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EUROPEAN REFERENCE GUIDE FOR COMPETENCES IN NURSING

CONCEPTUAL HEALTH FRAMEWORK

aim of training in nursing care is to develop capacities and competences which help the student to provide **quality** health care to people (individuals, groups, communities). This health care, carried out autonomously or in collaboration with others, concerns areas such as health promotion/education, disease prevention, curative/palliative care and rehabilitation.

OUR CONCEPTION OF HEALTH CARE IS BASED ON THE FOLLOWING ELEMENTS:

- Health, seen as the balance and harmony existing between all the person's dimensions (biological, psychological, social and spiritual). Health is experienced according to each person's perspective. It is part of the person's development process which interacts with a number of continuously changing factors (political, economical, socio-cultural and environmental).
- The person as a unique being, responsible, free, with their own needs and expectations, undergoing continuous changes and living in interaction with their environment. The person changes in search of a certain quality of life which they define according to their potential and priorities.
- Health care, seen as an interpersonal, therapeutic process influenced by favourable individual and contextual factors.

Health care aims at well-being as defined by the person themselves. The nurse supports the person in their health and disease experiences, in **partnership**, favouring the person's potential development and respecting their beliefs, values, freedom and dignity. They favour the development of a life and health care project previously agreed on with the person. They encourage the target public's **participation** in decisions linked to one or several steps of the health care project/programme.

- **Collaboration** with peers and **multidisciplinarity**, in order to optimize health care value.
- Coordination between all players (hospital staff, general
 or specialized practitioners, nurses, natural assistance...),
 increased by a easy access to resources and networking, in
 order to ensure health care continuity.
- Professional involvement of the nurse, whose practice is based upon continuously updated scientific evidence as well as humanist values which give the person their right place in the health care system.
- Respect of Belgian nurses' code of ethics within its various moral, ethical and legal dimensions.
- Citizenship, the values, norms and social behaviours of which respect the ethics ruled by general interest, cultural democracy and heritage of humanity.

CRITERIA AND DEFINITIONS



Autonomy	Attitude which consists of basing one's behaviour on freely chosen rules, of taking decisions favouring a behaviour in harmony with one's own scale of values and with responsible citizenship.
Coherence / Pertinence	Adequate links existing between elements (players, activities, methods, tools, theories, practices, issues and objectives) in order to ensure efficiency of the action with a view to reaching the objectives. Harmony or organization logic link between (sometimes contradictory) elements.
Collaboration	Persons, groups and organizations linked and working together following several production, coordination and communication mechanisms in order to reach common objectives which benefit all and produce the best results.
Continuity	Guarantee to continuously pursue the health care process at all levels, favouring access to resources, knowledge and activities using strategies, planning and appropriate actions.
Creativity	Capacity of the person for creating, producing new ideas, combining, reorganizing elements, facts and research results. Ability to be alert, to be open to the unexpected, to dare changes, to be «resilient».
Critical Thinking	Systematic process, attitude which questions all given propositions and which considers it true only once its value has been established. Often associated to a creative mind, mind which creates new ideas. Critical thinking requires intellectual rigour, which enables to stand back from one's convictions. The aim here is to prefer reality, even difficult or complex, to comfortable illusions or abusive simplifications.
Efficiency – Respect of Resources	Distribution of human, equipment, financial, temporal resources and others in a transparent and sufficient way and within an optimal cost/efficiency ratio.
Holistic Approach	Way to provide health care which considers the person in their various dimensions (physical, psychological, social and spiritual), taking into account the fact that people are beings in relation who influence one another. This approach also considers that the whole represents more than the mere sum of elements.
Negotiation	Interactive process aiming at balance between participants' expectations, demands, needs and resources.
Participation	Interested involvement in an activity, supply and sharing of resources. Participation is linked to the concept of empowerment. Intervention of the target public in decisions linked to one or several steps of a project or programme: analysis of needs, choice of strategies, creation and implementation, evaluation.
Partnership	Equality relationship in which at least two parties with compatible objectives agree in order to do something together which will enable them to develop and learn one from another.
Precision	Use of rules, taking details into account. Quality of being fair and rigourous in order to reach accurate results.
Research/Quality Promotion	Search for health care quality and risk management respecting various norms and recommendations; pursue a vision of excellence.
Respect of the Person, of their Dignity	Attitude accepting the other as a unique being who presents characteristics similar to ours as well as others, which are unique to them.
Respect of Principles, of Health Care Rules	In practice, take into account the best level of scientific evidence.
Respect of Professional Ethical and Deontology Principles	Respect of ethical values and principles which rule nursing practice, behaviour, relationships according to the code of ethics of Belgian nursing practitioners.
Responsibility	Capacity for taking a decision, taking actions in coherence with one's conscience and the respect of others and for being responsible for one's actions, respecting the values carried by ethics, law and moral standards.
Security	Prevention of risks in order to ensure safety and a trusting atmosphere. Implementation of actions in accordance with recommendations, scientifically validated procedures and the person's resources.

