



***EFN Guideline for the implementation of Article 31 of the
Mutual Recognition of Professional Qualifications
Directive 2005/36/EC, amended by Directive 2013/55/EU***

*EFN Competency Framework
Adopted at the EFN General Assembly, April 2015, Brussels*



All rights reserved. No part of this publication may be reproduced in print, by photostatic means or in any other manner, or stored in a retrieval system, or transmitted in any form, or sold without the express written permission of the European Federation of Nurses Associations (EFN). Short excerpts may be reproduced without authorisation on the condition that the source is indicated.

Copyright © EFN 2015, European Federation of Nurses Associations
This document shall be referenced as: European Federation of Nurses Associations (2015), EFN Competency Framework. EFN Guideline to implement Article 31 into national nurses' education programmes. Brussels, Belgium.

| | |
|--|----|
| 1. Rationale and political context | 3 |
| 2. History of the document | 4 |
| 3. Competences included in Directive 2013/55/EU | 6 |
| 4. Approach to a competency model | 8 |
| 5. Relationship between the competences of Directive 2013/55/EU and those of the EFN Competency Framework | 9 |
| 6. Relationship between the competences and the content of the education and training curriculum. | 15 |
| 7. Relationship between competences, the content of the education and training curriculum and potential learning outcomes | 20 |
| Glossary of key terms | 33 |

1. Rationale and political context

An amended Professional Qualifications Directive was adopted in late 2013, and included a set of 8 competences in the main part of the directive (article 31). These are legally binding and Member States will need to ensure they are implemented by the deadline of implementation (18 January 2016). The Commission has also the authority to update Annexe 5 of the directive through a delegated act.

The existing EFN Working Group on Competences was therefore asked to:

1. Look at the draft EFN Competency Framework, its relationship with those competences already enshrined in Article 31 and develop a guideline for implementation of Article 31 into national nurse education programmes and formulate a proposal to the EFN General Assembly for updating Annexe V (competences and content);
2. Consider which stakeholders EFN and its member associations need to engage with for the design of the framework leading to a better implementation and compliance with the Directive;
3. Identify any wider contextual issues which would enable or hinder implementation of the competences into the national nursing programmes.

The EFN Working Group (WG) has completed the first of these tasks and had some discussion about key stakeholders and the wider contextual issues, including the need for agreed means of measuring whether competences have been met, and the need for capacity building, particularly in the nursing schools. The present document describes the EFN guideline for implementation of Article 31 into national nurse education programmes.

EFN WG on Competences – Chair: Prof Maximo Gonzalez Jurado

EFN Professional Committee – Lead: Ms Herdís Gunnarsdóttir

2. History of the document

The beginning of the modernisation of Directive 2005/36/EC started with a EU Public Consultation (March 2011) that brought upfront the challenges faced in the recognition process and the need to update the education requirements of the professions covered under the automatic systems, in order to take into account the advancements of the professions concerned as regards the education requirements, it was clear that the content of nurse education described in Annexe V of the Directive needed to be updated to reflect current advancements in nursing such as new focus on healthcare oriented towards prevention, long-term care, community-based care, eHealth & ICT developments, patient safety, research and evidence-based practice, etc.

During the modernisation process, the negotiation of the Commission's proposal with the European Parliament and Council resulted in the strengthening of the nurse education requirements and the addition of a set of 8 competences. The EFN was very much involved in the elaboration of those competences and was in daily contact with the EC Head of Unit in charge of the negotiation, Mr Jürgen Tiedje. For those preparations, the EFN members elaborated and agreed on an EFN Competency Framework (approved in April 2012)¹ which was used during the negotiations and presented to the Parliament, Council, Commission and stakeholders during a European Parliament Roundtable on nurse education organised by the EFN in October 2012.

Once the modernised Directive was approved, the main focus of EFN was to ensure that all these changes are being transposed into the national legislation in every Member State. The update of the Annexe V became the new priority in this area and the EFN members established a new EFN Working Group on Competences (Chair: Maximo Gonzalez Jurado; Vice-Chair: Herdis Gunnarsdóttir; Members: Branka Rimac, Carol Hall, Birgitta Wedahl, Bruno Gomes, Miklós Bugarszky and Yves Mengal). During the EFN General Assembly, held on 10-11 April 2014 in Brussels, the first meeting took place and the competences included in Article 31 were analysed in relation to the EFN Competency Framework.

¹ The EFN Competency Framework was developed taking into account existing documents on nurse competences developed by the ICN, WHO, Tunning project, etc. Particular attention was given to the work done by Dr Mercedes Gomez Del Pulgar on the development of nurse competences.

