

EUR/01/5019304  
ORIGINAL: ENGLISH  
EDITED  
E72918

The WHO European Strategy for Nursing and Midwifery Education included a commitment to provide a series of tools to support those Member States that had requested assistance in implementing the Strategy. This Guidance document represents key elements of that support. Included in the pack (Sections 1–8) are two prototype curricula (one for nursing and one for midwifery); key elements of curriculum design for practice-based professions, including competency-based education and training; teaching, learning and assessment strategies consistent with the principles of adult education; guidance on quality control and educational evaluation; criteria for the preparation of nurse and midwife teachers and mentors; criteria for the accreditation of schools of nursing and/or midwifery; and criteria for national and international accreditation of certificated and experiential learning. Section 9 is a detailed research tool for use by each Member State in assessing its baseline position in relation to the fundamental principles of initial education for nurses and midwives and their subsequent annual progress towards implementation of the strategy. Member States are asked to complete this tool (questionnaire) annually. The results will be analysed and will form part of a longitudinal research study on nursing and midwifery education in Europe over a ten-year period. A list of key references and a glossary are included.

ISBN 92 890 1191 2

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*Nurses and  
Midwives for Health*  
*WHO European Strategy for  
Nursing and Midwifery  
Education*

*Section 1–8  
Guidelines for Member States on the  
implementation of the strategy*

# **Nurses and Midwives for Health**

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## **WHO European Strategy for Nursing and Midwifery Education**

### **Section 1–8**

#### **Guidelines for Member States on the implementation of the strategy**

## ABSTRACT

The WHO European Strategy for Nursing and Midwifery Education included a commitment to provide a series of tools to support those Member States that had requested assistance in implementing the Strategy. This Guidance document represents key elements of that support. Included in the pack (Sections 1–8) are two prototype curricula (one for nursing and one for midwifery); key elements of curriculum design for practice-based professions, including competency-based education and training; teaching, learning and assessment strategies consistent with the principles of adult education; guidance on quality control and educational evaluation; criteria for the preparation of nurse and midwife teachers and mentors; criteria for the accreditation of schools of nursing and/or midwifery; and criteria for national and international accreditation of certificated and experiential learning. Section 9 is a detailed research tool for use by each Member State in assessing its baseline position in relation to the fundamental principles of initial education for nurses and midwives and their subsequent annual progress towards implementation of the strategy. Member States are asked to complete this tool (questionnaire) annually. The results will be analysed and will form part of a longitudinal research study on nursing and midwifery education in Europe over a ten-year period. A list of key references and a glossary are included.

## Keywords

EDUCATION, NURSING  
MIDWIFERY – education  
CURRICULUM  
GUIDELINES  
SCHOOLS, NURSING  
STRATEGIC PLANNING  
NURSING SERVICES – trends  
DELIVERY OF HEALTH CARE – trends  
EUROPE

ISBN 92 890 1191 2

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# CONTENTS

	<i>Page</i>
Introduction and key texts.....	1
Section 1: Curriculum design for practice-based professions.....	3
1.1 Definition of curriculum.....	3
1.2 Curriculum: fundamental questions .....	3
1.3 What educational purposes should the school seek to attain?.....	3
1.4 What educational experiences can be provided that are likely to attain these purposes?.....	4
1.5 How can these educational experiences be effectively organized?.....	7
1.6 How can we determine whether these purposes are being attained?.....	7
Section 2: Competency-based education and training .....	9
2.1 Introduction .....	9
2.2 Definitions of competency .....	9
2.3 The debate about competency-based education .....	10
2.4 The dynamic and holistic approach to competency .....	10
2.5 The relevance of competency-based education for nursing and midwifery .....	11
Section 3: The curriculum: examples of nursing and midwifery curricula.....	13
Part 3A The nursing curriculum.....	13
3A.1 Context .....	13
3A.2 Definition of curriculum.....	13
3A.3 Overall curriculum design.....	13
3A.4 Curriculum content.....	14
3A.5 The aim and outcomes of the curriculum.....	14
3A.6 Entry requirements .....	15
3A.7 Length of programme.....	15
3A.8 Approval of the curriculum .....	15
3A.9 Ethical values that underpin the curriculum.....	16
3A.10 A philosophy of nursing.....	17
3A.11 Structure of the curriculum.....	18
3A.12 Credit-rating of modules .....	18
3A.13 Teaching, learning and assessment strategies .....	19
3A.14 Quality monitoring and accreditation.....	20
3A.15 Outcomes of the curriculum expressed as competencies .....	20
Nursing curriculum .....	22
Year one modules .....	23
Year two modules.....	24
Year three modules.....	25
Clinical nursing skills – year one.....	81
Clinical nursing skills – year two .....	82
Clinical nursing skills – year three .....	83
Part 3B The midwifery curriculum.....	84
3B.1 Context .....	84
3B.2 Definition of curriculum.....	84
3B.3 Overall curriculum design.....	84
3B.4 Curriculum content.....	84
3B.5 The aim and outcomes of the curriculum.....	85

3B.6	Entry requirements .....	85
3B.7	Length of programme.....	85
3B.8	Approval of the curriculum.....	86
3B.9	Ethical values that underpin the curriculum.....	86
3B.10	Structure of the curriculum.....	88
3B.11	Credit rating of modules.....	88
3B.12	Teaching, learning and assessment strategies .....	89
3B.13	Quality monitoring and accreditation.....	89
3B.14	Outcomes of the curriculum expressed as competencies .....	90
	Midwifery curriculum.....	91
Section 4:	Teaching, learning and assessment strategies consistent with the principles of adult education .....	125
4.1	Adult education .....	125
4.2	Teacher-centred training or student-centred education .....	126
4.3	The changing role of the teacher .....	127
4.4	The changed role for the student .....	127
4.5	Teaching and learning strategies .....	127
4.6	Assessment within an adult education framework .....	130
Section 5:	Quality control and educational evaluation .....	134
5.1	The relationship between quality control and educational evaluation .....	134
5.2	Educational evaluation .....	134
Section 6:	Criteria for the preparation of nurse and midwife educators, and for mentors, in the clinical/community placement areas.....	139
6.1	Nurse and midwife educators.....	139
6.2	Nurse and midwife mentors .....	141
Section 7:	Criteria for quality monitoring and accreditation of schools of nursing and/or of midwifery, and of the placements for student nurses and student midwives .	143
7.1	Introduction .....	143
7.2	Definitions of terms.....	143
7.3	Quality monitoring and accreditation of universities or equivalent higher education institutions.....	144
7.4	Quality monitoring by the regulatory body .....	146
7.5	The quest for quality .....	149
Section 8:	Criteria for national and international accreditation of certificated and experiential learning .....	150
8.1	Introduction and definition of terms.....	150
8.2	Credit accumulation and transfer schemes.....	151
8.3	The European Credit Transfer System (ECTS).....	152
8.4	Relevance of credit accumulation and transfer to nurses and midwives.....	153
	Glossary .....	154
	References .....	156
	Members of the Expert Group and acknowledgements .....	159

## Introduction and key texts

*At a time of fundamental health care reform and in the face of increasingly complex health problems, nurses and midwives are increasingly being seen as a key resource in health reform strategies. As the largest group of health care professionals in the WHO European Region, working in a wide range of health care settings, nurses and midwives make a major contribution to the achievement by Member States of the health for all targets for the twenty-first century. They need, however, to be educated and trained to meet the challenges posed by the new emphasis on health promotion and disease prevention, community development, multidisciplinary team working, the provision of health services closer to where people live and work, and equity of access (WHO 2000a).*

The evidence is that, across the WHO European Region, the quality of the education of nurses and midwives is very variable, and many are not educated to meet these challenges. Thus their potential to contribute to the improvement of the health of the people and their care when they are ill is not being realized. The urgent need to improve nursing and midwifery education was the main driving force behind the formulation of the WHO European Strategy for Nursing and Midwifery Education (WHO 2000a), which deals with the *initial* education of nurses and midwives, an education that must prepare them to be ‘fit for purpose’ i.e. competent to practise as a qualified nurse or midwife; but which must also set the foundation for subsequent continuing professional development.

The Guidelines that follow should be read in conjunction with the WHO European Strategy for Nursing and Midwifery Education (WHO 2000a), hereinafter called the Strategy. A commitment to prepare the Guidelines, *for those Member States that wished to have them*, in order to assist them with implementation, was made in Section 2 of the Strategy. Also given in the Strategy was a commitment to explore options for appropriate forms of support for individual countries, including the development of validated national and international networks. Such networking will be essential for those Member States that face a major challenge in implementing the Strategy, as the Guidelines themselves cannot be but a relatively brief introduction to the key areas of strategic curriculum change implicit to the achievement of the Strategy. There are many textbooks and other documents that deal, in detail and often at length, with each of these areas. Many of these are specific to the nursing and midwifery education system within an individual country, while others (such as EC Directives) are common to a number of countries.

To repeat, therefore, the Guidelines are intended to be a brief introduction, to clarify meanings and lay the foundation for further study of the concepts. This in many cases will be most effectively done by planned investment in networking between those Member States that have well established nursing and midwifery education systems in line with the Strategy, and those Member States that do not yet have these systems.

A Strategy Task Force at the WHO Regional Office in Copenhagen will assist those Member States that wish to explore these options, and will monitor the progress of each Member State towards achievement of the Strategy.

In acknowledgement of the wide differences in the state of readiness of nursing and midwifery education across the WHO European Region to meet the challenges of the 21st Century, the Expert Group that prepared the Strategy acknowledged that the time

scale for implementation would differ in the various Member States of the Region. A necessary first step for all Member States therefore, in planning their implementation of the Strategy, will be to conduct a systematic analysis of their current position, as measured against the fundamental principles of nursing and midwifery education listed in the Strategy (Section 7). This will enable the establishment of a base-line from which to measure progress towards implementation. To assist with this, Section 9 of these Guidelines includes guidance on the use of one possible systematic approach to that analysis, the Prospective Analysis Methodology.

As noted above, the authors are very aware that many relevant and useful WHO documents already exist that will provide more detailed information than is possible here on the process of nursing and midwifery education, both at the initial stage and in continuing education. Some of these key texts are listed below. Other texts, to which reference has been made in the Guidelines, are to be found in the list of references.

### ***Key texts***

*Nurses and midwives for health. A WHO European strategy for nursing and midwifery education.* Copenhagen, WHO Regional Office for Europe, 2000 (document EUR/00/5019309/15).

*Munich Declaration: 'Nurses and midwives: a force for health'.* Copenhagen, WHO Regional Office for Europe, 2000.

*Development of standards of midwifery practice for safe motherhood. Report of an Intercountry Consultation.* New Delhi, WHO Regional Office for South-East Asia, 1997 (document SEA/NURS/411).

*HEALTH21. The health for all policy framework for the WHO European Region.* Copenhagen, WHO Regional Office for Europe, 1999 (European Health for All Series, No. 6).

*LEMON (LEarning Materials On Nursing): a package of learning materials for nurses and midwives, feldschers and others performing nursing and midwifery tasks.* Copenhagen, WHO Regional Office for Europe, 1996 (document EUR/ICP/DLVR 02/96/1).

*The Ljubljana Charter on Reforming Health Care.* Copenhagen, WHO Regional Office for Europe, 1996 (document EUR/ICP/CARE 9401/CN01).

*Reviewing and reorienting the basic curriculum.* Copenhagen, WHO Regional Office for Europe, 1991 (Health for All Nursing Series, No. 4).

*Evaluation of reoriented curricula in basic nursing education. Report of an Interregional Workshop.* Geneva, World Health Organization, 1989 (document HMD/NUR/89.2).

*A guide to curriculum review for basic nursing education: orientation to primary health care and community health.* Geneva, World Health Organization, 1985.

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*Note.* For ease of reporting throughout these Guidelines, the female gender is used for nurses and midwives, although it is acknowledged that the nursing and midwifery workforce is composed of both women and men.

## Section 1

### Curriculum design for practice-based professions

#### 1.1 Definition of curriculum

*A curriculum is the whole set of influences and events, both planned and unforeseen, which impinge upon students during their period of education and which will, sooner or later, affect their ability to understand and achieve the aims of the course (programme) and, indeed, of the wider arena for which they are being educated. (Burrell et al. 1988)*

The above definition (concept) of curriculum refers to the totality of the education programme and, as such, is considered appropriate to the preparation of a student who will enter a practice-based profession. Although the focus of these Guidelines is the preparation of nurses and midwives, these two professions share common principles of practice with other professionals, particularly other health care professionals. Thus, this section focuses first on the principles that underpin the education of a professional, and then on the specifics related to nursing and midwifery. The application of these principles can be seen in the prototype curricula that are contained in Section 3 of these Guidelines.

#### 1.2 Curriculum: fundamental questions

In his classic text on curriculum, written 5 decades ago, Tyler (1949: p.1) encapsulated the process of curriculum development in four fundamental questions:

- What educational purposes should the school seek to attain?
- What educational experiences can be provided that are likely to attain these purposes?
- How can these educational experiences be effectively organized?
- How can we determine whether these purposes are being attained?

Each of these questions is addressed both here and, indirectly, in the various sections.

#### 1.3 What educational purposes should the school seek to attain?

##### 1.3.1 *A nurse and/or midwife competent to meet the country's needs for nursing and midwifery*

In considering the design of a curriculum for any practice-based profession, certain fundamentals are identical, whether the professional being prepared is, for example, a nurse, a midwife, a doctor, an architect, an engineer or a lawyer. First and foremost, an assessment must be made of the knowledge, skills and attributes that the country needs from such a professional. From this assessment, the competencies required of the professional must be derived and the curriculum must be designed to enable the student to gain these competencies. In all professions, this requires that the curriculum should integrate theory, or university/classroom-based learning, with learning from experience in the world of work (see Para. 1.5.1). Both forms of learning are of equal importance and increasingly, as research develops, both should be evidence-based. From these fundamentals, all else flows. The aim, philosophy, ethical principles, subject matter, teaching/learning and assessment strategies, methods of evaluation and quality control

of the curriculum are all designed to prepare professionals who can meet these needs; and meet them not just in the period immediately after qualifying but throughout their professional lives. In other words, the educational process must prepare all professionals to be life-long learners, committed to updating their knowledge, skills and attributes and to maintaining their competency, so as to meet the changing needs of their own country, and increasingly, to equip themselves to work across cultures.

### **1.3.2 A research/evidence-based approach**

As stated in the Strategy, the curriculum must be research/evidence-based. (The term ‘research-based’ as used in this Section is synonymous with ‘evidence-based’.) This is because there is a steadily growing body of research-based knowledge about all aspects of health and ill-health. There is also a steady growth in research-based knowledge about nursing and midwifery education and practice. With the rapid advances in knowledge development and in technology, knowledge becomes obsolete relatively quickly. A competent nurse and/or midwife must therefore know how to seek out the latest research relevant to her field of practice, be committed to so doing, have sufficient knowledge of research to judge the validity of research findings, and be able to implement these findings in practice; in other words, a qualified nurse or midwife must be ‘research-aware’.

Not all nurses and midwives will become researchers, nor indeed will all members of the other health care professions, but the ability to adopt a questioning approach to practice and to practise from an evidence base wherever valid research exists are essential attributes of a qualified nurse or midwife. If these abilities are to be achieved, the design of the curriculum must be based on research into how adults learn, into effective methods of teaching/learning and assessment for the practice-based professions, and into valid systems of curriculum evaluation. The content of the curriculum must be based on health-related research, including epidemiology and the health care priorities for the country and on research into nursing and midwifery practices. The curriculum process should ensure that students are actively encouraged to adopt a questioning approach to all they learn and to their practice. How this may be achieved is discussed in Section 4.

## **1.4 What educational experiences can be provided that are likely to attain these purposes?**

### **1.4.1 Knowledge is not static**

The nurse or midwife is being prepared to practise in a world in which knowledge is continually advancing. One of the most important principles in curriculum process therefore is that the educational experiences that are provided should enable the student to ‘learn how to learn’; and an important element of that is learning how to learn, not just from textbooks and classroom interactions, but from practical experience. Schon (1991), who wrote extensively about how professionals think in action, introduced the phrase ‘the reflective practitioner’. Reflection is an essential element of knowledgeable, evidence-based practice, in which the student (or qualified professional) *applies* the knowledge gained from textbooks to the reality of practice. For example, in relation to the health care professions, no one individual patient, or woman in childbirth, is exactly the same as the next. Many factors come to bear in their care, and it is the synthesis of scientific knowledge with knowledge gained from experience of different situations that epitomizes expert practice. The ‘thinking in action’, the reflection on these previous experiences, informed by the latest research evidence, transforms the factual knowledge so that it

becomes new knowledge. It is this synthesis of practice-based knowledge with factual knowledge, leading to informed judgement and decision-making, that distinguishes the expert practitioner from the novice, whose repertoire of experience is limited.

#### **1.4.2 Levels of cognitive skills**

The curriculum design should demonstrate progression of knowledge from the relatively simplistic, in which foundations of essential factual knowledge relating to the discipline of the particular profession are first of all established and then built on by the introduction of increasingly complex cognitive skills. The seminal text on this matter, which has stood the test of time, is that of Bloom (1956). Bloom created a taxonomy of cognitive skills, which included six major classes.

- *Knowledge* involves recall, for example of specific facts, terminology, methods or theories. Within nursing and midwifery, an example would be knowledge of the normal body temperature.
- *Comprehension* represents a relatively minimal level of understanding. Within nursing and midwifery, an example would be the ability to interpret the combination of a steady rise in body temperature and an increase in pulse rate as a potentially serious trend that should be reported to a senior staff member (without necessarily having an understanding of the possible causes of the pyrexia).
- *Application* represents the ability to apply general rules or abstract concepts to specific situations. Within nursing and midwifery, knowledge and understanding of principles, such as that of aseptic technique, can be applied in very different care settings.
- *Analysis* represents the ability to recognize connections and interactions between elements of a situation. Within nursing and midwifery, an example would be the delineation and definition of the various factors contributing, for example, to infection in a patient or in a mother who has recently delivered her baby.
- *Synthesis* represents the ability to put together various related parts or elements to form a whole. Within nursing and midwifery, a number of different signs and symptoms can be brought together to predict a healthy state or a deterioration in health, such as recognition of complications following surgery or during labour and childbirth, and whereby a plan of action can be formed based on this synthesis of a number of 'clues'.
- *Evaluation* represents the ability to arrive at an informed judgement by weighing up the evidence as to the value or worth of an intervention or plan of care. An example within nursing and midwifery is evaluating the outcome(s) of care and making an informed decision as to whether or not to continue with a particular course of action, in the light of judgements made about the outcomes.

Expert professional practice results from the efficient use of all the above levels of cognitive skills, but also requires the gradual development of increasingly complex technical and psychomotor skills, all within an ethical and moral framework that fosters appropriate attitudes to the care and support of individuals who are in the care of the nurse or midwife. This progression in terms of level and complexity of knowledge and skills, and of an understanding of ethical practice, should be reflected in the design of

the curriculum and the educational experiences to which the students are exposed (see Section 3), and in the level of academic award and of professional competency achieved on successful completion of the educational programme.

#### **1.4.3 Level of academic and professional award: baccalaureate degree and registration as a nurse or midwife**

Health care professionals, be they nurses, midwives, physicians, pharmacists or members of the professions allied to medicine, such as physiotherapists, must practise as competent:

- care providers
- decision-makers
- communicators
- community leaders
- managers.

They must work in close partnership with each other, with related agencies such as social and welfare services and, of equal importance, with patients, pregnant women and families (WHO 2000a). The educational experiences to which they are exposed must foster these competencies.

It should be clear from the various factors mentioned above that the academic level of baccalaureate degree is a prerequisite for professional practice. Additional factors of relevance to preparation at graduate level include, for example, the necessity to practise from an evidence base (and for some to conduct research), the increasing complexity of health care, advances in science and technology, rising expectations of those who use the health services, the ability as well as the commitment to participate in continuing professional development and multidisciplinary team working, the need to improve the status of nursing and midwifery in many countries so as to recruit able school leavers, and the need to prepare teachers, mentors and leaders in nursing and midwifery in order to enable an informed voice from the nursing and midwifery professions to be heard in policy discussions about the health of the people of the nations. Similar factors are also cited in the recently issued *Guidelines on nursing education* from WHO's Eastern Mediterranean Region (WHO 1998), so are not unique to WHO's European Region but rather are of global relevance.

Likewise, the level of the professional award must be that of formal registration as a nurse or as a midwife, whose qualifications to enter into practice and to continue to practise are regulated by the laws of the country. This is essential to ensure protection of the public. All members of the public must know that those who provide their nursing and midwifery care have successfully undertaken an approved course of preparation (see Section 7), are committed to maintaining a high standard of care, and are subject to disciplinary action if there is evidence that they are not maintaining these standards. In a number of countries of the Region, mandatory updating of registration is required, and is predicated on assurances from the nurse or the midwife that they have kept up to date in the professional knowledge and skills necessary for safe and competent practice in their particular field of work.

## **1.5 How can these educational experiences be effectively organized?**

### **1.5.1 *An integrated curriculum***

The organization of the educational experiences should be such as to prepare the student, through a gradual process of deepening knowledge, increasing skills attainment and sensitivities to work in ‘the wider arena’, i.e. the complexities of the real world of work and professional practice, and to become a qualified and competent nurse or midwife. To do this, it is essential that the curriculum is integrated in:

- *structure* – logically sequenced, so as to ensure an appropriate mix of theory (classroom or laboratory-based teaching and learning) and supervised practice, in the case of nursing and midwifery in hospitals and community settings;
- *process* – the adoption of a student-oriented approach, which juxtaposes theory and practice in such a way as to assist students to integrate their classroom learning with their experiential learning in appropriately supervised practice, which permits progressive acceptance of responsibility; and
- *outcome* – the achievement of competency in practice; in the case of the nurse and midwife, preparation for work in primary, secondary and tertiary care settings, and fitness for the academic award of a baccalaureate degree.

### **1.5.2 *Appropriately qualified staff, academic and clinical resources***

Because of the necessity to integrate the academic and practice components of the curriculum, certain other curriculum elements are essential. These include the employment of qualified teachers, who not only are experienced nurses or midwives themselves but have maintained their practice, in order that they may teach from an informed evidence base and have credibility with their students and with the practising professionals in the clinical placement areas. Those who supervise students in clinical areas must also be experienced nurses or midwives, and have received education in teaching and learning methods. All clinical areas used for placements require to be audited for their suitability as learning environments for students (see Sections 6 and 7). The university (or equivalent institution) should also provide adequate classroom and study accommodation, including up-to-date, well equipped skills laboratories, library facilities and access to information technology laboratories.

## **1.6 How can we determine whether these purposes are being attained?**

Outcomes in terms of practice are most easily interpreted if expressed as competencies, and a curriculum should clearly define these, for three main reasons. First, both those who fund the education and those who undertake it should be clear as to what can be expected from those who successfully complete the programme. Second, succinct articulation of the competencies enables judgements to be made as to the continuing relevance of the programme to the needs of the country for those health care professionals. Third, evaluation and review of the curriculum can highlight any competencies that have become redundant. These can be deleted from the curriculum, and new competencies inserted, together with the subject matter and the teaching, learning and assessment strategies necessary for their achievement. Competency-based education is briefly discussed in Section 2. Section 3 includes further detail on the curriculum content for initial nursing and midwifery education and offers two prototype curricula. It is stressed that these are examples only, provided as food for thought. One

is a sample nursing curriculum and the other a sample midwifery curriculum. The latter includes information about adapting the curriculum to make it suitable for qualified nurses who wish to undertake midwifery education as a post-basic programme.

Systematic, comprehensive and regular review and evaluation of the curriculum, in all its elements, is essential to the maintenance of standards and continuing relevance to the needs of the country. Such review and evaluation must be planned at the same time as the curriculum is designed. Evaluation and quality control are discussed in Section 5.

## Section 2

### Competency-based education and training

#### 2.1 Introduction

The Strategy (WHO 2000a) states that the education of nurses and midwives should be competency-based. In so doing, it is in harmony with a growing and worldwide emphasis on the use of this approach to the education of health care professionals.

Because health care systems are facing a rapid expansion of knowledge and an increasing demand for improved quality of health care provision, with a concomitant requirement for cost containment, it is acknowledged in many countries of the world that it is essential to assess and regularly reassess the relevance of the education and training of all health care professionals, in order to ensure that graduates are competent to meet changing health care needs of the people of the country, both now and in the future. The assessment of these needs, and from that the derivation of the roles of the various health professionals, and then of the competencies they will require to develop to meet these needs, is seen as fundamental to ensuring that relevance (see Para. 2.3).

#### 2.2 Definitions of competency

Competency is defined in the Strategy (WHO 2000a: Glossary) as:

*broad composite statement(s), derived from nursing and midwifery practice, which describe a framework of skills reflecting knowledge, attitudes and psycho-motor elements.*

The definition of Garcia-Barbero (1998: p.167) is similar. Competency is the:

*combination of the knowledge, attitudes and skills necessary for carrying out professional tasks.*

A recent revision of nursing and midwifery education in the United Kingdom, conducted by the Central Council for Nursing, Midwifery and Health Visiting (UKCC 1999) defined competency as:

*the skills and ability to practise safely and effectively without the need for direct supervision.*

The UKCC described the ‘underpinning principles’ for achievement of competency for entry to the professional register for nursing (and it can be assumed also for entry to the professional register for midwifery). These principles stipulate that the initial education programme must prepare the student, on qualification,

*to apply knowledge, understanding and skills when performing to the standards required in employment; and to provide the nursing (and midwifery) care that patients/clients require, safely and competently, and so assume the responsibilities and accountabilities necessary for public protection (UKCC 1999: p.9).*

The primacy of practice underpins the competencies, to be achieved gradually throughout the total programme of education and supervised practice. Safe and effective practice, the UKCC considers, requires a sound underpinning of theoretical knowledge that informs practice and is in turn informed by that practice, and such practice *must* be informed by the ‘best available evidence’ (UKCC 1999). Thus, an essential competency

for qualified nurses and midwives is the ability to seek out research-based information – just one of the competencies listed in Section 3, which focuses on the curriculum.

It is clear that what is relevant ‘on qualification’ will not remain forever relevant, and the UKCC acknowledges the necessity to review the competencies from time to time. This is an important point for countries to consider when implementing the Strategy and using these Guidelines. It will be essential for each country not only to review the relevance of the role and functions of the nurse and of the midwife as cited in the Strategy, and the competencies that derive from these *ab initio*, but also to build in a system of regular review (see Sections 5 and 7).

### **2.3 The debate about competency-based education**

There has been, and to an extent still remains, considerable debate about the value of competency-based education. The arguments for and against are rehearsed in a background paper, prepared by Ovalle (2000), in which she states that the debate arises from the differing conceptualizations of the nature of competency. Her own judgement is that competencies appropriate for a nurse or a midwife are a blend of the knowledge, skills, values and attitudes that enable the person to function as an autonomous professional person.

*Antagonists* of the competency-based approach have a conception of competency-based education as reductionist, task-based, viewed in terms of discrete behaviours that are conducted mechanistically without reference to context, that ignore underlying attributes, and focus on training as opposed to education. (See Section 4 for a note on the difference between these latter two concepts.) Two examples given by Ovalle of this reductionist approach, taken from two different types of occupation, are (a) training a mechanic how to replace a fuel pump, and (b) training a nursing auxiliary how to prepare a bath for a patient. She critiques this approach as ‘not concerned with the connections between tasks ... which ignores the possibility that the coming together of tasks could lead to their transformation’ (Ovalle 2000).

*Protagonists* of competency-based education point to its pragmatic nature, as its prime focus is on ensuring that professionals and others are educated and trained in such a way that, on qualification, they can meet the needs of society for that particular role. In the health care arena, this means that nurses and midwives must be so prepared as to enable them not only to meet current health care needs in their country, but also to possess the transferable skills to enable them to update their competencies to meet future needs in the most cost-effective and efficient manner. Given that research-based knowledge and understanding of the multifactorial complexities of the maintenance of health and the care of those who are ill is growing steadily, as is emphasis on the rights of patients to share in decision-making about their care, it is axiomatic that the appropriate definition of competency is of a holistic concept, combining knowledge, skills and attitudes, in order that the nurse and midwife can fulfil the roles described for them in the Strategy.

### **2.4 The dynamic and holistic approach to competency**

The following examples illustrate the growth of the competency-based movement in two very different regions and countries of the world.

First, in Hong Kong, the Hospital Authority Nursing Section considered the development of nursing competencies to be a complex and exciting challenge, but one that it was

essential to meet because they firmly believed that this approach would enhance professional development and result in consistent achievement of quality, patient-centred care. (Hong Kong Hospital Authority (HKHA) 1997) They defined competencies as ‘sets of professional behaviours that describe the agreed standards expected of registered nurses’ (HKHA 1997: p. 2) and altogether more than 400 staff and a number of professional organizations took part in an inclusive project to develop the final list of core competencies. Their approach was firstly to define the *key responsibilities* of the particular job, then to describe the *core competencies* or agreed standards required to perform the job, and finally to state *competent behavioural clusters*, i.e. groups of actions that were required in the job. There is a very encouraging similarity between the role, functions and competencies of the nurse as described in the Strategy (WHO 2000a) and those described by the HKHA Nursing Section.

Second, from the United States, the multidisciplinary Pew Commission published a comprehensive report, following almost a decade of analysis of how health professionals are educated and how the US health care system is changing. One of the Commission’s goals was to ‘create a set of competencies for successful health professional education and practice in the emerging health care system’. Following synthesis of the results from their extensive study, the Commission prepared ‘twenty-one competencies that all health professionals should embrace and understand as we enter the 21st century’ (O’Neil 1998: pp. 29–43). Again, as with the Hong Kong competencies for nurses, those of the Pew Commission for *all* health professionals are very much in harmony with those expressed in the Strategy (WHO 2000a). For example, all three include competency to practise at all times in an ethical manner, to promote health, to provide evidence-based, systematic and holistic care, to work in partnership with multidisciplinary teams and also with recipients of care, and to demonstrate a commitment to lifelong learning and to helping others to learn.

## **2.5 The relevance of competency-based education for nursing and midwifery**

Defining the competencies is a key issue in curriculum development, but is only the first step in designing the curriculum in all its aspects, as is inferred from the statements by the UKCC, reported above. The attainment of the competencies depends as much on the recruitment to the profession of appropriately qualified entrants as it does on the detailed content of the curriculum, the way in which it is delivered (i.e. the teaching/learning and assessment strategies employed), the ethical principles that underpin the education and practice, and the effectiveness of the integration of theory and practice.

