

SECTION 2

# Requirements for Nurse Registration Education Programmes



An tOird Aicrannais

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# Section 2:

## Requirements for Nurse Registration Education Programmes

### 2.1 Learning Outcomes

The purpose of the registration education programme is to ensure that on successful completion of the programme the student is equipped with the knowledge and skills necessary to practice as a competent and professional nurse.

The registration education programme enables the student to:

- Assist individuals, families and groups achieve optimum health, independence, recovery or a peaceful death in a professional caring manner.
- Provide and manage direct practical nursing whether health promotion, preventive, curative, rehabilitative or supportive, to individuals, families or groups.
- Demonstrate a knowledge base and a level of competence in clinical practice skills essential for safe practice, which are grounded in recent evidence based nursing research, where available.
- Identify and meet the nursing care needs of the individual, family, community in all health care settings.
- Demonstrate development of skills of analysis, critical thinking, problem-solving and reflective practice.
- Act as an effective member of a health care team and participate in the multidisciplinary team approach to the care of patients/clients.

### 2.2 Competencies for Entry to the Register

Competence is a complex and multidimensional phenomenon and is defined as the ability of the Registered Nurse to practice safely and effectively, fulfilling his/her professional responsibility within his/her scope of practice.

All five Domains of Competence represent the level the student must reach on completion of the education programme for entry to the Register held by An Bord Altranais. The aim is to ensure that students acquire the skills of critical analysis, problem-solving, decision-making, reflective skills and abilities essential to the art and science of nursing. Safe and effective practice requires a sound underpinning of theoretical knowledge that informs practice and is in turn informed by that practice. Within complex and changing healthcare environments it is essential that practice is informed by the best available evidence. This is reflected in the competencies.

The competencies encompass five domains:

1. Professional / ethical practice
2. Holistic approaches to care and the integration of knowledge
3. Interpersonal relationships
4. Organisational and management of care
5. Personal and professional development.

The Domains of Competence represents a broad enabling framework to facilitate the assessment of pre-registration student nurses' clinical practice. Each domain consists of performance criteria and their relevant indicators. These indicators will be developed at local level appropriate to the Division of the Register and the speciality.

A team and partnership approach will be applied when assessing the student nurse, as the assessor will consult with colleagues in determining the student nurses' competence. Clinical Nurse Managers, nurse tutors/lecturers and third-level institutions will agree on the assessment process.

Student nurses are deemed to be either competent or not and where competence has not been achieved the student nurse will be given opportunities to develop competence.

## Domain 1. Professional/Ethical Practice

### Indicators:

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1.1. Practices in accordance with legislation affecting nursing practice.	<ul style="list-style-type: none"> <li>• Integrates accurate and comprehensive knowledge of ethical principles, the Code of Professional Conduct and within the scope of professional nursing practice in the delivery of nursing practice.</li> <li>• Fulfils the duty of care in the course of nursing practice.</li> <li>• Implements the philosophies, policies, protocols and clinical guidelines of the health care institution.</li> <li>• Responds appropriately to instances of unsafe or unprofessional practice.</li> <li>• Integrates knowledge of the rights of clients and groups in the health care setting.</li> <li>• Serves as an advocate for the rights of clients or groups.</li> <li>• Ensures confidentiality in respect to records and interactions.</li> <li>• Practices in a way that acknowledges the differences in beliefs and cultural practices of individuals/groups/communities.</li> </ul>
1.2. Practices within the limits of own competence and takes measures to develop own competence.	<ul style="list-style-type: none"> <li>• Determines own scope of practice utilising the principles for determining scope of practice in the Scope of Nursing and Midwifery Practice Framework document.</li> <li>• Recognises own abilities and level of professional competence.</li> <li>• Accepts responsibility and accountability for consequences of own actions or omissions.</li> <li>• Consults with supervisors if allocated nursing assignments are beyond competence.</li> <li>• Clarifies unclear or inappropriate instructions.</li> <li>• Formulates decisions about care within the scope of professional nursing practice utilising the Decision-Making Framework in the Scope of Nursing and Midwifery Practice Framework document.</li> </ul>

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## Domain 2. Holistic Approaches to Care and the Integration of Knowledge

### Indicators:

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| 2.1. Conducts a systematic holistic assessment of client needs based on nursing theory and evidence-based practice.                               | <ul style="list-style-type: none"><li>• Uses an appropriate assessment framework safely and accurately.</li><li>• Analyses data accurately and comprehensively leading to appropriate identification of findings.</li><li>• Incorporates relevant research findings into nursing practice.</li><li>• Promotes research designed to improve nursing practice.</li></ul>  |
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| 2.2. Plans care in consultation with the client taking into consideration the therapeutic regimes of all members of the health care team.         | <ul style="list-style-type: none"><li>• Establishes priorities for resolution of identified health needs.</li><li>• Identifies expected outcomes including a time frame for achievement.</li><li>• Identifies criteria for the evaluation of the expected outcomes.</li><li>• Plans for discharge and follow up care.</li></ul>   |
| <hr/>   |   |
| 2.3. Implements planned nursing care/interventions to achieve the identified outcomes.  | <ul style="list-style-type: none"><li>• Delivers nursing care in accordance with the plan that is accurate, safe, comprehensive and effective.</li><li>• Creates and maintains a physical, psychosocial, and spiritual environment that promotes safety, security and optimal health.</li><li>• Provides for the comfort needs of individuals.</li><li>• Acts to enhance the dignity and integrity of individuals/clients/groups/communities.</li></ul> |
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| 2.4. Evaluates client progress toward expected outcomes and reviews plans in accordance with evaluation data and in consultation with the client. | <ul style="list-style-type: none"><li>• Assesses the effectiveness of nursing care in achieving the planned outcomes.</li><li>• Determines further outcomes and nursing interventions in accordance with evaluation data and consultation with the client.</li></ul>  |