The analysis highlighted many similarities and gave reflection to start building the proposal for the EFN Competency Framework as a guideline to facilitate the implementation of the changes in the directive into the national nursing curricula. This document builds on the previous work done and goes beyond in establishing a logic pathway that connects the competences with the related list of topics for the nurse education and potential learning outcomes.

3. Competences included in Directive 2013/55/EU

The modernised Directive includes a set of 8 competences in Article 31 (paragraph 7) that establishes the minimum educational requirements for nurses responsible of general care. Paragraph 6 is mentioned in the list of competences and is included below for readers' information.

6. Training for nurses responsible for general care shall provide an assurance that the person in question has acquired the following knowledge and skills:

- (a) comprehensive knowledge of the sciences on which general nursing is based, including sufficient understanding of the structure, physiological functions and behaviour of healthy and sick persons, and of the relationship between the state of health and the physical and social environment of the human being;
- (b) sufficient knowledge of the nature and ethics of the profession and of the general principles of health and nursing;
- (c) adequate clinical experience; such experience, which should be selected for its training value, should be gained under the supervision of qualified nursing staff and in places where the number of qualified staff and equipment are appropriate for the nursing care of the patient;
- (d) the ability to participate in the practical training of health personnel and experience of working with such personnel;
- (e) experience of working with members of other professions in the health sector.

7. Formal qualifications as a nurse responsible for general care shall provide evidence that the professional in question is able to apply at least the following competences regardless of whether the training took place at universities, higher education institutions of a level recognised as equivalent, or at vocational schools, or through vocational training programmes for nursing:

- A. Competence to independently diagnose the nursing care required using current theoretical and clinical knowledge as well as to plan, organise and implement nursing care when treating patients on the basis of

- the knowledge and skills acquired in accordance with points (a), (b) and (c) of paragraph 6 in order to improve professional practice;
- B. Competence to work together effectively with other players in the health sector including participation in the practical training of health personnel on the basis of the knowledge and skills acquired in accordance with points (d) and (e) of paragraph 6;
 - C. Competence to empower individuals, families and groups towards healthy lifestyles and self-care on the basis of the knowledge and skills acquired in accordance with points (a) and (b) of paragraph 6;
 - D. Competence to independently initiate immediate measures to pre-serve life and to carry out measures in crisis and disaster situations;
 - E. Competence to independently advise, instruct and support individuals needing care and their attachment figures;
 - F. Competence to independently ensure the quality of nursing care and assess it;
 - G. Competence to communicate comprehensively and professionally and to cooperate with members of other professions in the health sector;
 - H. Competence to analyse the quality of care in order to improve their own professional practice as general care nurses.

4. Approach to a competency model

The term “competency” has many meanings, although there are a few common aspects to all of them: knowledge, skills, attitudes and values. In addition, it is interesting to incorporate the concept of “transfer”, that is, the mobilization of these components in order to use them within a specific context and provide the best possible answer making use of available resources, thus defining competency as the “intersection between knowledge, skills, attitudes and values, as well as the mobilization of said components in order to transfer them to a certain context or real situation, hence coming up with the best action/solution possible to address all different situations and problems that can emerge at any moment, making use of the available resources”. (Gómez del Pulgar, M, 2011)

The different competences included in Directive 2013/55/EU as well as those contained in the EFN Competency Framework are described in the following sections with a view to establishing relationships among them and aggregating them in order to allow the further description of the specific learning outcomes of each one of them, which will in the end allow to identify the minimum level of competence.

5. Relationship between the competences of Directive 2013/55/EU and those of the EFN Competency Framework

Linking the 8 competences as set out in Article 31 of Directive 2013/55/EU to the list of topics for the nurse education as set out in Annexe V implies the design of a logic, stepwise reflection process. This process starts with the 8 competences, followed by the identification of the related competency areas, and continues with the breakdown of competences according to each competency area, describing what is expected to be achieved with the competences, the necessary education to be covered in the curricula, and finishes with a list of potential learning outcomes that would prove the acquisition of such competences.



Fig 1. Process of implementation of Art 31(list of competences) Directive 2013/55/EU into the nursing curricula

The starting point is the relationship between the 8 competences of Article 31 of Directive 2013/55/EU (From A to H) and the EFN Competency Framework, which includes the following headings:

- CA. 1: Culture, ethics and values
- CA. 2: Health promotion and prevention, guidance and teaching
- CA. 3: Decision-making
- CA. 4: Communication and teamwork

- CA. 5: Research, development and leadership
- CA. 6: Nursing Care

These key competences include different sub-competences, which must lead to learning outcomes to be developed through the content of the education and training curriculum, which will allow further assessment.

In the case of EFN Competence N. 6: Nursing Care, four more subgroups are proposed in order to arrange nursing care following the nursing care process in a logical way.