Unambiguous and public statements of the competencies of nurses and midwives have the following benefits. They:

- set the framework for their educational preparation and assessment;
- make clear to the public what they can expect from the professions;
- clarify their respective roles, *vis-à-vis* each other but also *vis-à-vis* other health care professionals such as physicians and physiotherapists;
- provide the basis for standard-setting; and
- assist the profession to monitor the performance of their members, and thus inform the process of ensuring protection of the public.

The competencies listed in Section 3 have been derived, as noted above, from the prescribed role of the nurse and midwife as given in the Strategy. They were compiled from analysis of several lists of competencies, including those from the United Kingdom, Hong Kong and Australia. While they are relevant for today, they will require regular revision to ensure that the nurse or midwife continues to be competent to meet the changing needs and advancing technologies of the health care systems within which they will work. They will also provide a baseline for Country Implementation Groups to use and/or adapt according to their specific requirements of their nurses and midwives.

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*Note:* This section has benefited considerably from an unpublished paper prepared by Professor Myriam Ovalle of the Spanish General Council of Nursing.

## Section 3

### The curriculum: examples of nursing and midwifery curricula

Section 3 of the Guidelines presents prototype curricula. These are provided as examples only. Member States are encouraged to study these and, while remaining true to the principles and broad curriculum content outlined in the Strategy, to adapt the curricula to suit the cultural, social, demographic and epidemiological priorities of their country.

Part A presents the Nursing Curriculum for the preparation of a generalist nurse, and Part B presents the Midwifery Curriculum. The latter incorporates two versions: one for direct entrants to midwifery education and training and the other for entrants who are already qualified nurses. Working with the comprehensive definition of a curriculum, given below and in Section 1, it follows that certain core elements of the curriculum structure and processes are common to both professions, but in order that each curriculum is presented as a complete example, these elements are stated in each.

### Part 3A The nursing curriculum

#### 3A.1 Context

This section should be read in conjunction with Section 1, as that section presents general information about curriculum design for the practice-based professions, including those of nursing and of midwifery.

There are three key elements of the context within which these examples of curricula are presented. These are the Munich Declaration (WHO 2000b), *HEALTH21* (WHO 1999) and *Nurses and midwives for health* (the Strategy) (WHO 2000a).

#### 3A.2 Definition of curriculum

*A curriculum is the whole set of influences and events, both planned and unforeseen, which impinge upon students during their period of education and which will, sooner or later, affect their ability to understand and achieve the aims of the course (programme) and, indeed, of the wider arena for which they are being educated (Burrell et al. 1988).*

The definition (concept) of curriculum for the initial education programme for nurses and midwives refers to the totality of the programme. It includes the theory and practice components, the standards, content, teaching/learning experiences and assessment strategies, methods of evaluation and competency outcomes.

#### 3A.3 Overall curriculum design

As stated in the Strategy (Section 8), the design must be that of a curriculum that is integrated in:

- *structure* – i.e. logically sequenced, so as to ensure an appropriate mix of theory/classroom teaching and learning and of supervised practice in hospitals and community settings;

- *process* – i.e. it must adopt a student-oriented approach and juxtapose theory and practice in such a way as to facilitate in students the ability to integrate their classroom or laboratory learning with their experiential learning in appropriately supervised practice that permits progressive acceptance of responsibility; and
- *outcome* – i.e. in preparing a nurse who is competent to work in primary, secondary and tertiary care settings.

### **3A.4 Curriculum content**

The Strategy gives an outline of essential curriculum content. A detailed example of possible content for these subjects is given in the Modules that follow. These are based on Section 8 of the Strategy, which states:

*The content of the curriculum must be research- and evidence-based and relevant to the health care priorities and to the epidemiological, demographic and sociocultural context of the individual Member States;*

*The main subject/learning field must be the theory and practice of nursing or midwifery;*

*The following supporting subjects must be included, as a minimum, and their application to nursing or midwifery be made explicit:*

- *public health, health promotion, health education and therapeutic patient education*
- *epidemiology and care in illness and disease*
- *behavioural sciences*
- *biological sciences*
- *research awareness*
- *communication*
- *professional, ethical and legal issues*
- *information management and information technology*
- *management, leadership and organization.*

### **3A.5 The aim and outcomes of the curriculum**

A curriculum must have an aim and intended outcomes. These are clearly stated in the Strategy, i.e. to prepare entrants to the nursing profession, so that, on successful completion of their education, they are competent to fulfil the role and functions of the nurse, as described in the Strategy (Section 6). See paragraph 3A.15 for more detail on these competencies.

#### **3A.5.1 The role and functions of the nurse**

*A nurse is a person who, having been formally admitted to a nursing education programme duly recognized by the Member State in which it is located, has successfully completed the prescribed course of studies in nursing and has obtained the required qualifications to be registered and/or legally licensed to practise nursing. Nurses help patients, families and groups to determine and achieve their physical, mental and social potential, and to do so within the context of the environment in which they live and work. Nurses require competency to develop and perform functions that promote and maintain health as well as prevent illness. They also assess, plan, give and evaluate their professional care during illness and rehabilitation, which encompasses the physical, mental and social aspects of life as they affect health, illness, disability and dying. They may practise in hospitals and the community. They are competent to work*

*autonomously and as members of the health care team. In certain circumstances they may delegate care to health care assistants, but they retain responsibility for care, supervise where necessary and are accountable for their decisions and actions.*

*The nurse promotes the active involvement of individuals, including patients, and of families, social groups and communities as appropriate, in all aspects of health care, thus encouraging self-reliance and self-determination while promoting a healthy environment.*

*Nursing is both an art and a science. It requires the understanding and the application in practice of specific nursing knowledge and skills, which, wherever possible, are research- and/or evidence-based. It draws on knowledge and techniques derived from the humanities, from the physical, biological and behavioural sciences, from management and leadership theories and from theories of education (WHO 1996a).*

It is from this definition of the role and functions of the nurse that the outcomes of the nursing education programme are derived. These outcomes are expressed in two ways. Outcomes in terms of 'fitness for practice' are expressed as competencies, and these are listed in paragraph 3A.15. Outcomes in terms of 'fitness for award' are those that meet the requirements of the country for graduates of a baccalaureate degree programme.

### **3A.6 Entry requirements**

These are as specified in the Strategy (Section 7):

*Admission to nursing and midwifery education must follow successful completion of secondary school education, with qualifications equivalent to those required by the individual Member States for university entrance. Alternatively, entry may be based on formal accreditation of prior learning and/or relevant experience, provided this is a normal route of entry to the university concerned and is acceptable to the nursing or midwifery statutory body, where one exists (WHO 2000a).*

### **3A.7 Length of programme**

As stated in the Strategy (Section 7), the length of the programme must be sufficient to achieve the specified competencies and academic award, and must not be less than three years. The length is also specified in the current EC Directives (77/452/EEC, amended by 89/595/EEC), which further specify a minimum programme of 4600 hours, of which 50% or 2300 hours must be spent in practice placements.

The prototype curriculum for nursing meets these requirements. However, it should be noted that in some countries of the Region the minimum length of the programme leading to a baccalaureate degree is four years.

### **3A.8 Approval of the curriculum**

It is recognized that not all Member States have, as yet, legislation governing the nursing and midwifery professions, nor do they therefore have statutory bodies, charged under the law of the country, to ensure public protection by approving the standard, kind and content of the programmes of preparation of nurses and midwives, and by maintaining a register of nurses. As many countries are striving to obtain such legislation, this matter is dealt with in Sections 5 and 7 of these Guidelines.

In all Member States where legislation and statutory regulations exist, the programme must comply with these rules and regulations and, before it may proceed, must be approved by the ‘designated competent authority’ or statutory body responsible for awarding the professional registration or licence to practise as a nurse.

### **3A.9 Ethical values that underpin the curriculum**

It is vital that nurses, in common with all health care professionals, carry out all their work to the highest ethical standards. The International Council of Nurses (ICN) has published a Code of Ethics for Nurses (ICN 2000). This Code was first adopted by the ICN in 1953, has been reviewed and revised several times and the most recent version is quoted below.

#### ***Preamble to the Code***

*Nurses have four fundamental responsibilities: to promote health, to prevent illness, to restore health and to alleviate suffering. The need for nursing is universal. Inherent in nursing is respect for human rights, including the right to life, to dignity and to be treated with respect.*

*Nursing care is unrestricted by considerations of age, colour, creed, culture, disability or illness, gender, nationality, politics, race or social status. Nurses render health services to the individual, the family and the community and co-ordinate their services with those of related groups.*

#### ***The Code***

*The ICN Code of Ethics for Nurses has four principal elements that outline the standards of ethical conduct.*

#### ***Nurses and people***

*The nurse’s primary professional responsibility is to people requiring nursing care. In providing care, the nurse promotes an environment in which the human rights, values, customs and spiritual beliefs of the individual, family and community are respected*

*The nurse ensures that the individual receives sufficient information on which to base consent for care and related treatment. The nurse holds in confidence personal information and uses judgement in sharing this information*

*The nurse shares with society the responsibility for initiating and supporting action to meet the health and social needs of the public, in particular those of vulnerable populations.*

*The nurse also shares responsibility to sustain and protect the natural environment from depletion, pollution, degradation and destruction.*

#### ***Nurses and practice***

*The nurse carries personal responsibility and accountability for nursing practice, and for maintaining competency by continual learning.*

*The nurse maintains a standard of personal health such that the ability to provide care is not compromised*

*The nurse uses judgement regarding individual competency when accepting and delegating responsibility.*

*The nurse at all times maintains standards of personal conduct that reflect well on the profession and enhance public confidence.*

*The nurse, in providing care, ensures that use of technology and scientific advances are compatible with the safety, dignity and rights of people.*

### ***Nurses and the profession***

*The nurse assumes the major role in determining and implementing acceptable standards of clinical nursing practice, management, research and education.*

*The nurse is active in developing a core of research-based professional knowledge.*

*The nurse, acting through the professional organization, participates in creating and maintaining equitable social and economic working conditions in nursing.*

### ***Nurses and co-workers***

*The nurse sustains a co-operative relationship with co-workers in nursing and other fields.*

*The nurse takes appropriate action to safeguard individuals when their care is endangered by a co-worker or any other person.*

## **3A.10 A philosophy of nursing**

The curriculum is based on the fundamental belief that education and practice are very closely related, each influencing and being influenced by the other. To provide an appropriate quality of cost-effective and efficient care for patients, and to promote the health of the people of WHO European Region, education and practice must move ahead together, in mutual respect and partnership, with shared values and goals. This is in harmony with the International Council of Nurses' vision that:

*our work together is guided by a common philosophy of nursing: a commitment to caring in the fullest sense, being advocates for our patients, helping people to help themselves, and doing for people what they would do unaided if they had the necessary strength, will, or knowledge (ICN 1998).*

The ethical values and vision are articulated in the curriculum philosophy given below, which has been adapted from Glasgow Caledonian University's BA degree in Nursing Studies (GCU 1998). Each Member State should consider the applicability of this philosophy to its own cultural and societal mores and adapt it accordingly.

- Caring is central to nursing.
- Nursing is an expression of informed, non-judgemental caring that includes respect for individuals, and sensitivity to their right to have accurate information that enables them, where they are able and so wish, to participate in decisions concerning their health and wellbeing.
- Nursing has its own body of knowledge, which increasingly is evidence-based, and which represents an evolving integration of theory and practice.

- Nursing is a practice discipline, utilizing a systematic approach to assessment, planning, intervention and evaluation of care, that requires the application of analytical and critical thinking, problem-solving, interpersonal and psychomotor skills.
- Nurses are members of multidisciplinary health care teams, and share responsibilities for health promotion and the care of those who are ill with other members of the team, taking responsibility and accepting accountability for their contribution to the team's decision-making and standards of care.

### **3A.11 Structure of the curriculum**

The prototype curriculum is structured in modules or units of study. A full module equates to 281.25 hours of study, or *the equivalent* of 7.5 weeks of 37.5 working hours. A 0.5 module equates to about half that amount, i.e. 140 hours or *the equivalent* of 3.5 weeks of 37.5 working hours. (See Sections 4, 7 and 8, which discuss teaching/learning and assessment strategies, and the concepts of credit rating and accreditation respectively. See also the module descriptors, in the Prototype Nursing Curriculum that concludes Part A of this Section, to explain how these hours are utilized.) All nursing modules and several of the modules dealing with supporting subjects incorporate both theory and practice components.

Six full modules, or the equivalent in full and half modules, constitute one academic year, in this case of 45 weeks, and there are three years in the programme.

The structure of the curriculum should enable students, during their first year, to gain a sound foundation of knowledge, skills and understanding of their discipline of nursing, based on integrated theory and practice learning, combined with exposure to discussion of the values that underpin practice as a nurse. From there, the curriculum should be so structured as to present students with opportunities to gain increasingly analytical and critical thinking skills that can be applied to their nursing practice, so that they are able, by their third and final year, to synthesize information and to evaluate care, based on the available evidence base, and to make soundly based judgements and decisions. During the three years the curriculum, and particularly the manner in which it is taught and learned, must enable students to develop professional and ethical attitudes, increasingly sensitive communication skills and the ability to work effectively in partnership with patients and with other members of the multi-disciplinary team. Analysis of the prototype curriculum will demonstrate how this progression of knowledge, skills and attitudes can be fostered, as the student nurse moves from novice to competent practitioner, appropriately prepared to enter her/his chosen profession of nursing, and possessed of an understanding of and belief in the value of continuing to update her/his knowledge, skills and attitudes. Likewise, scrutiny of the nursing skills components of the curriculum will demonstrate progression from the less complex psychomotor skills taught and practised during the first year to the increasingly challenging skills taught and practised in years 2 and 3.

### **3A.12 Credit-rating of modules**

Credits 'are a numerical value allocated to course units (modules) to describe the *student workload* required to complete them ... and are not limited to contact hours only' (European Commission 1995). They therefore include not only student effort in

attendance at and participation in formal classes, but also in their practice placement experiences. Credits also take into account teacher-directed and student self-directed study, for example working in the library, practising in the nursing skills laboratory, preparing for and writing assignments/examinations and presenting seminars.

A considerable variety of credit rating systems exist. This can give rise to confusion, particularly when an apparently similar course of study (or module) in one programme is accredited with a very different *number* of credit points from that in another. The principle of credit rating, however, is universal, which is that credit should be assigned to each component of a curriculum, whether theory or practice based, at a level commensurate with the level of difficulty of that component, and that that credit should reflect the estimated amount of effort required of the student in order to achieve a pass in that component. This matter is the focus of Section 8.

Because the prototype curriculum has been prepared for the WHO European Region, the modules have been assigned credits according to the European Credit Transfer System (ECTS) (see Section 8).

### **3A.13 Teaching, learning and assessment strategies**

The teaching, learning and assessment strategies will be congruent with the principles of adult education, based on the rationale that both teacher and student will bring prior knowledge and experience to contribute to the educative process. (See Section 4) Active student participation, facilitated by nurse teachers (who will have a role both in the university setting and in practice), and by mentors (in practice) will be the norm. Wherever possible, students of nursing (and of midwifery) will learn together with students from other health care disciplines, including doctors and members of the allied professions such as physiotherapists. This multidisciplinary learning is likely to be most effective when each student has gained a sound knowledge of her/his own discipline and will be particularly relevant in the penultimate and final years of the students' programmes.

The emphasis in the university-based components will be on interactive approaches, and a wide variety will be used. While there will be a place for the didactic lecture, it will constitute a relatively minor proportion of the curriculum. In the practice settings, students will be expected to learn from their experience of giving nursing care, initially under close supervision; and time and space will be set aside on a planned and regular basis, so that students can reflect, together with their mentors and/or lecturers, on the care given, and discuss how that care is underpinned by theory learned in the classroom, including research-based information. This supervision will be continuous at first, while the student is mainly observing or practising skills that are at the least complex end of the continuum of a qualified nurse's work. As the student progresses in her/his education, s/he will be expected to conduct nursing assessments and to plan and give care, until s/he is able, in the final year, to accept responsibility, under the guidance of a mentor, for the care of a group of patients, for the evaluation of that care, and for the practice of management, leadership and supervisory skills, gradually assuming the role and functions of a qualified nurse. Assessment strategies, both for the theory and the practice components of the curriculum, will be appropriate to the academic and practice level of the programme and to the adult learning approach. The teaching, learning and assessment strategies are addressed in a little more detail in Section 4 and are the subject

of several WHO publications, not least the LEMON learning materials (WHO 1996b) and the booklet *Reviewing and reorienting the basic curriculum* (Alexander 1991).

The success of these teaching, learning and assessment strategies will depend critically on the availability and deployment of appropriately qualified and prepared nurse educators and qualified nurse mentors, who are committed to the philosophy of adult learning approaches (see Section 6).

### **3A.14 Quality monitoring and accreditation**

Internal and external evaluation and peer review will be essential to monitor the quality and standards of the total curriculum in its structure, processes and outcome. This monitoring process will also include an assessment of its comparability with similar programmes and, should a national system of benchmarking exist, with national standards in the country. External examiners or assessors will require to be appointed, in accordance with the country's university procedures and those of the national regulatory body. These quality control and evaluation processes are the focus of Sections 7 and 8 of these Guidelines.

### **3A.15 Outcomes of the curriculum expressed as competencies**

As specified in the Strategy (Section 7), the curriculum will be competency-based (see Section 2 of these Guidelines). The learning outcomes of the various modules are the 'building blocks' from which, on successful achievement of these outcomes, the student will gradually develop the competencies of the qualified nurse.

The competencies listed below, a blend of the knowledge, skills and attitudes required of the qualified nurse, have been derived from the description of the role and functions of the generalist nurse as given in the Strategy. Commonalities between the competencies required to fulfil the role and functions of the nurse as given in the Strategy, and competencies required for nurses working in two widely different parts of the world, i.e. Australia and the United Kingdom, enabled the adaptation of competencies from the Nurses' Board of Western Australia (Australian Nursing Council 1998) and the United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC 2000a).

As will be seen from Section 2, opinion is divided as to whether competency-based education is appropriate for the education of professionals. The balance of opinion, however, is that, provided competencies encompass knowledge, skills and attitudes *pertinent* to the work of the professional, in this case nursing, and are not reductionist, focusing on tasks without regard to the context within which they are performed, then their use in the education of nurses is helpful. Competencies, provided they are unambiguously expressed, make clear what is expected of a nurse and aid the process of outcome measurement. Thus, the Strategy requires nursing education to be competency-based.

The qualified nurse, who fulfils the role and functions envisaged in the Strategy, will:

- practise at all times in accordance with the ICN Code for Ethics (ICN 2000);
- practise at all times in accordance with the Declaration on the Promotion of Patients' Rights in Europe (WHO 1994);
- practise in accordance with the legislation of the country, and the specific legislation governing nursing;

- seek out relevant research and practise evidence-based care;
- utilize appropriate communication and interpersonal skills in caring for individuals, families and groups;
- work pro-actively to promote health and wellbeing;
- act to promote and protect the safety of patients at all times;
- contribute to protection of the public by creating and maintaining a safe environment, including managing and reporting risk;
- conduct a comprehensive, systematic and accurate nursing assessment;
- formulate a nursing care plan, where possible in partnership with the patient and her/his significant others;
- implement individualized and holistic nursing care;
- evaluate nursing interventions and review and revise nursing care plans in accordance with evaluation data;
- document all nursing interventions accurately and in a timely fashion;
- manage the nursing care of individual patients and groups;
- function effectively in a crisis situation;
- delegate nursing care appropriately;
- supervise, teach and support junior colleagues;
- provide peer support and leadership;
- set and monitor standards and quality of care;
- work collaboratively with other members of the health care team ;
- share in clinical and ethical decision-making, taking responsibility for professional nursing decisions; and
- demonstrate a commitment to learning and to continuing professional development.

**THE REMAINDER OF PART A COMPRISES THE PROTOTYPE CURRICULUM;  
THIS IS FOLLOWED BY PART B RELATING TO THE MIDWIFERY CURRICULUM**

## Nursing curriculum

**MODULE TITLES (related key HEALTH21 target(s) in brackets)**

**THE MAIN SUBJECT IN THE CURRICULUM IS  
THE THEORY AND PRACTICE OF NURSING  
shown here as the central core  
with the SUPPORTING SUBJECTS shown on either side**

**The curriculum covers 3 years, and the number of hours complies  
with the current EC Directive**

<p><b>Healthier Living</b> (1, 2, 8, 9, 10, 11, 21)</p>	<p><b>NURSING I</b> Knowledge, Skills and Ethical Values (1, 13, 15)</p>	<p><b>Principles of Infection Control</b> (7, 10)</p>
<p><b>Healthier Living: Adolescence</b> (4, 6, 8, 11, 12, 13)</p>	<p><b>NURSING II</b> Women’s Health, Maternal and Infant Care (2, 3, 10, 11)</p>	<p><b>Biological Sciences I</b> (11)</p>
<p><b>Healthier Living: Adulthood</b> (5, 11, 12)</p>	<p><b>NURSING III</b> Care of Healthy and Sick Children (3, 4, 8, 9, 11, 13)</p>	<p><b>Biological Sciences II</b> (11)</p>
<p><b>Healthier Living: the Elderly</b> (5, 11, 12, 13)</p>	<p><b>NURSING IV</b> Community Health and Nursing Care (1, 2, 7, 8, 9, 10, 13, 14, 15, 20)</p>	<p><b>Psychology I</b> (4, 11)</p>
<p><b>Information Technology</b> (19,21)</p>	<p><b>NURSING V</b> Care of Patients with Communicable Diseases (1, 2, 7, 8, 9, 10, 13, 14)</p>	<p><b>Psychology II</b> (4, 11)</p>
<p><b>Research Awareness</b> (19)</p>	<p><b>NURSING VI</b> Care of Patients who have a Medical Disorder (5, 8, 9, 10, 12, 14)</p>	<p><b>Sociology, Health and Social Policy</b> (2, 14, 17, 20, 21)</p>
	<p><b>NURSING VII</b> Care of Patients who require Surgery (5, 8, 9, 10, 12, 14)</p>	
	<p><b>NURSING VIII</b> Care of Patients who are Mentally Ill (4, 6, 12, 14)</p>	
	<p><b>NURSING IX</b> Management, Leadership and Decision-making (13, 14, 15, 16, 17, 18, 20)</p>	
	<p><b>NURSING X</b> Consolidation Module (All)</p>	

**WHO EUROPEAN STRATEGY FOR NURSING AND MIDWIFERY  
EDUCATION  
NURSING CURRICULUM**

**Year = 45 + 7 weeks annual leave  
Full Module = 300 hours**

**Year one modules**

<p style="text-align: center;"><b>NURSING 1 Knowledge, Skills and Ethical Values</b></p> <p style="text-align: center;"><b>Main HEALTH21 targets</b> 1, 13, 15</p> <p>Full Module 40% Theory 60% Practice</p>	<p style="text-align: center;"><b>HEALTHIER LIVING</b></p> <p style="text-align: center;"><b>Main HEALTH21 targets</b> 1, 2, 8, 9, 10, 11, 21</p> <p>Half Module 100% Theory</p>	<p style="text-align: center;"><b>BIOLOGICAL SCIENCES 1</b></p> <p style="text-align: center;"><b>Main HEALTH21 targets</b> 11</p> <p>Full Module 100% Theory</p>
<p style="text-align: center;"><b>HEALTHIER LIVING: ADOLESCENCE</b></p> <p style="text-align: center;"><b>Main HEALTH21 targets</b> 4, 6, 8, 9, 11, 12, 13</p> <p>Half Module 47% Theory 53% Practice</p>	<p style="text-align: center;"><b>INFORMATION TECHNOLOGY</b></p> <p style="text-align: center;"><b>Main HEALTH21 targets</b> 19, 21</p> <p>Half Module 100% Theory</p>	<p style="text-align: center;"><b>PRINCIPLES OF INFECTION CONTROL</b></p> <p style="text-align: center;"><b>Main HEALTH21 targets</b> 7, 10</p> <p>Half Module 100% Theory</p>
<p style="text-align: center;"><b>NURSING II Women's Health, Maternal and Infant Care</b></p> <p style="text-align: center;"><b>Main HEALTH21 targets</b> 2, 3, 10, 11</p> <p>Full Module 40% Theory 60% Practice</p>	<p style="text-align: center;"><b>NURSING III Care of Healthy and Sick Children</b></p> <p style="text-align: center;"><b>Main HEALTH21 targets</b> 3, 4, 8, 9, 11, 13</p> <p>Full Module 40% Theory 60% Practice</p>	

**WHO EUROPEAN STRATEGY FOR NURSING AND MIDWIFERY  
EDUCATION  
NURSING CURRICULUM**

**Year = 45 + 7 weeks annual leave  
Full Module = 300 hours**

**Year two modules**

**RESEARCH  
AWARENESS**

**Main HEALTH21 targets**  
19

Half Module  
100% Theory

**BIOLOGICAL  
SCIENCES II  
(includes  
Pharmacology)**

**Main HEALTH21 targets**  
11

Full Module  
60% Theory  
40% Practice

**PSYCHOLOGY I**

**Main HEALTH21 targets**  
4, 11

Half Module  
47% Theory  
53% Practice

**HEALTHIER  
LIVING:  
ADULTHOOD**

**Main HEALTH21 targets**  
2, 6, 9, 10, 11, 12, 13

Half Module  
47% Theory  
53% Practice

**SOCIOLOGY,  
HEALTH AND  
SOCIAL POLICY**

**Main HEALTH21 targets**  
2, 14, 17, 20, 21

Full Module  
60% Theory  
40% Practice

**NURSING IV  
Community Health  
and Nursing Care**

**Main HEALTH21 targets**  
1, 2, 7, 8, 9, 10, 13, 14, 15, 20

Full Module  
40% Theory  
60% Practice

**NURSING V  
Care of Patients with  
Communicable  
Diseases**

**Main HEALTH21 targets**  
1, 2, 7, 8, 9, 10, 13, 14

Full Module  
40% Theory  
60% Practice

**HEALTHIER  
LIVING;  
ELDERLY**

**Main HEALTH21 targets**  
5, 6, 9, 11, 12, 13

Half Module  
47% Theory  
53% Practice

**WHO EUROPEAN STRATEGY FOR NURSING AND MIDWIFERY EDUCATION  
1.6.1.1.1 NURSING CURRICULUM**

**Year = 45 + 7 weeks annual leave  
Full Module = 300 hours**

**Year three modules**

**PSYCHOLOGY II**

**Main HEALTH21 targets**  
4, 11

Half Module  
47% Theory  
53% Practice

**NURSING VI  
Care of Patients  
who have a Medical  
Disorder**

**Main HEALTH21 targets**  
5, 8, 9, 10, 12, 14

Full Module  
40% Theory  
60% Practice

**RESEARCH  
UTILIZATION IN  
PRACTICE**

**Main HEALTH21 targets**  
19

Half Module  
100% Theory

**NURSING VII  
Care of Patients who  
Require Surgery**

**Main HEALTH21 targets**  
5, 8, 9, 10, 12, 14

Full Module  
40% Theory  
60% Practice

**NURSING VIII  
Nursing Care of the  
Mentally Ill**

**Main HEALTH21 targets**  
4, 6, 12, 14

Full Module  
40% Theory  
60% Practice

**NURSING IX  
Management,  
Leadership and  
Decision-making**

**Main HEALTH21 targets**  
12, 13, 14, 15, 16, 17, 18,  
20

Full Module  
13% Theory  
87% Practice

**NURSING X  
Consolidation  
module**

**All HEALTH21 targets**

Full Module  
13% Theory  
87% Practice

**WHO EUROPEAN STRATEGY  
FOR NURSING AND MIDWIFERY EDUCATION**

NURSING CURRICULUM

MODULE DESCRIPTOR

**Title: NURSING 1: KNOWLEDGE, SKILLS  
AND ETHICAL VALUES**

**ECTS Credits: 10**

*Main HEALTH21 target(s) addressed: 1, 13, 15*

Level: 1

Full Module – 40% theory, 60% practice

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*MODULE CONTENT SUMMARY*

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This module, which includes practice experience, introduces students to their chosen profession of nursing. The major focus is the professional role and functions of the nurse, and the fundamental knowledge, skills and ethical values underpinning all nursing practice are introduced. Nursing is explored within the context of the health care system of the country and of the multidisciplinary health care team. The development of personal and professional self-awareness and self-insight is introduced as an essential underpinning of the exploration of caring as the primary concept of the moral and ethical framework of nursing.

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*SYLLABUS*

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The art and science of nursing  
The concept of caring  
Definitions of nursing  
Ethics and values underpinning nursing and caring  
The development of nursing, internationally and nationally  
Context of nursing – social, cultural, spiritual, economic and political  
The nursing contribution to the health services and to society  
The nursing contribution to the individual in health and illness  
The multidisciplinary health care team  
The team approach to health and nursing care  
Images of nursing and the real world of nursing  
Legislation and the regulation of the profession, protection of the public  
The systematic approach to assessment, planning, intervention and evaluation of nursing care.  
Nursing documentation  
Health and physical assessment  
Clinical Nursing Skills I – (selection from attached list – competency in the following minimum number of skills will require to be achieved by the end of this module, and in all of those listed by the end of the first year of the nursing programme.)  
    General patient hygiene and comfort  
    Oral hygiene  
    Vital signs – observation and recording  
    Positioning of the patient  
    Safe lifting and handling  
    Reflection on practice

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## *INDICATIVE READING*

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World Health Organization 2000 'Munich Declaration' 'Nurses and Midwives: A Force for Health' WHO, Copenhagen

World Health Organization 2000 'WHO European Strategy for Nursing and Midwifery Education' Extract: Role and Functions of the Nurse WHO, Copenhagen

World Health Organization 2000 'Guide to Professional Regulation' WHO, Copenhagen

World Health Organization 1998 'HEALTH21' WHO, Copenhagen

World Health Organization 1996 'Learning Materials on Nursing' – Introduction and Chapter 8 WHO, Copenhagen

World Health Organization 1996 'Declaration of Citizens' Rights' WHO, Geneva

World Health Organization 1994 'Declaration on the Promotion of Patients' Rights in Europe' WHO, Copenhagen

World Health Organization 1987 'People's Needs for Nursing Care' WHO, Copenhagen

International Council for Nurses 2000 'Code of Ethics for Nurses' ICN, Geneva

ICN definition of Nursing

Country-specific national Code of Nursing Ethics

UNICEF 1989 'Convention on the Rights of Children'

United Nations 1948 'The Universal Declaration of Human Rights'

Henderson V 1966 'The Nature of Nursing' Macmillan, London (translated)

Florence Nightingale 1980 'Notes on Nursing: What it is and what it is not' Churchill Livingstone, Edinburgh (First published in 1859)

Country-specific national history of nursing

Nursing Times Series – "Systems of Life" and "Practical Procedures for Nurses" – Most in this series were published in the 1990s – by Nursing Times Publications, Macmillan Magazines, London

Country-specific national nursing legislation and regulation

Existing national professional literature

'Patient Empowerment and Health Care Reform' Paper prepared by Marilli R and Slajmer-Japelj M for the WHO 2<sup>nd</sup> Nursing and Midwifery Conference, Munich 2000

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## *LEARNING OUTCOMES/COMPETENCIES*

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On successful completion of this module, which includes practice under supervision, the student will be able to demonstrate and apply in practice, knowledge, elementary understanding and appropriate attitudes and values in relation to:

- the nature and contribution of nursing to health and care in illness
- cultural, spiritual and other contextual factors influencing nursing and the delivery of health care
- the health care system of the country
- the harmony between the art and science of nursing
- moral and ethical values underpinning nursing and caring
- the law and regulation of the profession

The student will be competent to practise, under the supervision of a qualified nurse, the range of nursing skills listed as a minimum, together with others selected from the attached Nursing Skills I list.