## Domain 3. Interpersonal Relationships

### Indicators:

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| 3.1. Establishes and maintains caring therapeutic interpersonal relationships with individuals/clients/groups/communities. | <ul style="list-style-type: none"><li>• Reflects on the usefulness of personal communication techniques.</li><li>• Conducts nursing care ensuring clients receive and understand relevant and current information concerning health care.</li><li>• Assists clients/groups/communities to communicate needs and to make informed decisions.</li></ul> |
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| 3.2. Collaborates with all members of the health care team and documents relevant information.                             | <ul style="list-style-type: none"><li>• Participates with all health care personnel in a collaborative effort directed toward decision making concerning clients.</li><li>• Establishes and maintains accurate, clear and current client records within a legal and ethical framework.</li></ul>  |
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## Domain 4. Organisation and Management of Care

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### Indicators:

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| 4.1. Effectively manages the nursing care of clients/groups/communities.  | <ul style="list-style-type: none"> <li>• Contributes to the overall goal/mission of the health care institution.</li> <li>• Demonstrates the ability to work as a team member.</li> <li>• Determines priorities for care based on need, acuity and optimal time for intervention.</li> <li>• Selects and utilises resources effectively and efficiently.</li> <li>• Utilise methods to demonstrate quality assurance and quality management.</li> </ul> |
| 4.2. Delegates to other nurses activities commensurate with their competence and within their scope of professional practice. | <ul style="list-style-type: none"> <li>• When delegating a particular role/function account is taken of the principles outlined in the Scope of Nursing and Midwifery Practice Framework.</li> </ul>  |
| 4.3. Facilitates the co-ordination of care.   | <ul style="list-style-type: none"> <li>• Works with all team members to ensure that client care is appropriate, effective, and consistent.</li> </ul>   |

## Domain 5. Personal and Professional Development

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### Indicators:

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| 5.1. Acts to enhance the personal and professional development of self and others. | <ul style="list-style-type: none"> <li>• Demonstrates a commitment to life long learning.</li> <li>• Contributes to the learning experiences of colleagues through support, supervision and teaching.</li> <li>• Educates clients/groups/communities to maintain and promote health.</li> </ul> |
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## 2.3 General Nurse Registration Education Programme

### 2.3.1 Syllabus/ Indicative Content

#### Introduction

Nursing is an interpersonal caring process that acknowledges the uniqueness of the person. The general nursing programme contains the essential elements that facilitate the development of professional knowledge, skills and attitudes necessary to meet the nursing needs of patients who are acutely or chronically ill. General nurses also have an important role in the promotion of health.

The healthcare services and the work trends of general nurses are changing continuously and the general nurse must be able to respond to the health needs and demands of the Irish population. Nursing practice also involves working with other professions and the general nursing programme aims to develop nurses who will act as effective members of a health care team at various levels of the health care system.

The list of topics included in the syllabus is not exhaustive. It provides an indication of the content of the General Nurse Registration education programme in terms of the range of topics and gives no indication of the weighting of each topic in the curriculum. Curriculum planners will be expected to demonstrate that the programme is relevant and responsive with the most recent policy and legislative change.

#### Nursing

- Definitions and conceptualisations of nursing. Key concepts in nursing including the concept of caring and holism.
- The philosophical and theoretical foundations of nursing including nursing models in nursing practice.
- The sources of nursing knowledge.
- The research process and its application in nursing.
- Process of developing nursing practice and knowledge through review, research and reflection on experience. The interdependent relationship between theory, practice and research.
- Process of assessing/ identifying needs, planning, prioritising, delivering and evaluating care in general nursing.
- Nursing practice in relation to performing, assisting, supporting, educating and rehabilitating the individual in hospital, community and home care settings.
- Safe and informed nursing practice in emergency, acute and chronically ill, palliative and terminal, patient care settings.
- The nursing responsibility and practice in relation to diagnostic investigations, methods of treatment including drug therapy, communicable and non-communicable diseases.
- The application of general nursing principles to special client groups and practice settings including maternity, child care/paediatric, mental illness/psychiatry, learning disability and older person care settings.
- Current issues, trends and developments in national and international nursing.

#### Communication and interpersonal skills

- Self-awareness, exploration of the impact of personal feelings and values on interactions.
- Development of interpersonal and communication skills essential to the nurse practitioner.
- Communicating/ interacting with different cultural and ethnic groups, people with disability/ impairment and different age groups.

- Communication techniques in a therapeutic relationship.
- Establishing effective professional relationships with clients and family/ friends, nursing colleagues and with other professionals/ members of the health care team.
- Process of communicating nursing information verbally and in writing.
- Information/ communication systems and technology.

### **The Individual in Health and Illness**

- The nature of the individual and the bio/ psycho/ socio/ economic/ cultural/ spiritual and political factors influencing development of the individual and his/her experience of health and illness.
- The normal structure and function of the individual.
- The nature of disease and pathological processes and how it alters normal function and activities of living.
- Introduction to the nursing responsibility and practice in relation to people with learning/ physical disability.
- The normal psychological development of the person over the lifespan.
- Current issues in health psychology.
- Coping mechanisms and strategies in psychiatric disorders and in maintaining mental health.
- Introduction to the nursing responsibility and practice in relation to people with mental health problems.
- Society, culture, norms and the individual.
- Sociological perspectives of health and illness.
- The nursing responsibility and practice in relation to vulnerable individuals or groups including the disadvantaged, ethnic/ cultural minorities.

### **Health Promotion**

- Concept of health and models of health promotion.
- Social, cultural, gender, environmental, political and economic factors effecting health.
- Local, national and international strategies for achieving health.
- Measuring health and identifying the health needs of individuals, groups and the public.
- Process of facilitating change and maintaining a healthy life-style.
- The nurse's contribution to public health issues and health promotion programmes throughout the life span.
- Stress management in health care and nursing.
- Current issues in health promotion.

