mutual benefit and the best results. |
| Comprehension | Have the level of knowledge necessary to carry out the activity. |
| Continuity | Continuous process of health care at all levels by providing resources, knowledge and activities by strategy, planning and acting. |
| Creativity | Ability to create and produce new ideas and to combine and reorganize elements. The ability to adopt and develop innovative activities, effective methods and materials and to be flexible in dealing with things which occur in the situation. |
| Critical Thinking | Systematic process of questioning reality searching for the best decision and better knowledge. |
| Equity | Equal possibilities for every person to seek the best personal health, irrespective of gender, social and economical status, race and religion, in respect of human rights, freedom and personal decision making. |
| Holistic Care | A way to care while considering the person in their different aspects (physical, psychological, social and spiritual). Those aspects are linked to each other and the ways to care consider that the totality of these aspects is more important than the mere sum of them. |
| Negotiation | Process of interaction to balance players' needs, expectations and resources. |
| Participation | Voluntary involvement (with commitment, willingness, interest, contribution and support) in the activities of the players, including the target groups/beneficiaries, to carry out the activities (e.g. evaluation, meeting, identification and planning, project implementation, the contribution of resources and ideas, decision making, etc.). |
| Partnership | Be associated in a group pursuing the same aims (in health). Interpersonal and intersectoral sharing of resources. |
| Precision | The quality of action of being accurate and exact. Taking details into account according to the rules. Needing skills and accurate action. |
| Quality Assurance | Implement actions in order to maximise the quality of health care and risk management taking into account different norms and recommendations. Searching for continuous improvement, towards excellence. |
| Resource Allocation | Obtain and assign well managed, cost-effective and accessible human resources, equipments, money, time and other properties in a transparent and sufficient way and ensure that health care objectives are reached. |
| Respect of Ethics and Deontology – Professional Principles | Respect values and ethical principles governing nursing practice and the relationships expressed in various codes and declarations. |
| Respect of the Person's Dignity | Accept the other as a unique person who has characteristics similar to ours as well as specific ones. |
| Respect Principles and Health Care Rules | Take into account/consider scientific evidence and favour the best way to do it. |
| Responsibility | The capacity of making decision and of acting according to one's conscience and the respect for the others; to assume one's responsibility and consequences respecting values, ethics, law and moral. |

COMPETENCES, CAPACITIES, CRITERIA AND INDICATORS

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

Organize nursing research by applying results to nursing practice and by disseminating and developing professional knowledge and experience, in modern technological ways.

Criteria Examples of indicators

Capacity 1.1 ORGANIZE/ PARTICIPATE IN NURSING RESEARCH

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| <ul style="list-style-type: none"> • Critical thinking • Coherence • Precision | <ul style="list-style-type: none"> • Accuracy of data collection • Comprehensiveness of analyses • Use of nursing theories and methods • Accuracy of methodology |
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Capacity 1.2 APPLY RESEARCH RESULTS TO NURSING PRACTICE

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| <ul style="list-style-type: none"> • Creativity • Comprehension • Coherence | <ul style="list-style-type: none"> • Usability of nursing research results • Comprehensive use of nursing research results • Ensure efficient use of nursing research results |
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Capacity 1.3 USE INFORMATION AND COMMUNICATION TECHNOLOGIES

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| <ul style="list-style-type: none"> • Comprehension • Resources allocation • Critical thinking | <ul style="list-style-type: none"> • Efficient management of file folders • Appropriate use of software programmes • Search for better knowledge |
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Capacity 1.4 GET INVOLVED IN PROFESSIONAL DEVELOPMENT

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| <ul style="list-style-type: none"> • Autonomy • Responsibility • Comprehension | <ul style="list-style-type: none"> • Initiative for learning • Involvement in the process of self-assessment • Coherent knowledge and skills within professional development |
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Capacity 1.5 WRITE A REPORT/ A PROFESSIONAL DOCUMENT

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| <ul style="list-style-type: none"> • Creativity • Precision • Critical thinking | <ul style="list-style-type: none"> • Use new ideas • Accuracy in data presentation • Appropriateness of collected data and information |
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Competence 2 : **PLAN HEALTH CARE**

Collect and analyze data by identifying health care needs and nursing diagnoses and plan and evaluate nursing processes.