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## *PRACTICE PLACEMENT*

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This will comprise four weeks, and will introduce the student, as an observer, to the real world of practice in both a health and illness setting and give the student a broader appreciation of the context and discipline of nursing. If there is a primary health care system in the country, the student will spend two weeks accompanying a community nurse in a health centre/clinic, or with a school nurse, observing practice and the systematic approach to assessment and care, and two weeks in a hospital accompanying a qualified nurse. Where there is no primary health care system, the student will spend all four weeks accompanying a qualified nurse in a hospital. One of the student's nursing lecturers will also be present to share supervision in support of the clinical staff, and to encourage the student to integrate theory with practice. Where feasible, the student may be able to practise the clinical nursing skills in which she has been deemed competent in the nursing skills laboratory setting.

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## *TEACHING/LEARNING STRATEGIES*

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Based on the principles of adult education, interactive methods will predominate, and will include presentation of care scenarios, discussion sessions, buzz groups, tutorials, seminars, lectures, clinical skills sessions in the nursing skills laboratory, practice in the preparation of a reflective diary, the use of video and directed study.

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## *ASSESSMENT*

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Formative	Group discussion and sharing their reflective diary of their experience.
Summative	<i>Theory:</i> Group seminar – each group will select their choice of learning outcome for their seminar – 40% Essay – Topic – The art and science of nursing – 1500–2000 words – 60% <i>Practice:</i>
Formative	Advisory regarding performance in clinical areas.
Summative	Competency, assessed in the nursing skills laboratory, in the clinical nursing skills listed in the syllabus and those selected from the Clinical Skills I list.

**WHO EUROPEAN STRATEGY  
FOR NURSING AND MIDWIFERY EDUCATION**

NURSING CURRICULUM

MODULE DESCRIPTOR

**Title: NURSING II: WOMEN'S HEALTH,  
MATERNAL AND INFANT CARE**

**ECTS Credits: 10**

*Main HEALTH21 target(s) addressed: 2, 3, 10, 11*

Level: 1

Full Module – 40% theory, 60% practice

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*MODULE CONTENT SUMMARY*

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This module, which includes practice experience, focuses on women's health, and in particular on their reproductive health; and describes pregnancy, delivery and the postpartum period as part of the normal health of many women. The nursing role in care of the newborn infant is described. Healthy parenting is also emphasized. Common gynaecological conditions and the associated nursing care are described.

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*SYLLABUS*

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Women's health throughout the life span  
The family and culture in relation to fertility, child-bearing and infant care  
Healthy parenting  
Family planning and contraception  
Physical and emotional changes throughout normal pregnancy, delivery and the post-natal period  
Fetal growth and development  
Normal labour and delivery  
Major threats to safe delivery and postnatal period  
Initial assessment of the newborn child  
Breastfeeding – mother and child nutrition  
Holistic care of the newborn child  
Principles of nursing care of the acutely ill neonate  
Well-women clinics, cervical and breast screening/breast self-examination  
Nursing care of patients with common gynaecological conditions:  
    Abortion  
    Disorders of menstruation  
    Inflammation and infections  
    Malignant disease  
Support during the menopause and prevention of osteoporosis  
Nursing/midwifery documentation  
Clinical Nursing Skills 1 – (selection from attached list – competency in all of which will require to be achieved by the end of the first year of the nursing programme)

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### *INDICATIVE READING*

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World Health Organization 1996 'Learning materials on nursing' – Chapter 7. WHO, Copenhagen  
World Health Organization 1994 'Mother-baby package: implementing safe motherhood in countries'. Unpublished FHE/MSM/94.11. WHO, Geneva

*Nursing Times* series – “systems of life” and “practical procedures for nurses” – most in this series were published in the 1990s – by Nursing Times Publications, Macmillan Magazines, London

Existing national professional literature

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### *LEARNING OUTCOMES/COMPETENCIES*

---

On successful completion of this module, the student will demonstrate knowledge, understanding and appropriate attitudes to the nursing care of the pregnant woman, throughout the antenatal, delivery and postnatal phases of her pregnancy, to the care of the newborn infant and to the nursing care of women suffering from common gynaecological conditions.

The student will be competent to practise, always under the supervision of a qualified nurse and/or a midwife, a range of nursing skills, selected from the attached Nursing Skills I list.

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### *PRACTICE PLACEMENT*

---

This will constitute four weeks and experience will be gained, under the supervision of a qualified nurse and/or midwife, as well as the nursing lecturer, in health centres, well-women clinics, consultation stations for pregnant women, family planning consultant stations, obstetric wards, nurseries for the newborn, the woman's home, and in gynaecological wards. This experience, which should be divided equally between maternal/infant care and gynaecological nursing, will include observation of normal pregnancy, delivery and postnatal care and care of the normal newborn infant, and of assessment, planning, intervention and evaluation of care of women in gynaecological wards.

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### *TEACHING/LEARNING STRATEGIES*

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Based on the principles of adult education, interactive methods will predominate and students will be actively encouraged to integrate theory with practice. Care scenarios, lectures, seminars, tutorials, use of video, sessions in the nursing skills laboratory, supervised clinical practice and directed study will support this integration.

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### *ASSESSMENT*

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*Theory:*

Multiple choice examination – 50%

Analytical care study integrating theory with practice experience – 50%

*Practice:*

Demonstration of knowledge, understanding and caring attitudes in meeting the learning outcomes of the module. Pass/Fail grade.

Competency in the performance of the clinical skills taught in the module, (a) under supervision in the practice areas and (b) independently in the nursing skills laboratory. Pass/Fail grade.

**WHO EUROPEAN STRATEGY  
FOR NURSING AND MIDWIFERY EDUCATION**

NURSING CURRICULUM

MODULE DESCRIPTOR

**Title: NURSING III: CARE OF HEALTHY AND SICK CHILDREN**

**ECTS Credits: 10**

*Main HEALTH21 target(s) addressed: 3, 4, 8, 9, 11, 13*

Level: 1

Full Module – 40% theory, 60% practice

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*MODULE CONTENT SUMMARY*

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This module, which includes practice experience, addresses factors contributing to a healthy start in life and normal growth and development in children. The module then focuses on threats to health in children, and the nursing care of sick children. Children's responses to illness and hospitalization, their experience and perception of this, communication with children, pain management in children, relations with parents and the role of nursing in the care of children with different kinds of health problems are addressed.

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*SYLLABUS*

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Normal growth and development from infancy throughout childhood – both physical and psychological  
Health assessment in children  
Social, cultural and religious influences on child health  
Children's play  
Immunization and vaccination  
Health promotion and education in schools  
Oral and dental health  
Childhood obesity  
Communicating with children  
Children's coping strategies in stressful situations  
The child in the family and community  
Prevention of childhood accidents  
Child abuse – recognition, prevention, reporting  
The trauma of war and separation from parents – effects of orphan and/or refugee status  
Principles of paediatric nursing care, incorporating the systematic approach to assessment, care planning, intervention and evaluation  
Child-centred and family-centred care during hospitalization  
Dealing with regression and aggression  
Nursing documentation  
Nursing care of children with common paediatric conditions, involving:  
    Diseases resulting from nutritional and hydration deficits  
    Elimination  
    Infections, including infestation  
    Respiratory, including allergies, e.g. asthma

Cardiac – congenital and acquired  
Dermatological, including allergies and injury e.g. burns  
Neurological disorders  
Musculoskeletal disorders  
Endocrine disorders, e.g. childhood diabetes mellitus  
Hereditary/congenital conditions, e.g. Down syndrome  
Cleft palate  
Childhood cancers  
Pain and symptom management  
Anaemias and leukaemias  
Care of the child receiving chemotherapy  
Preparing the child for surgery – pre- and post-operative nursing care  
Paediatric emergencies  
Pain assessment and management in children  
Care of the child with chronic illness and handicap  
Care of the dying child, including support of the family and siblings  
Clinical Nursing Skills I (completion of Skills in attached list – competency in all of which will require to be achieved by the end of this module – the last Nursing module in Year One of the Nursing programme)

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### *INDICATIVE READING*

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World Health Organization 2000 ‘Children, violence and child abuse’ Unpublished paper available from Nursing and Midwifery Unit, WHO, Copenhagen  
World Health Organization 1998 ‘Reports on the health behaviour of school-aged children’ WHO, Copenhagen  
World Health Organization 1996 ‘Learning materials on Nursing’ Chapters 7 and 8 WHO, Copenhagen  
World Health Organization 1987 ‘People’s Needs For Nursing Care’ WHO Copenhagen  
World Health Organization 1986 ‘Care Of Children In Hospital’ WHO, Copenhagen  
United Nations 1989 ‘Un Convention On The Rights Of The Child’ United Nations  
Nursing Times Series – “systems of life” and “practical procedures for nurses” – most in this series were published in the 1990s – By Nursing Times Publications, Macmillan Magazines, London  
Existing national professional literature

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### *LEARNING OUTCOMES/COMPETENCIES*

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On successful completion of this module the student will demonstrate knowledge, skills and appropriate attitudes in relation to the care of the healthy and sick child and their family and siblings/significant others. This will include the ability to assess, plan, implement and evaluate care of sick children in hospital, to communicate effectively with children and their families and to cope sensitively with the care of the dying child.

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### *PRACTICE PLACEMENT*

---

This will constitute four weeks, and experience will be gained, under the supervision of a qualified nurse, as well as the student’s nursing lecturer, in health centres, school health services, centres for children with impaired physical or mental development, orphanages, refugee camps and paediatric wards of hospitals.

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## *TEACHING/LEARNING STRATEGIES*

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Based on the principles of adult education, interactive methods will predominate and students will be actively encouraged to integrate theory with practice. Care scenarios, lectures, seminars, discussion groups, tutorials, use of video, sessions in the nursing skills laboratory, supervised clinical practice and directed study will support this integration.

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## *ASSESSMENT*

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### *Theory:*

Essay – 2000 words – topic chosen from a learning outcome that focuses on normal development and health in children – factors helping or hindering a healthy start in life – 50%

Care study of a sick child – integrating theory and practice experience – 50%

### *Practice:*

Demonstration of knowledge, understanding and caring attitudes in meeting the learning outcomes of the module. Pass/Fail grade.

Competency in the performance of the clinical skills taught in the module (*a*) under supervision in the practice areas, and (*b*) independently in the nursing skills laboratory. Pass/Fail grade.

**WHO EUROPEAN STRATEGY  
FOR NURSING AND MIDWIFERY EDUCATION**

NURSING CURRICULUM

MODULE DESCRIPTOR

**Title: NURSING IV: COMMUNITY HEALTH  
AND NURSING CARE**

**ECTS Credits: 10**

*Main HEALTH21 target(s) addressed: 1, 2, 7, 8, 9, 10,  
13, 14, 15, 20*

Level: 1

Full Module – 40% theory, 60% practice

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*MODULE CONTENT SUMMARY*

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The focus of this module, which includes practice experience, is upon primary health care and the full range of nursing in the community, including the patient's home, schools, health centres, and other health and social work agencies. Students will also build upon their earlier study of health promotion, and consider patient education, care of people with chronic illness and the rehabilitative process.

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*SYLLABUS*

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Primary health care nursing/community nursing  
Working with individuals, families, groups and communities  
The role of the nurse as a guest in the patient's home  
Community profiling and development  
Primary, secondary and tertiary prevention  
Social determinants of health  
Poverty in all its aspects  
Health promotion  
Patient education  
Care of the chronically ill patient  
Palliative care  
Care of the terminally ill patient  
Working in partnership with carers  
Caring for carers  
Family dynamics  
Communication skills  
Liaising with other primary health care nurses, e.g. school nurses, occupational health nurses and nurses in homes for the elderly  
Multi-disciplinary team working and liaison  
Marginalized groups  
Prevention of accidents  
Managing risk  
Specific health and illness issues in remote and rural areas  
Specific issues in environmental health  
Risky behaviour  
Self-help groups

Clinical Nursing Skills II – (selection from attached list – competency in all of which will require to be achieved by the end of the second year of the nursing programme)

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*INDICATIVE READING*

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World Health Organization 2000 ‘Munich Declaration’ ‘Nurses and Midwives: A Force for Health WHO, Copenhagen  
World Health Organization 2000 ‘The Massive Effort’ WHO, Copenhagen  
‘Assessing Family and Community Health Needs: The contribution of nursing’ Paper prepared by Billingham K for WHO 2<sup>nd</sup> Nursing and Midwifery Conference, Munich 2000  
World Health Organization 1999 ‘Home Care Issues at the Approach of the 21<sup>st</sup> Century from a World Health Organization Perspective: A Literature Review’ WHO, Geneva  
World Health Organization 1999 ‘Community Nursing Transition Curriculum’ Nursing and Midwifery Unit, WHO, Copenhagen  
World Health Organization 1999 ‘HEALTH21’ WHO, Copenhagen  
World Health Organization (1997) ‘CINDI – The role of the nurse in preventing non-communicable diseases’ WHO, Copenhagen  
World Health Organization 1996 ‘Learning Materials on Nursing’ Chapters 7 and 8 WHO, Copenhagen  
Country-specific national legislation  
Existing national professional literature

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*LEARNING OUTCOMES/COMPETENCIES*

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On successful completion of this module, the student will demonstrate knowledge, understanding and appropriate attitudes in relation to the scope and practice of primary health care/community nursing, to multi-professional team working and to other supporting agencies in the community, and will be able to apply, under supervision, a systematic approach to health assessment, care and rehabilitation in the community. The student will have a beginning knowledge of and expertise in family and community needs assessment and preparation of a community profile.

The student will be competent to practise, under the supervision of a qualified community nurse, a range of nursing skills selected from the attached Nursing Skills II list.

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*PRACTICE PLACEMENT*

---

This will constitute four weeks and students will accompany and work with a community nurse in a local community, visiting individuals and families, assisting in providing nursing care and participating in health promotion, therapeutic patient education and rehabilitation. Where possible, the student will gain experience of nursing in various community settings, including the patient’s home, health centres, schools and work places.

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*TEACHING/LEARNING STRATEGIES*

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Based on the principles of adult learning, interactive methods will predominate and students will be actively encouraged to integrate theory with practice. Multidisciplinary teaching and learning should be utilized wherever feasible. Care scenarios, lectures, seminars, tutorials, discussion sessions, interviewing of patients and/or their families (with their prior informed consent), use of video, sessions in the nursing skills laboratory, supervised clinical practice and directed study will support this integration.

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## ASSESSMENT

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*Theory:*

*Either* – Preparation of a community profile – 100%

*Or* – Preparation of two individual and/or family case studies – contrasting relative affluence and poverty and their influence on the patient's ill-health and progress to recovery – 100%

*Practice:*

Demonstration of knowledge, understanding and caring attitudes in meeting the learning outcomes of the module. Pass/Fail grade.

Competency in the performance of the clinical skills taught in the module, (a) under supervision in the practice areas, and (b) independently in the nursing skills laboratory. Pass/Fail grade.

**WHO EUROPEAN STRATEGY  
FOR NURSING AND MIDWIFERY EDUCATION**

NURSING CURRICULUM

MODULE DESCRIPTOR

**Title: NURSING V: CARE OF PATIENTS WITH  
COMMUNICABLE DISEASES  
(INCLUDING APPLIED MICROBIOLOGY)**

**ECTS Credits: 10**

*Main HEALTH21 target(s) addressed: 1, 2, 7, 8, 9, 10,  
13, 14*

Level: 1

Full Module – 40% theory, 60% practice

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*MODULE CONTENT SUMMARY*

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This module, which includes practice experience, focuses on the most common infectious diseases in WHO European Region, their epidemiology, causative organisms, clinical features, principles of medical management and treatment and nursing management and care. Building upon the content of the Principles of Infection Control module, microbiology is studied with application to each disease, and includes classification of different types of pathogenic organisms, modes of transmission and prevention of infection.

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*SYLLABUS*

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National statistics in relation to prevalence of communicable diseases

Definition of epidemic, endemic, pandemic

Classification of pathogenic organisms

Culture and sensitivity tests

The following diseases, currently common in a number of countries in WHO European Region, will be studied, under the categories listed after the diseases:

Influenza

Tuberculosis

HIV/AIDS

Hepatitis

Salmonella poisoning

Meningitis

Poliomyelitis

Diphtheria

Malaria

Syphilis and other sexually transmitted diseases

Rabies

Parasitic infections

For each disease:

national statistics

global statistics

causative organism(s)

modes of transmission

immunology  
vaccination and immunization  
clinical features  
principles of medical management and treatment  
nursing management and care  
drug administration  
protective isolation  
prevention of re-infection  
prevention of cross-infection  
rehabilitation

Legislation concerned with reporting of communicable diseases

Nursing documentation

Environmental health

Clinical Nursing Skills II (completion of remaining skills from attached list – competency in all of which will require to be achieved by the end of the second year of the nursing programme)

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### *INDICATIVE READING*

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World Health Organization 2000 'Infections and Infectious Diseases – A Manual for Nurses and Midwives in the WHO European Region' WHO, Copenhagen

World Health Organization 2000 'Fact Sheets on HIV/AIDS for nurses and midwives' WHO, Geneva

World Health Organization, 1999 'HEALTH21' WHO, Copenhagen

World Health Organization 1996 'Learning Materials on Nursing' Chapter 8 WHO, Copenhagen

Country specific Health and Illness Statistics

Existing national professional literature

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### *LEARNING OUTCOMES/COMPETENCIES*

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On successful completion of this module, the student will demonstrate knowledge, understanding and appropriate attitudes in the care of patients with the most frequently occurring communicable diseases in the country, health education, the prevention of spread of infection, the impact of the prevalent communicable diseases on the patient, family and communities and the impact on the health and the economy of their nation.

The student will be competent to practise, under the supervision of a qualified nurse, a range of nursing skills, selected from the attached Nursing Skills II list.

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### *PRACTICE PLACEMENT*

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This will constitute four weeks and students will work, under the supervision of a qualified nurse and their nursing lecturer, in hospital and community settings, assessing, planning, implementing and evaluating the care of patients with communicable diseases.

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### *TEACHING/LEARNING STRATEGIES*

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Based upon the principles of adult education, interactive methods will predominate and students will be actively encouraged to integrate theory with practice. Care scenarios, lectures, seminars, discussion groups, tutorials, use of video, sessions in the nursing skills laboratory, supervised clinical practice and directed study will support this integration.

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## *ASSESSMENT*

---

*Theory:*

Multiple choice and short answer question examination – 50%

Based on a patient care scenario, development of an individualized nursing care plan for a patient who has a communicable disease – 50%

*Practice:*

Demonstration of knowledge, understanding and caring attitudes in meeting the learning outcomes of the module. Pass/Fail grade.

Competency in the performance of the clinical skills taught in the module, (a) under supervision in the practice areas, and (b) independently in the nursing skills laboratory. Pass/Fail grade.

**WHO EUROPEAN STRATEGY  
FOR NURSING AND MIDWIFERY EDUCATION**

NURSING CURRICULUM

MODULE DESCRIPTOR

**Title: NURSING VI: CARE OF PATIENTS WHO  
HAVE A MEDICAL DISORDER**

**ECTS Credits: 10**

*Main HEALTH21 target(s) addressed: 5, 8, 9, 10, 12, 14*

Level: 3

Full Module – 40% theory, 60% practice

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*MODULE CONTENT SUMMARY*

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This module, which includes practice experience, focuses on the care of patients with acute and/or chronic medical disorders and emphasizes a holistic, individualized and systematic approach to nursing care, emphasising that for the majority of patients, the period spent in hospital is a relatively short episode in their lives. The impact of the illness on the patient's life, that of his/her family and significant others is considered, and rehabilitation or palliative care where no cure is possible is explored. The module builds upon the knowledge gained from the student's experience of Community Health Care in relation to the trend to increasingly early discharge of patients from acute care and support for the patient and family following discharge.

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*SYLLABUS*

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The care of patients hospitalized as a result of medical disorders – each disorder studied under the following headings:

Relevant normal anatomy and physiology

Pathophysiology relevant to the disease

Clinical features

Principles of medical management

Options for treatment modalities

Preparation of the patient for tests and investigations

Nursing management and care, based on systematic assessment, planning, intervention and evaluation

Early recognition and reporting of changes in the patient's condition

Rehabilitation or adjustment to chronic impaired health and/or disability

Palliative care

Admission procedures

Renal dialysis

Care of the unconscious patient

The patient's need for information

Recognition of spiritual and cultural needs in patient care

Care of the patient with cancer

Communication skills

Dealing with a poor prognosis and how to communicate bad news

Nursing documentation and shared records

Discharge planning

Multidisciplinary team working  
Evidence-based nursing care  
The use and misuse of nursing theories in guiding nursing care  
Family/significant others' involvement in care  
Responses to chronic illness and handicap  
Pain assessment and management  
Caring for the dying patient  
Coping with death and preparing the dead patient in accordance with the patient's spiritual and cultural beliefs  
Resuscitation procedures  
Ethical issues surrounding the decision to resuscitate or not  
Clinical Nursing Skills III – (selection from attached list – competency in all of which will require to be achieved by the end of the third year of the programme)

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### *INDICATIVE READING*

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World Health Organization 1998 'Pathways to a Health Promoting Hospital' The Health Promoting Hospital Series No.2 WHO Copenhagen  
World Health Organization 1996 'Learning Materials on Nursing' Chapter 8 WHO, Copenhagen  
World Health Organization 1987 'People's Needs for Nursing Care' WHO, Copenhagen  
Existing national professional literature

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### *LEARNING OUTCOMES/COMPETENCIES*

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On successful completion of the module, the student will demonstrate knowledge, understanding and appropriate attitudes in the assessment, planning, implementation and evaluation of individualized care of patients with medical disorders.

The student will be competent to practise, under the supervision of a mentor, a range of nursing skills, selected from the attached Nursing Skills III list.

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### *PRACTICE PLACEMENT*

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This will constitute four weeks and students will work, under supervision, in a hospital medical ward, giving systematic holistic nursing care.

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### *TEACHING/LEARNING STRATEGIES*

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Based upon the principles of adult learning, interactive methods will predominate and students will be actively encouraged to integrate theory with practice. Care scenarios, lectures, seminars, tutorials, discussion sessions, use of video, sessions in the nursing skills laboratory, supervised clinical practice and directed study will support this integration.

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### *ASSESSMENT*

---

*Theory:*

Written examination – 50%

Based on a patient care scenario, derived from practice experience, development of an individualized nursing care plan for a patient with a medical disorder – 50%

*Practice:*

Demonstration of knowledge, understanding and caring attitudes in meeting the learning outcomes of the module. Pass/Fail grade.

Competency in the performance of the clinical skills taught in the module, (a) under supervision in the practice areas, and (b) independently in the nursing skills laboratory. Pass/Fail grade.

**WHO EUROPEAN STRATEGY  
FOR NURSING AND MIDWIFERY EDUCATION**

NURSING CURRICULUM

MODULE DESCRIPTOR

**Title: NURSING VII: CARE OF PATIENTS WHO  
REQUIRE SURGERY**

**ECTS Credits: 10**

*Main HEALTH21 target(s) addressed: 5, 8, 9, 10, 12, 14*

Level: 3

Full Module – 40% theory, 60% practice

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*MODULE CONTENT SUMMARY*

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This module, which includes practice experience, focuses on the care of patients who require either emergency or elective surgery and emphasizes a holistic, individualized and systematic approach to nursing care, emphasising that for the majority of patients, the period spent in hospital is a relatively short episode in their lives. The module also focuses on the nurse's role at the scene of an accident, in the emergency department and in intensive care. The impact of the illness or injury and resulting surgery on the patient's life, that of his/her family and significant others is considered, and rehabilitation or palliative care where no cure is possible is explored. The module builds upon the knowledge gained from the student's experience of community health care in relation to the trend to increasingly early discharge of patients from acute care, and need for support for the patient and family following the patient's discharge.

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*SYLLABUS*

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The care of patients whose illness, accident or injury requires surgical intervention and hospitalization – studied under the following headings:

- Relevant normal anatomy and physiology

- Pathophysiology relevant to the disease

- Clinical features

- Principles of surgical management

- Pre-operative, peri-operative and post-operative care

- Informed consent

- Nursing management and care, based on systematic assessment, planning, intervention and evaluation

- Post-operative observations and reporting of changes in the patient's condition

- Wound care

- Pain assessment and management

- Rehabilitation or adjustment to chronic impaired health and/or disability

- Palliative care

Emergency and routine admission procedures

Day surgery

Liaison with community care team

Accident and Emergency nursing

Intensive Care nursing

Sensory deprivation in intensive care units

Special procedures for working in intensive care  
Care of the unconscious patient  
Emergency resuscitation  
Dealing with patients/significant others  
The patient and family's need for information  
Recognition of spiritual and cultural needs in patient care  
Communication skills  
Dealing with a poor prognosis and how to communicate bad news  
Nursing documentation and shared records  
Discharge planning  
Multidisciplinary team working  
Evidence-based nursing care  
The use and misuse of nursing theories in guiding nursing care  
Family/significant others' involvement in care  
Caring for the dying patient  
Coping with death and preparing the dead patient in accordance with the patient's spiritual and cultural beliefs  
Ethical issues surrounding the decision to resuscitate or not  
Clinical Nursing Skills III – (selection from attached list – competency in all of which will require to be achieved by the end of the third year of the nursing programme)

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### *INDICATIVE READING*

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World Health Organization 1998 'Pathways to a Health Promoting Hospital' The Health Promoting Hospitals Series No. 2 WHO, Copenhagen  
World Health Organization 1996 'Learning Materials on Nursing' Chapter 8 WHO, Copenhagen  
World Health Organization 1987 'People's Needs for Nursing Care' WHO, Copenhagen  
Existing national professional literature

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### *LEARNING OUTCOMES/COMPETENCIES*

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On successful completion of the module, the student will demonstrate knowledge, understanding and appropriate attitudes in the assessment, planning, implementation and evaluation of individualized care of patients who have had emergency or elective surgery, and a beginning knowledge and understanding of the specialist care of patients who have suffered accident or injury and require care in the accident and emergency department or intensive care unit.

The student will be competent to practise, under the supervision of a mentor, a range of nursing skills, selected from the attached Nursing Skills III list, and including the skill of emergency resuscitation.

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### *PRACTICE PLACEMENT*

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This will constitute four weeks and students will work, under supervision, in a surgical ward, with the opportunity to follow a minimum of four patients from pre-operative preparation, to theatre, observing surgery, and during the peri-operative and post-operative period. The student will also spend some time assisting in the accident and emergency department or intensive care unit.

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## *TEACHING/LEARNING STRATEGIES*

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Based upon the principles of adult learning, interactive methods will predominate and students will be actively encouraged to integrate theory with practice. Care scenarios, lectures, seminars, tutorials, discussion sessions, use of video, sessions in the nursing skills laboratory, supervised clinical practice and directed study will support this integration.

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## *ASSESSMENT*

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### *Theory:*

Written examination – 50%

Based on a patient care scenario, derived from practice experience, development of an individualized nursing care plan for a patient who undergoes surgery – 50%

### *Practice:*

Demonstration of knowledge, understanding and caring attitudes in meeting the learning outcomes of the module. Pass/Fail grade.

Competency in the performance of the clinical skills taught in the module (*a*) under supervision in the practice areas, and (*b*) independently in the nursing skills laboratory. Pass/Fail grade.

**WHO EUROPEAN STRATEGY  
FOR NURSING AND MIDWIFERY EDUCATION**

NURSING CURRICULUM

MODULE DESCRIPTOR

**Title: NURSING VIII: NURSING CARE OF THE  
MENTALLY ILL**

**ECTS Credits: 10**

*Main HEALTH21 target(s) addressed: 4, 6, 12, 14*

Level: 3

Full Module – 40% theory, 60% practice

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*MODULE CONTENT SUMMARY*

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This module, which includes practice experience, focuses on mental health and ill health and builds on knowledge and experience gained during Psychology I and II modules. Mental health promotion and mental status assessment provide the foundation for the study of mental illness (psychiatric disorders), treatments, systematic nursing care and rehabilitation. An introduction to counselling techniques, crisis intervention and forensic nursing are included.