### **Professional and Personal Development**

- The development of nursing - including the historical, political, social, cultural, economic and international factors influencing its development.
- Scope of practice in nursing as defined by the profession, legislation and ethical codes and values.
- Legal issues.
- Philosophical concepts and ethics.
- Moral/ ethical issues in nursing practice.
- Role of statutory, regulatory and professional bodies.

- Professional conduct in relation to accountability, transparency, confidentiality and advocacy.
- Managerial and organisational skills required for nursing practice, and to lead a multi-disciplinary team.
- Multi-disciplinary team functioning and differing role boundaries including the role of formal and informal carers.
- Creating a work environment, which supports education to include learning, commitment to developing and maintaining standards of nursing care.
- Process of developing nursing practice and ensuring quality care including audit/ quality improvement mechanisms.
- Teaching skills required to facilitate student learning in the clinical practice environment.
- Self-awareness in relation to attitude development, response/ reaction to events and development of personal coping mechanisms.
- Personal awareness of the nurse's contribution to caring for the individual and of the nurse's value as part of the health care team.
- Self-directed learning skills, clinical reasoning/ problem-solving skills, decision-making skills in nursing as the foundation for continuing education, maintaining competency and career development.
- The nurse's contribution to the development of health care services and policy at local, national and international levels.
- Current issues in professional & personal development.

### **Health Care Systems**

- The health care structure and the provision of health and social services in Ireland.
- The role of informal carers, statutory/ voluntary agencies, public/ private, hospital/ community services in health care.
- Health and social services available to the individual in relation to access, entitlements and provisions.
- The role and responsibilities of health care providers in creating and maintaining a safe environment for patients, staff and visitors.
- Economics of health care.
- Comparative health care systems.
- Current issues, policies and initiatives in the health services.

## 2.3.2 Theoretical and Clinical Instruction for General Nursing

### Having regard for Council Directive 77/453/EEC

The theoretical and clinical instruction shall comprise of no less than 4,600 hours

Theoretical Instruction - no less than one - third of 4,600 hours = 1,533 hours

Clinical Instruction - no less than one - half of 4,600 hours = 2,300 hours

### An Bord Altranais Total Requirements of the Programme are 144 Weeks

Essential requirements of the programme

• Theoretical instruction (to include self-directed study, exams)	No less than 58 weeks
• Clinical instruction (supernumerary clinical placement)	No less than 40 weeks
• Internship (39 hours per week)	No less than 36 weeks*
• Discretionary component (must be accounted for in the curriculum document and at least half should comprise supernumerary clinical placement)	10 weeks

Following any interruption \*\*in the educational programme the third level institution in partnership with the health care institutions ensure that the student meets the programme requirements.

Two-thirds of the theoretical content of the educational programme is devoted to Nursing Studies, one-sixth to Biological Sciences and one-sixth to Social Sciences.

### Having regard for Council Directive 77/453/EEC, the clinical instruction of the programme shall consist of Nursing in relation to

CLINICAL INSTRUCTION	MINIMUM NO. OF WEEKS
General and Specialist Medicine	18 weeks
General and Specialist Surgery	18 weeks
Specialist placements Accident & Emergency Child Care & Paediatrics Mental Health and Psychiatry Care of the older person Home Nursing/community Operating theatre Maternity care	18 weeks (minimum 2 weeks placement in each speciality)
Remaining regulated placements (can be in core/specialist clinical areas)	20 weeks

The specialist placements must comprise at least one quarter (18 weeks) of clinical learning time with a minimum placement of 2 weeks in each of the identified areas.

Remaining regulated placements comprising of approximately a quarter (i.e. 20 weeks), are decided in collaboration and partnership with the curriculum team to achieve the learning outcomes of the programme. It is suggested that consideration might be given to a placement in intellectual disabilities. These placements should embrace the diverse learning experiences, through rotation within the associated health care providers, to enable the students achieve the required competencies of the programme.

All theory, supernumerary core placements and the specialist placements must be completed prior to students undertaking the final placement of 36 weeks internship which consolidates the completed theoretical learning and supports the achievement of clinical competence within the learning environment.

The latter weeks of the student's internship clinical placement should be conducive to the student making the transition to the role of Registered Nurse and should include opportunities to utilise the skills of critical analysis, problem solving, decision-making, reflective skills and the abilities essential to the art and science of nursing, while managing care.

### All placements must meet the audit requirements of An Bord Altranais and the higher education institution.

\*Inclusive of Annual Leave

\*\*Interruption: Any leave (other than annual leave and bank holidays) including sick leave, maternity leave, force majeure leave, paternity leave, parenting leave, compassionate leave and special leave.

## 2.4 Psychiatric Nurse Registration Education Programme

### 2.4.1 Syllabus/ Indicative Content

#### Introduction

Psychiatric nursing is a specialist nursing discipline. The primary objectives are to facilitate the maximum development of the mental health of the individual who has psychiatric problems and to promote psychiatric nursing. The basis of the work of the psychiatric nurse is the relationship the nurse has with the person and their families who use the mental health services. The manner in which the psychiatric nurse develops this relationship, in partnership with those who use the services and their carers, and the skills the nurse uses within these relationships is the focus of psychiatric nursing.

The term "psychiatric nurse" is used for consistency with the Registered Psychiatric Nurse Division of the Register maintained by An Bord Altranais.

The list of topics included in this syllabus provides an indication of content for the Psychiatric Nurse Registration Education Programme. Curriculum planners will be expected to demonstrate that the programme is relevant and responsive with the most recent policy and legislative change.