COMPETENCES, CAPACITIES, CRITERIA AND INDICATORS

Competence 1: INVOLVE ONESELF IN PROFESSIONAL **DEVELOPMENT**

Play an active role in one's training, adopt a reflexive and ethical attitude in order to promote quality and professional development.

Criteria

Examples of indicators

Capacity 1.1 EVALUATE ONE'S PROFESSIONAL PRACTICE AND ADOPT A REFLEXIVE

- Responsibility
- Autonomy
- Research/Quality Promotion
- Be able to show one's strengths and weaknesses
- · Set adapted personal learning objectives
- · Practice self-assessment in accordance with one's personal and institutional objectives
- · Express adjusted objectives
- · Compare one's practices with professional standards (quidelines, best-practices, Evidence-Based Nursing)

Capacity 1.2 UPDATE ONE'S KNOWLEDGE

- Responsibility
- Autonomy
- Show intellectual curiosity
- · Identify one's own need of training
- Use adequate resources to meet one's needs of training

Capacity 1.3 DEVELOP A CRITICAL THINKING

- Holistic approach
- Critical thinking
- · Respect of professional/ ethics/deontology principles
- Take a situation into account as a whole
- Step back from a given proposition and from one's
- · Ask oneself the right questions in a given context
- · Promote and assert one's professional identity

Capacity 1.4 PROMOTE QUALITY

- · Research/Quality Promotion
- Respect of professional/ ethics/deontology principles
- · Respect norms and recommandations
- · Respect the code of ethics
- · Pursue a vision of excellence

Competence 2: ADOPT A SCIENTIFIC APPROACH

Play an active role in implementing changes, adopting a scientific approach in questioning, research and critical analysis.

Criteria

Examples of indicators

Capacity 2.1 INVESTIGATE THE SITUATION

- · Holistic approach
- · Coherence/Pertinence
- Creativity
- Critical thinking
- · Respect of professional/ ethics/deontology
- situation
- Word a pertinent research question
- · Ensure that the research is original
- · Ensure data confidentiality
- · Plan and respect the various phases of one's work

· Question oneself in a complete and global way on a

Capacity 2.2 USE RESEARCH RESULTS

Coherence/Pertinence

principles Autonomy

- Precision
- Autonomy
- · Identify adequate resources for the collection of data
- · Use information and communication technology in an appropriate way
- Use reliable information and documents
- · Collect data in a pertinent and exhaustive way
- · Show autonomy

Capacity 2.3 PROVIDE CRITICAL ANALYSIS

- Coherence/Pertinence
- · Analyze data
- Critical thinking
- · Elaborate hypotheses
- Argue

Capacity 2.4 SUGGEST AVENUES OF REFLEXION AND CHANGE

- Precision
- Creativity
- Participation
- · Write a report · Show creativity
- · Share results with the players concerned

Competence 3: ENSURE PROFESSIONAL COMMUNICATION

Communicate with the person, establishing a trusting/helping relationship, encouraging the person's participation in order to propose adapted information and health education and/or respectful support. Communicate with the (disciplinary/mutlidisciplinary) team in order to ensure health care continuity and quality.

Criteria **Examples of indicators**

Capacity 3.1 ESTABLISH A TRUSTING RELATIONSHIP

- · Respect of the person, of their dignity
- Respect of professional/ ethic/deontology
- Establish a civilized relationship
- Use correct verbal/non-verbal language
- Respect confidentiality
- Capacity 3.2 ESTABLISH A HELPING RELATIONSHIP
- · Holistic approach
- Respect of the person, of their dignity
- Partnership

principles

- · Take the person into account with their various dimensions
- · Identify the needs in a helping relationship · Adopt a facilitating attitude
- Practice active listening
- · Focus on others
- Help to express emotions and feelings
- · Consider the person as an active player in their health