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*SYLLABUS*

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Concepts of mental health  
National statistics on mental illness across the life span  
Mental health services in the country  
Promotion and maintenance of mental health  
Classification and aetiology of mental disorders  
Mental health assessment  
Dysfunctional coping with stressors  
Caring for patients who misuse substances  
    Alcoholism  
    Illegal drug users  
The concept of stigma  
Psychopathology of psychiatric disorders  
Settings for care of patients who are mentally ill – institutional and non-institutional  
Legal and ethical aspects of caring for patients who are mentally ill  
The multi-disciplinary psychiatric team  
Caring for patients with common psychiatric disorders  
    Mood disorders  
    Personality disorders  
    Eating disorders – anorexia nervosa and bulimia nervosa  
    Schizophrenia  
Crisis intervention in acute mental health problems  
Suicide assessment, prevention and intervention  
Impact of psychiatric illness on the patients and family/significant others  
Family oriented approaches in psychiatric nursing  
Rehabilitation of people with mental illness, including re-integration into family, work and community

Adaptation to long term mental illness  
An introduction to counselling techniques and to forensic nursing  
Nursing documentation  
Clinical Nursing Skills III (selection from attached list – competency in all of which will require to be achieved by the end of the third year of the nursing programme)

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### *INDICATIVE READING*

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World Health Organization 2000 'Mental Health Nursing Competencies' Unpublished paper, Nursing and Midwifery Unit, WHO, Copenhagen  
World Health Organization 1999 'HEALTH21' WHO, Copenhagen  
World Health Organization 1996 'Learning Materials on Nursing' Chapter 3 WHO, Copenhagen  
World Health Organization Various materials on mental health and psychiatry WHO, Copenhagen  
World Health Organization 1987 'People's Needs for Nursing Care' WHO, Copenhagen  
Country-specific national statistics  
Existing national professional literature

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### *LEARNING OUTCOMES/COMPETENCIES*

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On successful completion of this module, the student will demonstrate knowledge, understanding and appropriate attitudes in relation to the promotion of mental health, support of individuals and families coped with psychiatric disorder, and the assessment, planning, intervention and evaluation of care of the patient with a psychiatric illness. The student will have a beginning knowledge and understanding of counselling, family therapy and crisis intervention in psychiatric illness and will be able to function competently as a member of the multi-disciplinary team.

The student will be competent to practise, under supervision, a range of nursing skills, selected from the attached Nursing Skills III list.

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### *PRACTICE PLACEMENT*

---

This will constitute four weeks and students will accompany and work with a qualified nurse, assisting in the assessment, planning, intervention and evaluation of nursing care of patients with a mental disorder, if possible in the community as well as in institutional settings. Visits will be made, with the qualified nurse, to patient's homes and to outpatient centres for the treatment of people of all ages suffering from mental illness. Ethical and legal aspects of care will be a focus in each care situation.

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### *TEACHING/LEARNING STRATEGIES*

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Wherever feasible, multidisciplinary teaching and learning will be utilized. Based upon the principles of adult learning, interactive methods will predominate and students will be actively encouraged to integrate theory with practice. Care scenarios, lectures, seminars, tutorials, discussion sessions, use of video, sessions in the nursing skills laboratory which include practice of interviewing skills, supervised clinical practice and directed study will support this integration.

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## *ASSESSMENT*

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*Theory:*

Essay – evidence-based practice in mental health promotion and psychiatric nursing – 2500 words – 50%

Based on a patient care scenario, derived from practice experience, development of an individualized nursing care plan for a patient with a psychiatric disorder – 50%

*Practice:*

Demonstration of knowledge, understanding and caring attitudes in meeting the learning outcomes of the module. Pass/Fail grade.

competency in the performance of the clinical skills taught in the module, (a) under supervision in the practice areas, and (b) independently in the nursing skills laboratory. Pass/Fail grade.

**WHO EUROPEAN STRATEGY  
FOR NURSING AND MIDWIFERY EDUCATION**

NURSING CURRICULUM

MODULE DESCRIPTOR

**Title: NURSING IX: MANAGEMENT,  
LEADERSHIP AND DECISION-MAKING**

**ECTS Credits: 10**

*Main HEALTH21 target(s) addressed: 13, 14, 15, 16,  
17, 18, 20*

Level: 3

Full Module – 13% theory, 87% practice

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*MODULE CONTENT SUMMARY*

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This module, which includes practice experience, builds upon the student's growing experience of the science and art of nursing, and introduces theories and principles of management, leadership and ethical decision-making, applied to nursing. It will also build upon the student's understanding of the wider political arena in relation to health care, provide an introduction to political theories and further develop the student's knowledge of how decisions are made in relation to national and local policy formulation. The student's knowledge and understanding of the organization and delivery of effective, evidence-based nursing care will be developed, as will the student's analytical and critical skills.

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*SYLLABUS*

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Theories of management, change and organization  
Management styles  
Leadership styles and principles  
The politics of health care and political processes  
Influencing political decisions and policy formulation  
Decision-making at national and local policy levels  
Clinical decision-making  
Ethical decision-making  
Quality management  
Ward/health centre organization  
Planning, organization and evaluation of care  
Accountability  
Management of ward/health centre professional and lay personnel  
Team working and management  
Group dynamics  
Supervising and teaching other nursing students  
Time management  
Managing risk  
Concept of cost-effective and efficient nursing care  
Seeking evidence and implementing evidence-based care  
Questioning practice  
Documenting nursing care

Clinical Nursing Skills III – (selection from attached list – competency in all of which will require to be achieved by the end of the third year of the nursing programme)

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### *INDICATIVE READING*

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World Health Organization 2000 ‘Munich Declaration’ WHO, Copenhagen  
World Health Organization 2000 ‘Nurses and Midwives: A Force for Health’ WHO European Strategy for Nursing and Midwifery Education WHO, Copenhagen  
World Health Organization 1999 ‘HEALTH21’ WHO, Copenhagen  
World Health Organization 1997 ‘Nursing in Europe: A Resource for Better Health’ Eds. Salvage J and Heijnen S WHO European Series No. 74 WHO, Copenhagen  
World Health Organization 1996 ‘Learning Materials on Nursing’ Chapter 11 WHO, Copenhagen  
World Health Organization 1993 ‘Nursing in Action’ WHO Copenhagen  
World Health Organization 1987 ‘People’s Needs for Nursing Care’ WHO Copenhagen  
World Health Organization 1991 ‘Preparing nurse teachers and managers’ WHO Copenhagen  
International Labour Organization 1980 ‘Convention on Nursing, Recommendation 157’

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### *LEARNING OUTCOMES/COMPETENCIES*

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On successful completion of this module, under the supervision of a mentor, the student will demonstrate knowledge, understanding, analytical and critical thinking and appropriate attitudes in relation to the application of management and leadership principles in the organization and delivery of systematic nursing care. The student will be prepared to engage in informed discussion of the wider political issues that impinge on health care provision. The student will be competent to work as an effective team member caring for a group of patients and for individual patients, and demonstrate ability to seek evidence for the nursing care given.

The student will be competent to practise, under supervision, a range of nursing skills, selected from the attached Nursing Skills III list.

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### *PRACTICE PLACEMENT*

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This will constitute 6.5 weeks and the student will provide systematic holistic nursing care, under supervision, and will share in the management of a small team in delivering nursing care, making appropriate delegation of duties and supervising and teaching more junior students. The practice setting will be within the sphere of the student’s prior experience and may be in the community or in a hospital.

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### *TEACHING/LEARNING STRATEGIES*

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Where relevant, multidisciplinary teaching and learning will be utilized. Based upon the principles of adult learning, interactive methods will predominate and students will be actively encouraged to integrate theory with practice, seek evidence for practice, and appraise critically the application of theory to practice. Care scenarios, lectures, seminars, tutorials, discussion groups, sessions in the nursing skills laboratory, supervised clinical practice, supervisory teaching sessions with other students in practice, and directed study will support this integration.

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## *ASSESSMENT*

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*Theory:*

Essay – 2000 words – on critical application of management, leadership and/or decision-making principles in a care study based on the student's practice experience – 100%

*Practice:*

Demonstration of knowledge, understanding and caring attitudes in meeting the learning outcomes of the module. Pass/Fail grade.

Competency in the performance of the clinical skills taught in the module, (a) under supervision in the practice areas, and (b) independently in the nursing skills laboratory. Pass/Fail grade.

**WHO EUROPEAN STRATEGY  
FOR NURSING AND MIDWIFERY EDUCATION**

NURSING CURRICULUM

MODULE DESCRIPTOR

**Title: NURSING CONSOLIDATION MODULE**

**ECTS Credits: 10**

*Main HEALTH21 target(s) addressed: All*

Level: 3

Full Module – 13% theory, 87% practice

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*MODULE CONTENT SUMMARY*

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This module, which focuses mainly on practice experience, provides the student with opportunities to manage the care of a group of patients, and to manage a small team, under supervision. It provides the student with the opportunity to complete any remaining competencies and clinical skills, and to experience care-giving across the full range of working shifts, i.e. day, evening, weekend and night duties. The concepts of quality assurance, standard setting and audit will be explored.

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*SYLLABUS*

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*HEALTH21*

Negotiation skills in the multidisciplinary and multisectoral team  
Management of ward/health centre professional and lay personnel  
Workload measurement  
Staff appraisal  
Supervising and teaching other nursing students  
Organising work schedules in the ward/health centre  
Standard setting and monitoring  
An introduction to financial management  
Prioritising/rationing in health care  
Seeking evidence and implementing evidence-based care  
Questioning practice  
Shared record keeping and documentation of patient care  
Clinical Nursing Skills III – (remaining skills from attached list – competency in all of which will require to be achieved by the end of the third year of the nursing programme)

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*INDICATIVE READING*

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World Health Organization 1999 'HEALTH21' WHO, Copenhagen  
World Health Organization 1997 'Nursing in Europe: A Resource for Better Health' WHO, Copenhagen  
World Health Organization 1996 'Learning Materials on Nursing' WHO, Copenhagen  
World Health Organization 1987 'People's Needs for Nursing Care' WHO Copenhagen  
International Labour Organization 1980 'Convention on Nursing' Recommendation 157  
Existing national professional literature

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### *LEARNING OUTCOMES/COMPETENCIES*

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On successful completion of this module, the student will demonstrate achievement of the competencies required for registration as a qualified nurse.

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### *PRACTICE PLACEMENT*

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This will constitute 6½ weeks, during which the student will experience day, evening, weekend and night duties. The student will provide competent, systematic, holistic nursing care, and will manage a small team in delivering nursing care, ensuring appropriate delegation of duties and monitoring standards of care provided. Supervision by mentor and nursing lecturer will be provided but the student will be expected to work independently for the majority of the placement. The practice setting will be within the sphere of the student's prior experience and may be in the community or in a hospital.

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### *TEACHING/LEARNING STRATEGIES*

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Based on the principles of adult learning, interactive methods will predominate and students will be actively encouraged to integrate theory with practice, seek evidence for practice, and appraise critically the application of theory to practice. Directed study will support this integration. Some classroom-based sessions of lectures and tutorials will be provided, but the principal teaching and learning will be experiential, supported by placement-based study days, attended by student, mentor and nursing lecturer.

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### *ASSESSMENT*

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*Theory:*

Learning contract – negotiated between the student, the student's mentor and her/his nursing lecturer – 100%

*Practice:*

Achievement of the competencies required of a registered nurse, as described in Section 6 of the Strategy (WHO 2000).

**WHO EUROPEAN STRATEGY  
FOR NURSING AND MIDWIFERY EDUCATION**

NURSING CURRICULUM

MODULE DESCRIPTOR

**Title: HEALTHIER LIVING**

**ECTS Credits: 5**

*Main HEALTH21 target(s) addressed: 1, 2, 8, 9, 10, 11,  
21*

Level: 1

0.5 Module – 100% theory

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*MODULE CONTENT SUMMARY*

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This module will focus on definitions of health, the main health priorities and determinants of the health of the people of the country, on health beliefs and on health promotion, including the principles of healthy nutrition. Health needs assessment will be introduced, and communication skills explored.

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*SYLLABUS*

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Health definitions

Health beliefs

Health care priorities in the country

Importance of life circumstances to health or its breakdown

Major determinants of health – positive/negative

biological

social

economic

environmental

family

individual

gender

indicators of health and health status

cultural perspectives on health and illness

healthy balanced nutrition

recommended dietary allowances

assessment of nutritional status

weight management

common nutritional deficiencies

malnutrition

oral health and influence on nutrition

Prevention of ill health

Levels of prevention

primary

secondary

tertiary

The role of the multidisciplinary health care team in health promotion and disease prevention

Agencies involved in health promotion and disease prevention

Promoting health as a concept – communication, values, attitudes and skills  
Introduction to communication skills  
Influence of the media and audiovisual materials  
Introduction to health assessment

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### *INDICATIVE READING*

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World Health Organization 2000 ‘Munich Declaration’ WHO, Copenhagen  
World Health Organization 2000 ‘Nurses and Midwives: A Force for Health’ WHO, Copenhagen  
World Health Organization 1998 ‘HEALTH21’ WHO, Copenhagen  
World Health Organization 1996 ‘Learning Materials on Nursing’ Chapters 1, 3, 5 WHO, Copenhagen  
World Health Organization 1986 Ottawa Charter for Health Promotion WHO, Copenhagen  
National Health Policy documents  
Existing national professional literature

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### *LEARNING OUTCOMES/COMPETENCIES*

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On successful completion of the module, the student will be able to demonstrate knowledge, understanding and appropriate attitudes and values in relation to:

- the complexity of the concept of health and of the factors influencing health or its absence
  - definitions of health
  - determinants of health
  - awareness of factors involved in health assessment of individuals and of families
  - healthy nutrition at all stages of life
  - variety of approaches that can be used in promoting the health of individuals, groups, families and communities
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### *PRACTICE PLACEMENT*

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This module is entirely university-based.

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### *TEACHING/LEARNING STRATEGIES*

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Based on the principles of adult education, interactive methods will predominate and these will include presentation of care scenarios, problem-based learning, seminars, discussion groups, lectures, the use of video and directed study.

Practical laboratory-based group exercises involving the preparation and consumption (by the student, in order to assess palatability) of a healthy meal, for example for a preschool child, a teenager, a manual labourer, a pregnant women who has hypertension and is constipated and an elderly person who is edentulous.

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### *ASSESSMENT*

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Multiple choice examination – 50%  
Group seminar presentation on one of the learning outcomes – 50%

**WHO EUROPEAN STRATEGY  
FOR NURSING AND MIDWIFERY EDUCATION**

NURSING CURRICULUM

MODULE DESCRIPTOR

**Title: HEALTHIER LIVING: ADOLESCENCE**

**ECTS Credits: 5**

*Main HEALTH21 target(s) addressed:* 4, 6, 8, 9,  
11, 12, 13

Level: 1

0.5 Module – 47% theory, 53% practice

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*MODULE CONTENT SUMMARY*

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This module, which includes practice experience, focuses upon adolescence, and upon the complex factors that particularly affect health, lifestyle, personal growth and wellbeing at this stage of the life course. A holistic view is emphasized, seeing the adolescent as an individual, within the context of family, community and society as a whole. Gender differences in growth and sexual development are explored. Attitudes and life style in relation to risk behaviours linked with smoking, alcohol and other substance abuse, nutrition and sexual health are also explored. The effects of acute and chronic ill health on an adolescent are also considered.

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*SYLLABUS*

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Physical and emotional growth – cognitive, moral and psychosocial development of adolescents  
Gender differences – health and lifestyle  
Mental health  
    Depression  
    Suicide  
Sexual health  
    Puberty  
    Behaviour and lifestyle  
    Contraception  
Teenage pregnancy  
Health behaviours  
Health-enhancing versus risk-taking behaviours  
Peer pressures  
    Smoking  
    Alcohol abuse  
    Drugs and other substance abuse  
    Injury – sport and road traffic accidents  
    Violence  
Bullying  
Physical activity  
    Relaxation  
Nutrition  
    Eating disorders: anorexia nervosa and bulimia nervosa  
Adolescence and family

Adolescence and society  
Adolescence – illness and chronic conditions  
Health education  
Rights to decision-making  
Choices and expectations

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### *INDICATIVE READING*

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World Health Organization 2000 'Children, Violence and Child Abuse' Unpublished paper available from Nursing and Midwifery Unit, WHO, Copenhagen  
World Health Organization 1999 'HEALTH21' WHO, Copenhagen  
World Health Organization 1998 'Report on the Health Behaviour of School-aged Children' WHO, Copenhagen  
World Health Organization 1996 'Learning Materials on Nursing' Chapter 5 WHO, Copenhagen  
Existing national professional literature

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### *LEARNING OUTCOMES/COMPETENCIES*

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On successful completion of this module the student will be able to demonstrate knowledge, understanding and appropriate attitudes and values in relation to:

- the factors specifically affecting adolescent physical and mental health, personal growth and emotional relationships, sexual health and wellbeing, and risk behaviours
  - the adolescent in the context of family and of society
  - the influence of illness and chronic conditions in adolescence.
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### *PRACTICE PLACEMENT*

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The student will spend two weeks accompanying a nurse or qualified social worker who is working with adolescents in schools, youth clubs, health centres and/or a hospital.

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### *TEACHING/LEARNING STRATEGIES*

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Based on the principles of adult education, interactive methods will predominate, and will include discussion of students' personal experiences of adolescence, buzz groups, seminars, tutorials, lectures, the use of video and directed study.

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### *ASSESSMENT*

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*Theory:*

Essay – 2000 words – based on student's choice of learning outcomes – and integrating experience on placement with theoretical material – 100%

*Practice:*

Formative – reflective diary, showing evidence of self-awareness and of integration of theory with practice experience.

**WHO EUROPEAN STRATEGY  
FOR NURSING AND MIDWIFERY EDUCATION**

NURSING CURRICULUM

MODULE DESCRIPTOR

**Title: HEALTHIER LIVING: ADULTHOOD**

**ECTS Credits: 5**

*Main HEALTH21 target(s) addressed: 2, 6, 9, 10, 11,  
12, 13*

Level: 2

0.5 Module – 47% theory, 53% practice

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*MODULE CONTENT SUMMARY*

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This module, which includes practice experience, focuses on the maintenance of health and wellbeing in adults; on family, child-rearing and work responsibilities and roles, and on the influence of social, political, economic and cultural circumstances on prevention of ill health.

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*SYLLABUS*

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Health and wellbeing in adulthood  
Roles and responsibilities of adults in different environments  
Gender differences – health and lifestyle  
Mental health  
    Post-traumatic stress syndrome  
    Depression  
    Suicide  
Health enhancing versus risk-taking behaviours  
    Smoking  
    Alcohol abuse  
    Drugs and other substance abuse  
    Domestic violence  
Major life course events  
Career decisions  
Occupation and employment  
    Effects of unemployment  
Home and homelessness  
Personal development  
Marriage/partnerships  
    Creating a home  
    Parenting  
Nutrition  
Sexual health  
    Family planning  
    Menopause  
Physical activity  
Health education

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### *INDICATIVE READING*

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World Health Organization 1999 'HEALTH21' WHO, Copenhagen  
World Health Organization 1996 'Learning Materials on Nursing' Chapter 5 WHO, Copenhagen  
World Health Organization 1996 'Research on the Menopause in the 1990s' WHO, Geneva  
Existing national professional literature

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### *LEARNING OUTCOMES/COMPETENCIES*

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On successful completion of this module, the student will demonstrate knowledge, understanding and appropriate attitudes and values in relation to factors specifically affecting adult physical and mental health, physical and emotional maturity, sexual health and wellbeing and risk behaviours, all in the context of family, work and social relationships.

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### *PRACTICE PLACEMENT*

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The student will spend two weeks, accompanying a qualified nurse or social worker, visiting places where adults live and work, including 'safe' houses, centres for homeless people and other centres provided by voluntary organizations.

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### *TEACHING/LEARNING STRATEGIES*

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Based on the principles of adult education, interactive methods will predominate, and will include care scenarios, problem-based learning, discussion groups, seminars, lectures, role play, the use of video and directed study.

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### *ASSESSMENT*

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*Theory:*

Essay – 2500 words – on application of theoretical material to student's experience on placement visits – 100%

*Practice:*

Reflective diary – Pass/Fail grade.

**WHO EUROPEAN STRATEGY  
FOR NURSING AND MIDWIFERY EDUCATION**

NURSING CURRICULUM

MODULE DESCRIPTOR

**Title: HEALTHIER LIVING: ELDERLY**

**ECTS Credits: 5**

*Main HEALTH21 target(s) addressed: 5, 6, 9, 11, 12, 13*

Level: 2

0.5 Module – 47% theory, 53% practice

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*MODULE CONTENT SUMMARY*

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This module, which includes practice experience, focuses on the maintenance of the health and wellbeing of people as they grow older. The social circumstances of elderly people, and societal attitudes towards them are addressed, as are the effects of aging upon physical and mental health and social relationships. The organization and provision of health and social support services and the presence or absence of formal and informal family and significant others are explored.

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*SYLLABUS*

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Demographics within the country  
Global demography of old age  
Changes in functions as a person ages  
Health promotion and education  
Biological, psychological and social theories of aging  
Life circumstances of the elderly  
Contribution of the elderly to home and society  
Retirement  
Adjustment to aging  
Societal attitudes and images of aging  
Health and social support services, including financial support for the elderly  
Specific physical, mental and emotional health issues  
Coping with grief, loss and bereavement  
Approaching death  
Spiritual care  
Formal and informal carers  
Health assessment of the elderly person  
Ethical issues in care of the elderly  
The role of the community nurse in care of the elderly  
Risk management in elderly care  
Independence versus institutionalization  
Institutional care of the elderly, in hospitals, nursing and other homes for the elderly, and in sheltered housing

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### *INDICATIVE READING*

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World Health Organization 1999 'HEALTH21' WHO, Copenhagen  
World Health Organization 1996 'Learning Materials on Nursing' Chapter 5 WHO, Copenhagen  
World Health Organization 1987 'People's Needs for Nursing Care' WHO, Copenhagen  
United Nations Principles for Older Persons 1999 – Resolution 46/91 'To add life to the years that have been added to life'  
Country-specific national literature on 'The Year of the Elderly' 1999  
Existing national professional literature

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### *LEARNING OUTCOMES/COMPETENCIES*

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On successful completion of the module, the student will demonstrate a deepened knowledge, understanding and appropriate sensitivities, attitudes and values in the care of older people, including:

- the complex factors affecting the process of aging
  - the specific individual needs of elderly people
  - the elderly person's desire to remain independent for as long as possible
  - the concept of risk management
  - key issues in the life circumstances of the elderly and their effects on health or its absence, ageism and age discrimination
  - support services for elderly people.
- 

### *PRACTICE PLACEMENT*

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Students will spend two weeks, under the supervision of a community nurse, visiting and sharing in the care of elderly people in their own homes and in various institutional settings.

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### *TEACHING/LEARNING STRATEGIES*

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Based on the principles of adult learning, interactive methods will predominate, and will include care scenarios, role play, seminars, discussion groups, lectures, the use of video and directed study.

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### *ASSESSMENT*

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*Theory:*

Essay based on the student's choice of one of the learning outcomes, in which integration of theory and practice is required – 2000 words – 100%

*Practice:*

Competency in an interview with and care study of an elderly person who has consented to this exercise for the student – 100%

**WHO EUROPEAN STRATEGY  
FOR NURSING AND MIDWIFERY EDUCATION**

NURSING CURRICULUM

MODULE DESCRIPTOR

**Title: INFORMATION TECHNOLOGY**

**ECTS Credits: 5**

*Main HEALTH21 target(s) addressed: 19, 21*

Level: 1

0.5 Module – 100% theory

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*MODULE CONTENT SUMMARY*

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This module enables students to become familiar with computers by providing hands-on practice. Using different software packages, the skills of word-processing, data handling, statistical analysis and on-line literature searching are introduced. The application of computers in the health care system and in nursing are explored.

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*SYLLABUS*

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The computer – basic structure and functions  
Different types of computer software  
Data handling and data analysis  
The development and use of the computer in the health care system of the country  
    Health care statistics and epidemiological data  
    Hospital information systems: administration and patient records  
    Primary health care information systems: administration and patient records  
    Nursing information systems: administration and nursing care records in hospital and primary health care settings  
    International Classification of Nursing Practice (ICNP)  
    Shared patient records  
Data protection  
The use of the computer in research in nursing and health care  
On-line literature searching  
Educational uses of the computer

---

*INDICATIVE READING*

---

International Council of Nurses 1998 'International Classification of Nursing Practice' Beta version ICN, Geneva  
Country-specific Workbooks on the use of the computer and different types of software  
Country-specific computerized epidemiological data  
Country-specific computerized health care and nursing records  
Existing national professional literature

---

*LEARNING OUTCOMES/COMPETENCIES*

---

On successful completion of this module, the student will demonstrate knowledge and understanding of, and appropriate attitudes to the use of the computer in health care and nursing systems, of confidentiality of data, and will be proficient in basic word processing skills, on-line literature searching and setting up of a personal index of references. An elementary knowledge of nursing classification systems, statistical analysis and data handling will have been gained.

---

*PRACTICE PLACEMENT*

---

This module is entirely university-based.

---

*TEACHING/LEARNING STRATEGIES*

---

Based on the principles of adult education, interactive methods will predominate, and will include demonstration of the computer, 'hands-on' practice, tutorials, directed study, including use of a workbook.

---

*ASSESSMENT*

---

Mastery test – word processing and literature searching – 100%

**WHO EUROPEAN STRATEGY  
FOR NURSING AND MIDWIFERY EDUCATION**

NURSING CURRICULUM

MODULE DESCRIPTOR

**Title: RESEARCH AWARENESS**

**ECTS Credits: 5**

*Main HEALTH21 target(s) addressed: 19*

Level: 2

0.5 Module – 100% theory

---

*MODULE CONTENT SUMMARY*

---

This module provides an introduction to research and its relevance in nursing, to the research process, to the conduct of a literature search and systematic analysis of research articles.

---

*SYLLABUS*

---

Definition of research and of nursing research  
Nature of nursing knowledge  
Scientific approaches to knowledge acquisition and development  
Conducting an on-line or manual literature search  
Introduction to the research process  
Ethical issues in research involving human subjects  
Informed consent  
Relevance of research to nursing practice  
Developing a questioning approach to practice  
Analytical and critical thinking  
Evidence based practice

---

*INDICATIVE READING*

---

World Health Organization 1999 'HEALTH21' WHO, Copenhagen  
World Health Organization 2000 'Research awareness in nursing and midwifery: a workbook'  
WHO, Copenhagen  
Existing national professional literature

---

*LEARNING OUTCOMES/COMPETENCIES*

---

On successful completion of this module the student will demonstrate a beginning knowledge and understanding of the relevance of research to nursing practice, of the scientific research process, of the process of questioning of practice, and of analysis of nursing research literature. The student will be competent to conduct a literature search and maintain a reference list, utilising a recognized citation process.

---

*PRACTICE PLACEMENT*

---

This module is entirely university-based.

---

*TEACHING/LEARNING STRATEGIES*

---

Based on the principles of adult education, interactive methods will predominate and will include lectures, tutorials, seminars, practice of on-line literature searching, student-led presentation of analysis of research articles and directed study.

---

*ASSESSMENT*

---

Examination – multiple-choice and short answer questions – 40%  
Analysis of research article of relevance to practice – 60%

**WHO EUROPEAN STRATEGY  
FOR NURSING AND MIDWIFERY EDUCATION**

NURSING CURRICULUM

MODULE DESCRIPTOR

**Title: RESEARCH UTILIZATION IN PRACTICE**

**ECTS Credits: 5**

*Main HEALTH21 target(s) addressed: 19*

Level: 3

0.5 Module – 100% theory

---

*MODULE CONTENT SUMMARY*

---

This module builds on the foundation knowledge gained in the Research Awareness module, and provides an introduction to quantitative and qualitative research design and methods, data storage, analysis and retrieval, to critique of nursing research literature, and to the utilization of research in practice, i.e. evidence-based nursing practice.

---

*SYLLABUS*

---

Research and problem solving  
Quantitative and qualitative research  
Ethical issues in nursing research  
Processes for obtaining ethical approval  
Delineating researchable questions  
Population definition and sampling  
Theoretical frameworks  
Hypothesis generation and testing  
Research designs, including  
    Descriptive and exploratory  
    Experimental  
    Quasi-experimental  
    Survey  
    Documentary and historical  
Concepts of reliability and validity  
Pilot studies  
Approaches to data collection – research methods/tools  
    Scientific observation  
    Asking questions through interview and questionnaire  
    Statistical analysis – scales and measurement  
Presentation and reporting of results  
Opportunities and barriers to the application of research in nursing  
Evidence-based practice  
Levels of research evidence

---

### *INDICATIVE READING*

---

World Health Organization 1998 'HEALTH21' WHO, Copenhagen  
World Health Organization 2000 'Research awareness in nursing and midwifery: a workbook'  
WHO, Copenhagen  
International Council of Nurses 2000 'Code of Ethics for Nurses' ICN, Geneva  
Existing national professional literature

---

### *LEARNING OUTCOMES/COMPETENCIES*

---

On successful completion of the module, the student will demonstrate knowledge, understanding and critical analysis of the research process, of commonly used research designs, methods and tools, of the complementary nature of quantitative and qualitative approaches to enquiry, and of ethical issues in nursing and health care research. The student will have developed appropriate attitudes to the relevance of research to nursing practice and the development of nursing knowledge and will be competent to critique a research article.

---

### *PRACTICE PLACEMENT*

---

This module is entirely university-based.

---

### *TEACHING/LEARNING STRATEGIES*

---

Based on the principles of adult education, interactive methods will predominate and will include lectures, seminars, tutorials, hands-on computer analysis of data sets, presentation of a research critique and directed study.

---

### *ASSESSMENT*

---

Examination – multiple-choice and short answer questions – 40%  
Analysis and critique of a research article of relevance to practice – 60%

**WHO EUROPEAN STRATEGY  
FOR NURSING AND MIDWIFERY EDUCATION**

NURSING CURRICULUM

MODULE DESCRIPTOR

**Title: PRINCIPLES OF INFECTION CONTROL**

**ECTS Credits: 5**

*Main HEALTH21 target(s) addressed: 7, 10*

Level: 1

0.5 Module – 100% theory

---

*MODULE CONTENT SUMMARY*

---

This module introduces the student to the common infectious agents, to principles of infection control, immunity and immunization. Health protection and safety at work for nurses and other staff are explored.

---

*SYLLABUS*

---

Microbiological hazards in institutions and at home

    Infection control and universal precautions

    The main routes of infection

    Infection process

    Reservoirs of infection

    Modes of transmission of infection

Institution and community care policies for prevention of infection, e.g. cleaning, disposal of waste, use of protective clothing, isolation

Individual strategies for prevention of infection, e.g. personal hygiene, hand washing, early detection and reporting

Screening and other control measures

Introduction to immunization and vaccination

---

*INDICATIVE READING*

---

World Health Organization 2000 'Infections and Infectious Diseases – A Manual for Nurses and Midwives in the WHO European Region' WHO, Copenhagen

World Health Organization 2000 'Fact Sheets on HIV/AIDS for Nurses and Midwives' WHO, Copenhagen

World Health Organization, 1999, 'HEALTH21' WHO, Copenhagen

World Health Organization, 1996 'Learning Materials on Nursing' Chapter 10 WHO, Copenhagen

*Nursing Times* Series – "Systems of Life" and "Practical Procedures for Nurses" – Most in this series were published in the 1990s – by Nursing Times Publications, Macmillan Magazines, London

Existing national professional literature

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*LEARNING OUTCOMES/COMPETENCIES*

---

On successful completion of this module, the student will demonstrate knowledge and understanding of the common infectious agents, of methods of spread of infection and appropriate attitudes to the implementation of hospital and health centre policies and individual measures to prevent the spread of infection.