#### Professional Development in Psychiatric Nursing

- Historical development of psychiatric nursing.
- Role of statutory, regulatory and professional nursing bodies.
- Conceptual and theoretical nursing models for psychiatric nursing practice.
- Self-awareness and the therapeutic use of self in psychiatric nursing.
- Exploration and impact of personal feelings, values, beliefs and attitudes on nursing interactions.
- Principles and methodologies of research.
- Relevance and application of research to psychiatric nursing practice
- The role and responsibilities of health care providers in creating and maintaining a safe environment for patients, staff and visitors.
- Current issues, trends and developments in national and international psychiatric nursing, and the delivery of Mental Health Services.
- The scope of psychiatric nursing practice, as defined by the profession, legislation and ethical codes and values.
- Multidisciplinary team, roles, responsibilities and boundaries.
- Theories of organisation and management.
- Creating a work environment, which supports education to include learning, commitment to developing and maintaining standards of nursing care.
- Teaching skills required to facilitate student learning in the clinical environment.
- Self-directed learning skills, clinical reasoning/problem-solving skills, decision-making skills in nursing as the foundation for continuing education, maintaining competency and career development.
- Concepts of quality in psychiatric care, standard setting and audit.

- Information/communication systems and technology.
- Development of nursing knowledge through review and reflection.

### **Person-Centred Psychiatric Nursing**

- Nursing individuals with mental health problems/illnesses across the lifespan.
- Epidemiology and aetiology of mental health problems/illnesses.
- Psychopathology of mental health problems/illnesses.
- Diagnostic categories of mental illnesses.
- The process of observing, assessing/identifying needs, prioritising, facilitating, planning, delivering and evaluating care specific to the mental health needs of the individual across the life span.
- Communication modes, processes and use of skills with individuals experiencing mental health problems/illnesses.
- Counselling theories, overview of theoretical frameworks and their applications to psychiatric nursing.
- Behavioural and cognitive therapies, principles, application and relevance to psychiatric nursing.
- Coping mechanisms and problem-solving strategies used in maintaining social and mental health.
- Activities of psychiatric nursing in partnership with families for assisting, supporting, educating and rehabilitating a person with a mental health problem/illness in hospital and community care settings.
- Role of the psychiatric nurse in person-centred therapies e.g. rehabilitational, occupational, resocialisation.
- Caseload management, team work and decision making in psychiatric nursing.
- Psychiatric nursing in relation to special groups e.g. child and adolescent, elderly, forensic, people who abuse substances.
- Role of the nurse in the education and empowerment of people experiencing mental health problems/illnesses, in achieving optimum health status.
- Understanding and building therapeutic relationships with service users.

### **Health Science and Applied Principles in Psychiatric Nursing**

- Human anatomy, physiology and pathophysiology, including the nature of disease, pathological processes and altered body function.
- Nursing care and management of acute and chronic diseases and disorders and associated pathological processes.
- Theoretical and practical application of first aid and emergency principles.
- Pharmacology as applied to nursing practice.
- Principles of biochemistry, nutrition, genetics and embryology and their relevance to psychiatric nursing.
- Immunology, microbiology and infection control in psychiatric nursing practice.
- Maintenance and promotion of safety in practice settings.

### **Social Science and Applied Principles in Psychiatric Nursing**

- Basic sociological terms and concepts.
- Sociocultural definitions of health and illness, mental health and mental illness.
- Health promotion in mental health practice.
- Environmental, economic, cultural, political, social, spiritual, educational and gender factors influencing mental health throughout life.

- Concepts of deviance, normality and compliance in relation to mental health care.
- The mental health services in Ireland, policies, functions and initiatives.
- Voluntary and statutory services available to the client/family.
- Concepts of law and current legislation within the context of the mental health services.
- Philosophical concepts and ethics.
- Principles of philosophy as they relate to psychiatric nursing.
- The psychology of health and human behaviour through the stages of life.
- Models of learning and application of learning theories as they relate to psychiatric nursing practice.
- Developmental psychology across the lifespan.

## 2.4.2 Theoretical & Clinical Instruction for Psychiatric Nursing

### Having regard to An Bord Altranais decision to apply the provision of Council Directive 77/453/EEC to Psychiatric Nursing

The theoretical and clinical instruction shall comprise of no less than 4,600 hours

Theoretical Instruction - no less than one - third of 4,600 hours = 1,533 hours

Clinical Instruction - no less than one - half of 4,600 hours = 2,300 hours

### An Bord Altranais Total Requirements of the Programme are 144 Weeks

Essential requirements of the programme

• Theoretical instruction (to include self-directed study, exams)	No less than 58 weeks
• Clinical instruction (supernumerary clinical placement)	No less than 40 weeks
• Internship (39 hours per week)	No less than 36 weeks*
• Discretionary component (must be accounted for in the curriculum document and at least half should comprise supernumerary clinical placement)	10 weeks

Following any interruption \*\*in the educational programme the third level institution in partnership with the health care institutions ensure that the student meets the programme requirements.

Two-thirds of the theoretical content of the educational programme is devoted to Nursing Studies, one-sixth to Biological Sciences and one-sixth to Social Sciences.

#### The following is the minimum number of weeks to be spent in different aspects of clinical instruction over the educational programme

CLINICAL INSTRUCTION	MINIMUM NO. OF WEEKS
Psychiatric nursing (including in-patient and community care settings)	36 weeks
Specialist care Care of the older person Adult general nursing	18 weeks (minimum 2 weeks placement in each speciality)
Remaining regulated placements (can be in core/specialist clinical areas)	20 weeks

The specialist placements must comprise at least one quarter (18 weeks) of clinical learning time with a minimum placement of 2 weeks in each of the identified areas.

Remaining regulated placements comprising of approximately a quarter (i.e. 20 weeks), are decided in collaboration and partnership with the curriculum team to achieve the learning outcomes of the programme. These placements should embrace the diverse learning experiences, through rotation within the associated health care providers, to enable the students achieve the required competencies of the programme.

All theory, supernumerary core placements and the specialist placements must be completed prior to students undertaking the final placement of 36 weeks internship which consolidates the completed theoretical learning and supports the achievement of clinical competence within the learning environment.