- CA. 6.1. - Assessment and diagnosis
- CA. 6.2. - Care planning
- CA. 6.3. - Nursing intervention
- CA. 6.4. – Evaluation and quality assessment

The relationships are displayed in the following table:

| Directive 2013/55/EU | Competency areas (CA) EFN Competency Framework |
|--|---|
| COMPETENCE H | CA. 1: Culture, ethics and values |
| COMPETENCE C | CA. 2: Health promotion and prevention, guidance & teaching |
| COMPETENCE A COMPETENCE F | CA. 3: Decision-making |
| COMPETENCE B COMPETENCE G | CA. 4: Communication and teamwork |
| COMPETENCE A COMPETENCE G | CA. 5: Research, development and leadership |

| | |
|---------------------|--|
| COMPETENCE A | CA. 6: Nursing Care (theoretical education and training) |
| COMPETENCE E | |
| COMPETENCE D | CA. 6.1. - Assessment and diagnosis CA. 6.2. - Care planning CA. 6.3. - Nursing intervention CA. 6.4. – Evaluation and quality assessment |
| COMPETENCE A | CA. 6: Nursing Care (practical-clinical education and training) |
| COMPETENCE E | CA. 6.1. - Assessment and diagnosis CA. 6.2. - Care planning CA. 6.3. - Nursing intervention CA. 6.4. - Evaluation and quality assessment |

Table 1 - Matrix on the relationships between the competences of Article 31 and their related core competency areas (in relation to the EFN Competency Framework)

Breakdown of competency areas according to the EFN Competency Framework

In order to obtain a list of topics, it is necessary to break down the competences according to core areas and to further describe them taking into account existing competency frameworks (EFN Competency Framework). This exercise provides a clearer understanding on the competences and the list of related topics, and allows future formulations of learning outcomes.

CA.1. Culture, ethics and values

- To promote and respect human rights and diversity in light of the physical, psychological, spiritual and social needs of autonomous individuals, taking into account their opinions, beliefs, values and culture, and the international and national codes of ethics, as well as the ethical implications of healthcare provision; ensuring their right to privacy and honouring the confidentiality of healthcare information.

- To take responsibility for lifelong learning and continuous professional development.
- To accept accountability for one's own professional activities and to recognise the limits of one's own scope of practice and competences.

CA.2. Health promotion and prevention, guidance and teaching

- To promote healthy lifestyles, preventive measures and self-care by strengthening empowerment, promoting health and enhancing behaviours and therapeutic compliance;
- To independently protect the health and well-being of individuals, families or groups being cared for, ensuring their safety and promoting their autonomy.
- To integrate, promote and apply theoretical, methodological and practical knowledge. This enables the promotion and the development of nursing care in long term care, co-morbidity and in situations of dependency in order to maintain an individual's personal autonomy and his/her relationships with the environment in every moment of the health/illness process.

CA.3. Decision-making

- To apply critical thinking skills and systems approach to problem solving and nursing decision-making in the professional and care delivery context.
- To carry out actions, by previously identifying and analysing problems, that facilitate seeking the most beneficial solution for the patient, the family and the community, reaching objectives, improving outcomes and keeping the quality of their work.

CA.4. Communication and teamwork

- To be able to comprehensively communicate, interact and work effectively with colleagues and inter-professional staff, and therapeutically with individuals, families and groups.
- To delegate activities to others, according to the ability, level of preparation, competence and legal scope of practice.

- To independently use electronic health records to document nursing assessment, diagnosis, interventions and outcomes based on comparable nursing classification systems and nursing taxonomy.
- To independently retrieve and apply information and share information among patients and health care professionals and across health care facilities and community.
- To independently coordinated care for patient groups and to work interdisciplinary towards the common goal of ensuring quality of care and patient safety.

CA.5. Research & development and leadership

- To implement scientific findings for evidence-based practice.
- To take into account the equity and sustainability principles in healthcare and strive for the rational use of resources.
- To adapt leadership styles and approaches to different situations concerning nursing, clinical practice and healthcare.
- To promote and maintain a positive image of nursing.

CA.6 Nursing Care

- To show sufficient knowledge and skills to provide professional and safe care adequate to the health and nursing care needs of the individual, families and groups the nurse is responsible for providing care to, taking into account the developments in scientific knowledge, as well as the quality and safety requirements established in accordance with the legal and professional conduct regulations.
- To independently assess, diagnose, plan and provide person-centred integrated nursing care focused on health outcomes by evaluating the impact of the situation, background and the care given, through clinical care guidelines describing the processes for the diagnosis, treatment or care, and making recommendations for future care.
- To know and implement the nursing theoretical and methodological fundamentals and principles, basing nursing interventions on scientific evidence and the resources available.