Criteria Examples of indicators

Capacity 2.1 COLLECT DATA

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| <ul style="list-style-type: none"> • Holistic care • Precision • Comprehension • Autonomy | <ul style="list-style-type: none"> • Data comprehensiveness of covering all aspects of the person • Accuracy in data collection process • Relevance of collected data • Autonomy in the data collection process |
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Capacity 2.2 ANALYZE THE COLLECTED DATA

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| <ul style="list-style-type: none"> • Respect of principles and health care rules • Autonomy • Precision | <ul style="list-style-type: none"> • Relevant links between the data • Relevant choice of scientific methods • Autonomy in the data analysis process |
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Capacity 2.3 IDENTIFY REAL AND POTENTIAL HEALTH CARE NEEDS

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| <ul style="list-style-type: none"> • Holistic care • Precision • Respect of ethics and deontology/ professional principles • Creativity | <ul style="list-style-type: none"> • Comprehensiveness of the appropriated identification of the needs • Accuracy of the identification of needs • Using a respectful approach • Using intuition when identifying needs |
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Capacity 2.4 ESTABLISH A NURSING DIAGNOSIS

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| <ul style="list-style-type: none"> • Coherence • Critical thinking • Holistic care | <ul style="list-style-type: none"> • Adequate links between data and diagnosis • Relevance of diagnosis • Comprehensiveness of diagnosis |
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Capacity 2.5 PLAN HEALTH CARE INTERVENTIONS

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| <ul style="list-style-type: none"> • Respect of the person's dignity • Equity • Continuity • Resource allocation | <ul style="list-style-type: none"> • Respect patient decision about applied care interventions • Respect of each person in planning the intervention • Ensure the continuity of health care • Realistic choice of intervention |
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Capacity 2.6 EVALUATE THE PROCESS AND RESULTS OF THE INTERVENTIONS

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| <ul style="list-style-type: none"> • Critical thinking • Precision • Quality assurance | <ul style="list-style-type: none"> • Critical and analytical evaluation of the process • Comparison of the results obtained with expected results • Searching for improvement for the next process |
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Competence 3 : ESTABLISH A PROFESSIONAL RELATIONSHIP

Give psychological, social and spiritual support by informing, educating and training persons, groups, communities and peers, by working in teams and by dealing with one's emotions.

| Criteria | Examples of indicators |
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| Capacity 3.1 PROVIDE (IF NECESSARY) PSYCHOLOGICAL, SOCIAL AND SPIRITUAL SUPPORT | |
| <ul style="list-style-type: none"> • Respect of ethics and deontological/professional principles • Holistic care • Coherence | <ul style="list-style-type: none"> • Recognition of psychological needs • Relevant support taken • Efficiency of given support |
| Capacity 3.2 INFORM, EDUCATE AND TRAIN PERSONS, GROUPS, COMMUNITY AND PEERS | |
| <ul style="list-style-type: none"> • Comprehension • Critical thinking • Collaboration • Precision | <ul style="list-style-type: none"> • Use the best evidence • Accuracy of the information provided • Appropriate verbal and non verbal communication • Relevant use of teaching methods • Expediency of the information provided |
| Capacity 3.3 WORK IN TEAMS | |
| <ul style="list-style-type: none"> • Participation • Collaboration • Partnership | <ul style="list-style-type: none"> • Active participation • Effective involvement in the team • Ensure interpersonal relationships |
| Capacity 3.4 DEAL WITH ONE'S EMOTIONS | |
| <ul style="list-style-type: none"> • Responsibility • Respect of the person's dignity • Respect of ethics and deontology/professional principles | <ul style="list-style-type: none"> • Appropriate expression of one's emotions • Ensure self-control • Compliance with ethical principles and deontology |

Competence 4 : CARRY OUT HEALTH CARE

Perform nursing actions and procedures by providing promotional and preventive health care, taking into account participation in National Health policies.