The latter weeks of the student's internship clinical placement should be conducive to the student making the transition to the role of Registered Nurse and should include opportunities to utilise the skills of critical analysis, problem solving, decision-making, reflective skills and the abilities essential to the art and science of nursing, while managing care.

#### All placements must meet the audit requirements of An Bord Altranais and the higher education institution.

\*Inclusive of Annual Leave

\*\*Interruption: Any leave (other than annual leave and bank holidays) including sick leave, maternity leave, force majeure leave, paternity leave, parenting leave, compassionate leave and special leave.

## 2.5 Intellectual Disability Nurse Registration Education Programme

### 2.5.1 Syllabus/ Indicative Content

#### Introduction

The philosophy of care of a person with an intellectual disability contains a number of implicit principles, which embrace the concept that all persons with all levels of ability have the same rights and, in so far as possible, the same responsibilities as other members of society. They have a right and a need to live within the community like other people and they have a right to receive those services necessary to meet their specialised and changing needs. They should receive, if and when necessary, professional assistance and services which will allow recognition, development and expression of the individuality of each person.

Nurses who work with persons with an intellectual disability have a diversity of roles, from intensive physical nursing of individuals with profound handicap to supportive guidance in the management and habilitation of children, adolescents and adults. The care of persons with an intellectual disability forms part of the nursing profession as a whole, yet it is specialised and very different from other disciplines of nursing.

The Syllabus is indicative. It allows scope for the continuing development of subject matter and for the extension of new knowledge to accommodate emerging trends. Curriculum planners will be expected to demonstrate that the programme is relevant and responsive with the most recent policy and legislative change.

#### Nursing and Professional Development

In any teaching approach to the following topics, the person with an intellectual disability is central to the concept being taught.

##### FOUNDATIONS OF CONTEMPORARY NURSING

- Historical development of nursing.
- The evolution of the role of the nurse in intellectual disability.
- Demographic profile and changing trends in care.
- Role of the statutory, regulatory and professional nursing bodies.

##### NURSING SCIENCE AND PROFESSIONALISM

- Philosophical and theoretical foundations of caring.
- The process of applying a systematic approach to nursing care.
- Ethics.
- Conceptual and theoretical models for nursing practice.
- Contribution of theorists to nursing.
- Concept of nursing diagnosis.
- Professionalism and the development of nursing.
- Professional conduct in relation to accountability, confidentiality and personal health and safety.

#### INTELLECTUAL DISABILITY NURSING PRACTICE

- The evolution of care for people with learning disabilities.
- Philosophy and ethos of caring for people with an intellectual disability.
- The scope of practice in intellectual disability nursing.
- The relationship between nursing and trans-disciplinary agencies.
- Process of supporting the family as a primary care giver to the person with an intellectual disability.
- Principles of supporting, teaching and learning for clients and colleagues.
- Specialist and advanced practice within intellectual disability nursing.
- Evaluation of service provision.

#### NURSING RESEARCH

- The research process.
- Statistics and analysis.
- The relevance and application of evidence-based research to nursing practice.

#### ORGANISATIONAL MANAGEMENT FOR NURSING PRACTICE

- Theories of organisation, management and change.
- Organisational structures and management in clinical practice.
- Leadership theories, styles and implications for nursing practice.
- Personnel issues, including performance appraisals, job application and interviews.
- Resource and financial management, including quality issues, audits, budgeting and duty rosters.
- The process of maintaining health and safety in the practice setting.
- Legislation and how it informs nursing management and practice.
- Organising and managing mentorship, preceptorship and clinical supervision.
- Interpersonal dynamics and workplace management.

#### INFORMATION TECHNOLOGY AND THE CONCEPT OF LEARNING

- Theories of learning and the concept of the adult as a lifelong learner.
- Developing nursing knowledge and practice through review and reflection.
- Information technology, and its theory and application to nursing practice.
- The use of assisted technology and innovations to support physical, psychological and social independence.

#### **Person - Centred Care**

Person-centred nursing care is based upon the principles of equality, maximum participation and choice for the individual.

#### NURSING INDIVIDUALS WITH INTELLECTUAL DISABILITY ACROSS THE LIFE- SPAN

- The concept of disability, handicap and impairment.
- The epidemiology, aetiology and management of associated clinical conditions in intellectual disability
- Growth and developmental patterns of the individual across the life-span.
- Meeting the needs of the individual across the life-span.

- Activities of daily living and nursing priorities and planning across the life-span.
- The family and the person with disability.
- Family reactions and adaptations, and the provision of adequate support systems.
- Advocacy and self-advocacy.
- Speech and language development and modes of communication.
- Motor movement management, including physiotherapy, physical education, aquatics, swimming, remedial movement, occupational therapy and rehabilitation.
- Play as a developmental process and therapeutic activity.
- Socialisation, social and self help skill acquisition.
- Sensory deprivations, their consequence and management.
- Working positively with individuals who present with behaviours that challenge.
- Developing relationships and issues of sexuality.
- Facilitating transition and life course planning.
- Occupational and vocational skills, training, development and work.
- Leisure and recreational activities which facilitate the development and expression through the medium of art, craft-work, drama, dance, mime, music, puppetry and sporting activities.
- The principles, uses and benefits of complementary therapies.

#### INTELLECTUAL DISABILITY AND MENTAL HEALTH

- Normal versus abnormal behavioural responses to life experience and related to individuals with learning disabilities.
- Legislation and mental health.
- Nature of mental health problems across the life-span and modes of intervention.
- Nursing diagnosis and management specific to the mental health needs of individuals across the life-span.
- Cognitive, affective and behavioural models of intervention.
- Current trends in mental health research and legislation applicable to intellectual disability.