---

*PRACTICE PLACEMENT*

---

This module is entirely university-based.

---

*TEACHING/LEARNING STRATEGIES*

---

Based on the principles of adult education, interactive methods will predominate and will include case scenarios, problem-based learning, lectures, tutorials, practice in the nursing skills laboratory and directed study. Although a first year module, it particularly lends itself to shared teaching and learning with other members of the health care professions.

---

*ASSESSMENT*

---

Multiple-choice examination – 80%  
Practical assessment, e.g. of safe hand washing – 20%

**WHO EUROPEAN STRATEGY  
FOR NURSING AND MIDWIFERY EDUCATION**

NURSING CURRICULUM

MODULE DESCRIPTOR

**Title: BIOLOGICAL SCIENCES I**

**ECTS Credits: 10**

*Main HEALTH21 target(s) addressed: 11*

Level: 1

Full Module – 100% theory

---

*MODULE CONTENT SUMMARY*

---

This module commences with the study of the structure and function of the human body at the molecular, cellular, tissue, organ and systems levels and then considers several of the systems of the body and the applicability of knowledge of biological sciences to nursing practice.

---

*SYLLABUS*

---

Overview of the structure and function of the human body

Embryology

The structures and functions of the:

    musculoskeletal system

    cardiovascular system

    gastrointestinal, liver and biliary system

    respiratory system

    urinary system

    male and female reproductive systems

---

*INDICATIVE READING*

---

World Health Organization 1996 'Learning Materials on Nursing' Chapter 6 WHO, Copenhagen  
*Nursing Times* Series – "Systems of Life" and "Practical Procedures for Nurses" – most in this series were published in the 1990s – by Nursing Times Publications, Macmillan Magazines, London

Audiovisual aids and video

Existing national professional literature

---

*LEARNING OUTCOMES/COMPETENCIES*

---

On successful completion of this module, the student will demonstrate knowledge and understanding of the main components of the anatomical structure and normal function of the human body, of the relationships between cells, tissues, organs, systems and their interactions, and of the systems studied, including normal physiological human growth and development throughout the life span, and of the applicability of this knowledge to nursing practice.

---

*PRACTICE PLACEMENT*

---

This module is entirely university-based.

---

*TEACHING/LEARNING STRATEGIES*

---

Based on the principles of adult education, interactive methods will predominate and will include lectures, tutorials, laboratory demonstration sessions in small groups, use of video and other audio-visual aids, including posters and models, and directed study.

---

*ASSESSMENT*

---

Multiple-choice examinations on two occasions throughout the module – 30% each – 60%  
Laboratory worksheets and reports (N=2) – 20% each – 40%

**WHO EUROPEAN STRATEGY  
FOR NURSING AND MIDWIFERY EDUCATION**

NURSING CURRICULUM

MODULE DESCRIPTOR

**Title: BIOLOGICAL SCIENCES II** (including  
Pharmacology)

**ECTS Credits: 10**

*Main HEALTH21 target(s) addressed: 11*

Level: 2

Full Module – 60% theory 40% practice

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*MODULE CONTENT SUMMARY*

---

This module, which includes practice experience, builds on Biological Sciences I module, and considers the remaining body systems. In addition, the therapeutic actions of drugs on the body, as well as the side effects and drug interactions are considered, as is the applicability of knowledge of the biological sciences and pharmacology to nursing practice.

---

*SYLLABUS*

---

The structures and functions of the:

- Nervous system
- Endocrine system
- Blood and lymphatics
- Ear, nose and throat
- The eye
- The skin

Common types of therapeutic drugs, their actions, excretion and side effects

- Drug storage
- Routes of administration
- Drug allergies
- Drug interactions
- Toxicology
- Compliance with drug therapy
- Drug therapy in the elderly

---

*INDICATIVE READING*

---

World Health Organization 1999 'HEALTH21' WHO, Copenhagen

World Health Organization 1996 'LEMON' Chapters 6 and 8 WHO, Copenhagen

Country-specific national legislation and guidelines on storage, administration and disposal of drugs

*Nursing Times* Series – "Systems of Life" and "Practical Procedures for Nurses" – Most in this series were published in the 1990s – by Nursing Times Publications, Macmillan Magazines, London

Existing national professional literature

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### *LEARNING OUTCOMES/COMPETENCIES*

---

On successful completion of this module the student will demonstrate knowledge and understanding of the structures and functions of the body systems studied, and of the application of that knowledge to nursing practice. The student will also demonstrate knowledge and understanding of the therapeutic actions and side effects of drugs, including issues in relation to safe storage of drugs and compliance with drug therapy.

---

### *PRACTICE PLACEMENT*

---

This will constitute 3½ weeks and students will work in hospital or community, gaining experience, under supervision, of patient assessment, noting particularly the effects on the patient of different disease conditions. The student will also gain experience of giving medication under supervision, of the effects of different drugs on patients, and of all aspects of the nurse's role in the therapeutic use of drugs.

---

### *TEACHING/LEARNING STRATEGIES*

---

Based on the principles of adult education, interactive methods will predominate and students will be actively encouraged to integrate theory with practice. Lectures, tutorials, laboratory sessions in small groups, use of video and other audio-visual aids, including posters and models, and directed study will support this integration.

---

### *ASSESSMENT*

---

*Theory:*

Multiple-choice examinations on two occasions throughout the module – 60%

Short answer examination on pharmacology – 40%

*Practice:*

Demonstration of knowledge, understanding and caring attitudes in meeting the learning outcomes of the module. Pass/Fail grade.

**WHO EUROPEAN STRATEGY  
FOR NURSING AND MIDWIFERY EDUCATION**

NURSING CURRICULUM

MODULE DESCRIPTOR

**Title: PSYCHOLOGY I**

**ECTS Credits: 5**

*Main HEALTH21 target(s) addressed: 4, 11*

Level: 2

Full Module – 47% theory, 53% practice

---

*MODULE CONTENT SUMMARY*

---

This module, which includes practice experience, introduces the student to the scientific study of human behaviour and mental processes and to psychological theories of personality, perception, intelligence, learning and motivation, and to the application of the theories to nursing care of individuals in hospital and at home.

---

*SYLLABUS*

---

Psychological theories relating to human behaviour

- Personality development
- Personality
- Intelligence
- Learning
- Memory
- Cognition
- Emotion
- Motivation

Maslow's hierarchy of human needs

Self-awareness – personal and professional

---

*INDICATIVE READING*

---

World Health Organization 1999, 'HEALTH21' WHO, Copenhagen

World Health Organization 1966 'Learning Materials on Nursing' Chapter 2 WHO, Copenhagen

Existing national professional literature

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*LEARNING OUTCOMES/COMPETENCIES*

---

On successful completion of this module, the student will demonstrate knowledge, understanding and analytical abilities in relation to basic psychological theories and personal and professional self-awareness, and an appropriate attitude to application of this knowledge in interactions with healthy and sick people of all ages.

---

### *PRACTICE PLACEMENT*

---

The student will spend two weeks in a health centre, kindergarten, school and/or old people's home, under the supervision of a community nurse or school nurse, studying human behaviour and professional interactions in the light of the theoretical knowledge gained in this module.

---

### *TEACHING/LEARNING STRATEGIES*

---

Based on the principles of adult education, interactive methods will predominate and will include tutorials, group seminars, buzz groups, use of video, practice of interviewing skills and directed study.

---

### *ASSESSMENT*

---

Theory:

Group seminar presentation – 50%

Essay – 2000 words – on selected learning outcome, integrating theory with the students' practice experience – 50%

*Practice:*

Beginning competency in professional attitudes and interactions with individuals and groups met during practice experience – Pass/Fail grade.

**WHO EUROPEAN STRATEGY  
FOR NURSING AND MIDWIFERY EDUCATION**

NURSING CURRICULUM

MODULE DESCRIPTOR

**Title: PSYCHOLOGY II**

**ECTS Credits: 5**

*Main HEALTH21 target(s) addressed: 4, 11*

Level: 3

Full Module – 47% theory, 53% practice

---

*MODULE CONTENT SUMMARY*

---

This module, which includes practice experience, builds on Psychology I, and further develops the student's understanding of the impact of health or ill health on human behaviour and mental processes. Communication and self-awareness will be further developed. The concepts of stress and coping are explored, including people's reactions to illness, hospitalization, altered body image, bereavement, death and dying.

---

*SYLLABUS*

---

Psychology of health and illness  
Stress and coping strategies  
Learned helplessness  
Institutionalization  
Communication and listening skills  
Impact of war – loss of home and family members at all stages of life  
Pain – physiological and psychological responses

---

*INDICATIVE READING*

---

World Health Organization 1999 'HEALTH21' WHO, Copenhagen  
World Health Organization 1966 'Learning Materials on Nursing' Chapter 2 WHO, Copenhagen  
World Health Organization 1986 'Cancer Pain Relief' WHO, Geneva  
Existing national professional literature

---

*LEARNING OUTCOMES/COMPETENCIES*

---

On successful completion of this module, the student should demonstrate knowledge, understanding and analytical abilities in relation to applied psychology and its relevance to nursing care. The student's communication skills and awareness of self will be further developed.

---

*PRACTICE PLACEMENT*

---

The student will spend two weeks working alongside a qualified nurse in health centres, outpatient departments, rehabilitation centres and, where feasible, refugee camps.

---

*TEACHING/LEARNING STRATEGIES*

---

Based on the principles of adult education, interactive methods will predominate and will include tutorials, lectures, group seminars, buzz groups, use of video, practice of interviewing skills, and directed study.

---

*ASSESSMENT*

---

*Theory:*

Essay – 2500–3000 words on selected topic that applies theoretical content to student's experience of practice – 100%

*Practice:*

Analysis of critical incident observed in practice, relating theory to the analysis. Approximately 1000 words – 100%

**WHO EUROPEAN STRATEGY  
FOR NURSING AND MIDWIFERY EDUCATION**

NURSING CURRICULUM

MODULE DESCRIPTOR

**Title: SOCIOLOGY, HEALTH AND SOCIAL  
POLICY**

**ECTS Credits: 10**

*Main HEALTH21 target(s) addressed: 2, 14, 17, 20, 21*

Level: 2

Full Module – 60% theory, 40% practice

---

*MODULE CONTENT SUMMARY*

---

This module, which includes practice experience, builds upon concepts introduced in the Healthier Living modules, and widens the student's understanding of key sociological concepts, theories and research. The student's understanding of the politics of health, and of social policy and its impact on health, will be developed, including an introduction to approaches to influencing health care policy formulation. The relationships between individuals, families, groups, communities and society are considered, as are cultural and gender roles within the country.

---

*SYLLABUS*

---

The scope of sociology  
Health sociology  
Society and Health  
Health insurance policies  
Relevance of the study of sociology to nursing  
Human Rights, incorporating the rights of citizens, including those who are patients  
Concepts of social stratification, social influence, and empowerment  
Economic status and systems  
Social inequalities, life circumstances and health  
The sociology of work, bureaucracy and professions  
Power and politics  
Influencing political and societal decision-making in the health care system  
The individual in the context of the society  
The concept of community  
Family dynamics  
Gender, ethnicity and health  
Partnership with patients  
Empowerment of the patient  
Introduction to Welfare and Voluntary Organizations  
Migration – social, political and economic – and impact on health at all stages of the life span

---

## *INDICATIVE READING*

---

World Health Organization 2000 'Munich Declaration' WHO, Copenhagen  
'Patient Empowerment and Health Care Reform' – Paper prepared by Marilli R and Slajmer-Japelj M for the WHO 2<sup>nd</sup> Conference on Nursing and Midwifery, Munich 2000  
World Health Organization 2000 'Nurses and Midwives: A Force for Health' WHO, Copenhagen  
World Health Organization, 1999 'HEALTH21' WHO, Copenhagen  
World Health Organization 1996 'Learning Materials on Nursing' Chapter 2 WHO, Copenhagen  
World Health Organization 1996 Social Inequalities WHO, Copenhagen  
World Health Organization 1996 'The Ljubljana Charter on Reforming Health Care'  
WHO EUR/ICP/CARE94 01/CN01 Rev.1  
World Health Organization 1996 'Declaration of Citizen's Rights' WHO, Geneva  
World Health Organization 1994 'Declaration on the Promotion of Patients' Rights in Europe'  
WHO, Copenhagen  
Country-specific National Constitution  
Country-specific national health legislation  
Country-specific national action plan for health  
Country-specific national health insurance policy  
Existing national professional literature

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## *LEARNING OUTCOMES/COMPETENCIES*

---

On successful completion of this module the student will demonstrate knowledge and understanding of the relevance of sociology and social policy to professional nursing care of individuals within society, and be capable of elementary analysis of the political and social systems in the country, and of policy-making in health care. The student will demonstrate an ethical and non-judgemental attitude to the care of all individuals, irrespective of culture, social class or religion, and will demonstrate understanding of the influence of life circumstances on their health or ill health. The student will be able to demonstrate integration of theory with practice in field visits and in interactions with individuals, groups and communities.

---

## *PRACTICE PLACEMENT*

---

Placements will total 3½ weeks. Students should work under the supervision of a qualified social worker in local social centres, assisting where feasible in local community action groups, e.g. retirement clubs and consumer groups. Accompanied by a sociology lecturer and a nursing lecturer, students should visit the parliament and/or city/local councils and family courts, in order to integrate theory with the life of society.

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## *TEACHING/LEARNING STRATEGIES*

---

Where feasible, multi-disciplinary teaching and learning will be utilized. Based on the principles of adult education, interactive methods will predominate and will include presentation of care scenarios, lectures, seminars conducted by welfare/voluntary groups, discussion groups, student-centred seminars based on field work experience and directed study.

---

## *ASSESSMENT*

---

*Theory:*

Essay – 2500 words – 50%

Suggested topic – ‘How people of my country learn about their rights and how they use them’.

Report of a field visit – 50% (This could be a group seminar presentation with individual written reports.)

*Practice:*

Competency in professional attitudes, communication skills and other interactions with individuals and groups met during practice experience – Pass/Fail grade.

## **Clinical nursing skills – year one**

### Administration of Medicines

- Principles of medicine administration

- Routes of medicine administration

- Immunization

### Anaphylaxis

### Apical-Radial Pulses

### Bathing and Showering

### Bed Bath

### Blood Pressure

### Body Temperature

### Cardiopulmonary Resuscitation

### Ear Drops: Instillation of

### Eye Care

- Eye swabbing

- Eye irrigation

- Installation of eye drops

- Installation of eye ointment

### Hair Care

- Washing of the hair

- Care of the infested head

### Isolation Nursing

- Source isolation (barrier nursing)

- Protective isolation (reverse barrier nursing)

### Mouth Care

### Moving and Handling

### Nebulizer Therapy

### Oxygen Therapy

### Pulse

### Skin Care

### Specimen Collection

### Tepid Sponging

### Toileting

### Urine Testing

## Clinical nursing skills – year two

### Administration of Medicines

- Syringe driver pump
- Patient controlled analgesic devices
- Patient compliance devices

### Blood Glucose Monitoring

### Blood Transfusion

### Bowel Washout

### Care of the Deceased Person

### Catheterization: Urinary

- Catheterization
- Catheter care

### Continence

### Enema

### Exercises: Active and Passive

### Intravenous Therapy

- Commencing an intravenous infusion
- Priming the equipment for intravenous infusion
- Maintaining the infusion over a period of time
- Care of the catheter for long-term intravenous infusion

### Isolation Nursing

- Radioactive hazard isolation

### Neurological Observations

### Nutrition

- Feeding the dependent patient
- Enteral feeding
- Parenteral nutrition

### Preoperative Nursing Care

### Postoperative Care

### Suppositories

### Wound Care

- Wound assessment
- Aseptic technique
- Wound drain care
- Removal of stitches, clips or staples

## Clinical nursing skills – year three

Artificial Respiration

\*Bone Marrow Aspiration

Catheterization: Urinary

Bladder irrigation

Bladder lavage

Central Venous Pressure

\*Insertion of central venous catheter

Measuring and recording central venous pressure

Chest Drainage: Underwater Seal

\*Insertion of an underwater seal chest drain

Changing a chest drainage bottle

Removal of an underwater seal chest drain

Ear Syringing

Gastric Aspiration

Gastric Lavage

\*Intrapleural Aspiration

\*Liver Biopsy

\*Lumbar Puncture

\*Paracentesis: Abdominal

Rectal Examination

Stoma Care

Tracheostomy Care

Removal of respiratory tract secretions via a tracheostomy tube

Changing a tracheostomy tube

Transfer of Patients Between Care Settings

Vaginal Examination

Vaginal Pessary Insertion

Vaginal Ring Pessary Insertion

Venepuncture

---

\* indicates procedures at which the nurse assists the doctor.

## **Part 3B**

### **The midwifery curriculum**

#### **3B.1 Context**

This section should be read in conjunction with Section 1, as that section presents general information about curriculum design for the practice-based professions, including those of nursing and of midwifery.

There are three key elements of the context within which these examples of curricula are presented. These are the Munich Declaration (WHO 2000b), *HEALTH21* (WHO 1999) and *Nurses and midwives for health* (the Strategy) (WHO 2000a).

#### **3B.2 Definition of curriculum**

*A curriculum is the whole set of influences and events, both planned and unforeseen, which impinge upon students during their period of education and which will, sooner or later, affect their ability to understand and achieve the aims of the course (programme) and, indeed, of the wider arena for which they are being educated.*  
(Burrell et al. 1988)

The definition (concept) of curriculum for the initial education programme for nurses and midwives refers to the totality of the programme. It includes the theory and practice components, the standards, content, teaching/learning experiences and assessment strategies, methods of evaluation and competency outcomes.

#### **3B.3 Overall curriculum design**

As stated in the Strategy (Section 8), the design must be that of a curriculum that is integrated in:

- *structure* – i.e. logically sequenced, so as to ensure an appropriate mix of theory/classroom teaching and learning and of supervised practice in hospitals and community settings;
- *process* – i.e. it must adopt a student-oriented approach and juxtapose theory and practice in such a way as to facilitate in students the ability to integrate their classroom or laboratory learning with their experiential learning in appropriately supervised practice that permits progressive acceptance of responsibility; and
- *outcome* – i.e. in preparing a nurse who is competent to work in primary, secondary and tertiary care settings.

#### **3B.4 Curriculum content**

The Strategy gives an outline of essential curriculum content. A detailed example of possible content is given in the Modules that follow. The full three-year prototype curriculum is designed for entrants to midwifery education who have not previously undertaken nursing education. The 18-month curriculum, the content of which is indicated by the presence of an asterisk beside the title of the module, is incorporated

within the three-year curriculum, and is designed for entrants to midwifery education who are already qualified nurses.

### **3B.5 The aim and outcomes of the curriculum**

A curriculum must have an aim and intended outcomes. These are clearly stated in the Strategy, i.e. to prepare entrants to the midwifery profession, so that, on successful completion of their education, they are competent to fulfil the role and functions of the midwife, as described in the Strategy (Section 6).

#### **3B.5.1 The role and functions of the midwife**

*A midwife is a person who, having been formally admitted to a midwifery education programme duly recognized by the Member State in which it is located, has successfully completed the prescribed course of studies in midwifery and has obtained the required qualifications to be registered and/or legally licensed to practise midwifery.*

*Midwives must be able to provide the necessary supervision, care and advice to women during pregnancy, labour and the post-partum period, to conduct deliveries on their own responsibility and to care for newborn babies and infants. This care includes preventive measures, the detection of abnormal conditions in mother and child, the procurement of medical assistance and, in its absence, the execution of emergency measures. An important task is health counselling and education, not only for the women but also within the family and the community. The work should involve antenatal education and preparation for parenthood, and extends to certain areas of gynaecology, family planning and child care. The midwife may practise in hospitals, clinics, health units, homes or under any other conditions (WHO 1996c)*

It is from this definition of the role and functions of the midwife that the outcomes of the midwifery education programme are derived. These outcomes are expressed in two ways. Outcomes in terms of ‘fitness for practice’ are expressed as competencies and these are listed in paragraph 3B.14. Outcomes in terms of ‘fitness for award’ are those that meet the requirements of the country for graduates of a baccalaureate degree programme.

### **3B.6 Entry requirements**

These are as specified in the Strategy (Section 7):

*Admission to nursing and midwifery education must follow successful completion of secondary school education, with qualifications equivalent to those required by the individual Member States for university entrance. Alternatively, entry may be based on formal accreditation of prior learning and/or relevant experience, provided this is a normal route of entry to the university concerned and is acceptable to the nursing or midwifery statutory body, where one exists (WHO 2000a).*

Evidence of formal qualification as a registered (qualified) nurse is a prerequisite for entry (admission) to the shortened midwifery programme.

### **3B.7 Length of programme**

As stated in the Strategy (Section 7), the length of the programme must be sufficient to achieve the specified competencies and academic award, and must not be less than three years. The length is also specified in the current EU Directives (European Commission

1989), which further specify a minimum programme of 4600 hours, of which 50% or 2300 hours must be spent in practice placements.

The prototype curriculum for midwifery meets these requirements. However, it should be noted that in some countries of the Region the minimum length of the programme leading to a baccalaureate degree is four years.

For applicants to midwifery programmes who have already successfully completed a three-year nursing programme, the shortened programme of not less than 18 months may be available.

### **3B.8 Approval of the curriculum**

It is recognized that not all Member States have, as yet, legislation governing the nursing and midwifery professions, nor do they therefore have statutory bodies, charged under the law of the country, to ensure public protection by approving the standard, kind and content of the programmes of preparation of nurses and midwives and by maintaining a register of midwives. As many countries are striving to obtain such legislation, this matter is dealt with in Sections 5 and 7 of these Guidelines.

In all Member States where legislation and statutory regulations exist, the programme must comply with these rules and regulations and, before it may proceed, must be approved by the 'designated competent authority' or statutory body responsible for awarding the professional registration or licence to practise as a midwife.

### **3B.9 Ethical values that underpin the curriculum**

The practice of midwifery is based on the International Code of Ethics for Midwives (ICM 1993).

#### ***Preamble to the Code***

*The aim of the International Confederation of Midwives (ICM) is to improve the standard of care provided to women, babies and families throughout the world through the development, education, and appropriate utilization of the professional midwife. In keeping with its aim of women's health and focus on the midwife, the ICM sets forth the following code to guide the education, practice and research of the midwife. This code acknowledges women as persons, seeks justice for all people and equity in access to health care, and is based on mutual relationships of respect, trust, and the dignity of all members of society.'*

#### ***The Code***

##### ***I. Midwifery relationships***

*A. Midwives respect a woman's informed right of choice and promote the woman's acceptance of responsibility for the outcomes of her choices.*

*B. Midwives work with women, supporting their right to participate actively in decisions about their care, and empowering women to speak for themselves on issues affecting the health of women and their families in their culture/society.*

*C. Midwives, together with women, work with policy and funding agencies to define women's needs for health services and to ensure that resources are fairly allocated considering priorities and availability.*

*D. Midwives support and sustain each other in their professional roles, and actively nurture their own and others' sense of self-worth.*

*E. Midwives work with other health professionals, consulting and referring as necessary when the woman's need for care exceeds the competencies of the midwife.*

*F. Midwives recognize the human interdependence within their field of practice and actively seek to resolve inherent conflicts.*

## ***II Practice of midwifery***

*A. Midwives provide care for women and childbearing families with respect for cultural diversity while also working to eliminate harmful practices within those same cultures.*

*B. Midwives encourage realistic expectations of childbirth by women within their own society, with the minimum expectation that no women should be harmed by conception or childbearing.*

*C. Midwives use their professional knowledge to ensure safe birthing practices in all environments and cultures.*

*D. Midwives respond to the psychological, physical, emotional and spiritual needs of women seeking health care, whatever their circumstances.*

*E. Midwives act as effective role models in health promotion for women throughout their life cycle, for families and for other health professionals.*

*F. Midwives actively seek personal, intellectual and professional growth throughout their midwifery career, integrating this growth into their practice*

## ***III The professional responsibilities of midwives***

*A. Midwives hold in confidence client information in order to protect the right to privacy, and use judgement in sharing this information.*

*B. Midwives are responsible for their decisions and actions, and are accountable for the related outcomes in their care of women.*

*C. Midwives may refuse to participate in activities for which they hold deep moral opposition; however, the emphasis on individual conscience should not deprive women of essential health services.*

*D. Midwives participate in the development and implementation of health policies that promote the health of all women and childbearing families.*

## ***IV Advancement of midwifery knowledge and practice***

*A. Midwives ensure that the advancement of midwifery knowledge is based on activities that protect the rights of women as persons.*

*B. Midwives develop and share midwifery knowledge through a variety of processes, such as peer review and research.*

*C. Midwives participate in the formal education of midwifery students and midwives.*

### **3B.10 Structure of the curriculum**

The prototype curriculum is structured in modules or units of study over a three-year programme of 46 weeks per year, based on a 37.5-hour week. A full module equates to 375 hours of study, or *the equivalent of* 10 weeks of 37.5 working hours. (See Sections 4, 7 and 8, which discuss teaching/learning and assessment strategies, and the concepts of credit rating and accreditation respectively. See also the module descriptors in the Prototype Midwifery Curriculum that concludes Part B of this Section.) Table 3B.1 shows the apportionment of theory and practice elements in each module of the full three-year programme. Qualified nurses wishing to enter midwifery education undertake the shortened programme (a minimum of 18 months) and the modules that must be taken by these students are indicated in Table 3B.1 by an asterisk.

The structure of the curriculum should enable students, during their first year, to gain a sound foundation of knowledge, skills and understanding of their discipline of midwifery, based on integrated theory and practice learning, combined with exposure to discussion of the values that underpin practice as a midwife. From there, the curriculum should be so structured as to present students with opportunities to gain increasingly analytical and critical thinking skills that can be applied to their midwifery practice, so that they are able, by their final year, to synthesize information and to evaluate care, based on the available evidence base, and to make soundly based judgements and decisions. During the three years (or the eighteen months of the shortened programme) the curriculum, and particularly the manner in which it is taught and learned, must enable students to develop professional and ethical attitudes, increasingly sensitive communication skills and the ability to work effectively in partnership with mothers and with other members of the multidisciplinary team. Analysis of the prototype curriculum will demonstrate how this progression of knowledge, skills and attitudes can be fostered as the student midwife moves from novice to competent practitioner, appropriately prepared to enter her/his chosen profession of midwifery, and possessed of an understanding of and belief in the value of continuing to update her/his knowledge, skills and attitudes.

### **3B.11 Credit rating of modules**

Credits 'are a numerical value allocated to course units (modules) to describe the *student workload* required to complete them.... and are not limited to contact hours only' (European Commission 1995). They therefore include not only student effort in attendance at and participation in formal classes, but also in their practice placement experiences. Credits also take into account teacher-directed and student self-directed study, for example working in the library, practising in the midwifery skills laboratory, preparing for and writing assignments/examinations and presenting seminars.

A considerable variety of credit rating systems exist. This can give rise to confusion, particularly when an apparently similar course of study (or module) in one programme is accredited with a very different *number* of credit points from that in another. The principle of credit rating however is universal, which is that credit should be assigned to each component of a curriculum, whether theory or practice based, at a level commensurate with the level of difficulty of that component, and that that credit should reflect the estimated amount of effort required of the student, in order to achieve a pass in that component. This matter is the focus of Section 8.

Because the prototype curriculum has been prepared for the WHO European Region, the modules have been assigned credits according to the European Credit Transfer System (ECTS) (see Section 8).

### **3B.12 Teaching, learning and assessment strategies**

The teaching, learning and assessment strategies will be congruent with the principles of adult education, based on the rationale that both teacher and student will bring prior knowledge and experience to contribute to the educative process. (See Section 4) Active student participation, facilitated by midwife teachers (who will have a role both in the university setting and in practice) and by mentors (in practice) will be the norm. Wherever possible, students of midwifery will learn together with students from other health care disciplines, including doctors, nurses and members of the allied professions such as physiotherapists. This multidisciplinary learning is likely to be most effective when each student has gained a sound knowledge of her/his own discipline and will be particularly relevant in the penultimate and final years of the students' programmes.

The emphasis in the university-based components will be on interactive approaches and a wide variety will be used. While there will be a place for the didactic lecture, it will constitute a relatively minor proportion of the curriculum. In the practice settings, students will be expected to learn from their experience of care-giving, initially under close supervision; and time and space will be set aside on a planned and regular basis, so that students can reflect, together with their mentors and/or lecturers, upon their experience, and discuss how care is underpinned by theory learned in the classroom, including research-based information. This supervision will be continuous at first, while the student is mainly observing or practising skills that are at the least complex end of the continuum of a qualified midwife's work. As the student progresses in her/his education, s/he will be expected to conduct assessment of the mother and of the newborn, to plan and give care, and ultimately to evaluate the care given. S/he will also be responsible for the practice of management, leadership and supervisory skills, gradually assuming the role and functions of a qualified midwife. Assessment strategies, both for the theory and the practice components of the curriculum, will be appropriate to the academic and practice level of the programme and to the adult learning approach. The teaching, learning and assessment strategies are addressed in a little more detail in Section 4.

The success of these teaching, learning and assessment strategies will depend critically on the availability and deployment of appropriately qualified and prepared midwife educators and qualified midwife mentors, who are committed to the philosophy of adult learning approaches (see Section 6).

### **3B.13 Quality monitoring and accreditation**

Internal and external evaluation and peer review will be essential to monitor the quality and standards of the total curriculum, in its structure, processes and outcome. This monitoring process will also include an assessment of its comparability with similar programmes, and, should a national system of benchmarking exist, with national standards in the country. External examiners or assessors will require to be appointed, in accordance with the country's university procedures and those of the national regulatory body. These quality control and evaluation processes are the focus of Sections 7 and 8 of these Guidelines.

