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REFERENCE GUIDE FOR
COMPETENCES IN NURSING

2006-2008

The objective of this health framework is to allow better adequacy between health needs or priority health issues of the population of a given country and the nursing profile created to best meet these needs and issues.

The definition of Health as presented in this framework is the following:

It refers to the WHO's definition of Health, i.e. a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

The framework also defines the concepts of Nurse, Nursing Care, Health care Dimensions and their Objectives.

A Nurse is a polyvalent professional with a high level of updated knowledge, capable of meeting an ill or healthy person's/family's/group's health needs. In order to do so, Nurses must pay attention to the person's character in all its various dimensions: psychological, economical, social and cultural.

Nurses provide Health care in the following areas: preventive, curative, re-education, rehabilitation and palliative care, with a view to promote, maintain and restore health with respect towards the person's rights, deontology and ethics.

Nurses take part in the prevention, evaluation and relief of the person's pain or physical and psychological distress. They provide support to the dying and their relatives.

In order to do so, they analyze and evaluate health situations with a view to conceive individual or collective health/health care projects. They establish professional relationship and communication, among which a helping/psychological support relationship. They carry out and manage individual health care activities in an autonomous way, on medical prescription or in collaboration with the members of the multidisciplinary team that they coordinate.

They ensure a certain quality and security in the health care provided to the community, in the institutions where they are practicing or at the patient's domicile.

Besides they are asked to involve themselves in the training of peers and research in order to contribute to the promotion and progress of the profession.

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Autonomy	Govern oneself, take informed decisions. Notion of responsibility in taking decisions.
Coherence	Existence of adequate links between elements (players, activities, methods, theories, practices and objectives) in order to ensure efficiency in the action with a view to reaching the objectives pursued.
Collaboration	Persons, groups and organizations linked and working together using a given mechanism of interaction, of coordination and communication in order to achieve common objectives which benefit all and bring the best results.
Comprehension	Be capable of explaining links, mechanisms, meanings.
Continuity	Ensure that the health care process is continuously pursued at all levels by favouring access to resources, knowledge and activities using strategies, plans and appropriate actions.
Creativity	Ability of the person to create, produce new ideas, combine, reorganize elements.
Critical Thinking	Systematic process of questioning reality in favour of better knowledge.
Efficiency – Respect of Resources	Obtaining and distribution of human, equipment, financial, temporal resources etc. in a transparent and sufficient way. These resources are accessible, show a good cost/efficiency ratio and are managed in order to reach health care objectives.
Equity	Apply measures in order to ensure justice or to erase inequalities between people. Look for the best health level regardless of gender, social and economic status, race and religion and in accordance with human rights, freedom and the person's right to take decisions.
Holistic Approach	Type of health care which considers the person in their various dimensions (physical, psychological, social and spiritual) by considering that they are linked and influence one another. This approach also considers that the whole represents more than the mere sum of parts.
Involvement	Voluntary commitment, motivation, interest.
Negotiation	Interaction process aiming at a balance between participants' expectations, demands, needs and resources.
Participation	Participating in is combining two aspects: taking part in an activity (receiving) as well as bringing, sharing assets (giving).
Partnership	Form a group which aims at common objectives or functions (in this case: health). Interpersonal and intersectorial interaction. Sharing of resources.
Pertinence	Quality of what matches (ethical) values and health strategies as well as current scientific foundations. It is questioning the meaning.
Precision	Use of rules taking details into account.
Research for Quality – Quality Promotion	Carry out action with a view to tend to the highest health care quality and risk management possible, all the while respecting the various norms and recommendations in a vision of excellence.
Respect of Principles, of Health Care Rules	Take the best scientific evidence into account in one's practice.
Respect of Professionnal Ethical and Deontology Principles	Respect of ethical values and principles which govern nursing practice, behaviour and relationships.
Respect of the Person, of Dignity	Attitude of acceptance of the other as a unique being with similar characteristics to ours as well as their own.
Responsibility	Responsibility is a person's capacity of taking a decision, of acting in accordance with their conscience and the respect of others and of answering for it, all the while respecting the values carried by ethics, law and moral standards. When a person accepts the consequences of their actions.
Satisfaction – A person or nurse	Meet the needs and expectations in time.
Security	Prevent risks in a given situation in order to ensure safety and a trusting atmosphere. Carry out actions according to common sense, to recommendations – validated procedures and the person's/group's resources.