#### COMMUNICATION, INTERPERSONAL SKILLS AND THERAPEUTIC RELATIONSHIPS

- Nursing as a therapeutic-interpersonal process.
- Interpersonal communication skills.
- Self-awareness exploring the impact of personal feelings and values on interactions.
- Pastoral care, the philosophical foundations of spiritual well-being, loss and grief, bereavement, death and dying.
- Conflict management and group dynamics.
- Communicating with persons with an intellectual disability, families, colleagues.
- Communication within the health care environment.
- The use and the application of counselling skills.

## Health Sciences and Applied Nursing Principles

Every person with an intellectual disability is regarded as an individual whose particular physical, psychological and social needs are carefully considered.

### NURSING KNOWLEDGE AND PRACTICE

- The principles of practical nursing.
- Management of acute and chronic diseases and disorders and associated pathological processes.
- Theoretical and practical application of first-aid and emergency principles.
- Infection control in nursing practice.

### HEALTH AND ILLNESS CONTINUUM

- Concepts of health and models and approaches to health promotion.
- Personal, environmental, economic, cultural, political, social, educational and gender influences on health.
- National and international influences on health promotion.
- Health promotion, education and teaching in nursing practice.
- Using health promotion materials for persons with an intellectual disability and their families.
- Trends and predictors of mortality and morbidity in persons with intellectual disability across the life-span.
- Identifying health needs of individual service users and associated groups.
- Public health care from a life-span perspective.
- Management and maintenance of health.

### FOUNDATION AND BIOLOGICAL SCIENCES

- Anatomy, physiology and pathophysiology, including the structure and function of the body, the nature of disease, pathological processes and altered body function.
- Applied biology and biochemistry.
- The principles of genetic inheritance.
- Pharmacology as applied to nursing practice.
- Immunology and microbiology.

## Nursing, Sociology, Law and Environment

The person with an intellectual disability possesses a unique dignity and potential and has a right to take his or her place in society and to develop creative and spiritual attributes.

### SOCIAL SCIENCE

- Nature and concept of sociology as a science and its application to nursing.
- The inter-relationship between the individual, the family and social structures.
- The influence of society on the evolution of nursing.
- Disability and society, and barriers to inclusion.
- The sociology of human interaction within family and society.
- Psychology of human development and behaviour through the stages of life.

- Concepts of philosophy.

#### INTELLECTUAL DISABILITY, GOVERNMENT POLICY AND SERVICE DELIVERY

- The Irish health care system.
- The historical development of services for people with intellectual disability in Ireland.
- National and international models of care.
- The organisation of voluntary and statutory service provision incorporating structure, function, responsibilities and funding.
- The health and social services available to the client and family.
- Education for the person with an intellectual disability.
- Social role valorisation and normalisation.
- Politics and nursing.

#### INTELLECTUAL DISABILITY, SOCIETY AND THE LAW

- Concept of law and its development.
- Law modalities including common, civil, criminal, constitutional, property, tort.
- Administration of the justice system in Ireland.
- Current legislation within the context of intellectual disability.
- Nursing profession and the law.
- Freedom of information.
- Child protection, society and family support.
- Data protection.
- The rights of the individual.
- Ethical issues and the health care environment.

## 2.5.2 Theoretical & Clinical Instruction for Intellectual Disability Nursing

### Having regard to An Bord Altranais decision to apply Council Directive 77/453/EEC to Intellectual Disability Nursing

The theoretical and clinical instruction shall comprise of no less than 4,600 hours

Theoretical Instruction - no less than one - third of 4,600 hours = 1,533 hours

Clinical Instruction - no less than one - half of 4,600 hours = 2,300 hours

### An Bord Altranais Total Requirements of the Programme are 144 Weeks

Essential requirements of the programme

• Theoretical instruction (to include self-directed study, exams)	No less than 58 weeks
• Clinical instruction (supernumerary clinical placement)	No less than 40 weeks
• Internship (39 hours per week)	No less than 36 weeks*
• Discretionary component (must be accounted for in the curriculum document and at least half should comprise supernumerary clinical placement)	10 weeks

Following any interruption \*\*in the educational programme the third level institution in partnership with the health care institutions ensure that the student meets the programme requirements.

Two-thirds of the theoretical content of the educational programme is devoted to Nursing Studies, one-sixth to Biological Sciences and one-sixth to Social Sciences.

#### The following is the minimum number of weeks to be spent in different aspects of clinical instruction over the educational programme

CLINICAL INSTRUCTION	MINIMUM NO. OF WEEKS
Education and Development of child and Education and Development of adult	36 (minimum 12 weeks in each area)
Disorders of human behaviour Acute nursing Specialist areas	18 weeks (minimum 2 weeks placement in each speciality)
Remaining regulated placements: (can be in core/specialist placements)	20 weeks

The specialist placements must comprise at least one quarter (18 weeks) of clinical learning time with a minimum placement of 2 weeks in each of the identified areas.

Remaining regulated placements comprising of approximately a quarter (i.e. 20 weeks), are decided in collaboration and partnership with the curriculum team to achieve the learning outcomes of the programme. It is suggested that consideration might be given to a placement in mental health/psychiatry. These placements should embrace the diverse learning experiences, through rotation within the associated health care providers, to enable the students achieve the required competencies of the programme.

All theory, supernumerary core placements and the specialist placements must be completed prior to students undertaking the final placement of 36 weeks internship, which consolidates the completed theoretical learning and supports the achievement of clinical competence within the learning environment.

The latter weeks of the student's internship clinical placement should be conducive to the student making the transition to the role of Registered Nurse and should include opportunities to utilise the skills of critical analysis, problem solving, decision-making, reflective skills and the abilities essential to the art and science of nursing, while managing care.

#### All placements must meet the audit requirements of An Bord Altranais and the higher education institution.

\*Inclusive of Annual Leave

\*\*Interruption: Any leave (other than annual leave and bank holidays) including sick leave, maternity leave, force majeure leave, paternity leave, parenting leave, compassionate leave and special leave.