| Criteria | Examples of indicators |
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| Capacity 4.1 TAKE PART IN NATIONAL HEALTH POLICIES | |
| <ul style="list-style-type: none"> • Respect principles and health care rules • Comprehension • Autonomy | <ul style="list-style-type: none"> • Use provision of national health policies • Comprehensive knowledge of health policies • Autonomy in implementation of national health policies |
| Capacity 4.2 PERFORM NURSING ACTIONS AND PROCEDURES | |
| <ul style="list-style-type: none"> • Respect of principles and health care rules • Precision • Comprehension • Resource allocation | <ul style="list-style-type: none"> • Compliance with basic principles of nursing care • Compliance with standards and procedures • Accuracy in calculation of medication doses • Adaptability to unexpected situations • Rationality in using resources |
| Capacity 4.3 PROVIDE PROMOTIONAL AND PREVENTIVE HEALTH CARE | |
| <ul style="list-style-type: none"> • Negotiation • Participation • Comprehension • Resource allocation | <ul style="list-style-type: none"> • Appropriate knowledge of health issues and prevention • Get involved in preventive programmes • Appropriate knowledge of health • Accuracy of the information provided |

CONTINUOUS INTEGRATION OBJECTIVE AND SITUATIONS FAMILIES – Clinical settings

CONTINUOUS INTEGRATION OBJECTIVE

The student will carry out nursing care and will provide health education and consultations on health promotion, disease prevention, treatment and rehabilitation during clinical practice at the hospital, in primary health care centres and at the patient's/client's domicile.

SITUATIONS FAMILY – HOSPITAL –

Context

The student takes care of 4-6 patients and /or takes part in the daily clinical nursing, under the supervision of the nurse working in the department.

Activities

The student has to determine the patient's level of independence. One of the patients shows a high level of dependence, some of them are partially dependent and one is independent. The student collects and analyzes data about the patient, identifies nursing issues and needs, plans nursing care, performs nursing procedures and actions, evaluates nursing and informs and educates the patient. The student performs a situation analysis for each patient, using information and communication technologies and designs a nursing plan to solve the identified nursing issues and needs by using results of nursing research, nursing theories and models. The student works in partnership with the patient, their relatives and the multidisciplinary team. The student needs to indicate the sources on which the situation analysis is based and on which the nursing plan was written. The student also carries out nursing procedures and provides the necessary health care to the patient, writes down observation results and performed actions in the medical documents and evaluates the health care performed on the patient.

Conditions

The student needs time to get acquainted with the patient, staff and department environment.



SITUATIONS FAMILY – COMMUNITY –

When performing practice at the primary health care level, the student takes part in the patient's health care which is performed at the health care centre and at the patient's domicile.

HEALTH CARE CENTER

Context

The student takes part in providing health care to different target groups (pregnant women, children, young people, middle-aged people, elderly and old people). Their participation involves the following health care areas: vaccination, care of healthy and ill children, reproductive health, care of healthy and ill persons, and environment evaluation.

Activities

The student carries out activities in various health care areas: consultation, education, information, performance of physical examination-measurement etc. They write reports which consist of a description of the community and the identification of its health issues and write the strategy for solving the community's health issues. The student must indicate sources (people, documents) on which the analysis was based. They also have to perform specific technical nursing actions on 2-4 people.

Conditions

The student needs time to get acquainted with the structure and environment of the health care centre. They work together with community nurses and take part in teamwork.

DOMICILE CARE

Context

The community nurse supervises the student who performs health care at the patient's domicile. The student performs nursing care on 2-3 patients or families who are suffering from chronic diseases or are disabled. They communicate with the family members and other members of health care team and other institutions.

Activities

Health care on the patient includes the performance of specific nursing procedures while ensuring the patient's physical and psychological comfort. The student takes care of the nursing devices and medical equipment used to provide the necessary health care. The student organizes and provides health education to the patient and their relatives which is appropriate to the given situation. The student writes reports about the patient's health changes describing differences in a given situation between the beginning and the end of the practice period. This report must be presented orally by the student to the supervisor and community nurse.

Conditions

The student visits patients and their families together with the community nurse.



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