- To independently establish assessment mechanisms and processes for continuous quality improvement in nursing care, considering the scientific, technical and ethical developments.
- To understand and act according to the social and cultural contexts of individuals' behaviours, and the impact on their health within their social and cultural context.
- To understand the importance of having care systems aimed at individuals, families or groups, while assessing their impact.
- To respond appropriately and in time to unexpected and rapidly changing situations.
- To perform independently efficient measures in crisis and disaster situations that allow preservation of life and life quality.

6. Relationship between the competences and the content of the education and training curriculum

An education and training curriculum is proposed with a view to developing the nursing competences.

The following table shows the relationship between the 8 competences of Article 31 of the amended Directive 36 (From A to H), the EFN Competency Framework and the content of the education and training curriculum.

| DIR 2013/55/EU | EFN | CONTENT |
|--|---|---|
| Competence H | CA. 1: Culture, ethics and values | Ethics and philosophy of nursing, human rights Patient autonomy, rights and safety Legal aspects of healthcare and the profession, social and healthcare legislation Confidentiality |
| Competence C | CA. 2: Health promotion and Prevention, guidance & teaching | Principles of health and illness Public health, health promotion and prevention, community/primary care Patient guidance and health education Societal and intersectoral perspective and influence Citizens empowerment and involvement |
| Competence A Competence F | CA. 3: Decision-making | Decision-making process Problem solving & Conflict management |
| Competence B Competence G | CA. 4: Communication and teamwork | e-Health and ICT, health and nursing information systems Interdisciplinary and multidisciplinary work Interpersonal communication Multicultural nursing, working with multicultural clients and in multicultural work communities |

Language skills
Knowledge transfer

| | | |
|--|---|--|
| Competence A Competence G | CA. 5: Research, development and leadership | <p>Evidence-based nursing cross cutting all competences</p> <p>Basics of research, methodology and terminology</p> <p>Innovations and quality improvement in nursing</p> <p>Nursing leadership, management and continuum of care and services</p> <p>Organisation of healthcare services and intersectoral service environment</p> <p>Work ergonomics and safety at work</p> |
|--|---|--|

| | | |
|---|--|---|
| Competence A Competence D Competence E | CA. 6: Nursing Care (theoretical education and training) | <p>Nursing process and documentation</p> <p>Nursing theories and concepts</p> <p>Nursing science</p> <p>Anatomy and physiology</p> <p>Pathology</p> <p>Pharmacology and Biochemistry</p> <p>Sociology, psychology and pedagogy</p> <p>Nutrition and dietetics</p> <p>Hygiene, asepsis, prevention of infections, infection control</p> <p>Palliative care, end of life and pain management</p> <p>Safe management of medicines and prescribing</p> <p>To monitor, assess and ensure the body vital activity, first aid and resuscitation</p> <p>Nursing principles, including person centred care and continuum of care, and basic clinical competence in relation to the care of individuals, groups and</p> |
|---|--|---|

| | | |
|---------------------|--|---|
| | | families during the life cycle and in different settings, as well as in different nursing clinical specialist areas |
| | | Quality of care |
| | | Patient safety |
| | | Preparedness for disasters and critical situations |
| Competence A | CA. 6: Nursing Care | Acute care |
| Competence E | (practical-clinical education and training) | New born, paediatric and adolescent care |
| | | Maternal care |
| | CA. 6.1. - Assessment and diagnosis | Long-term care |
| | CA. 6.2. - Care planning | General internal medicine and surgery |
| | CA. 6.3. - Nursing intervention | Mental health and psychiatric illness |
| | CA. 6.4. - Evaluation and quality assessment | Disability and care for disabled people |
| | | Geriatrics and care for elderly |
| | | Primary health care, community care |
| | | Palliative care, end of life and pain management |
| | | Support to carers |

List of content for the nursing curricula

The following is the list of the content extracted from the table above. This content should be expressed in the nursing curricula in the form of learning outcomes which respond to the competences required. They are classified according to the specific competences in the EFN Competency Framework, but can also be classified according to the competences in Directive 2005/36/EC, amended by Directive 2013/55/EU.

CA.1. Culture, ethics and values

- Ethics, codes of conduct and philosophy of nursing, human rights
- Confidentiality and disclosure
- Patient autonomy, rights and safety
- Legal aspects of health care and the profession, social and healthcare legislation,

CA.2. Health promotion and prevention, guidance and teaching

- Principles of health and sickness
- Public health and health promotion and prevention, community and primary care
- Patient guidance and health education
- Societal and intersectoral perspective and influence
- Citizens empowerment and involvement

CA.3 Decision-making

- Decision-making process
- Problem solving & Conflict management

CA.4. Communication and teamwork

- eHealth and ICT, health and nursing information systems
- Interdisciplinary and multidisciplinary work
- Interpersonal communication
- Multicultural nursing, working with multicultural clients and in multicultural work communities
- Language skills
- Knowledge transfer