### **3B.14 Outcomes of the curriculum expressed as competencies**

As specified in the Strategy (Section 7), the curriculum will be competency-based (see Section 2 of these Guidelines). On successful completion of the programme, the newly qualified midwife will have attained and will demonstrate in practice the undermentioned competencies (ICM, 1999). The midwife will:

- have the requisite knowledge and skills from the social sciences, public health and ethics that form the basis of high quality, culturally relevant, appropriate care for women, newborns, and childbearing families;
- provide high quality, culturally sensitive health education and services to all in the community in order to promote healthy family life, planned pregnancies and positive parenting;
- provide high quality antenatal care to maximize the health of the mother during pregnancy and that includes early detection and treatment or referral of selected complications;
- provide high quality, culturally sensitive care during labour, conduct a clean and safe delivery, and handle selected emergency situations to maximize the health of women and their newborns;
- provide comprehensive, high quality, culturally sensitive postnatal care for women; and
- provide high quality, comprehensive care for the essentially healthy infant from birth to two months of age.

**THE REMAINDER OF PART B  
COMPRISES THE PROTOTYPE CURRICULUM**

## Midwifery curriculum

MODULE TITLES (related key HEALTH21 target(s) in brackets)

**THE MAIN SUBJECT IN THE CURRICULUM IS  
THE THEORY AND PRACTICE OF MIDWIFERY**  
shown here as the central core  
with the SUPPORTING SUBJECTS shown on either side

*The number of hours complies with the current EC Directive*

<b>Concepts of Health</b> (All)	<b>Women's Experience of Birth</b> (2, 3, 11, 13, 15, 20, 21)	<b>Behavioural Sciences</b> (3, 4, 11)
<b>Practice Skills</b> (3, 6, 10, 12, 13, 18)	<b>Midwifery Knowledge 1</b> (3, 4, 11, 14, 19)	<b>Biological Sciences</b> (3, 11)
<b>Research Appreciation</b> (3, 7, 8, 19, 21)	<b>Sexual and Reproductive Health</b> (2, 3, 4, 7, 8, 9, 11, 21)	<b>Public Health and Primary Health Care</b> (2, 3, 12, 15, 21)
	<b>Neonatal and Infant Health</b> (2, 3, 11, 12)	
	<b>Midwifery Knowledge 2</b> (3, 4, 6, 11, 19)	
<b>Women's Health</b> (2, 3, 4, 6, 12, 20)	<b>Medical, Political and Environmental Influences on Childbearing Women</b> (1, 3, 8, 9, 10, 12, 13, 14)	<b>Health Policy and Quality of Care</b> (1, 2, 3, 10, 14, 16, 19, 21)
	<b>Unexpected Outcomes of Pregnancy</b> (3, 6, 12)	
	<b>Midwives with Women in the Cultural Context</b> (All)	

Table 3B.1 of draft curriculum

Year	Module	Module	Module	Module	Module	Module	Totals
1	Concepts of health	Women's experience of birth	Behavioural sciences	Biological sciences	Midwifery knowledge 1* (scope of practice)	Practice skills	
Theory Practice	80% 20%	60% 40%	60% 40%	60% 40%	60% 40%	20% 80%	57% 43%
2	Research appreciation	Public health and primary health care	Sexual and reproductive health*	Neonatal and infant health*	Midwifery knowledge 2*		
Theory Practice	80% 20%	80% 20%	60% 40%	60% 40%	20% 80%		53% 47%
3	Medical, political and environmental influences on childbearing women *	Unexpected events in pregnancy*	Women's health*	Health policy and quality of care	Midwives with women in their cultural contexts*		
Theory Practice	40% 60%	40% 60%	50% 50%	50% 50%	10% 90%		33% 67%
Theory Practice							48% 52%

*Note.* If the minimum requirements for a three-year programme are 2300 hours practice and the same for theory, this programme would contain 2300 hours of theory and 2492 hours of practice, giving a total of 4792 hours. Students undertaking a shortened programme owing to the accreditation of previous education programmes, such as nursing, would be required to undertake the appropriate number of modules, keeping in mind the EU and local regulations. Modules marked with an asterisk (\*) should be considered core for all entrants to *any stage* of the programme.

**WHO EUROPEAN STRATEGY  
FOR NURSING AND MIDWIFERY EDUCATION**

MIDWIFERY CURRICULUM

MODULE DESCRIPTOR

**Title: CONCEPTS OF HEALTH**

**ECTS Credits: 10**

*Main HEALTH21 target(s) addressed: All*

Level: 1

Full Module – 80% theory, 20% practice

---

*MODULE CONTENT SUMMARY*

---

This module will introduce the student to a variety of approaches to health and in particular to global and European visions of health. Specific models of health promotion for the individual throughout the life span will be examined in the context of the underpinning cultural values.

---

*SYLLABUS*

---

Historical influences on health  
Models of health  
Health and the individual  
Human rights, social justice & equity  
Healthy lifestyles  
HEALTH21 targets  
Models for health promotion  
Cultural awareness

---

*INDICATIVE READING*

---

World Health Organization 2000 ‘Munich Declaration’ WHO, Copenhagen  
World Health Organization 2000 ‘Nurses and Midwives: A Force for Health’ WHO Copenhagen  
National Health Policy documents  
International Statutory Documents  
Existing National Professional Literature

---

*LEARNING OUTCOMES/COMPETENCIES*

---

On completion of this module the student will:

- describe different models of health
- identify historical influences on health
- demonstrate an awareness of WHO HEALTH21 targets
- demonstrate an understanding of the importance of health promotion.

---

*PRACTICE PLACEMENT*

---

Any health promotion setting.

---

*TEACHING/LEARNING STRATEGIES*

---

Lectures  
Case Studies  
Group work  
Reflective diaries

---

*ASSESSMENT*

---

Course work:	30%
Report on practical work:	20%
Final examination:	50%

**WHO EUROPEAN STRATEGY  
FOR NURSING AND MIDWIFERY EDUCATION**

MIDWIFERY CURRICULUM

MODULE DESCRIPTOR

**Title: WOMEN'S EXPERIENCE OF BIRTH**

**ECTS Credits: 10**

*Main HEALTH21 target(s) addressed: 2, 3, 11, 13, 15,  
20, 21*

Level: 1

Full Module – 60% theory, 40% practice

---

*MODULE CONTENT SUMMARY*

---

This module will examine the meaning of community in relation to the local setting. Relevant influences on the community will be explored especially in relation to women's experiences of pregnancy and birth.

---

*SYLLABUS*

---

Definitions of a community  
The family and the community  
Culture and the community  
Socialization and the community  
Basic demography and epidemiology  
Primary health care  
Pregnancy and birth within the community

---

*INDICATIVE READING*

---

World Health Organization 1996 Learning Materials on Nursing: Chapter 7: Healthy Parenthood WHO, Copenhagen  
World Health Organization 'Safe Motherhood Resource List' – lists all WHO publications on Safe Motherhood – all free of charge. WHO, Geneva  
Existing National Professional Literature

---

*LEARNING OUTCOMES/COMPETENCIES*

---

On completion of this module the student will:

- demonstrate understanding of a variety of definitions of health
- demonstrate appreciation of the roles of different community members
- describe the effect of the culture on the community
- outline the relationship between primary health care and the community.

---

*PRACTICE PLACEMENT*

---

During the practice period students will be expected to meet a pregnant woman and share her experiences of pregnancy and birth as a companion.

---

*TEACHING/LEARNING STRATEGIES*

---

Lectures  
Group work  
Case study  
Self-directed learning  
Reflective diaries

---

*ASSESSMENT*

---

Diary of practice experience (10%)  
Case study (70%)  
Group project (20%)

**WHO EUROPEAN STRATEGY  
FOR NURSING AND MIDWIFERY EDUCATION**

MIDWIFERY CURRICULUM

MODULE DESCRIPTOR

**Title: BEHAVIOURAL SCIENCE**

**ECTS Credits: 10**

*Main HEALTH21 target(s) addressed: 3, 4, 11*

Level: 1

Full Module – 60% theory, 40% practice

---

*MODULE CONTENT SUMMARY*

---

This module supports students to examine the principles of human behaviour, learning, perception, motivation, social behaviour, language and communication. It will encourage students to develop their own listening and responding skills.

---

*SYLLABUS*

---

Historical overview of human behaviour and learning  
Theories of motivation and social behaviour  
Communication skills  
Study skills  
Interpersonal skills

---

*INDICATIVE READING*

---

Existing national professional literature.

---

*LEARNING OUTCOMES/COMPETENCIES*

---

On completion of this module the student will:

- outline the history of human behaviour and learning
- describe theories of motivation and social behaviour
- demonstrate interpersonal and communication skills.

---

*PRACTICE PLACEMENT*

---

Day-care centres  
Behavioural science laboratories

---

*TEACHING/LEARNING STRATEGIES*

---

Lectures  
Case studies  
Practical demonstrations  
Group work

---

*ASSESSMENT*

---

Objective Structured Clinical Examination (OSCE): 20%  
Written examination: 80%

**WHO EUROPEAN STRATEGY  
FOR NURSING AND MIDWIFERY EDUCATION**

MIDWIFERY CURRICULUM

MODULE DESCRIPTOR

**Title: BIOLOGICAL SCIENCES**

**ECTS Credits: 15**

*Main HEALTH21 target(s) addressed: 3, 11*

Level: 1

Full Module – 60% theory, 40% practice

---

*MODULE CONTENT SUMMARY*

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This module enables students to develop an understanding of the homeostatic principles that govern human existence. It will introduce students to life sciences, fundamentals of chemistry and physics.

---

*SYLLABUS*

---

Introduction to life sciences  
The cell  
Energy  
Homeostasis  
Fetal growth and development  
Human body systems  
Human lactation  
Human development through the life span.

---

*INDICATIVE READING*

---

World Health Organization 1996 Learning Materials on Nursing: Chapter 7: Healthy Parenthood WHO, Copenhagen  
World Health Organization 'Safe Motherhood Resource List' – lists all WHO publications on Safe Motherhood – all free of charge. WHO, Geneva  
Existing National Professional Literature

---

*LEARNING OUTCOMES/COMPETENCIES*

---

On completion of this module the student will:

- demonstrate an understanding and working knowledge of anatomy, normal physiology and human development throughout the life span
- demonstrate in-depth understanding of the physiological process of lactation.

---

*PRACTICE PLACEMENT*

---

Relevant clinics  
Biological science laboratories

---

*TEACHING/LEARNING STRATEGIES*

---

Problem-based learning  
Lectures  
Tutorials  
Practical laboratory sessions  
Group work

---

*ASSESSMENT*

---

Multiple choice tests: 100% (4 × 25%)

**WHO EUROPEAN STRATEGY  
FOR NURSING AND MIDWIFERY EDUCATION**

MIDWIFERY CURRICULUM

MODULE DESCRIPTOR

**Title: MIDWIFERY KNOWLEDGE 1**

**ECTS Credits: 5**

*Main HEALTH21 target(s) addressed: 3, 4, 11, 14, 19*

Level: 1

0.5 Module –60% theory, 40% practice

---

*MODULE CONTENT SUMMARY*

---

This module introduces students to essential concepts and theoretical development in midwifery upon which professional practice is based. Various models for midwifery practice are introduced and the balancing of the midwife as an autonomous practitioner with the need for teamwork in a multidisciplinary setting is introduced.

---

*SYLLABUS*

---

History of midwifery  
Introduction to relevant theoretical frameworks  
Midwifery and the law  
Midwifery codes of practice  
The midwife in professional practice

---

*INDICATIVE READING*

---

World Health Organization 2000 ‘Munich Declaration’ WHO, Copenhagen  
World Health Organization 1996 Learning Materials on Nursing: Chapter 7: Healthy Parenthood WHO, Copenhagen  
World Health Organization ‘Safe Motherhood Resource List’ – lists all WHO publications on Safe Motherhood – all free of charge. WHO, Geneva  
Existing National Professional Literature

---

*LEARNING OUTCOMES/COMPETENCIES*

---

On completion of this module the student will:

- outline the historical base of midwifery
- describe the relevant legal, ethical and other codes of practice impinging on midwifery
- demonstrate understanding of midwifery theoretical frameworks

---

*PRACTICE PLACEMENT*

---

Midwifery out patient settings.

---

*TEACHING/LEARNING STRATEGIES*

---

Lectures  
Tutorials  
Seminars  
Group work

---

*ASSESSMENT*

---

Case study:	50%
Seminar presentation:	50%

**WHO EUROPEAN STRATEGY  
FOR NURSING AND MIDWIFERY EDUCATION**

MIDWIFERY CURRICULUM

MODULE DESCRIPTOR

**Title: PRACTICE SKILLS**

**ECTS Credits: 10**

*Main HEALTH21 target(s) addressed: 3, 6, 10, 12, 13, 18*

Level: 1

Full Module – 20% theory, 80% practice

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*MODULE CONTENT SUMMARY*

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This module will assist students to develop the beginning skills required for midwifery practice. The emphasis in this module is the practice of these skills to be carried out in midwifery clinical settings.

---

*SYLLABUS*

---

Infection control  
Health and safety  
Resuscitation skills  
Caring skills  
Midwifery skills (including breast feeding skills)  
Counselling skills

---

*INDICATIVE READING*

---

World Health Organization 1996 Learning Materials on Nursing: Chapter 7: Healthy Parenthood WHO, Copenhagen  
World Health Organization 'Safe Motherhood Resource List' – lists all WHO publications on Safe Motherhood – all free of charge. WHO, Geneva  
Existing National Professional Literature  
WHO SEARO (2000) Standards of Midwifery Practice for Safe Motherhood  
WHO EURO (2000) Essential antenatal, perinatal and postpartum care

---

*LEARNING OUTCOMES/COMPETENCIES*

---

On completion of this module the students will:

- demonstrate resuscitation skills
- describe and practise infection control principles
- outline health and safety principles
- demonstrate midwifery practice skills
- plan a programme of care for a woman with a normal pregnancy

---

*PRACTICE PLACEMENT*

---

Outpatient midwifery settings.

---

*TEACHING/LEARNING STRATEGIES*

---

Lectures  
Tutorials  
Laboratory work  
Clinical practice with mentor

---

*ASSESSMENT*

---

Simulated clinical examinations (in a non-patient environment): 100% (2 × 50%)

**WHO EUROPEAN STRATEGY  
FOR NURSING AND MIDWIFERY EDUCATION**

MIDWIFERY CURRICULUM

MODULE DESCRIPTOR

**Title: RESEARCH APPRECIATION**

**ECTS Credits: 10**

*Main HEALTH21 target(s) addressed: 3, 7, 8, 19, 21*

Level: 2

Full Module – 80% theory, 20% practice

---

*MODULE CONTENT SUMMARY*

---

Students are introduced to the basic concepts of the research process. The module is designed to enable students to read research in a critical manner, with a particular emphasis on the application of relevant research to their midwifery practice.

---

*SYLLABUS*

---

Ways of knowing  
The research process  
Searching databases  
Literature review  
Methodologies  
Critical appraisal skills  
Basic statistics

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*INDICATIVE READING*

---

World Health Organization 2000 'Research awareness in nursing and midwifery: a workbook'  
WHO, Copenhagen  
World Health Organization 1996 Learning Materials on Nursing: Chapter 7: Healthy  
Parenthood WHO, Copenhagen  
World Health Organization 'Safe Motherhood Resource List' – lists all WHO publications on  
Safe Motherhood – all free of charge. WHO, Geneva  
Existing National Professional Literature

---

*LEARNING OUTCOMES/COMPETENCIES*

---

On completion of this module the students will:

- differentiate different ways of knowing
- demonstrate ability to analyse research reports
- apply relevant research findings to midwifery practice

---

*PRACTICE PLACEMENT*

---

Any midwifery setting.

---

*TEACHING/LEARNING STRATEGIES*

---

Lectures  
Tutorials  
Group work  
Laboratory work

---

*ASSESSMENT*

---

Coursework: review of a research article:	50%
Written examination:	50%

**WHO EUROPEAN STRATEGY  
FOR NURSING AND MIDWIFERY EDUCATION**

MIDWIFERY CURRICULUM

MODULE DESCRIPTOR

**Title: PUBLIC HEALTH AND PRIMARY CARE**

**ECTS Credits: 10**

*Main HEALTH21 target(s) addressed: 2, 3, 12, 15, 21*

Level: 2

Full Module – 80% theory, 20% practice

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*MODULE CONTENT SUMMARY*

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This module introduces students to the concept of public health. Particular emphasis is given to the health education and screening programmes that are available locally, nationally and internationally.

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*SYLLABUS*

---

Concepts of public health  
Concepts of epidemiology  
Environmental health issues  
Primary health care and public health  
Social issues impacting on public health  
Health education and promotion  
Communicable/noncommunicable disease prevention programmes  
Cervical and breast screening

---

*INDICATIVE READING*

---

World Health Organization 1996 Learning Materials on Nursing: Chapter 7: Healthy Parenthood WHO, Copenhagen  
World Health Organization 'Safe Motherhood Resource List' – lists all WHO publications on Safe Motherhood – all free of charge. WHO, Geneva  
Existing National Professional Literature

---

*LEARNING OUTCOMES/COMPETENCIES*

---

On completion of this module the student will:

- apply the WHO principles of primary health care to midwifery practice
- demonstrate an understanding of public and environmental health and epidemiology
- demonstrate awareness of health promotion and screening programmes

---

*PRACTICE PLACEMENT*

---

Any screening programme relevant to midwifery practice.

---

*TEACHING/LEARNING STRATEGIES*

---

Lectures  
Group work  
Observation

---

*ASSESSMENT*

---

Poster presentation:	20%
Report on community initiative:	40%
Examination:	40%

**WHO EUROPEAN STRATEGY  
FOR NURSING AND MIDWIFERY EDUCATION**

MIDWIFERY CURRICULUM

MODULE DESCRIPTOR

**Title: SEXUAL AND REPRODUCTIVE HEALTH**

**ECTS Credits: 10**

*Main HEALTH21 target(s) addressed: 2, 3, 4, 7, 9, 11, 21*

Level: 2

Full Module – 60% theory, 40% practice

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*MODULE CONTENT SUMMARY*

---

This module is intended to offer students a broad overview of issues affecting women's reproductive health throughout the life span. Those issues that impinge upon or are a direct result of pregnancy will be closely examined.

---

*SYLLABUS*

---

Concepts of sexuality  
Family planning through the life span  
Abortion  
Sexually transmitted diseases  
Pre-conceptual health  
Infertility  
Gynaecological problems  
Needs and initiatives in youth and adolescent health

---

*INDICATIVE READING*

---

World Health Organization 1996 Learning Materials on Nursing: Chapter 7: Healthy Parenthood WHO, Copenhagen  
World Health Organization 'Safe Motherhood Resource List' – lists all WHO publications on Safe Motherhood – all free of charge. WHO, Geneva  
Existing National Professional Literature  
WHO SEARO (2000) Standards of Midwifery Practice for Safe Motherhood  
WHO EURO (2000) Essential antenatal, perinatal and postpartum care

---

*LEARNING OUTCOMES/COMPETENCIES*

---

On completion of this module the student will:

- apply knowledge of sexual health in a variety of clinical contexts
- outline specific health needs and initiatives for youths and adolescents
- show awareness of potential problems impacting on sexual health
- discern the effectiveness of a number of specific health promotion strategies

---

*PRACTICE PLACEMENT*

---

Gynaecological or similar practice area.

---

*TEACHING/LEARNING STRATEGIES*

---

Lectures  
Tutorials  
Laboratories

---

*ASSESSMENT*

---

Case study: 60%  
Evaluation of practice: 40%

**WHO EUROPEAN STRATEGY  
FOR NURSING AND MIDWIFERY EDUCATION**

MIDWIFERY CURRICULUM

MODULE DESCRIPTOR

**Title: NEONATAL AND INFANT HEALTH**

**ECTS Credits: 10**

*Main HEALTH21 target(s) addressed: 2, 3, 11, 12*

Level: 2

Full Module – 60% theory, 40% practice

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*MODULE CONTENT SUMMARY*

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In this module the students are introduced to the normal new born as well as to those requiring special care.

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*SYLLABUS*

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Assessment and care of the normal neonate  
Infant feeding  
Needs of the special neonate  
Resuscitation of the newborn  
Principles of paediatric community liaison

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*INDICATIVE READING*

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World Health Organization 1996 Learning Materials on Nursing: Chapter 7: Healthy Parenthood WHO, Copenhagen  
World Health Organization 'Safe Motherhood Resource List' – lists all WHO publications on Safe Motherhood – all free of charge. WHO, Geneva  
Existing National Professional Literature

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*LEARNING OUTCOMES/COMPETENCIES*

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On completion of this module the student will:

- demonstrate an understanding of the newborn's adaptation to extrauterine life
- analyse the factors that may contribute to illness in the newborn
- plan a programme of care for the well newborn and the newborn requiring special care
- demonstrate ability to resuscitate the newborn infant
- outline the principles of paediatric liaison

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*PRACTICE PLACEMENT*

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Neonatal unit.

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*TEACHING/LEARNING STRATEGIES*

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Lectures  
Tutorials  
Laboratory sessions

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*ASSESSMENT*

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Examination:	30%
Simulated clinical examination (in a non-patient environment):	30%
Case study:	40%

**WHO EUROPEAN STRATEGY  
FOR NURSING AND MIDWIFERY EDUCATION**

MIDWIFERY CURRICULUM

MODULE DESCRIPTOR

Title: **MIDWIFERY KNOWLEDGE 2**

ECTS Credits: 20

*Main HEALTH21 target(s) addressed: 3, 4, 6, 11, 19*

Level: 2

Double Module – 20% theory, 80% practice

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*MODULE CONTENT SUMMARY*

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In this module students will have the opportunity to carry out midwifery care in appropriate settings. The theoretical aspect of this module will focus on the concept of reflective practice as a tool for continuing education.

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*SYLLABUS*

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Planning, implementing and evaluating midwifery care underpinned by appropriate evidence  
The midwife as a primary health practitioner  
Strategies for safe pregnancy, motherhood and childhood  
Reflective practice

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*INDICATIVE READING*

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International Council of Midwives 1999 Midwifery Competencies ICM, Geneva  
WHO EURO (2000) Essential antenatal, perinatal and postpartum care.  
World Health Organization 1996 Learning Materials on Nursing: Chapter 7: Healthy Parenthood WHO, Copenhagen  
World Health Organization 'Safe Motherhood Resource List' – lists all WHO publications on Safe Motherhood – all free of charge. WHO, Geneva  
Existing National Professional Literature

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*LEARNING OUTCOMES/COMPETENCIES*

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On completion of this module the student will:

*plan a programme of care relevant to practice*

- relate the provision of care to the relevant theoretical constructs
- demonstrate knowledge of appropriate technology
- demonstrate ability to communicate effectively with other members of a multidisciplinary team
- evaluate the effectiveness of her own practice

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*PRACTICE PLACEMENT*

---

Any midwifery setting

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*TEACHING/LEARNING STRATEGIES*

---

Mentored clinical practice  
Seminars

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*ASSESSMENT*

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Case study:	30%
Reflective diary:	20%
Clinical evaluation:	50%

**WHO EUROPEAN STRATEGY  
FOR NURSING AND MIDWIFERY EDUCATION**

MIDWIFERY CURRICULUM

MODULE DESCRIPTOR

**Title: MEDICAL, POLITICAL AND  
ENVIRONMENTAL INFLUENCES ON  
CHILDBEARING WOMEN**

**ECTS Credits: 10**

*Main HEALTH21 target(s) addressed: 1, 3, 8, 9, 10, 12,  
13, 14*

Level: 3

Full Module – 40% theory, 60% practice

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*MODULE CONTENT SUMMARY*

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This module considers some of the pre-existing factors that have an influence on pregnancy and birth. Medical, social, political and environmental factors are debated.

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*SYLLABUS*

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Social and environmental issues  
Civil unrest and disaster  
Discrimination against minorities  
Women with special needs  
Risk assessment and prioritization skills  
Pre-existing medical conditions

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*INDICATIVE READING*

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WHO Euro 1994 Midwifery Management in high-risk pregnancy and delivery: an instructional workbook. EUR/ICP/FMLY 94 02/PK9  
World Health Organization 1996 Learning Materials on Nursing: Chapter 7: Healthy Parenthood WHO, Copenhagen  
World Health Organization 'Safe Motherhood Resource List' – lists all WHO publications on Safe Motherhood – all free of charge. WHO, Geneva  
Country specific maternity and neonatal statistics  
Existing National Professional Literature

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*LEARNING OUTCOMES/COMPETENCIES*

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On completion of this module the student will:

- analyse medical and environmental risk factors in pregnant women
- prioritize her own midwifery care in the multidisciplinary environment
- critically analyse sociopolitical influences on the childbearing woman
- plan appropriate midwifery care for a woman in these situations

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*PRACTICE PLACEMENT*

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Medical, surgical or psychiatric areas (50%)  
Relevant community setting (50%).

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*TEACHING/LEARNING STRATEGIES*

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Lectures  
Seminars  
Group work

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*ASSESSMENT*

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Examination: 40%  
Case study: 60%

**WHO EUROPEAN STRATEGY  
FOR NURSING AND MIDWIFERY EDUCATION**

MIDWIFERY CURRICULUM

MODULE DESCRIPTOR

**Title: UNEXPECTED EVENTS IN PREGNANCY**

**ECTS Credits: 10**

*Main HEALTH21 target(s) addressed: 3, 6, 12*

Level: 3

Full Module – 40% theory, 60% practice

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*MODULE CONTENT SUMMARY*

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This module examines complications that develop in pregnancy. The role of the midwife in such situations is critiqued.

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*SYLLABUS*

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Complications of pregnancy, labour and postpartum  
Risk assessment  
Adult resuscitation skills  
Use of appropriate technology

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*INDICATIVE READING*

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World Health Organization 1996 Learning Materials on Nursing: Chapter 7: Healthy Parenthood WHO, Copenhagen  
World Health Organization 'Safe Motherhood Resource List' – lists all WHO publications on Safe Motherhood – all free of charge. WHO, Geneva  
Existing National Professional Literature

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*LEARNING OUTCOMES/COMPETENCIES*

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On completion of this module the student will:

- recognize deviations from the normal
- assess and prioritize appropriately in emergency situations
- demonstrate ability to resuscitate the adult
- demonstrate competency in use of technology

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*PRACTICE PLACEMENT*

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High-risk maternity area.

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*TEACHING/LEARNING STRATEGIES*

---

Lectures  
Tutorials

---

*ASSESSMENT*

---

Examination:           40%  
Case study:             60%

**WHO EUROPEAN STRATEGY  
FOR NURSING AND MIDWIFERY EDUCATION**

MIDWIFERY CURRICULUM

MODULE DESCRIPTOR

**Title: WOMEN'S HEALTH**

**ECTS Credits: 10**

*Main HEALTH21 target(s) addressed: 2, 3, 4, 6, 12, 20*

Level: 3

Full Module – 50% theory, 50% practice

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*MODULE CONTENT SUMMARY*

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Structures affecting women's health are explored and specific women's health issues are examined in depth.

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*SYLLABUS*

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Historical issues of women's health  
Women as health care providers and recipients  
Research and women's health  
Body image  
Mental health  
Occupational health  
Violence against women  
Health and the older woman

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*INDICATIVE READING*

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World Health Organization 1996 Learning Materials on Nursing: Chapter 7: Healthy Parenthood WHO, Copenhagen  
World Health Organization 'Safe Motherhood Resource List' – lists all WHO publications on Safe Motherhood – all free of charge. WHO, Geneva  
Existing National Professional Literature

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*LEARNING OUTCOMES/COMPETENCIES*

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On completion of this module the student will:

- critically analyse the impact of history on women's health
- identify the medical and social issues that impact on women's health
- critique available research on women's health issues
- analyse women's role as care providers and recipients

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*PRACTICE PLACEMENT*

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Community initiatives.

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*TEACHING/LEARNING STRATEGIES*

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Seminar work  
Problem based learning

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*ASSESSMENT*

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Project:           100%

**WHO EUROPEAN STRATEGY  
FOR NURSING AND MIDWIFERY EDUCATION**

MIDWIFERY CURRICULUM

MODULE DESCRIPTOR

**Title: HEALTH POLICY AND QUALITY CARE**

**ECTS Credits: 10**

*Main HEALTH21 target(s) addressed: 2, 3, 12, 15, 21*

Level: 3

Full Module – 50% theory, 50% practice

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*MODULE CONTENT SUMMARY*

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This module addresses issues related to the implementation of health policy in an appropriate manner. Students are encouraged to consider health policy at both the macro and the micro levels.

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*SYLLABUS*

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National priorities for health  
Health economics  
Evidence based practice  
Politics of health care  
Health informatics  
Concepts of quality  
Standards and protocols  
Policy development

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*INDICATIVE READING*

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World Health Organization 2000 'Research awareness in nursing and midwifery: a workbook'  
WHO, Copenhagen  
World Health Organization 1996 Learning Materials on Nursing: Chapter 7: Healthy  
Parenthood WHO, Copenhagen  
World Health Organization 'Safe Motherhood Resource List' – lists all WHO publications on  
Safe Motherhood – all free of charge. WHO, Geneva  
Existing National Professional Literature  
WHO SEARO (2000) Standards of Midwifery Practice for Safe Motherhood

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*LEARNING OUTCOMES/COMPETENCIES*

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On completion of this module the student will:

- demonstrate an understanding of the concepts of quality in healthcare
- critically analyse the national priorities for health
- review the impact of politics on policy development
- analyse the importance of informatics in health care

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*PRACTICE PLACEMENT*

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Working with policy-makers on a project of relevance to midwifery.

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*TEACHING/LEARNING STRATEGIES*

---

Seminars  
Lectures  
Group work

---

*ASSESSMENT*

---

Project:           100%

**WHO EUROPEAN STRATEGY  
FOR NURSING AND MIDWIFERY EDUCATION**

MIDWIFERY CURRICULUM

MODULE DESCRIPTOR

**Title: MIDWIVES WITH WOMEN IN THEIR  
CULTURAL CONTEXTS**

**ECTS Credits: 20**

*Main HEALTH21 target(s) addressed: All*

Level: 3

Full Module – 10% theory, 90% practice

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*MODULE CONTENT SUMMARY*

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This module synthesizes the material from previous modules and prepares the student for the role of the qualified midwife.