Competence 1: MANAGE RESOURCES AND PROFESSIONAL KNOWLEDGE

Involve oneself in professional development, be active in one's training, adopt a reflexive and ethical attitude in order to promote health care quality

Criteria	Examples of indicators
Capacity 1.1 TAKE PART IN A RESEARCH USING A SCIENTIFIC APPROACH	
• Respect of principles and rules • Research, quality promotion • Autonomy • Coherence • Critical thinking	• Use information and reliable documents and resources • Analyze in a pertinent way • Show professional values • Use a validated process during the approach • Show initiatives • Research helps improve one's knowledge or professional practice
Capacity 1.2 UPDATE ONE'S KNOWLEDGE	
• Critical thinking	• Read professional documents and books • Take opportunities to improve one's knowledge
Capacity 1.3 USE INFORMATION AND COMMUNICATION TECHNOLOGIES - ICT	
• Respect of principles	• Use word-processing software • Do some research on the Internet • Make sure of the validity of the information collected • Use computer health care files • Participate in evaluations of work quantity
Capacity 1.4 INVOLVE ONESELF IN PROFESSIONAL DEVELOPMENT	
• Critical thinking • Participation	• Involve oneself in works in order to improve one's professional practice • Show professional questioning • Show professional positioning
Capacity 1.5 WRITE A REPORT	
• Creativity • Precision	• Respect writing norms for professional documents • Show creativity in the presentation

Competence 2: PROMOTE HEALTH. CONCEIVE A COMMUNITY HEALTH/ HEALTH CARE PROJECT

Conceive a health/health care project with the patient, taking the health system into account, starting from identifying needs, wording objectives, to developing strategies and evaluating the process and results.

Criteria	Examples of indicators
Capacity 2.1 PLACE ONESELF IN THE HEALTH SYSTEM AND TAKE IT INTO ACCOUNT	
• Comprehension	• Explain the health system in which the action is taken
Capacity 2.2 COLLECT DATA	
• Holistic approach • Precision • Respect of ethics and deontology • Pertinence	• Collect information within respect of deontology and ethics • Use pertinent resources • Identify the person's/group's resources • Make sure that the data collected are reliable
Capacity 2.3 SCREEN	
• Respect of ethics and deontology principles	• Evaluate risks in an emergency, violent, mistreatment, or aggravation situation
Capacity 2.4 ANALYZE DATA	
• Coherence • Comprehension	• The analysis shows the links existing between the elements • The analysis shows the links existing with scientific evidence • The analysis explains the situation
Capacity 2.5 IDENTIFY INDIVIDUAL OR COLLECTIVE REAL, POTENTIAL, LATENT, UNEXPRESSED NEEDS/DEMANDS	
• Holistic approach	• Highlight needs, demands
Capacity 2.6 ESTABLISH A COMMUNITY OR NURSING DIAGNOSIS	
• Precision • Coherence • Comprehension	• Base one's diagnosis on a pertinent analysis of information • Prioritize diagnoses • Correctly word diagnoses
Capacity 2.7 PRESCRIBE NURSING CARE INTERVENTIONS	
• Creativity • Efficiency • Pertinence • Negotiation	• Negotiate health care objectives and planned actions with the person/group • Match planned actions with the context and resources • Use pedagogical methods for health promotion actions • Show creativity in the pedagogical methods used • Take the best cost/efficiency ratio into account for actions
Capacity 2.8 PLAN AND COORDINATE INTERVENTIONS	
• Respect of principles and rules • Coherence	• Argue one's choices and priorities • Adapt the organization of health care to the situation or context • Respect health care principles and rules during planning
Capacity 2.9 COORDINATE PARTICIPANTS	
• Collaboration • Partnership	• Identify resource persons • Sollicitate other professionals when needed
Capacity 2.10 EVALUATE/ADJUST THE PROCESS AND RESULTS OF INTERVENTIONS	
• Coherence • Critical thinking • Satisfaction	• Conceive actions meeting the target person's/population's needs • Argue the necessary adjustments