Capacity 3.3 CONTROL ONE'S EMOTIONS

- Coherence/pertinence
- Responsibility
- Security
- Express one's emotions in an appropriate way
- · Correctly anticipate stress-generating situations
- React appropriately in front of a stress-generating situation
- · Be aware of one's limits

Capacity 3.4 WORK IN PARTNERSHIP WITH THE PERSON

- · Respect of the person, of their dignity
- · Adopt a non-judging attitude · Identify the values underlying practice
- **Participation**
- · Encourage the person's participation

Capacity 3.5 INFORM, EDUCATE THE PERSON

- Partnership
- Coherence/Pertinence
- Creativity Participation
- Emphasize the person's resources and aptitudes
- Identify resource persons
- · Use appropriate language Use adapted pedagogical tools
- Use personalized communication means
- Inform in a clear and pertinent way
- Check the person's comprehension level
- · Encourage the person to express themselves

Capacity 3.6 WORK AS A TEAM

- Participation
- Take part in the team's activities
- Collaboration Coherence/Pertinence
- · Encourage peers' participation
- Take peers' point of view into account
 - Share accurate information Show mastered argumentation (well-founded, honest,

adequate) Capacity 3.7 TRANSFER DATA, INFORMATION

- · Coherence/Pertinence
- Precision
- Respect of the person, of their dignity
- · Choose the correct information to be transfered
- · Transfer data in a structured way
- Use professional language Respecter the person
- Respect of professional/ · Respect professional secrecy ethics/deontology

Capacity 3.8 WRITE A REPORT

Precision

Creativity

principles

- Respect of principles and health care rules
- · Write a structured report
- Use appropriate professional vocabulary Present a neat, well presented document
- Correctly write bibliographical references
- Respect grammar and spelling rules
- Use electronic health care files
- Show creativity

Competence 4: CONCEIVE A HEALTH CARE PLAN

Conceive a health project with the person, taking the health system into account, starting from the indentification of needs to setting objectives, the development of strategies, the planning of interventions and the evaluation of the process and results.

Criteria **Examples of indicators**

Capacity 4.1 TAKE THE HEALTH SYSTEM INTO ACCOUNT

- Research/ Quality Promotion Understand the organization and financing of the health and health care systems
 - Identify health programmes
 - Identify players

Capacity 4.2 COLLECT DATA

- Precision Efficiency/Respect
- Coherence/Pertinence
- Holistic approach
- of resources
- · Choose varied sources of information
- Observe in a pertinent way • Identify the person's resources
- · Quickly collect data
- · Collect exact and pertinent data
- · Organize information into a hierarchy
- · Update data

Capacity 4.3 IDENTIFY REAL, POTENTIAL, LATENT, UNEXPRESSED NEEDS

- Precision
- Coherence/Pertinence
- Security
- · Carry out a global analysis
- · Make pertinent hypotheses
- Underline the links between the identified needs
- · Link the analysis with scientific evidence
- Evaluate the risks in an emergency situation, a violent situation, in case of ill-treatment or of aggravation

Capacity 4.4 ESTABLISH A NURSING, COMMUNITY DIAGNOSIS

- Coherence/Pertinence
- · Establish an appropriate diagnosis
- · Identify priorities

Capacity 4.5 SET OBJECTIVES

- Collaboration
- Participation
- Coherence/Pertinence
- · Take multidisciplinary aspects into account • Encourage the person's participation
- Set realistic, temporal and measurable objectives
- · Define health care objectives and the actions considered with the person

Capacity 4.6 PRESCRIBE NURSING INTERVENTIONS

- Responsability
- · Suggest pertinent and exhaustive interventions
- Autonomy Take adequate initiatives
- Creativity · Show creativity

Capacity 4.7 DEVELOP HEALTH PROMOTION STRATEGIES

- Responsibility
- · Suggest pertinent and exhaustive interventions
- Coherence/Pertinence
- · Consider methods in adequacy with the objectives aimed at

Capacity 4.8 PLAN INTERVENTIONS

- Participation
- Coherence/Pertinence
- Efficiency/Respect of resources
- Identify the different participants' actions
- · Plan the needed interventions in an exhaustive way • Suggest a realistic programme
- Respect the best cost efficiency ratio

Capacity 4.9 EVALUATE THE PROCESS AND RESULTS OF INTERVENTIONS

- Coherence/Pertinence
- Continuity
- · Collect pertinent information for evaluation
- · Compare the results obtained with expected results
- Suggest adequate adjustments

Competence 5: CARRY OUT HEALTH CARE **PERFORMANCES**

Carry out autonomous, prescribed/confided health care techniques in the following areas: health promotion, prevention, curative/palliative care and rehabilitation.