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*SYLLABUS*

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In the respective context an examination of:

- Responsibility and accountability
- Professionalism and power
- Practise of midwifery skills in relevant context
- Team working within the primary health setting
- Management skills
- Lifelong learning
- Expectations of the newly qualified midwife

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*INDICATIVE READING*

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World Health Organization 2000 'Research awareness in nursing and midwifery: a workbook'  
WHO, Copenhagen  
World Health Organization 1996 Learning Materials on Nursing: Chapter 7: Healthy  
Parenthood WHO, Copenhagen  
World Health Organization 'Safe Motherhood Resource List' – lists all WHO publications on  
Safe Motherhood – all free of charge. WHO, Geneva  
Existing National Professional Literature  
WHO EURO (2000) Essential antenatal, perinatal and postpartum care

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*LEARNING OUTCOMES/COMPETENCIES*

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On completion of this module the student will:

- practise responsibility and accountability in midwifery
- plan a team project in the primary health care setting
- critically analyse the issues of power and professionalism in midwifery practice
- review the role of the newly qualified midwife in the context of management skills

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*PRACTICE PLACEMENT*

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All midwifery practice areas.

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*TEACHING/LEARNING STRATEGIES*

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Self-directed learning.

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*ASSESSMENT*

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Written and oral examination: 100%

## Section 4

### Teaching, learning and assessment strategies consistent with the principles of adult education

#### 4.1 Adult education

In common with all of the practice-based professions, the education of nurses and midwives takes place in two locations, both of equal importance. These are the university (or equivalent institution) setting and the clinical/community practice settings. In line with EC regulations, the three-year initial nursing and midwifery education programmes are divided equally between the two settings, i.e. 50% or a minimum of 2300 hours is spent in what is often termed 'theory' i.e. at university, and 50% or a minimum of 2300 hours is spent in 'practice', i.e. in a variety of placement areas.

In relation to the students' experience in the total programme, i.e. in both university and practice settings, the Strategy states that:

*Learning experiences, teaching and assessment strategies must be diverse ... based on theories of teaching and learning, including adult learning, in which the role of the teacher is that of the facilitator of learning and the role of the student is that of an active participant (WHO 2000a).*

In essence, this means that the teaching/learning and assessment strategies must be consistent with the principles of adult education. These principles are dealt with in some detail in Chapter 12 of the LEMON learning materials (WHO 1996b) and in the accompanying Teacher and Facilitator Guide, and were applied in the construction of the Learning Materials on Nursing package. The package did not simply offer information, but required readers to engage actively with the material by completing a variety of exercises. The purpose of these was to enable readers to challenge their own practice; reflect on nursing care that they might otherwise have carried out almost unthinkingly; engage in discussion with nursing colleagues or others over issues in relation to patient care; explore their own personal values; and re-examine their own knowledge, skills and attitudes (WHO 1996b: Chapter 12). It is this same active approach to learning that is essential for nurses and midwives throughout their professional careers.

The rationale for using this approach is research-based. Research into how adults learn has shown that:

*unless we USE new knowledge, TEST OUT new challenges to our long-standing attitudes and values, ... STOP AND THINK about our practice and REFLECT on it, we are unlikely to remember the new knowledge, or to learn to think analytically and critically (WHO 1996b: Chapter12).*

Nurses and midwives who are to fulfil the role and functions stated in the Strategy (WHO 2000a) must be equipped with all the above-cited skills – not least the ability to think analytically and critically about the care they provide and to ensure that it is, wherever feasible, evidence-based.

## 4.2 Teacher-centred training or student-centred education

Traditionally, nursing and midwifery education in many countries in the Region has aimed to train assistants to doctors; assistants whose role is to do as they are told, and certainly not to question practice, or indeed to share in decision-making, while working in partnership with doctors, other health care professionals and – more and more – with patients, carers and communities. The traditional approach was teacher-centred, and lectures were virtually the only form of teaching. The role of the student was passive as little or no interaction was permitted with the teacher. In the practice areas, students were employees, learning ‘on the job’, often with little or no supervision or planned learning experiences. This was the predominant situation when health care was focused on hospitals and the care of people who were ill, the victims of various diseases.

With the reorientation to primary health care and the World Health Organization’s endorsement of the pivotal role of nurses and midwives in promoting health, fostered from the mid-1970s, and from the Declaration of Alma-Ata onwards (WHO 1978), the traditional approach to teaching was no longer appropriate. After all, in spite of decades of investment in the education of doctors, and – albeit rather less than generous – investment in nurse and midwife education, the health of the people in the countries of the Region is still a major cause for concern. The education as it existed, and indeed the calibre of entrant to nursing and midwifery, left much to be desired.

It was realized that, to achieve the competencies required to fulfil the role and functions of the nurse and midwife, as described in the Strategy (WHO 2000a), nurses and midwives must be educated, not merely trained. There is a fundamental difference between these two concepts. Basically, training is viewed as appropriate for situations where the ‘end-products can be precisely specified’, whereas education is required when the ‘end-products are too complex to specify precisely, i.e. are context-related’ (WHO 1991). There is no doubt that, in the role of the nurse and the midwife today, the end-products are much too complex to specify precisely. They are continually subject to change, and the influence of context, in all its aspects, is now known to be crucial to the maintenance of health, to disease prevention and to recovery from ill health. Hence, there is no doubt that the nurse and midwife must be educated, and therefore, not only must s/he enter her/his preparation for nursing and for midwifery with higher qualifications from general schooling, i.e. those required by the country for entrance to university, but the process of education must be very different. That process of education, which subsumes training, requires the student as well as the teacher to share responsibility for the students’ learning – an active role for both.

In adult education, learning is conceptualized as ‘an active, continuous, sequential process’ (WHO 1985). The fundamental nature of this change from the traditional didactic method should not be underestimated. Alongside this change came the realization that learning took place much more effectively when its *relevance* to the situations for which it was designed, in other words its application in the real and often unpredictable world of nursing and midwifery practice, was clear to the student. This realization was seen to motivate the student to learn.

The progression from traditional to adult education strategies should be systematically planned and gradual. This is just as much in the students’ as in the teachers’ interests, and it is important to take into account the effect of such a change on the qualified nurses and midwives who will receive these students in the clinical and community areas.

A comprehensive ‘training the trainers’ package (WHO 2000c), which deals with the preparation of those who will teach in this different role, is a valuable source of reference.

### **4.3 The changing role of the teacher**

There were clear implications in this adult education approach for the teaching methods used, and also for the role of the teacher, which changed dramatically from the deliverer of a static set of facts to someone who assisted the student to *learn how to learn*. The key role for the teacher was as a facilitator of the student’s learning; an expert in education as well as in her/his discipline of nursing and midwifery. There were also implications for those who shared in the supervision and mentoring of the students in their clinical/community placement experiences. Here too these experienced nurses faced fundamental change, in that they were expected to create a positive learning environment for the student – by now, in accordance with the Strategy, a student and not an employee – encouraging them to integrate their theoretical learning with their practice, to ask questions and to discuss the care being delivered. This presupposed a knowledge on the mentor’s part of the theoretical components of the education programme (see Section 6).

The fundamental change can be summarized as a change of emphasis from pedagogy (the education of children) to andragogy (the art and science of the education of adults). That was, and still is not an easy transition for a teacher to make and the Strategy suggests supportive networking between countries where adult education is the norm and those where it is a new concept, so that teachers can see the different approach in action.

### **4.4 The changed role for the student**

The adoption of the principles of adult education has equally major implications for the student. The student no longer has a passive role but must be actively involved in learning, encouraged to question – and to feel valued for so doing – given opportunities to practise and experience what is being learned in the university in a variety of settings in hospital and in community, and encouraged to – indeed assessed on her/his ability to – reflect on personal experience of the reality of practice. The student must also be able to relate that experience to theoretical concepts and to practise skills of critical thinking as well as increasingly complex psychomotor skills. Although the teacher will provide feedback and guidance on the standard of the students’ practice and theoretical work, they are expected gradually to take more responsibility for their own learning. The emphasis is on ‘active acquisition of information and skills by the student’ and on their ability to identify their learning needs and evaluate their progress.

### **4.5 Teaching and learning strategies**

As noted in the Strategy, these must be diverse, and many examples are given, together with details about their delivery, in the LEMON learning materials (WHO 1996b) and in a number of other WHO publications on teaching and learning.

#### **4.5.1 Classroom-based teaching/learning methods**

A selection of university-based methods, together with their main advantages and some of the challenges associated with them, is given in Table 4.1. It should be noted that, although student-centred, all require careful preparation by the teacher. This must be

followed by meticulous monitoring of student progress and provision of feedback, so that students, although working independently for much of the time, are clear about the learning outcomes to be achieved, about their progress towards that achievement, and receive tutorial and other support as necessary.

Table 4.1. Classroom-based teaching/learning methods

Teaching/learning methods	Advantages and challenges
Problem-based learning*	<ul style="list-style-type: none"> <li>• Useful for depicting real-life scenarios of practice, and encouraging students to seek out information</li> <li>• Helps develop analytical and critical thinking and problem-solving skills, in relation to nursing and midwifery practice</li> <li>• Resource intensive as requires preparation of care scenarios and skilful management and feedback by teacher</li> </ul>
Seminars	<ul style="list-style-type: none"> <li>• Encourage interaction and active seeking out of information by the student</li> <li>• Require clear guidance, but give opportunities for students to take the lead</li> <li>• Require sufficient classrooms as work is in small groups</li> </ul>
Group work	<ul style="list-style-type: none"> <li>• Encourages interaction and active seeking out of information by the student</li> <li>• Encourages students to work cooperatively with one another and to learn from each other</li> <li>• Promotes self-confidence and the ability to 'make their voice heard' in a discussion</li> <li>• Requires the teacher to provide a clear focus and defined learning outcomes, so that students know what they should achieve and there is no potential for confusion</li> <li>• May take time for students to 'find their feet' and establish their roles in the small group</li> </ul>
Simulation (role-play a real situation)	<ul style="list-style-type: none"> <li>• Useful for rehearsing a 'real situation' but in a safe environment</li> <li>• Helps develop self-confidence and competency prior to experience in practice settings</li> </ul>
Demonstration in nursing skills and other laboratories	<ul style="list-style-type: none"> <li>• Useful for practising psychomotor and communication skills and developing competency in a safe environment, also for practising reflection</li> <li>• Useful for microscope work, for example in biological sciences, and for practising accurate observation of detail and concise report-writing</li> <li>• Requires resources in laboratory space, up-to-date equipment and if possible video cameras and monitors, to enable observation and reflection by the student, with or without a teacher present</li> </ul>
Role play	<ul style="list-style-type: none"> <li>• Useful to allow students to explore sensitive issues in practice, also feelings and emotions in self and others</li> <li>• Requires very skilful supervision by teacher as process can release strong emotions and occasionally be upsetting for students</li> </ul>
Self-learning study packs/work books	<ul style="list-style-type: none"> <li>• Useful to stimulate directed study and, if exercises included, to encourage reflection and active seeking out of information. Students can work at their own pace</li> <li>• Quality of materials must be of high standard and learning outcomes clearly stated</li> </ul>
Lectures	<ul style="list-style-type: none"> <li>• *Useful for providing base-line information to large groups of students</li> <li>• Effectiveness enhanced if care scenarios incorporated, and if combined, even in large groups, with 'buzz-group' sessions and opportunities for questions.</li> <li>• Teacher-centred, and encourage passive learning on students' part</li> </ul>

Journal/learning diaries	<ul style="list-style-type: none"> <li>• Useful to record critical incidents in practice, encourage reflection and as tool to focus post-experience discussions.</li> <li>• Teacher must plan time for individual feedback with student</li> <li>• Confidentiality of patient's identity must be protected</li> </ul>
Case studies/ care studies	<ul style="list-style-type: none"> <li>• Useful to encourage students to take a holistic approach, to see the relevance of theory to practice and to bring real life situations into the classroom</li> <li>• Improve ability of students to apply theoretical models of nursing to holistic care, in a safe environment</li> <li>• Improve likelihood of transferability of knowledge to practice</li> </ul>
Debates	<ul style="list-style-type: none"> <li>• Useful to highlight that often there are no 'right or wrong' answers, and to encourage tolerance for different views and discussion of supporting evidence for these, for example in ethical dilemmas in care-giving</li> <li>• Enhance oral presentation skills of those who present the arguments for and against the motion.</li> <li>• Require skilful supervision as debate can become contentious and students need to be helped to understand and cope with fellow-students who may hold different views from themselves, i.e. develop tolerance</li> </ul>
Library work	<ul style="list-style-type: none"> <li>• Encourages self-directed learning and builds literature-searching skills</li> <li>• Essential as basis for research/evidence-based practice and lifelong learning</li> <li>• Resource-intensive, as requires a well equipped library, specialist staff and computer search facilities</li> </ul>
Information technology	<ul style="list-style-type: none"> <li>• Useful to develop computer literacy and competency to use computerized patient and nursing care records</li> <li>• Opens up access to facilities such as the Internet – as a result giving opportunity to use and improve students' abilities with English language</li> <li>• Resource-intensive, as requires well equipped computer laboratories and skilled computer support staff</li> </ul>

Source: Sherratt et al. 2000.

\* *Problem-based learning*, a relative newcomer to the teaching/learning scene, merits slightly more detailed description. This method has grown in popularity recently and, although there is as yet little research evidence of its effectiveness, it is attractive for use in a proportion of the curriculum because it encourages the student to work with a real-life situation in nursing or midwifery, focused for example on an individual patient, a pregnant woman, or a health challenge as the stimulus for learning. It is particularly useful in promoting multidisciplinary learning and teamwork, as the student is required to work with fellow students and be self-directing in finding information that will address the problem. This information must be shared, analysed and evaluated prior to a report being prepared. Problem-based learning in the education of health professionals is said by WHO (1998a) to have three educational objectives: the acquisition of an integrated body of knowledge related to the problem, the development or application of problem-solving skills, and the learning of clinical reasoning skills. These are all transferable skills which, once learned, can be applied in many different nursing and midwifery caring situations. The teacher's role in problem-based learning is challenging, and is that of the facilitator who can support students in their quest for knowledge, encourage a holistic approach to care, and challenge any sign of uncritical acceptance of a single solution or course of action.

#### **4.5.2 Practice-based (placement) teaching/learning**

It has often been said that the most effective and lasting learning takes place in the real world of practice. For this reason, it is vital that the curriculum should ensure integration between theory and practice (see Section 1). The modular approach to the curriculum (see Section 3) facilitates such integration, and many of the modules incorporate practice-based experience. This is because evidence suggests that placement learning is more effective if organized in direct connection with relevant theory and opportunities to practise its application in the skills laboratory.

Practice-based instruction or 'clinical instruction' is defined by EU Directive (1989) in relation to nursing, although there is no reason why the same definition should not be equally relevant to midwifery, as:

*that part of nursing training whereby student nurses, as part of a team and in direct contact with a healthy or sick individual and/or a community learn to plan, provide and assess the required total nursing care on the basis of their acquired knowledge and skills. The student nurse learns not only to be a member of the team but to be a team leader organising total nursing care including health education for individuals and small groups in the health institutions or the community.*

*This instruction takes place in hospitals and other health institutions and in the community, under the responsibility of teachers who are nurses and with the co-operation and assistance of other qualified nurses. Other qualified personnel may be involved in this teaching process. (European Commission 1989).*

Practice placement areas must be carefully selected for the quality of the learning environment and of the care provided, for the ability and motivation of the staff to provide supervision of students and for relevance to the stage of the students' education (see Section 7). Placement experiences, in accordance with the design of the curriculum, normally begin in health centres or mother and baby clinics, and in institutions where less acute care is provided, and progress to settings where, for nurses, more acutely ill patients are cared for, and for midwives, mothers in labour or babies in special care baby units are cared for. Students will be closely supervised by their teacher and their mentor (see Section 6) in their first year, who will select the learning experiences and guide and direct the student. Gradually, the student nurse or midwife, although still under supervision, will be given responsibilities for the total care of a patient, or in midwifery of a mother and baby, and will progress, in the final year, to gain experience in the care of a group of patients, or of mothers and babies. The role of the teacher and of the mentor will be to judge just how much supervision a student requires, and to ensure that there are always structured opportunities for students to reflect on the care given, to integrate theory with practice and to request specific demonstration and/or supervision, for example in carrying out a particular procedure.

Both teacher and mentor should be jointly responsible for assessing the progress of the student towards competency as a nurse or as a midwife.

#### **4.6 Assessment within an adult education framework**

The assessment schedule and strategies are an integral part of the curriculum, should be consistent with the principles of adult education and should foster the spirit of enquiry in the student and the close integration of theory with practice. In many countries, a national system of examinations is centrally controlled and administered, and in others the system of assessment and examination is devolved to the university offering the educational programme. In this case, the standards and quality control (see Section 7) must be approved by the higher education authorities of the country and by the regulatory body for nursing and midwifery.

Assessment of student nurses and midwives should be conducted using a wide range of different methods that require students to mirror what they will do in their practice, i.e. to apply their knowledge to the assessment, planning, giving and evaluating of care. Assessment should require not only recall of factual knowledge, but also higher level abilities, such as understanding, analysis, application, synthesis and evaluation (Bloom 1956). Contextual factors, including knowledge and understanding of cultural, social and ethical perspectives on care should be assessed as well as the students' competency in direct care giving. While some subject specific assessments may be required, the

emphasis should be on integrating the various subjects. For example, the students' knowledge of the physiology of pain, cultural influences on perceptions of pain and application of nursing research on pain assessment could be assessed in relation to the care of a patient of any age, with a chronic or acute condition. Likewise, the students' knowledge of the determinants of health could be assessed from epidemiological, sociological, psychological and physiological perspectives.

As practice constitutes 50% of the nursing and midwifery programmes, assessment of practice should receive equal weighting in the overall assessment schedule with assessment of the theoretical component.

Key concepts in relation to assessment are those of reliability and validity. Reliability relates to the need for judgements derived from the assessments to be consistent, i.e. discriminating between those who show more in-depth knowledge and understanding than others, and validity that the assessments should examine what they are set up to examine, i.e. measure competent performance in the theory and practice of nursing or midwifery. Assessments must also be constructed at progressive levels of difficulty, i.e. be able to discriminate between the different levels of knowledge, skills and understanding expected as the student progresses through the educational programme.

#### **4.6.1 Formative and summative assessment**

Formative assessment is conducted in order to provide valuable feedback to students as to their progress in learning, but does not count towards the student's mark or grade for the particular module's work. Summative assessment is the term normally used for the final assessment for each module. A mark or grade is awarded and this signifies whether the student has successfully met the learning outcomes for the particular module, whether that be in relation to theory or to practice, and whether they are eligible to progress in the programme to the next module or stage.

Assessment should be continuous, i.e. each module, including theory and practice components, should be assessed, rather than, for example, having a formal assessment or examination at the end of each year of the programme, or on completion of the three year programme.

#### **4.6.2 Assessment of theoretical components**

Traditionally, the sole form of assessment was the written examination, of essay, short-answer or multiple-choice type. However, research has demonstrated that such examinations, unseen until the student enters the examination room to write the paper, tend to reward rote recall of facts and to be deficient in demonstrating students' ability to apply such knowledge to the complex reality of practice, or indeed to predict their success in actual practice. Such examinations do still have a place, because they have developed considerably over recent years and become more relevant to practice by challenging the student to use higher-level cognitive skills, for example through the incorporation of care scenarios, which require the student to synthesize knowledge from various subjects and apply these to the care they consider relevant. However, they should still be but one among a number of different strategies, some of which are:

- *essays* of varying lengths, in which research findings and theoretical concepts from nursing or midwifery and the supporting disciplines must be integrated and applied to practice;

- *nursing or midwifery care studies*, which again focus on practice but require the student to demonstrate higher-order cognitive skills of analysis, synthesis and evaluation;
- *learning contracts*, in which the student, in discussion with the teacher, agrees a method of demonstrating how s/he has met the learning outcomes for a particular module;
- *critical review of literature*, which develops the student's skills in seeking, finding and using literature that can inform practice;
- *projects*, which may include poster or audiovisual material prepared for display, such as posters for patient/pregnant mother education purposes;
- *community profile*, which requires a comprehensive study of a community, usually the one in which the student is gaining practice experience, in order to acquire in-depth knowledge of the environment and facilities for the people of the community;
- *seminar presentation*, in which the student, working individually or in a group, prepares and presents a seminar to fellow students;
- *laboratory reports*, for example in assessing knowledge of the biological sciences and developing report-writing skills; and
- *Objective Structured Clinical Assessment/Examination (OSCA/OSCE)*, which requires the use of a computer program and is a method of simulating practice and posing various challenges and questions for the student to overcome/answer. As such, it is a valuable bridge between the classroom or laboratory setting and the reality of practice and can assist the student in gaining confidence and competency, in a safe environment, prior to embarking on a period of practice experience.

#### **4.6.3 Continuous assessment of practice**

The gradual attainment of competency in practice requires assessment, conducted by the student's teacher and mentor, at regular intervals throughout the programme. At agreed intervals, prior to the final assessment at the end of each period of practice, formative feedback must be provided, so that the student can learn about where s/he needs to improve and where s/he is progressing satisfactorily towards gaining competency.

It has proved difficult to ensure a valid and reliable method of assessing clinical competency, and many variants exist. Below are just three examples of methods that are in common use. No one method is suitable for all situations, and the student's teacher and mentor should be aware of the importance of arriving at as objective a measure as possible of the competency of the student.

- *Checklists*. Traditionally, this was the only method of assessing competency, and the early forms of such lists tended to focus only on discrete tasks. Developments have led to checklists that enable observation and judgements to be made about the student's application of cognitive, psycho-motor and affective skills in carrying out procedures, and also in giving total patient care. These checklists can be further enhanced by 'starring' criterion behaviours, those that the student *must* perform satisfactorily in order to gain a pass grade.

- *Rating scales.* These are forms of checklist that permit a finer judgement of the quality of a student's attainment to be recorded, by assigning a score to each component.
- *Various forms of clinical assessment profile.* In these, competencies and learning outcomes specific to a particular placement are described, and the student's *gradual* progress towards their achievement is noted on the profile at regular intervals throughout the placement. The use of such profiles is particularly helpful in illustrating, and legitimating the fact that achievement of competency is indeed a gradual process, and students need not feel, as they often do, that they are expected to be immediately competent on arrival at a practice placement. Likewise, the use of the profile ensures that the teachers and mentors who supervise the students have realistic expectations of them, provide regular formative feedback and focus their supervision towards areas of weakness or concern, at the same time as providing positive feedback on the student's areas of strength.

Practice in the use of these assessment tools is essential, for both the teacher and the mentor. Whichever tool is used, it must be capable of discriminating between safe and competent practice and unsafe practice, must reflect progression from simple to complex skills, must be directly relevant to the expected outcomes of the placement experience, and must be valid and reliable, i.e. measure what it is intended to measure and be consistent in distinguishing between safe and unsafe practice.

## Section 5

### Quality control and educational evaluation

#### 5.1 The relationship between quality control and educational evaluation

The essence of quality is fitness for purpose. Educational evaluation is about evaluating the fitness for purpose of the programmes for preparation of nurses and midwives. The growing interest in evaluation is not only because of its close link to quality control or monitoring, but because all countries are now keenly interested in using their resources, which are finite, in the most effective and efficient way in order to ensure excellent standards of nursing and midwifery education.

It is important to clarify the specific focus of this section, in comparison to the wider focus of Section 7, which deals with quality control and monitoring in relation to the university (or equivalent) *schools* of nursing and/or of midwifery, and the *clinical/community placement areas* that are utilized to provide practice experience for the students.

Educational evaluation, in this case of the nursing and midwifery programmes, is the

*process of determining the extent to which the education provided is effective, efficient and makes a significant contribution to meeting health care needs (WHO 1985: 38).*

To be *effective*, there must be evidence that the nursing and midwifery education programmes have achieved the intended outcomes, which are the preparation of a nurse and a midwife competent to fulfil the role and functions required by the country, i.e. to contribute to meeting the health care needs of the people of the country. To be *efficient*, there must be evidence that all the available educational resources are being used to their maximum potential, with no wastage of resources.

Quality control or quality assurance, terms used synonymously in this Section, is concerned with examining the evidence and coming to conclusions, some of which are likely to endorse the quality of the educational programmes and some of which will highlight areas where change is required. The process of quality control and educational evaluation is not a 'one-off' process, but an ongoing one, because, as health care is continually advancing and changing, so the preparation of health care professionals, in this case nurses and midwives, must advance and change in order to ensure continuing effectiveness and efficiency.

#### 5.2 Educational evaluation

Evaluation is about the making of value judgements, based upon the systematic, scientific collection and analysis of data. Although 'value' and 'worth' are qualitative terms and difficult to measure, it is essential that such judgements are made. Evaluation of the educational programme should be planned at the same time as the new curriculum is being developed, and not as an afterthought, and should form the basis for a regular review and updating of the curriculum in all its elements.

There are three main types of evaluation. *Process evaluation* is a continuous and qualitative evaluation that is generally an internal process to that teachers, clinical mentors and students contribute. It provides immediate feedback to all involved and when, as a result, changes are proposed and made, this promotes a positive sense of ownership and shared responsibility for the education programme. *Product evaluation* is less concerned with process and more concerned with outcomes. It tends to measure quantitative end products, such as qualifications of entrants, attrition from the programme, numbers and qualifications of teaching staff, costs and amount of physical resources and pass/fail results from the various assessments. *Illuminative evaluation* is an all-encompassing approach, the aims of which are:

*to study how (the programme) operates; how it is influenced by the various school situations in which it is applied; what those directly concerned regard as its advantages and disadvantages; and how students' intellectual tasks and academic experience are most affected. It aims to discover and document what it is like to be participating in the scheme, whether as teacher or pupil (WHO 1991: 64).*

It is this comprehensive form of educational evaluation which should be the aim for countries using the curricula for nursing and midwifery preparation based on the Strategy (WHO 2000a).

### **5.2.1 Why evaluate?**

Fundamentally, the educational programmes require to be evaluated because *quality is important*. The concept of standards is very closely linked to the concept of quality, and society needs to be sure that educational standards are such as to ensure quality, and thus protection of the public through the preparation of nurses and midwives who are competent to practise and committed to offering a quality service. Not only will the funding body, be that the Ministry of Health or of Education, and the regulatory body for nursing and midwifery be concerned about this, but fellow health professionals and, more and more, the public who use the service will wish to ensure that nurses and midwives are 'fit for purpose' (see Section 2).

The examination of standards underlies all quality control and evaluation. In a review of nursing education in WHO's Eastern Mediterranean Region and the presentation of guidelines for future directions of nursing education in that Region, standards are said to provide a means of measuring the degree of excellence of an educational programme and of comparing the degree of excellence of one programme to that of others (WHO 1998: 17). In this document it is noted that, while many countries have developed or are developing national standards for nursing education (the document does not mention midwifery education), there is a move towards developing regional standards for groups of countries. There is a parallel here with the situation in the WHO European Region, where the Strategy (WHO 2000a) seeks to ensure a uniform standard for nursing and midwifery education across the Region. It is that standard of nursing and midwifery education that must be evaluated in order to ensure quality.

### **5.2.2 What is the evaluation trying to achieve?**

Evaluation is driven by the concept of relevance and its main purposes are (Alexander 1991):

- to obtain a clear overview of exactly what is happening in a curriculum and compare this with intentions;

- to identify outcomes, i.e. gradual development of competency as a qualified nurse or qualified midwife;
- to assess the accountability of teachers and educational managers;
- to assist management decision making about resource expenditure; and
- to identify strengths and weaknesses as a basis for further development.

### **5.2.3 How should evaluation be done, and what should be evaluated?**

The evaluation should address all components of the curriculum, including the coherence of progression and relationships between the various components. Both university and clinical/community practice settings and resources should be included in the evaluation. All modules should be evaluated for relevance of content, teaching/learning and assessment strategies and outcomes.

The *PHARE manual of quality assurance* (European Commission 1998) proposes a very comprehensive analysis, akin to that of illuminative evaluation, and suggests utilizing the SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis framework, which focuses on these qualities in relation to the programme. The manual states that some elements of the analysis should be conducted internally, others by external experts. Examples from the list of categories they suggest for analysis are:

- *students* – demographics, educational qualifications and any previous professional experience;
- *study programmes* – the goals, content, organization and research-basis;
- *teaching processes* – which include assessment methods;
- *teaching staff* – types of scholarly activity undertaken by teachers, their qualifications and whether or not they are required to spend a proportion of time conducting research; and
- *resources* – available to the programme.

Effective systematic review and evaluation depends upon the maintenance of clear documentation of *all* curriculum processes and student results. The methods of recording and documenting this information must be planned from the commencement of the education programme and the acceptance of each student on to it. As each change is introduced, the rationale for the change must be recorded. While this process is time-consuming, it is vital that the leaders of the nursing and midwifery schools, and managers in the clinical/community placement areas allocate time and staff development to ensure that this process of documentation is done consistently, and to a high standard, for it is on the basis of the records that the evaluation is conducted.

### **5.2.4 Who will conduct/contribute to the evaluation?**

Formative or ongoing evaluation, together with summative evaluation that results in validation or accreditation of a programme, should be part of the university's (or equivalent institution's) overall quality control programme (see Section 7). It is normally conducted by the committee responsible for the programme, often called a Course Committee or Programme Committee, on which there is representation from the university's nursing and midwifery management and teaching teams, from managers and mentors responsible for the students' experiences in the clinical/community placement areas, from students, and from external experts who act as evaluators or

examiners for the programme. This latter concept is a key element in quality monitoring, and one that should apply throughout the university for all its programmes.

#### *5.2.4.1 External examiners*

At least one external examiner, and normally two, should be appointed to each programme, and their role is of critical importance. It is to judge the overall programme standards in comparison to similar programmes in other universities, including for example the academic level and challenge, the consistency and fairness of the marking of assessments and the profile of final results. Judgements from these external peers, which have to be recorded and submitted to the university and the Course Committee, are relied upon as an invaluable contribution to the maintenance of standards across all the nursing and midwifery programmes in which the country is investing.

#### *5.2.4.2 Evaluation by students*

The concept of student evaluation of their experiences within the programme, including their evaluation of each module, is difficult for many teachers to accept and is also, at least initially, difficult for students to do, particularly if they have been used to a system where they were expected to be passive recipients of information handed down to them by teachers. However, as teachers, mentors and students, whether in the university or the clinical/community settings, become familiar with the principles of adult education, their shared responsibility for a successful learning experience will support them in making use of all contributions to evaluation.