Competence 3: ESTABLISH A PROFESSIONAL RELATIONSHIP

Communicate with the person, establish a trusting/helping relationship, encourage their participation in order to suggest information, education. Communicate with the multy-disciplinary team in order to ensure health care continuity. Train, educate peers, people in training.

Criteria	Examples of indicators
Capacity 3.1 ESTABLISH A TRUSTING RELATIONSHIP	
• Holistic Approach • Respect of the person • Respect of ethics and deontology principles	• Welcome the patient and their relatives • Adapt verbal and non-verbal communication to the person and to the situation • Ensure secrecy • Take the patient's various dimensions into account - physical, psychological, social and spiritual • Respect the person's choices
Capacity 3.2 PROVIDE, IF NECESSARY, PSYCHOLOGICAL SUPPORT, ESTABLISH A HELPING RELATIONSHIP	
• Respect of the person • Respect of ethics and deontology principles • Critical thinking	• Allow the patient to express how they feel using verbal and non-verbal communication • Analyze rational dynamics • Allow the person to play an active role in their taking care • Take into account the specific communication needs of a person in distress • Identify specific health care for patients suffering from psychological disorders • Adapt one's behaviour to the person's psychological disorders
Capacity 3.3 INFORM, EDUCATE, PROVIDE THERAPEUTIC EDUCATION TO PEOPLE	
• Coherence • Negotiation • Comprehension • Creativity • Autonomy • Responsibility	• Respect the steps of the education approach • Personalize pedagogical methods and communication means • Negotiate/search for the patient's adherence • Support the person or group in a decision process concerning their health • Support the person or group in a learning process for the taking care of their health or treatment • Explain all actions taken to the patient • Look for the person's consent
Capacity 3.4 WORK AS A TEAM / IN PARTNERSHIP WITH THE PERSON AND/OR TEAM	
• Collaboration • Partnership • Continuity	• Identify the various players and partners and appeal to their help when needed • Ensure health care continuity and traceability • Explain and argue the organization of activities
Capacity 3.5 MANAGE ONE'S EMOTIONS	
• Respect of ethics and deontology • Critical thinking	• Adapt one's behaviour to the person, to the situation • Take others' ideas and comments into account • Be aware of one's limits
Capacity 3.6 PRESENT DATA, INFORMATION / MAKE A PRESENTATION	
• Creativity • Critical thinking • Pertinence	• Use pertinent pedagogical methods and media • Adapt verbal and non-verbal communication • Be sure of the liability of transmitted information • Practice self-assessment
Capacity 3.7 TRAIN, SUPERVISE PEERS, PEOPLE IN TRAINING	
• Coherence • Collaboration • Responsibility • Pertinence • Comprehension	• Organize reception • Ensure know-how transmission in accordance with the intern's training level • Pertinence of transmitted knowledge • Know each team member's competences • Collaborate as a team

Competence 4: CARRY OUT AUTONOMOUS OR PRESCRIBED HEALTH CARE

Carry out autonomous/prescribed health care techniques in various areas such as promotion, prevention, curative/rehabilitation/palliative health care.