CA.5. Research and leadership

- Evidence based nursing
- Basics of research, methodology and terminology
- Innovation and quality improvement in nursing
- Nursing leadership and management
- Organisation of healthcare services

- Work ergonomics and safety at work
- Entrepreneurship

CA.6. Nursing Care (theoretical education and training)

- Nursing theories and concepts
- Nursing process, person centred care and documentation
- Nursing theories and concepts, and nursing science
- Anatomy and physiology
- Pathology
- Pharmacology and biochemistry
- Sociology, psychology and pedagogy
- Nutrition and dietetics
- Hygiene, asepsis, prevention of infections, infection control
- Palliative care, end of life and pain management
- Safe management of medicines and prescribing
- To monitor, assess and ensure the body vital activity, first aid and resuscitation
- Nursing principles, including person centred care and continuum of care, and basic clinical competence in relation to the care of individuals, groups and families during the life cycle and in different settings, as well as in different nursing clinical specialist areas
- Quality of care
- Patient safety
- Preparedness for disasters and critical situations

CA.6. Nursing Care (practical-clinical education and training)

- Acute care
- New born, paediatric and adolescent care
- Maternal care
- Long-term care
- General internal medicine and surgery
- Mental health and psychiatric illness
- Disability and care for disabled people
- Geriatrics and care for elderly
- Primary health care, community care
- Palliative care, end of life and pain management

7. Relationship between competences, the content of the education and training curriculum and potential learning outcomes

Learning outcomes are statements a student is expected to be able to show after completing an education and training process.

Each module, topic or subject shall be related to some specific competences, which shall in turn break down into learning outcomes.

The following potential learning outcomes could be further specified and be related in detail to the subjects.

COMPETENCE DIRECTIVE 36/55: Competence H EFN COMPETENCE N.1: Culture, ethics and values

| CONTENT | Potential learning outcomes |
|--|--|
| Ethics and philosophy of nursing, human rights | To show an ethical, legal and humanistic conduct in the development of all actions to deliver nursing care to patients, family and the community. |
| Patient autonomy, rights and safety | To promote and respect human rights and diversity in light of the physical, psychological, spiritual and social needs of autonomous individuals. |
| Legal aspects of healthcare and the profession, social and healthcare legislation | To accept accountability for own professional activities and to recognise the limits of one's own scope of practice and competences. |
| Confidentiality | To delegate activities to others, according to ability, level of preparation, proficiency and legal scope of practice. |
| | To show consideration for the opinions, beliefs and values of patients and relatives. |
| | To respect ethical and legal requirements, including national and international codes of ethics and understand the ethical implications for healthcare delivery. |

To take responsibility for lifelong learning and continuous professional development.

To ensure the right to privacy respecting the confidentiality of the information relative to healthcare provision.

COMPETENCE DIRECTIVE 36/55: Competence C
EFN COMPETENCE N.2: Health promotion and prevention, guidance & teaching

| CONTENT | Potential learning outcomes |
|---|--|
| Principles of health and illness | To recognise the main risk and protection factors that influence the process of health and illness. |
| Public health and health promotion and prevention, community/ primary care | To involve groups and communities in health education and training activities aimed at strengthening behaviours and the adoption of a healthy lifestyle. |
| Patient guidance and health education | To provide patients with tools that favour treatment compliance and to identify and monitor individuals with a higher risk of treatment incompliance that can pose a risk to themselves and to the community. |
| Societal and intersectoral perspective and influence | To apply preventive measures to healthy individuals and patients throughout all stages of the lifecycle and in all phases of the natural history of illness. |
| Citizens empowerment and involvement | To guide individuals, patients and groups on how to handle illness prevention measures and use the services provided by the healthcare system. To empower individuals by implementing healthcare educational activities that allow them to be independent as long as possible as well as to take decisions on their health and illness. |

COMPETENCE DIRECTIVE 36/55: Competences A and F**EFN COMPETENCE N.3: Decision-making**

| CONTENT | Potential learning outcomes |
|--|---|
| <p>Decision-making is a crosscutting competence, which should be developed throughout the curriculum. To this end, it is important to establish learning outcomes that can be assessed following a crosscutting approach.</p> | <p>To use common sense and experience to identify problems and situations as well as to solve them.</p> <p>To recognise opportunities to look for the best alternative and decide about the best action to solve problems.</p> <p>To solve efficiently problems arising in the care provided to the patients, the family and the community by capitalizing on material and temporary resources.</p> |