Criteria

Examples of indicators

Capacity 5.1 APPLY PREVENTION MEASURES

- Autonomy
- Responsibility
- Respect of principles and
- health care rules
- Security
- Creativity
- Research/Quality Promotion
- · Observe accurately
- Take appropriate initiatives
- Respect hygiene / asepsis rules
- Respect security norms
- Apply ergonomics and handling measures
- Show creativity
- · Take part in promotion and prevention programmes

Capacity 5.2 CARRY OUT AUTONOMOUS, PRESCRIBED/CONFIDED HEALTH CARE

- Autonomy
- Responsibility
- Respect of principles and health care rules
- Precision
- Efficiency/Respect of resources
- Respect of the person. of their dignity
- Security
- Respect of professional ethics and deontology principles
- Creativity

- Observe accurately
- · Take appropriate initiatives
- Check the conformity of medical prescriptions
- Respect medical prescriptions
- Respect protocoles and procedures
- Respect hygiene / asepsis rules
- Carry out health care with dexterity
- · Act in an efficient way
- Respect the person's modesty
- · Respect the person's comfort
- · Respect security norms
- Respect professional ethics and deontology principles
- · Show creativity

Competence 6: MANAGE

Coordinate activities and health care, delegate and supervise performances, train peers and manage equipment resources.

Criteria

Examples of indicators

Capacity 6.1 SUPPORT AND TRAIN PEERS

- · Respect of the person, of their dignity
- Participation
- · Welcome the student · Respect the student's rhythm
- Involve oneself in training the student
- Take part in the student's training evaluation
- Integrate the student in their working place
- · Show a respectful attitude towards the student

Capacity 6.2 COORDINATE ACTIVITIES AND HEALTH CARE

- Efficiency/Respect of resources Efficiently manage time
- Collaboration
- · Respect of the person, of their dignity
- Analyze the work situation in order to assign tasks in an appropriate way
- · Listen to peers' needs and demands
- Take group rules into account
- · Respect team members

Capacity 6.3 DELEGATE PERFORMANCES

- · Precision
- · Clearly explain the objectives pursued
- Efficiency/Respect of resources Collaboration
- · Delegate and distribute tasks in an appropriate way Check that all given information is understood

Capacity 6.4 SUPERVISE

- · Responsibility
- Collaboration
- Supervise and evaluate performances
- · Use adequate verbal and non-verbal language

Capacity 6.5 MANAGE EQUIPMENT RESOURCES

- Efficiency/Respect of resources
 Efficiently use equipments
- Security
- · Take costs into account
- Take part in stock management
- · Organize an environment favourable to the person's well-being and security, in conformity with professional norms

CONTINUOUS INTEGRATION OBJECTIVE AND SITUATIONS FAMILIES

CONTINUOUS INTEGRATION OBJECTIVE

In accordance with deontology and ethics rules, conceive and carry out a health/health care project with a person, a family or a group in various professional situations and within multidisciplinarity. Lead therapeutic education activities or health education activities. Do some research work using scientifically recognized tools and resources. Show reflexiveness in one's practice.

SITUATIONS FAMILY - HOSPITAL -

Context

Situation of health care in a hospital environment (medicine, surgery, geriatrics, specialised medicine, intensive care, paediatrics...).

The student takes care of several persons in need of more or less complex health care/health care specific to the department. One person at least has medical aid and shows a high level of dependence. The others are either partly dependent or totally autonomous.

Two types of activities can be expected:

Activities linked to health care and follow up of the patients

The student collects information. In order to do so they use specific tools: scales, grids, information and communication technologies... They diagnose nursing care issues. They prescribe nursing interventions and plan them according to the priorities set in collaboration with the multidisciplinary team. They present a summary of these interventions to the nurse/teacher. They carry out health care. They delegate activities and check that they are carried out correctly. The student works in partnership with the person, their relatives and the multidisciplinary team. During and/or at the end of their work, they evaluate the results of their interventions and the evolution of the persons taken care of. They make an oral and written report (on the provided media). They adjust the objectives and interventions according to the person. The student practices self-assessment and sets new learning objectives.

Reflexive activities

The student studies the population, professionals at work and their environment.