Criteria	Examples of indicators
Capacity 4.1 CARRY OUT HEALTH PROMOTION HEALTH CARE	
• Holistic Approach • Creativity • Respect of ethics and deontology principles • Autonomy • Collaboration • Negotiation • Partnership	• Adapt to groups, people • Implement the concept of empowerment • Show assertiveness • Take initiatives • Work in a multi-disciplinary team
Capacity 4.2 CARRY OUT PREVENTION HEALTH CARE	
• Respect of rules and principles • Research and Quality promotion Security	• Respect good practice principles and rules in all prevention actions • Ensure risk management in prevention actions (Bedsore, infection, security, elimination, hydration) • Apply hospital hygiene priniciples • Respect waste disposal legislation • Apply risk prevention and blood exposure accidents measures • Evaluate pain • Prevent pain
Capacity 4.3 CARRY OUT CURATIVE CARE	
• Respect of rules and principles • Research for quality • Security • Responsibility • Continuity	• Respect hygiene rules • Respect asepsy rules • Respect the person's modesty, dignity, privacy • Respect security rules • Carry out health care with dexterity • Respect handling rules • Apply ergonomics rules • Adapt analgesic therapeutic health care to protocols • Administer therapeutic health care in accordance with prescribed norms or protocols • Check dosage exactness • Respect therapeutic health care administration/ blood products and by-products rules • Evaluate expected effects • Know, detect and transmit information on side effects for the adaptation of prescribed therapeutic health care • Ensure health care traceability and continuity • Prepare the person and examination process and ensure monitoring in accordance with protocols and operational modes
Capacity 4.4 CARRY OUT READAPTATION/REHABILITATION HEALTH CARE	
• Autonomy • Collaboration • Security • Continuity • Respect of rules and principles	• Evaluate and take into account the person's autonomy and needs • Mobilize the person's resources in order to maintain or restore the person's resources or their autonomy • Therapeutic or rehabilitation activities aim at the patient's readaptation to daily life activities • Carry out actions through multi-professional collaboration • Ensure health care continuity
Capacity 4.5 CARRY OUT PALLIATIVE HEALTH CARE	
• Holistic Approach • Respect of the person • Respect of ethics and deontology principles • Collaboration • Security • Satisfaction	• Ensure the person's comfort • Ensure prevention measures • Take care of the patient and their relatives as a multi-disciplinary team within a holistic approach • Respect the person's choices in accordance with legislation, ethics and deontology • Evaluate pain • Prevent pain

CONTINUOUS INTEGRATION OBJECTIVE

- Conceive and implement a community health/health care project in partnership with the person and/or their relatives and in collaboration with the team, in the various professional practice places.

- Plan, coordinate, delegate interventions. Coordinate participants.

- Involve oneself in professional development. Update one's knowledge.

SITUATIONS FAMILY – HOSPITAL – Therapeutic education of the patient

Context

Population aimed at:
All hospitalised patients suffering from medical pathologies (children, adults, elderly people)

Possible internship placements:
All hospital departments in general medicine, surgery, resuscitation and intensive care, paediatrics, emergency, rehabilitation and post-surgery care, short stays in hospital or in private institutions (clinics).
The student takes care of several persons with health care needs according to the complex nature of cases and to the specificities of the department.
At least one person shows a high level of dependence. The others are partially dependent and/or autonomous.

Activities

After collecting data, the student presents their analysis of the situation, highlighting the persons' real or potential needs. • They make nursing diagnoses and pinpoint health issues. • Starting from the context and resources, they suggest actions in partnership with the patient and their relatives and in collaboration with the multidisciplinary team which they coordinate and in which they know the competence field of each. (health care/life project) They plan these actions and carry out quality health care that falls within the proper and prescribed roles in the areas of preventive, curative, rehabilitation, re-education, palliative care, all this respecting rules of ethics and deontology. • They take care of pain through collaboration. • During their activities, the student must use the department tools (scales, grids, health care file, protocols…) and ICT. • They evaluate the results of their interventions and adjust them if necessary. • The student writes down all written and oral transmissions in order to ensure health care continuity, seeing to professional secrecy. • They consider the patient's leaving and initiate the links with the professionals of the network. • As far as health care is concerned, the student must establish a trusting relationship or a helping relationship with the patient and their relatives in order to inform, support or educate them. • During internship, the student adopts a therapeutic education approach with the patient and/or their relatives (family). They use pedagogical methods and show creativity. • They collaborate in supervising interns. • In order to improve their practices, the student must use or participate in a scientific approach.