COMPETENCE DIRECTIVE 36/55: Competences B AND G**EFN COMPETENCE N.4: Communication and teamwork**

| CONTENT | Potential learning outcomes |
|--|--|
| <p>eHealth and ICT, health and nursing information systems</p> <p>Interdisciplinary and multidisciplinary work</p> <p>Interpersonal communication</p> <p>Multicultural nursing, working with multicultural clients and</p> | <p>To use the IT systems available in their healthcare system.</p> <p>To apply healthcare technologies and information and communication systems.</p> <p>To communicate clearly, showing respect and democratic authority, with the healthcare team, patients, families and communities taking the multicultural context into account.</p> <p>To use scientific language orally and in writing, adapting it to the person they are addressing.</p> |

| | |
|--|--|
| <p>in multicultural work communities</p> <p>Language skills</p> <p>Knowledge transfer</p> | <p>To establish clear objectives together with colleagues as well as with the multi- and interdisciplinary team to reach common goals, accepting the necessary changes to achieve such objectives.</p> <p>To take on the responsibilities of the role as a member of the interdisciplinary team.</p> <p>To show an attitude oriented towards continuous improvement.</p> <p>To be committed to teamwork.</p> |
|--|--|

COMPETENCE DIRECTIVE 36/55: Competences A and G
EFN COMPETENCE N. 5: Research, development and leadership

| CONTENT | Potential learning outcomes |
|--|--|
| <p>Evidence-based nursing cross cutting all competences</p> <p>Basics of research, methodology and terminology</p> <p>Innovations and quality improvement in nursing</p> <p>Nursing leadership, management and continuum of care and services</p> <p>Organisation of healthcare services and intersectoral service environment</p> <p>Work ergonomics and safety at work</p> | <p>To provide nursing care based on scientific evidence in order to offer safe and high quality results.</p> <p>To apply the fundamentals as well as the theoretical and methodological nursing principles basing nursing interventions on the available scientific evidence and resources.</p> <p>To participate actively in professional fora and continuing education programmes.</p> <p>To be responsible for their own professional development according to the latest scientific and technological developments.</p> <p>To recognise the keys to leadership, which are necessary to coordinate health teams.</p> <p>To identify the characteristics of the management function played by nursing services and care management.</p> <p>To understand the different stages of the</p> |

administration process: planning, organization, management and assessment and its contextualization in nursing services.
To adapt leadership styles and approaches to different situations.

**COMPETENCE DIRECTIVE 36/55: Competences A,D and E
EFN COMPETENCE. 6: Nursing Care (theoretical education and training)**

CONTENT

Nursing process and documentation
Nursing theories and concepts, and nursing science
Anatomy and physiology
Pathology
Pharmacology and biochemistry
Sociology, psychology and pedagogy
Nutrition and dietetics
Hygiene, asepsis, prevention of infections, infection control
Palliative care, end of life and pain management
Safe management of medicines and prescribing
To monitor, assess and ensure the body vital activity, first aid and resuscitation
Nursing principles, including person centred care and continuum of care, and basic clinical competence in relation to the care of individuals, groups and families during the lifecycle and in different settings, as well as in different nursing clinical specialist areas
Quality of care
Patient safety
Preparedness for disasters and critical situations

Potential learning outcomes

Anatomy, physiology, pathology

- To know and identify the structure and function of the human body.
- To recognise physiopathological processes and their expressions as well as the risk factors that determine health and illness in the different stages of the lifecycle.
- To know the most feasible evolutions and, if relevant, the complications the main pathological processes can lead to.
- To master the terminology relevant to the key symptoms and signs derived from the different physiopathological entities.

Psychology

- To identify psychosocial responses of individuals in different health situations.
- To identify appropriate actions to provide help to individuals on the basis of their psychosocial responses in the different health situations (in particular in case of illness).

Biochemistry

- To understand the molecular origin of the basic functions of human beings and to assess biochemical processes in daily life as well as in situations of health or illness.
- To know the process of generation, storage and use of metabolic energy.
- To know the molecular bases of the different metabolic pathways as well as their interrelations between different tissues.
- To know the molecular systems and the processes involved in the storage, replication and expression of genetic information.
- To understand molecular changes associated to different physiological situations (fasting, exercise, pregnancy) and pathological conditions (diabetes).
- To understand the involvement of the genetic alterations in certain human illnesses.
- To use biochemical terminology appropriately.

Nutrition and dietetics

- To identify and classify food and food products.
- To know how to analyse and determine their composition, properties, nutritional

value, bioavailability of their nutrients, organoleptic characteristics and the modifications they suffer as a consequence of technological and culinary processes.

- To know basic processes to the making, transformation, preservation of animal and vegetable origin food.
- To draft, interpret and handle tables and databases on food composition.
- To know microbiology, parasitology and toxicology of food.
- To know nutrients, their function in the organism, their bioavailability, the needs and recommendations, and the basis of energy and nutritional balance.
- To integrate and assess the relationship between food intake and nutrition when healthy as well as in case of pathological conditions.