## 2.6 Children's Nurse/General Nurse Registration Education Programme

### 2.6.1 Syllabus / Indicative Content

#### Introduction

Nursing is an interpersonal caring process that acknowledges the uniqueness of the person. The children's /general nursing programme contains the essential elements that facilitate the development of professional knowledge, skills and attitudes necessary to meet the nursing needs of clients along the life span continuum.

Nursing the child with health care needs requires the adoption of a child and family centred philosophy within which each child and his/her family are valued. The aim of children's nursing is to facilitate child and family empowerment, and to enable maintenance/restoration of optimal well being for the child in a needs led culturally sensitive and high quality manner.

The list of topics included in the syllabus is not exhaustive. It provides an indication of the content of Children's Nurse and General Nurse Registration education programme in terms of the range of topics and gives no indication of the weighting of each topic in the curriculum. The syllabus allows scope for the continuing development of subject matter and for the acquisition of new knowledge to accommodate emerging trends in nursing, healthcare and society.

#### Nursing

##### FOUNDATIONS OF CONTEMPORARY NURSING.

- The development of nursing including the historical, contemporary, political, social, economic, legal, professional, educational, cultural and international factors influencing its development.
- Evolution and development of the role of the nurse in children's and adult nursing.
- Demographic profile and changing trends in healthcare.
- Role of the statutory, regulatory and professional nursing bodies/agencies.

##### THE ART AND SCIENCE OF NURSING.

- Definitions and conceptualisations of children's and general nursing practice.
- Philosophical and theoretical foundations of key concepts underpinning children's and adult nursing practice.
- Sources of nursing knowledge underpinning children's and adult practice.
- The application and utilisation of a systematic approach to nursing care including assessment/identification of needs, planning, prioritising, facilitating, delivering and negotiating the delivery of care and evaluating nursing care for all client groups.
- Ethics, morality and legislation pertaining to nursing practice across the life span continuum.

##### NURSING PRACTICE.

- Develop knowledge through review, research and reflection on experience, taking cognisance of the interdependent relationship between theory, practice and research.
- Informed, evidence-based, safe, and holistic nursing practice in primary, emergency and acute care, life-threatening illness, chronic illness, palliative and terminal patient care settings.

- The nurse's role, responsibility and practice related to diagnostic investigations, methods of treatment including drug therapy, communicable and non-communicable diseases, curative, palliative and terminal aspects of care.
- The ability to be responsible and flexible in meeting the identified needs of the patient/family and to integrate these needs into care, discharge planning and support in dying/death.
- The application of nursing principles to a variety of special client groups and practice settings including community, primary health care, physical & learning disability, mental health and care of the elderly.
- Process of developing nursing practice in partnership with clients/families in relation to performing, assisting, supporting, educating and rehabilitating the individual at all ages in hospital, community and home care settings.
- Awareness of complementary/alternative therapies for the client in hospital and other appropriate care settings.
- Current issues, trends and developments from a national and international perspective pertaining to nursing practice.

#### NURSING RESEARCH

- Principles of research.
- The research process.
- Research methodologies.
- Statistics and analysis.
- Ethical considerations in relation to research for all client groups.
- Critical analysis and application of research in children's and general nursing practice.
- The relevance of evidence based research to nursing practice.

### Health Sciences

#### PHYSICAL AND BIOLOGICAL SCIENCES (applied)

- Genetics and embryology.
- Anatomy and physiology.
- Physics, chemistry, biochemistry.
- The pathological processes of disease and the alterations for an individual in relation to functioning and daily activities across the lifespan continuum.
- Microbiology and its application in nursing, infection control, immunology and immunisation.
- Pharmacology.

### Behavioural and Social Sciences

#### SOCIOLOGY AS APPLIED TO NURSING PRACTICE

- Fundamental sociological concepts and terminology.
- Society, culture, norms and the individual.
- The implications of multiculturalism in society.
- Values and beliefs regarding individuals in contemporary society.
- Sociological perspectives of physical and mental well being, health, physical and mental illness, disability/impairment/handicap across the lifespan continuum for individuals, families, communities and societies.
- Inequalities in health and illness: gender, age, ethnicity and class.

## PSYCHOLOGY AS APPLIED TO NURSING PRACTICE

- Developmental psychology throughout the life span.
- Health and illness psychology.
- Behavioural psychology throughout the life span.
- Social psychology throughout the life span.
- Play and education as a developmental and therapeutic activity.
- Impact of illness, disability, and hospitalisation for individuals of all ages.
- Organisational psychology.

### **The Individual in Health and Illness**

- The process of development from conception to adulthood and the genetic and environmental factors influencing each developmental phase.
- The nature of the individual and the bio/psycho/socio/economic/cultural/ spiritual and political factors influencing the development of the individual and his/her experience of health and illness across the life span.
- Understanding the development phases of age related groups and vulnerable clients.
- The nature of disease and pathological processes and how they alter normal function and activities of living.
- The normal psychological development of the person over his/her unique life span.
- The unique world of individuals and families and the nursing responsibility and practice in relation to people with chronic and life limiting illness, learning/physical disability and mental health problems and vulnerable individuals or groups including disadvantaged, ethnic/cultural minorities, young people and the elderly.
- Caring for individuals and their families in a multicultural society
- The importance of play/therapeutic play in childhood and education throughout the life span.
- The effects of illness/hospitalisation on the client and family throughout the life span.

### **Health Promotion**

- Concepts of health and wellbeing, illness, disease and disability.
- Models and approaches to health promotion and public health.
- Social, cultural, gender, environmental, political and economic factors effecting health of client groups including foetal, maternal health.
- Demographic and epidemiological trends in health and illness.
- National and international influences on health promotion.
- Local, national and international strategies for achieving health.
- Contemporary issues in protection and welfare of vulnerable groups.
- Individual and family lifestyles in health and illness.
- Promoting and enabling healthy lifestyles across the life span continuum.
- Measuring health and identifying the health care needs of the individual, groups and the public.
- The unique role and skills of the nurse in assessing, planning, facilitating and evaluating healthy life targets in partnership with the individual and other health care professionals.
- Health promotion policy and policy development.