Conditions

The student has access to all the resources necessary. • The student is being given enough time to collect all the necessary data. • The student works under the responsibility of the nurse and health care staff.

SITUATIONS FAMILY – DOMICILE – Therapeutic education of the patient

Context

Population aimed at:
Patients taken care of at their domicile
Patients in an accommodation institution, medical or not
Patients showing dependence as well as chronic psychiatric disorders and/or cognitive/educational deficiency.

Possible internship placements:
Activity in a private practice or in an association, ADMR, HAD
Old people's home, long term hospital services
Socio-educational or medico-educational institutions / IME, IMPRO, MAS.
Outpatient psychiatrics CMP if CATTP at the same time or VAD, HAD, CATTP, HDJ or CTJ, therapeutic or associations apartments.
The graduate student takes care, in interaction with the family and /or relatives, of one to several patients in a situation of acute, chronic or palliative health care linked to various pathologies.

Activities

The student's role is above all to develop their capacities of adaptation to the distinctive characteristics (Presence of the relatives during health care, health care in the person's living environment). • After collecting data, the student presents their analysis of the situation, highlighting the persons' real or potential needs. • They make nursing diagnoses and pinpoint health issues. • Starting from the context and resources, they suggest actions in partnership with the patient and their relatives and in collaboration with the multidisciplinary team that they coordinate and in which they know the competence field of each. (health care/life project) • They plan these actions and carry out quality health care that falls within the proper and prescribed roles in the areas of preventive, curative, palliative care, reinsertion or patient rehabilitation (relearning of daily life acts), or preservation of what is already known. The student leads activities, among others educational or socio-educational and/or therapeutic, prevention, screening, promotion or education activities. • During internship, the student adopts a therapeutic education approach with the patient and/or their relatives (family). They use pedagogical methods and show creativity. • They evaluate their actions and adjust them if necessary. • They see to the good treatment of the person and to the respect of their dignity. • During internship, the student asks themselves one to several ethical questions. They analyze the solutions suggested by the institution. They search for the necessary elements that support their thinking and understanding of the situation in the literature available. These elements can be discussed with the people concerned. The student then writes a report. • Besides, the student must be capable of establishing communication and a trusting relationship or a helping relationship with these patients in order to bring them psychological support. They establish professional communication with the multidisciplinary team and collaborate with the players of the network. • The student writes down all written and oral transmissions in order to ensure health care continuity, health care quality evaluation and to improve professional practice. • They use the health care computer file and ICT. • They collaborate in supervising interns.

Conditions

The student works under the responsibility of a professional who supervises them.

SITUATIONS FAMILY
– COMMUNITY HEALTH –
Health promotion - education

Context

Target Population:

COMMUNITY HEALTH:

Geographic or social communities aware of their belonging to one and same group in order to take care of their own health and well-being or to solve common issues (Players).

HEALTH PROMOTION:

Enables populations to improve their health, information, education, training (Knowledge, opinions, attitudes, behaviours).

Possible internship placements:

Health promotion service for students (national education),

Work health service, military infirmary, health service for firemen,

Prevention poles, health promotion centre,

Screening centre,

IMP service, nurseries

Activities

After identifying the health system in which they will carry out their action, the student takes part in a collective community health approach in which they have identified demands, needs, health risks and issues.

The student carries out information, promotion and education actions in the community in order to reach optimal health levels, all the while giving the community the power to decide. • They use inquiry tools, databases, ICT in order to collect community resources as well as the necessary details for a pertinent analysis of the situation. • They write a report of which they make an oral presentation. • They identify the network which they will be part of and will make sure to integrate it. • They plan health promotion, prevention, screening and education activities. • They participate in the implementation of these actions, use communication means, adapted and creative pedagogical methods and media, which they evaluate.

Conditions

Autonomy, collaboration, the student works under the responsibility of the professional who supervises them. • Networking.