Pharmacology

- To identify the different groups of medicines.
- To identify the actions of medicines considering pharmacokinetics and pharmacodynamics. To describe the action mechanisms of the different medicines.
- To describe the medicine-related forms, the administration ways and dosage.
- To describe the main actions of medicines relating them to follow-up controls and indications.
- To describe the benefits different groups of medicines and healthcare products can have for the patient.
- To identify interactions that can arise between different groups of medicines and healthcare products when used simultaneously.
- To identify the most important circumstances that modify medicine-related actions: toxic habits, food-medicine interaction, preservation of medicines and others.
- To identify the contraindications of medicines and healthcare products depending on the condition of the patient.
- To describe adverse reactions of medicines and healthcare products on the basis of the type of pathology they are indicated for, taking into account the type of patient and his/her evolution.
- To relate the indication of the different groups of medicines and healthcare products to the care needs of patients.
- To describe ways of administration of medicines and the specific circumstances to prepare medicines for an optimal use.

- To identify the medicines to be handled, administered or controlled including them in the relevant group and mentioning its main characteristics.
- To master the different preparation techniques of medicines for their immediate administration to the ill.
- To show skills to safely administer healthcare products linked to nursing care.
- Learning outcomes on prescribing should be reviewed.

Prescribing

- To identify healthcare products linked to nursing care.
- To identify medicines and healthcare products to be handled in the framework of Nurse Prescribing gathering them into relevant groups and describing their characteristics.
- To describe the principles of authorisation, usage and indication.
- To interpret correctly pharmacological prescribing specifying the different professionals and circumstances involved.
- To analyse the ideal prescription for the individual through therapeutic judgement elements.
- To use critical judgement to establish the prescription that leads to the best outcome for the individual.
- To recognise the main undesired effects of medicines and describe the attitude to adopt in such cases.
- To integrate the prescribing process in the nursing methodology taking into account the bioethical elements for its development.
- To describe the conceptual and legal support of nurse prescribing and the way it fits into the general therapy.

Safety and quality

- To create and maintain a safe environment for care provision using strategies to ensure quality and risk management.
- To use adequate assessment instruments to identify actual and potential risks.
- To communicate and register safety problems to competent authorities.

Hygiene, asepsis, prevention of infections, infection control

- To apply measures to control infections recognizing the epidemiological chain and using relevant protection and prevention techniques.

- To prepare materials and equipment applying the indicated cleaning, disinfection and sterilization techniques and following quality criteria to render the service.
- To eliminate residues and products following the regulations in force and in the framework of sustainable development.

Nursing process and documentation; Nursing theories and concepts Nursing science

- To identify the Conceptual Framework for Nursing Care.
- To know the conceptions that guide the phenomena of the Nursing Discipline.
- To identify the most relevant theoretical nursing models.
- To describe the theoretical foundation of nursing methodology.
- To recognise the key theories of nursing.
- To carry out care plans applying nursing language and international taxonomy.

Palliative care, end of life and pain management

- To describe, understand and analyse the key concepts and principles of palliative care.
- To understand the concept of fragile patients.
- To identify changes in the patient during his/her last days of life.
- To know existing resources to refer highly complex patients.
- To know and understand the cultural factors regarding death and the ways to die.
- To know the roles of the different members of the social and healthcare team and to recognise the importance of an interdisciplinary intervention.

Sociology

- To contextualize care on the basis of the different social factors that influence it.
- To describe the historical concepts and latest developments of the anthropological and sociological theory.
- To claim the contributions made by the sociological and anthropological disciplines to the study of the health-illness process.
- To identify the relationships between biological, cultural and social aspects in the construction of Health and Illness processes.

- To explain how different health anthropological and sociological theories can help the healthcare organization to provide care sensible and consistent with the social, economic, political and cultural diversity.
- To recognise how individuals' and groups' healthcare systems and values determine lifestyles, health behaviours and illness experiences.
- To explain the diversity of behaviours to seek for help when illness symptoms appear.

Pedagogy

- To identify education and training needs.
- To plan the teaching-learning process considering the competences to be developed, the learning development methods and the assessment methods.

First aid and cardiopulmonary resuscitation

- To define the concepts of “basic vital support” and “cardiorespiratory arrest”.
- To identify the cases in which resuscitation is indicated.
- To know the main techniques to assess apparent death.
- To establish the intervention indications to assist a patient suffering from a cardiorespiratory arrest.
- To specify the action sequence in basic vital support.
- To recognise the most common errors when performing cardiorespiratory arrest resuscitation.
- To recognise the most common complications when performing cardiorespiratory arrest resuscitation.
- To identify risks associated to the profile of the “resuscitator”.