- The role of the nurse in health promotion and health education, and the application of the principles of health education and health promotion for individuals across the life span continuum.
- Stress management in health care and nursing.

### **Communication and Interpersonal Skills**

- Self-awareness, exploration of the impact of personal beliefs, values, attitudes and feelings and their impact on interactions.
- Information communication systems and technology applied to nursing practice.
- Development of age appropriate interpersonal, cross cultural and communication techniques and skills essential for therapeutic relationships with clients and families according to age, ethnicity, disability and impairment.
- The establishment of effective professional relationships by communicating, collaborating and liaising with nursing colleagues and members of the multidisciplinary healthcare team.
- Development of verbal and written skills in relation to information giving, teaching and presentation of health information and maintaining clinical nursing records.
- Creating and contributing to a work environment supportive of teaching and learning, through preceptorship, clinical supervision and mentorship.
- The role of counselling skills and their application to the client at all phases of the life span.
- Pastoral care, the philosophical foundations of spiritual wellbeing, loss and grief, bereavement, dying and death across the life span continuum.

### **Professional and Personal Development**

- Self-awareness and the impact of personal values and feelings in relation to attitude development, response and reaction to events and the development of personal coping mechanisms.
- Self directed learning skills, critical thinking/reasoning skills and decision-making skills in nursing as the foundation for life-long professional education, maintaining competency and career development.
- The scope of nursing practice as defined by the profession, legislation and ethical codes and values.
- Delivery of a nursing care service that is person-centred in all health care settings that is responsive and flexible to changing needs of individuals, families, the community and society.
- Process of developing nursing practice and ensuring quality care including audit/quality improvement mechanisms.
- Personal awareness of the nurse's contribution to caring for the individual and of the nurse's value as part of the health care team.
- Multi-disciplinary team functioning and differing role boundaries including the role of formal and informal carers.
- The promotion and protection of individual rights and their incorporation into national and international health care policies.
- Contribution to the development of policy and healthcare services at local, national and international levels.
- The fostering of a supportive clinical work environment that facilitates self-determination, teaching & assessing, effective coping skills, professional and safe standards of care.

### **Health Care Systems**

- The historical development and evolution of the Irish health care services.
- The structure, organisation and funding of the current healthcare systems in Ireland.
- Health and social legislation.

- The role of informal carers, statutory/voluntary agencies, public/private, hospital/community services in health care.
- Health and social services available to the individual of all ages in relation to access, entitlements and provisions.
- The role and responsibilities of health care providers in creating and maintaining a safe environment for patients, families, staff, workers and visitors.
- Economics of health care.

### **Organisation and Management of Care**

- Theories of organisation, management and change.
- Leadership and management competencies required for nursing practice.
- Leadership theories, styles/practices and the implications in professional nursing practice.
- Clinical pathways.
- Performance appraisal.
- Industrial and organisational psychology.
- Risk management, audit and quality assurance mechanisms.

## 2.6.2 Theoretical and Clinical Instruction for Children's Nursing/General Nursing

### Having regard for Council Directive 77/453/EEC for general nursing registration programmes

The theoretical and clinical instruction shall comprise of no less than 4,600 hours

Theoretical Instruction - no less than one - third of 4,600 hours = 1,533 hours

Clinical Instruction - no less than one - half of 4,600 hours = 2,300 hours

### An Bord Altranais Total Requirements of the Programme are 170 Weeks

Essential requirements of the programme

• Theoretical instruction (to include self-directed study, exams)	No less than 70 weeks
• Clinical instruction (supernumerary clinical placement)	No less than 54 weeks
• Internship (39 hours per week)	No less than 36 weeks*
• Discretionary component (must be accounted for in the curriculum document and at least half should comprise supernumerary clinical placement)	10 weeks

Following any interruption \*\*in the educational programme the third level institution in partnership with the health care institutions ensure that the student meets the programme requirements.

Two-thirds of the theoretical content of the educational programme is devoted to Nursing Studies, one-sixth to Biological Sciences and one-sixth to Social Sciences.

### Having regard for Council Directive 77/453/EEC, the clinical instruction of the programme shall consist of Nursing in relation to

CLINICAL INSTRUCTION	MINIMUM NO. OF WEEKS		
	Adult	Child	Integrated
General and Specialist Medicine	14	14	28
General and Specialist Surgery	14	14	28
Specialist placements Accident & Emergency, Mental Health and Psychiatry, Care of the older person, Home Nursing/community, Operating theatre, Maternity care, Intellectual Disability	18 weeks (minimum 2 weeks placement in each speciality)		
Remaining regulated placements (can be in core/specialist clinical areas)	14 weeks (7 weeks in each discipline)		

The specialist placements must comprise of 18 weeks of clinical learning time with a minimum placement of 2 weeks in each of the identified areas.

Remaining regulated placements comprising of 14 weeks is decided in collaboration and partnership with the curriculum team to achieve the learning outcomes of the programme. These placements should embrace the diverse learning experiences, through rotation within the associated health care providers, to enable the students achieve the required competencies of the programme.

All theory, supernumerary core placements and the specialist placements must be completed prior to students undertaking the final placement of 36 weeks internship, which consolidates the completed theoretical learning and supports the achievement of clinical competence within the learning environment.

The latter weeks of the student's internship clinical placement should be conducive to the student making the transition to the role of Registered Nurse and should include opportunities to utilise the skills of critical analysis, problem solving, decision-making, reflective skills and the abilities essential to the art and science of nursing, while managing care.

### All placements must meet the audit requirements of An Bord Altranais and the higher education institution.

\*Inclusive of Annual Leave

\*\*Interruption: Any leave (other than annual leave and bank holidays) including sick leave, maternity leave, force majeure leave, paternity leave, parenting leave, compassionate leave and special leave.