ABBREVIATIONS

ADMR: Aide à domicile en milieu rural (= rural domicile care)
BEA: Blood exposure accident
ANFIIDE: Association Nationale Française des Infirmières et Infirmiers Diplômés ou Etudiants
CATTP: Centre d'accueil thérapeutique à temps partiel
CEFIEC: Comité d'entente des formations infirmières et cadres
CMP: Centre médico-psychologique (= medico-psychological centre)
DHOS: Direction de l'Hospitalisation (= hospitalization management)
HAD: Hospitalisation à domicile (= home medical care)
HDJ: Hôpital de jour, ou CTJ centre thérapeutique de jour (= day hospital or day therapeutic centre)
IME: Institut médico-éducatif (= medico-educational institute)
IMP: Institut médico-psychologique (= medico-psychological institute)
IMPRO: Institut médico-professionnel (= medico-professional institute)
MAS: Maison d'accueil spécialisé (= specialized medical home)
CIO: Continuous integration objective
ICT: Information and Communication Technologies
VAD: Visite à domicile (= nursing home visit)

GLOSSARY

Integrated Competence-Based Approach: Building process of a curriculum based on a competence-based approach, based itself on an analytic approach of the competence (from activities to competences) crossed with a synthetic approach of the competence (lists activities which should be mastered by the professional in situation families).

Capacity (or competence stage): step towards the acquisition of a competence.

Community: Group of individuals sharing common interests, tendencies and ideas.

Competence: Mobilization of combined types of knowledge (cognitive, reflexive, procedural, psychoaffective, social) during actions in a given situation or situation family. A competence requires for a reflexive activity to be carried out during its implementation or after. (Le Boterf 2007)

Constructivism: Learning model. The student builds their knowledge while taking actions, individually or in group.

Criterium: Quality of a (generic, non observable) production.

Community Diagnosis: Clinical judgement process which enables to elaborate a community project.

Nursing Diagnosis: Clinical judgement process which enables to elaborate a health care project.

Domicile: Living environment of the person (house, accommodation home, old people's home…)

Therapeutic Education: According to the WHO, therapeutic education of the patient aims at helping patients acquire or keep the competences that they need to best manage their life when suffering from chronic disease. (HAS: Haute Autorité de Santé 2008)

Supervise: Training process in a professional situation.

Evaluate/evaluation: Examine the degree of adequacy between pieces of information and a series of criteria in adequacy with the objective pursued, in order to take a decision.

Situation Family: It groups different common professional situations and mobilizes several competences. It is representative of the main functions. It specifies the context and the activities which the professional should be capable of carrying out and the conditions under which they will have to work.

Indicator: Hint or group of visible hints (directly observable).

Final integration objective: Profile expected from health care professionals.

Health promotion: Process which includes interventions aiming at increasing individuals' and community's capacities in order to improve their health.

Reference Guide: All the elements making up a reference system which translates reality into words: in the shape of competences, capacities and situation families in the case of reference guides for competences; in the shape of activities in the case of reference guides for professional activities; in the shape of criteria and indicators in the case of reference guides for assessment/evaluation.

Reference Guide for Training or Training Curriculum: It includes the whole structure of the programme by year of study.

Helping relationship: Creation of a long-term link which aims at making the person express what they feel in order to help them progress in their thinking process.

Health: A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. (WHO)

Integration situation: Contextualized pieces of information to be articulated for a specific task. It bears a formative or certificative vision.

Health System: All the interdependent elements which contribute to individual or collective health.

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LIST OF PARTICIPANTS - FRANCE GROUP

Director-generalship oh Health, Ministry of Health, France

Ms Marie-Ange Coudray, National pedagogical Counsellor, Ministry of Health, France, DHOS

National production group participants :
Ms Anne-Sophie Triffaux, Ms Dominique Kermad, Ms Catherine Defresne, nursing care managers

French Steering Commitee participants :
Ms Myriam Delbaere, Ms Véronique Itasse, nursing care managers, Brigitte Macon, nurse-stomatherapist

National Reference Person - France :
Rufin Frédéric, nursing health manager

Of the Institut de formation en soins infirmiers (IFSI) and the Laon Hospital Centre (02000)

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