Preparedness for disasters and critical situations

- To differentiate the concept of “catastrophe” from that of “accident with multiple victims”.
- To indicate how to transfer appropriately someone who has suffered an accident to a healthcare centre in adequate conditions and in the most efficient way.
- To differentiate the concept of “triage” within a “catastrophe” from that of “classification” in situations of “accident with multiple victims”.
- To list the different levels of priority as regards the therapeutic assistance to the victims.

- To quote the steps to be followed to draft an action plan following the procedure and knowing the resources available.
- To classify actions that must be carried out in cases of incidents involving nuclear, radiological, chemical or biological risks.

COMPETENCE DIRECTIVE 36/55: Competences A and E
EFN COMPETENCE N. 6: Nursing Care (practical-clinical education and training)

| CONTENT | Potential learning outcomes |
|--|--|
| Acute care New born, paediatric and adolescent care Maternal care Long-term care General internal medicine and surgery Mental health and psychiatric illness Disability and care for disabled people Geriatrics and care for elderly Primary health care, community care Palliative care, end of life and pain management | <p>The following learning outcomes must be contextualised on the basis of the type of patient and the moment of the lifecycle in question, considering as well if the illness is acute or long term and the level of care. It could be further specified on the basis of each content.</p> <p><u>N. 6.1. - Assessment and diagnosis</u></p> <p>To recognise biological, social, psychological and environmental risk factors that could have an impact on people's health.</p> <p>To ask people, patients and families about their psycho-social and religious needs in order to cover them in their treatment.</p> <p>To assess the individual's physical, psychological and socio-cultural aspects.</p> <p>To identify the individual's and patient's care requirements throughout their life cycle by means of physical tests, observation and adequate propaedeutic tools.</p> <p>To perform a nursing assessment and diagnosis establishing a relationship with the indication and use of healthcare products.</p> |

N. 6.2. - Care planning

To prioritize and delegate the interventions based on the patient's, families' and communities' requirements.

To establish a nursing intervention plan.

To adapt the care plan to the characteristics of patients and to their context and environment.

To plan care integrating the use of medicines and healthcare products.

N. 6.3. - Nursing intervention

To implement patient-based care, showing an understanding of human growth and development, physiopathology and pharmacology within the healthcare system framework, taking into account the health-disease continuum.

To apply nursing care ensuring the healthcare system's sustainability.

To complete registers on the activities carried out.

To apply critical thinking skills and a systems approach to problem solving and nursing decision-making across a range of professional and care delivery context.

To respond appropriately and in time to unexpected and rapidly changing situations.

N. 6.4. - Assessment and quality

To identify and gather evidence on care activities.

To take into account the protocols set by the different quality models established.

To assess the implementation of care plans.

To process the data and examine the evidence,

evaluating the effectiveness of the actions carried out.

To devise and implement improvement plans.

To provide safe and quality nursing assistance (care) to individuals and patients throughout the life cycle.

To establish assessment mechanisms and processes for the continuing improvement of quality nursing care taking into account scientific, technical and ethical developments.

Glossary of key terms

Function

It is a duty or responsibility associated to a specific job. It implies several tasks. A function is used in relation to the work assigned to a person and the person's expectations within a work environment.

Competence

It is the intersection between knowledge, skills, attitudes and values, as well as the mobilisation of specific components in order to transfer them to a certain context or real situation, hence coming up with the best action/solution possible to address all different situations and problems that can emerge at any moment, making use of the available resources.

Competence as defined by the EQF is “‘competence’ means the proven ability to use knowledge, skills and personal, social and/or methodological abilities, in work or study situations and in professional and personal development. In the context of the European Qualifications Framework, competence is described in terms of responsibility and autonomy.”

Specific competences

They are those competences included in the requirements of a specific job according to its peculiarities. They are related to specific disciplines, sectors or qualifications, and they are aimed at achieving a graduate's specific profile.

Crosscutting competences

They are those competences shared by all subjects or knowledge fields which are common to most qualifications, although they produce a different and contextualised effect on each of those qualifications.

Learning outcomes

These are statements which a student is expected to know, understand and be able to show after completing a learning process (module, subject, matter, course, etc.). They focus on what the student has achieved instead of on what the teacher's intentions are. They focus on what the student will be able to show once he/she has completed his/her learning activity.

Performance criteria

They express the acceptable level with regards to the professional performance which satisfies the objectives of productive organizations and constitutes an assessment guide for professional competence.

Evidence or register

It is a document that shows the results obtained or provides evidence regarding the activities carried out.

Indicator

It is the data or set of data which helps to objectively measure the evolution of a process or an activity. Learning outcomes are indicators.

Standard

The optimum performance level aimed at in order to reach a certain level.

Minimum level required

This would be our standard.