They pinpoint elements of dissatisfaction and/or dysfunction in terms of professional practice. They plan the various steps of the reflexive process. They collect information and describe the health context posing a problem. They make hypotheses on predisposing causes/factors. They search for the necessary elements which support their reasoning and comprehension of the situation in the literature available. They analyze and interpret the collected data by discussing results and suggesting realistic solutions. They write a summary report and submit it to the professionals concerned.

Conditions

- The student has access to all resources.
 The student is allowed enough time to collect data.
 The student works under the nurse's/teacher's responsibility.
- Depending on the research work to be done, the student is involved or not in the health care provided.
 - These activities are part of a process of introduction to research (Bachelor's degree). Research should meet the ethics and deontology norms of the institution.

SITUATIONS FAMILY - DOMICILE -

Context

Health care situation at the patient's domicile. The patient suffers from a chronic pathology and/or has recently left hospital.

The patient shows partial or total dependence.

Activities which can be expected

The student collects information, asking questions to the patient, their relatives and nurses. They consult the contact book.

They particularly analyze:

- the person's and their relative's capacities, desires, and projects;
- resources and constraints of the environment within a systemic approach;
- needs of security, of information, of coordination, of prevention and "therapeutic" education.

They use evaluation tools (autonomy, pain...)

After a few days, they present a written report to the reference nurse and/or supervising teacher; this report should include:

- the key points of the analysis;
- a precise intervention plan according to the issues pinpointed.

They complete their intervention plan using their discussions with the nurse/teacher.

They carry out planned interventions taking into account the characteristics of the domicile and material, temporal and environmental constraints.

They evaluate health care results and adjust the following interventions.

They transfer the information necessary to health care continuity.

All these activities will be written in a report.

The student practices self-assessment and adjusts their learning objectives and interventions.

Conditions

The student works under the nurse's/teacher's responsibility. Interventions related to education needs require sufficient knowledge of the person and of their environment and can only be planned after a few days spent on the field.

SITUATIONS FAMILY — COMMUNITY —

Context

Nurseries, schools, medical houses, enterprises and other contexts: homelessness, prostitution, drug addiction...

Activities which can be expected

The student identifies the target group's health care determinants and analyzes interdependences. They explore life situations, using a systemic approach framework and/or methods.

They integrate multicultural, multidisciplinary and multisectorial dimensions in their approach. They identify resources and the main issues in collaboration with the various players, among which the target group.

They share /discuss with the various players (among which, if possible, the target group) the main diagnoses and intervention strategies, using interviews or questionnaires.

They analyze the limits of the diagnosis in terms of content as well as in terms of process. According to the results, they argue action principles in terms of health promotion and community health.

They write a project based on the data collected. They submit the project to the reference person on the field and/or the teacher who see to the pertinence of the document and help the student in their interventions by providing them with the necessary resources of the environment.

The student organizes at least one health education session with and for the group in collaboration with field professionals. The methods used are based on active pedagogies and in accordance with the person's autonomy.

The chosen themes are linked to the health issues identified. The reference person is present during the session.

The student hands out a written report of the reflexive type to the teacher, including the following elements: what has been learnt from this approach, how it was learnt, what lessons are taken from this experience for the future.

Conditions

The student works under the nurse's/teacher's responsibility. Interventions related to education needs require sufficient knowledge of the community.

SITUATIONS FAMILY – CONVALESCENT HOMES AND OTHER LIFE ENVIRONMENTS –

Context

Life environments in which residents suffer from polypathologies, polydisabilities and/or show a high level of dependence. These persons may also show cognitive, psychological disorders (lack of self-esteem, loss of hope, withdrawal into oneself...) or behavioural disorders (health care refusal, self-violence and/or towards relatives...)

Activities which can be expected

The student takes care of a resident during their internship. In addition to the health care provided:

Either the student contemplates the life project suggested by the institution and identifies one of the following points:

- How does the institution promote life projects: hobbies, personnalisation, participation, autonomy?
- What is the institution's policy for accident prevention: medicine, fall, poisoning...?

Or the student asks themselves one or several ethical questions in the following areas:

- support
- abuse (physical, moral, financial)
- respect of the autonomy
- life ending decisions
- health care equity...

They analyze the solutions suggested by the institution.

They search for the necessary elements in literature which support their thinking, their understanding of the situation.

These reflection elements can be discussed with the persons concerned.

The student hands out a written report of the reflexive type to the teacher, including the following elements: what has been learnt from this approach, how it was learnt, what lessons are taken from this experience for the future.

Conditions

The student works under the nurse's/teacher's responsibility.



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