A considerable number of evaluation tools exist to assist students with their task of commenting on the quality of their learning experiences. Most of these can be completed anonymously and, depending on the availability of computer resources, some of these can be analysed by computer. Commonly, these are in the form of rating scales, in which a number of questions are asked, for example in relation to the clarity of the teacher's delivery, the perceived relevance to practice of the subject content, how approachable the student found the teacher to be in encouraging questions and providing tutorial support, adequacy of and timely feedback on assessment results, support from mentors during clinical/community experiences and whether the classroom and the clinical/community placement facilities were conducive to learning. Students are also encouraged to evaluate other resources, such as availability of library books and journals and, where relevant, support for using information technology.

#### **5.2.5 How will the results be used?**

This is an important and sensitive issue. As noted above, evaluation is about ascribing worth or value, based on informed judgements. It is an essential element of all education provision, not least in nursing and midwifery education, in order to maintain fitness for purpose in the continually developing field of health care. Thus, change, to a greater or lesser extent, is to be expected as a result of evaluation. Inevitably, some elements of the programme will be found to be working well, to be 'good' and valued, while others will not be in that category. As individuals are responsible for the different elements of the curriculum, it is equally inevitable that some may feel personally criticized, rather than praised, and feel undervalued and possibly afraid that their continuing employment as a teacher is threatened. It is important to be aware that this can happen, and for the leader of the school of nursing or of midwifery to create a supportive environment and to build a team spirit amongst staff. This enables them to support each other as they will share a firm belief that all 'own' the curriculum and share a pride in ensuring that it is up-to-date and fit for purpose. This spirit helps staff to

share the positive with the less positive, even possibly some negative results of evaluation. They will appreciate that 'knowledge grows old and out of date' and may themselves have suggested that their particular input to the programme, possibly a module for which they are responsible, should be reviewed, or even replaced. Many look forward to the evaluation as a process to help them ensure they maintain the quality and relevance of their programme and particularly value the input of external examiners, with their wider perspective.

Once evaluation results are received, they must be carefully considered and sensitively and creatively implemented. Implementation is a key element in the systematic documentation of the programme, as each change, and its supporting rationale must be documented, to become a part of future evaluations and of the ongoing quality control of the programme.

## Section 6

### Criteria for the preparation of nurse and midwife educators, and for mentors, in the clinical/community placement areas

#### 6.1 Nurse and midwife educators

Section 7 of the Strategy (WHO 2000a) states that the teaching of nursing, in both theory and practice, must be carried out by a qualified nurse, and the teaching of midwifery, in both theory and practice, must be carried out by a qualified midwife. It is known that this is not the position in many of the countries of the Region, particularly in the NIS, where the art and science of nursing and midwifery, as academic and practice disciplines, are only now beginning to be developed, and where upwards of 90% of those who teach nurses are ‘doctors with little nursing knowledge’ – a situation that contributes to the existing medical orientation of the curricula in these countries (Salvage & Heijnen 1997: p. 101). It is therefore recognized that, for many countries, the road to achievement of a critical mass of nurses and midwives qualified to teach their own disciplines of nursing and of midwifery will take time, but it is a road that must be travelled.

The Strategy is explicit about the qualifications, both academic and professional, that are essential for such teachers. They are repeated here, as they summarize the criteria for entry to nursing and midwifery teaching that form the fundamental basis to all that follows in this Section. Teachers must:

- *hold a degree at an academic level equivalent to the requirements for university teachers in the country in question;*
- *hold a teaching qualification in order to apply appropriately the full range of research-based teaching, learning and assessment strategies within the theory and clinical components of the curriculum;*
- *hold the qualification to which the programme leads;*
- *have a minimum of two years of relevant practical experience;*
- *teach within the area of specialist nursing and/or midwifery practice in which they have expertise;*
- *maintain their clinical competence; and*
- *be responsible for the clinical supervision of students on practice placement within their areas of specialization (this responsibility must be shared with the student’s clinical mentor).*

The competencies required of nurse and midwife teachers are those of expertise in practice and in education; in particular expertise in the application of adult education principles in curriculum development, the range of teaching/learning and assessment strategies, the facilitation of learning and the student-centred approach (see Section 4). They must also be committed to maintaining their clinical expertise and be supportive of regular review and evaluation of their work.

Criteria for the preparation of teachers, in addition to meeting the principles of the Strategy, must also meet standards approved by the regulatory body for nursing and for midwifery in the country, and in some countries, by the regulations governing university teaching.

Commonly, the nursing and midwifery regulatory bodies require that teachers successfully complete a programme of education. Some examples of the outcomes of such programmes are given below. They have been extracted, but also adapted from the United Kingdom regulatory body's recently published standards for the preparation of teachers of nursing and midwifery (UKCC 2000b), and may provide countries with a basis for preparing their own criteria.

The outcomes are intended to be broad statements of principle, capable of application and further development in light of a country's specific requirements of its nurse and midwife teachers.

- In the domain of *communication skills and working relationships*, teachers must be competent to develop and sustain effective relationships with colleagues in education and practice, and with students, that are based on mutual trust and respect. They should also be competent to work with and where necessary guide university colleagues who are specialists in disciplines that support nursing and midwifery education (e.g. biological and behavioural sciences, medicine, ethics, information technology) in providing their input to the curriculum.
- In the domain of *facilitation of learning*, teachers must be competent to use the range of adult education strategies, in both education and practice settings, and to encourage skills of enquiry, reflection and critical thinking.
- In the domain of *assessment*, teachers must be competent to contribute to the development and use of effective strategies, to provide feedback and any necessary support to students and to liaise with and support mentors in assessing students' competency to practise.
- In the domain of *evaluation*, teachers must be competent to participate in and to contribute to action planning based on results.
- In the domain of the *creation of a positive learning environment*, teachers must be competent to foster opportunities for students to articulate and then to undertake experiences that they see as relevant to their learning needs, and to support mentors in achieving such environments in the clinical/community settings where students gain experience.
- In the domain of *maintaining and deepening their clinical expertise*, teachers must be competent to practise and divide their working time appropriately between teaching/assessing in the university and, together with mentors, in the clinical/community settings.
- In the domain of *management of change and curriculum development*, teachers must be competent to contribute effectively to evidence-based change and innovation.
- In the domain of *fostering research and research/evidence-based education and practice*, teachers must be competent in critical analysis of the reliability and validity of research findings and in their application to practice. A proportion of teachers should be competent in the conduct of research.

- In the domain of *continuing professional development*, teachers must demonstrate their commitment to lifelong learning.

These are comprehensive and demanding criteria. Where a country already has nurse and midwife teachers, their qualifications, expertise and competency should be matched against the Strategy principles and the criteria noted in this section. Where these criteria are not being met in a country, two possibilities can be explored to enable them to reach these standards. These are (a) teachers could complete, under the guidance of a qualified nurse or midwife teacher, a short but intensive education programme on ‘training the trainers’ (WHO 2000c), which introduces them to curriculum development and the adult education principles they will require to implement and/or (b) as proposed in the Strategy, they could be supported in their preparation by means of validated networking between their country and a country where teacher preparation courses are developed to an approved standard. These two options are not mutually exclusive. A further option can be added as the system of Accreditation of Prior and Experiential Learning begins to develop across the Region (see Section 8).

## 6.2 Nurse and midwife mentors

The first words of the Strategy state that ‘education and practice are very closely related’, each influencing and being influenced by the other. The curriculum that prepares nurses and midwives is therefore a partnership between the university or equivalent educational institution and the hospitals and primary health care settings where care and health education are provided. The quality of the students’ learning in their practice experiences is as important as that in their university or classroom experiences. It is therefore equally important to set criteria for the preparation of those who will supervise students in their practice experiences. Although there is a considerable variety of titles used to describe those qualified nurses and midwives whose principal role is in practice but who also have responsibility for the supervision of students, the Strategy uses the term ‘mentor’.<sup>1</sup>

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<sup>1</sup> The term ‘mentor’ has its origins in classical Greek mythology. Homer, in ‘The Odyssey’, described how Odysseus, father of Telemachus, had to leave his family to go to fight in the Trojan wars. He entrusted the care and upbringing of his son to a friend called Mentor. When his father did not return from the wars, Telemachus went to look for him. Mentor, an older and wiser person than Telemachus, went with him, to guide, advise and take care of him, to be his friend. This story is the source of the use of the term ‘mentor’, meaning someone who is senior to the person being mentored, but is also wiser and a friend. It is interesting that a number of research studies show that this view of a mentor is shared across different disciplines, and that qualified nurses and midwives too, as well as students, also have a view that is similar to the ancient and classic description of Mentor.

It is essential that mentors receive preparation for their role, and the Strategy is explicit about the qualifications that are essential for mentors. Mentors must:

- *be experts in their field of practice;*
- *receive appropriate preparation for their roles as teachers, mentors and providers of support [and to this should be added their role as assessors]; and*
- *maintain their clinical competence.*

Mentors are responsible, together with the nurse or midwife educator who works in their specialist area, for the clinical supervision of the student. Clinical supervision, as defined by the EU, is given in Section 4. They also make a crucial contribution to the assessment of student's competency (see Section 4). Similar criteria as apply to nurse and midwife educators also apply to mentors, and some regulatory bodies provide advisory standards for mentor selection and preparation. Their educational programme should familiarize them with the curriculum content and processes, so that they know what to expect of students at the different stages of their education. Not surprisingly, their programme of education deals with domains similar to those explored by nurse and midwife teachers, but mentorship preparation should include in addition competency in *role modelling* of good practice and in *willingness and ability to improve practice*, and contribute to change and *a knowledge of research relevant to their area of practice*, together with the ability to disseminate and apply such findings, i.e. to *practise evidence-based nursing or midwifery care*.

It is important for nurse managers to ensure that mentors are supported in their role by ensuring they undertake an appropriate programme of preparation, have opportunities to update their clinical knowledge and skills, and have time allocated to enable them to undertake their mentoring responsibilities as well as their practice responsibilities. This recognition is not always given, but it is incumbent on nurse management to ensure that it is, in order that this key element of nursing and midwifery education is undertaken to a satisfactory standard.

There is a growing interest in research into the role of the mentor, and also in the role of the nurse educator in providing supervision for students during the 50% of their education programme that takes place in clinical/community settings. A number of studies have been conducted and, in relation to the role of the mentor, common components are role modelling of good practice in all its aspects: supporter, giver of feedback and friend of the student.

In relation to the role of the nurse or midwife educator in clinical supervision, results indicate concern that those who teach seldom practise, and several studies report efforts to overcome this. These include changed employment practices, in which joint appointments, funded jointly by the university and the hospital/health centre management, ensure that educators spend an agreed proportion of their time in practice settings linked to their area of nursing or midwifery expertise, where they supervise students and also work with qualified staff and mentors, to the mutual benefit of all. Other options include clinical/community nurses and midwives having joint or honorary appointments with the university, and various forms of link arrangements structures that promote understanding of the two 'worlds' of education and practice, and enhance the students' ability to integrate theory and practice.

## Section 7

### Criteria for quality monitoring and accreditation of schools of nursing and/or of midwifery, and of the placements for student nurses and student midwives

#### 7.1 Introduction

Quality monitoring and accreditation of schools of nursing and/or of midwifery is undertaken by two organizations. These are the university or equivalent, which is primarily concerned with the standards of the academic award, in this case a baccalaureate degree, and the regulatory body for nursing and for midwifery for the country, which is concerned with both the standard of the academic award and with the award of the professional qualification, the latter based on evidence of competency to practise as a nurse or as a midwife. Increasingly, the quality monitoring and accreditation processes are conducted jointly by the university and the regulatory body, so as to make the most efficient and cost-effective use of the resources of both organizations, and of the resources of the team, both education and service, which provides the education programme.

This section is written in the knowledge that some countries in the Region have established, or are in the process of developing, national systems of quality assurance and accreditation of their universities and other academic institutions, and also have or are in process of developing legislation and regulation of the professions of nursing and midwifery. It is also recognized that some countries in the Region have as yet neither of these systems. For this reason, and in order to enhance clarity, the main features of the quality monitoring processes of both organizations are described separately, although in many cases, as noted above, they will be conducted jointly.

#### 7.2 Definitions of terms

The guidelines in this section take a wider perspective than is done in Section 5. The definitions given here are commonly accepted, but it is always possible to find slightly different definitions of the same terms. These variants should not however differ in principle from those given below.

*Quality control:* An operational function, applied at all levels by an institution to the management of its activities related to teaching and learning. It is concerned with the checks and measures by which a body determines that the operations for which it is responsible are working as planned and intended, including their fitness for the purpose specified, and that resources are being optimised and identified goals achieved (NBS 1999: p. 79).

*Quality assurance or quality monitoring:* The arrangements and procedures by which an institution discharges its corporate responsibility for the quality of the teaching and learning it offers, by satisfying itself that its structures and mechanisms for monitoring its quality control procedures are effective and where appropriate, that they promote the enhancement of quality (NBS 1999: p. 79).

*Professional regulation:* A process to establish and improve the standards of training (and professional conduct) for nurses (and) midwives (NBS 1999: p. 79).

The term *accreditation* may be used in relation to an institution such as a university; to an education programme such as the nursing and midwifery education programme; or to individual learning. (For the latter, see Section 8.) Accreditation, as defined in the Strategy is ‘the process by which a statutory body, an agency or an organization scrutinizes, evaluates and recognizes an institution, programme or curriculum as meeting the standards necessary for providing a particular service’ (WHO 2000a).

Most systems of monitoring and accreditation utilize a framework or checklist of components that will be scrutinized, and the process is conducted by experts in the particular field, but, of crucial importance, these are experts who are independent of the institution or programme that is being monitored. This is essential to ensure objectivity in scrutiny and in reporting of results, on which depend the judgements that will be made as to the quality and standards of the outputs.

### **7.3 Quality monitoring and accreditation of universities or equivalent higher education institutions**

In a number of countries a national code of practice exists for the monitoring and review of universities and equivalent higher education institutions, in order to assess academic quality and standards. Universities, in most countries of the Region, are autonomous bodies, but as they normally receive the major proportion of their funding from the government, the government clearly has an interest in the quality of the education they provide. Universities are required to conduct independent verification of the quality and standards of their management structures, utilization of resources and educational programmes, and these are subject to national scrutiny at regular intervals, to ensure adherence to the national code of practice. Where a university provides education for the professions, it is required to provide evidence that it meets the standards of the relevant professional body. Quality monitoring may be done in conjunction with the relevant professional or regulatory body, or in two separate events.

Of highly topical relevance, with the increase in freedom of movement across countries and worldwide, it is in a university’s and a professional body’s interest to have in place transparent systems and documentation of quality monitoring and accreditation, which are open to scrutiny (see also Section 8).

The university, or equivalent higher education institution, must therefore have in place formal and effective procedures for the approval of new and re-approval of existing programmes, systems for regular monitoring of each programme’s effectiveness in producing graduates who have been successful in achieving the aims and intended outcomes of the programmes, and systems for review of the continuing relevance of these outcomes to the needs of the country for its graduates. In evaluating the effectiveness of the university, external experts must be permitted access to all records and also to interviews with staff and students. A framework similar to that outlined below will facilitate a comprehensive quality monitoring process, which will culminate in continuing accreditation of the university (or initial accreditation in the case of a new university) to offer its programmes. Alternatively, the process may culminate in the setting out of certain requirements for change, which will be required to be met in full, prior to granting renewal of accreditation, or initial accreditation.

### **7.3.1 Sample framework for quality monitoring of the university or equivalent institution**

The framework for monitoring of the university or equivalent institution is likely to be very detailed, but the main areas to be scrutinized will include those noted below.

#### *Monitoring of the university:*

- procedures to ensure internal monitoring of the design, processes of approval and review of programmes;
- compatibility of programmes with institutional goals and mission;
- measurement of programmes against externally generated reference points, such as national ‘benchmark’ statements as to standards for particular degree awards, requirements of professional and regulatory bodies and of employers of graduates of each programme, and reports of external experts, including external examiners;
- strategic planning procedures that take account of the country’s needs for particular skills in its workforce, of efficient and effective use of resources, and of the relevance of the university’s mission;
- management structures, including appropriate delegation to university committees and systems to check accountability for performance;
- staff resourcing and deployment that adequately meet the academic and professional requirements of the programmes; and
- accommodation and equipment resourcing adequate to requirements.

#### *Monitoring of individual programmes in the university:*

- level and progression, i.e. the academic challenge in terms of the gradual increase in intellectual and skills attainment expected of the students at different stages of the programme, including the complexity, depth of study and student autonomy;
- the balance between academic and practice experience components;
- there should be an obvious overall logic to the programme, and the link to the intended outcomes should be clear and the outcomes feasible, i.e. capable of delivery;
- liaison with employers and providers of practice experience should be clearly delineated and understood by university staff and staff of the employing agencies, and results of discussions should be fed into programme development;
- students should know what is expected of them and have access to support systems that, where necessary, are independent of their teachers and are confidential; and
- systems should be in place to take account of data from national benchmarking, i.e. comparison of standards between similar programmes in similar universities or equivalent institutions, together with consideration and, where relevant, implementation of recommendations from external examiners and from approval panels.

It is important to create an environment in the university where quality monitoring is an event to be anticipated in a positive manner, an opportunity for mutual learning and for promoting a pride in the quality of the contribution the university is making to the development of the potential of the students to become valued citizens of their country, equipped with the skills to contribute to the economy and, for example in the case of nurses and midwives, to the health and general wellbeing of the people.

## **7.4 Quality monitoring by the regulatory body**

### **7.4.1 *The regulatory body's statutory responsibility***

The regulatory body for nursing and midwifery has a statutory responsibility to ensure the provision of education programmes leading to registration as a nurse or midwife. In order to do this, it requires to approve academic institutions (in this case universities), their nursing and midwifery departments (or schools) and the education programmes. Provided the university and these departments are judged by the regulatory body's approval panel, on the basis of written evidence, to be properly resourced to conduct the programme, and provided complete documentation of the programme has been submitted to the regulatory body, the approval panel will proceed to 'programme validation'. The validation process requires detailed scrutiny of the documentation, to ensure that the programme curriculum, in all its aspects, meets the standards set by the regulatory body (see below).

### **7.4.2 *Approval panel responsibilities***

the approval panel members will be independent of the university, of the department (or school) of nursing and midwifery, and of the programme, but will have academic and professional expertise in nursing and midwifery education. Membership (normally no more than eight) will comprise educators and service managers from nursing and/or midwifery, and independent experts from disciplines that contribute to the programmes. Although as yet not universally accepted, it is also becoming more common for there to be representation from 'consumers' of the service, i.e. a lay person who may have experience of receiving nursing or midwifery care. The panel, as well as examining the programme documentation and visiting relevant resources in the university, e.g. the library, the computing laboratories (if these exist) and the classroom and clinical skills laboratory accommodation in the nursing and midwifery departments, will also visit a selection of clinical/community practice placement settings. In addition, there will be planned sessions when the panel can meet in discussion with teaching staff, mentors from practice experience areas, students and recent graduates of the programme.

The approval panel's report will be submitted to the regulatory body, together with any recommendations the panel wish to make for change. Provided the changes, if any, are completed to the satisfaction of the regulatory body, i.e. the standards are satisfactorily met, approval to conduct the programme will be granted for a specified period, normally 3, 4 or 5 years. In other words, the university, its nursing and midwifery departments (schools) and the programmes of nursing and midwifery education will be accredited by the regulatory body. If standards are not met, approval will be withheld, and in the unlikely event that a programme does not provide evidence to the regulatory body that essential modifications to the programme and its resourcing have been made, approval will be withdrawn and no further nursing and midwifery education can be offered in that university.

### **7.4.3 Sample framework for quality monitoring by the regulatory body**

An example of a framework for quality monitoring is given below. This has been adapted from more detailed documentation prepared by the National Board for Nursing, Midwifery and Health Visiting in Scotland (NBS) – the statutory body in that country – as a form of checklist for approval panels (NBS 2000). The approval panel will wish to see evidence that the following elements are met to the standard required by the regulatory body.

#### **7.4.3.1 Professional/statutory requirements**

The panel will check whether or not these mandatory requirements, as set out in the country's legislation governing nursing and midwifery, have been met. They include examining evidence that the length of the programme meets EC and statutory requirements, i.e. that it is a minimum of three years' (4600 hours') duration (or the equivalent part-time), that 50% of the programme is theory and 50% practice, that the assessment strategy includes both theoretical and clinical/community assessment and that success in both must be demonstrated, that the content is such as to enable the student to meet the outcomes of the programme (i.e. achieve competency as a nurse or as a midwife) and that the student is not an employee but is supernumerary to staffing requirements in the clinical/community areas.

The panel will examine evidence that standards are being met in the following components.

#### *Curriculum*

- The 'standard, kind and content' of the curriculum meets the standards set by the regulatory body of the country – evidence is in the programme documentation.
- The need for the programme has been established by consulting with employers who are the providers of the service – evidence is in the records of consultation and of action on results.
- The curriculum design, content and structure have been developed in consultation with health service representatives – evidence is in records of consultation and letters of support from employers.
- The assessment strategy meets the legislative and regulatory requirements, reflects integration of theory and practice and progression in level of difficulty through years 1, 2 and 3 – evidence is in course documentation, samples of assignments, including clinical assessment tools, samples of student results and external examiners' reports.
- Students are informed of assessment procedures, scheduling and marking criteria, receive appropriate and timely feedback on performance in academic and clinical assessments and support arrangements are in place for students who may require to re-take assessments – evidence is in the student information handbook, student support systems and samples of marked scripts.
- Quality assurance procedures and comprehensive educational evaluation is conducted at regular intervals, and action taken on results – evidence is in course documentation and implementation of an action plan based on evidence-based need for change.

### *Programme management*

- Student admission procedures are clearly documented, entry to the programme fulfils statutory requirements and attrition is recorded – evidence is in statistical records and admission policies.
- The organizational and committee structure of the school ensures that all aspects of the programme are managed systematically, that there are clear lines of accountability and that regular review of staff responsibilities and performance takes place – evidence is in the documented organizational structure, minutes of programme committee meetings, clearly delineated roles and responsibilities, procedures for delegation and staff appraisal records.
- Quality assurance systems are in place and are used effectively – evidence is in procedure manuals, minutes of committee meetings, external examiners' reports, action plans based on reports of programme review and evaluation.

### *Programme resources*

- The numbers and qualifications, both academic and professional, of teaching staff are sufficient to maintain an adequate staff–student ratio (preferably 1:12 but no less than 1:15) – evidence is in staff job descriptions and staff curricula vitae, including records of continuing updating of staff knowledge and skills and records of staff–student ratios.
- Mentors are named for each clinical/community practice setting, and their numbers, qualifications and experience are appropriate to the provision of the required standard of clinical supervision of students – evidence is in records of attendance and successful completion of mentor preparation programmes, mentor job descriptions and curricula vitae, including evidence of continuing updating of knowledge and skills.
- Classroom and laboratory accommodation and equipment is sufficient and suitable – evidence is in university health and safety policies, regular maintenance of equipment, procedures for allocating accommodation.
- Appropriate stock of library texts, journals and other learning materials, effective loan procedures, access to information technology (if available) – evidence is in samples of learning materials, visits to library and computer laboratories.
- Clinical/community placements are available in sufficient variety and number to provide the experience necessary to the development of competency in practice, and are regularly audited to ensure the learning environment meets required standards of quality – evidence is in lists of placements, examples of practice placement programmes for individual students, placement audit tools and audit results.

#### **7.4.4 Placements, i.e. clinical and community practice settings**

As noted earlier, 50% of the students' experience takes place in practice settings and their competency to practise at the appropriate level is assessed in all placements of four weeks or more. Placement learning therefore forms an important element of the education programme. Prior to receiving approval as a clinical/community practice placement setting, an internal educational audit is conducted and a systematic

assessment made of the quality of the learning environment, of the standards of nursing or midwifery practice, the provision of qualified mentor support and the arrangements to assist students to meet the specified learning outcomes. This auditing procedure, normally conducted on a three yearly basis, and the recording of the audit results, must be open to scrutiny by the approval panel.

A number of research studies have described the components of a positive learning environment for students. These include arrangements to welcome the student on arrival at the clinical/community practice setting and to introduce the student's mentor, an orientation programme to introduce the student to the physical layout and procedures of the setting, time set aside to discuss the learning outcomes the student should achieve in the placement, to demonstrate patient/mother and baby care that the student should then conduct under varying degrees of supervision, and time for encouraging questions, for tutorials and formative assessment of progress, prior to the final competency assessment towards the end of the practice experience. In the often unpredictable situations of patient/mother and baby care, it can be difficult to achieve all the above elements of clinical supervision all of the time. However, if a positive and welcoming tone is set from the beginning and the staff's obvious interest in supporting the student to learn as much as possible during her practice experience is apparent, the student will gain much from both the planned and unplanned nursing or midwifery care in which she will participate with her mentor and other members of the staff. The observant student can also learn a great deal from those she cares for – the patients, or in midwifery the mothers and their families. The participation of the patients or mothers in the students' learning should be valued and opportunities made for them to speak with the student, and the student with them.

## **7.5 The quest for quality**

The fundamental purpose of quality monitoring and accreditation in general, and of schools of nursing and of midwifery in particular, is to ensure the maintenance of standards; to seek out good practice, to promote its dissemination and to provide early warning of evidence of deficient practice, so that it can be corrected before it can threaten the provision of high standards in the provision of nursing and midwifery education, and consequently, the achievement of competency in the nursing and midwifery workforce.

The search for quality, which is never complete but is ongoing, should not be seen as a search for faults or defects, but as a search for the presence of value, and for ways to further enhance that value.

## Section 8

### Criteria for national and international accreditation of certificated and experiential learning

#### 8.1 Introduction and definition of terms

This section examines a relatively recent concept in higher education, but one that is of particular relevance to nurses and midwives and to the implementation of the Strategy (WHO 2000a). It is the concept of Accreditation of Prior Learning (APL), which 'refers to procedures whereby students are awarded credit towards an award on the basis of learning achieved prior to the point of registering for that award' (Reeve & Smith 1996: p. 5).

There has been a rapid growth in systems for the Accreditation of Prior Formal Learning (APFL) which 'refers to the recognition of prior learning gained from formal courses ... which has been previously assessed and/or accredited at higher education level'. This is also referred to as Accreditation of Prior Certificated Learning (APCL) and in systems for the Accreditation of Experiential Learning (APEL) which is 'the process of assessing and then credit-rating learning which has its source in some experience which occurred prior to the point of entering a course of study, but where that experience was not previously formally assessed and credit rated at higher education level' (Reeve & Smith 1996: p. 5).

The interest in and impetus for the development of such systems commenced in the United States, and spread to several countries in the western part of the WHO European Region in the mid-1980s. These developments paralleled a period of rapid change and expansion in the university or equivalent higher-education sector, and also an increase in demands for freedom of movement across the European Community countries and between universities. At the same time, growing interest was expressed in creating opportunities for students to undertake study in other countries and for that study to contribute to their academic award and, where relevant, their professional qualification.

Also, over the last decade of the 20th century, governments in many countries have urged universities to widen access to higher education and to create more opportunities for mature students in particular, loosely defined as age 25 and over, to benefit from such education. This has been achieved mainly through universities creating more flexible modes of delivery of education, such as part-time provision, distance learning and modular structures for education programmes. Modules, or units of study, were given credit points, the *number* of which reflected the amount of student effort that it was judged would be required to successfully complete the module and the *level* of which was judged to reflect the degree of difficulty of the learning outcomes of the module. The latter broadly reflected years one to three or four of a baccalaureate degree and, even higher, at Masters degree level.

It was in part through such developments that it became clear that many mature students brought to their studies considerable knowledge, skills and experience, gained either through previous certificated learning (APCL) or through work and life experience

(APEL). For example, nurses and midwives who had successfully completed their nursing or midwifery education would be able to request credit for their previous certificated learning (APCL), and those nurses or midwives who had experience of assessing, planning, implementing and evaluating care, of problem-solving, of decision-making and management and, in some cases, of judging research evidence as to its validity for application to care should be able to claim credit for that experiential learning (APEL). One major advantage that was immediately apparent in relation to nursing and midwifery was that, whereas qualified nurses or midwives who wished to study at university would previously have been required to commence at year one of a degree course, they were now to apply for credit for specific modules and the concept of 'top-up' degrees appeared. Nurses and midwives were able in many cases to enter degree level studies at mid-point or even at final year stage, so long as they could provide evidence of successful completion of their nursing and midwifery education, and also – if they wished to do so – evidence of higher level learning as a result of their experience. This system both placed a value on their learning and experience and was economical in that they did not have spend time, and therefore resources on studying material that they had already mastered.

The concept of 'specific' and 'general' credits was introduced. These concepts can best be explained by using the example of pupils who, on leaving school, wish to enter university. They will have achieved general credits in relation to their successful completion of the country's requirements for school leavers who wish to enter university education. However, their success in gaining entry to the degree programme in which they are specifically interested will depend on their attainment of relevant specific knowledge and skills. The subjects they have studied therefore will be those that are directly relevant to the degree that they wish to attain. For example, a pupil who wishes to gain a degree in languages in order perhaps to become a language teacher will be required to gain good examination grades in their first language, and also in one or two foreign languages, whereas a pupil who wishes to become a scientist will be required to gain good grades in subjects such as physics and chemistry. This same principle applies to claims made for credit for entry to a specific degree. Nurses and midwives will be eligible to claim *specific* credits towards degree level studies in their own and other health-related disciplines. However, they would not be able to claim credit, *based on their nursing and midwifery knowledge and experience*, for entry to a degree in engineering or accountancy for example.

Quite clearly, if these systems were to gain credibility and be used across different countries and their universities, meticulous safeguards of standards and quality control had to be put in place. As a result, various forms of credit accumulation and transfer schemes were developed and tested.

## **8.2 Credit accumulation and transfer schemes**

Over the last decade of the 20th century in western Europe, Credit Accumulation and Transfer Schemes (CATS) began to develop. The principle underlying such schemes was that 'appropriate learning, wherever it occurs, and provided it can be assessed, can be given credit towards an academic award' (Higher Education Quality Council 1995). This was quite a revolutionary idea and, in order to protect standards, careful quality control measures had to be set up, along with agreements between universities to recognize each other's standards and credit systems. For example, individuals claiming credit for learning had to produce *bona fide* evidence, either in the form of certificates

of successful completion of a course together with transcripts of the content and academic level of the course, or by proving (usually by writing an essay or completing an assignment) that they had learned from their work experience and, as a result, could meet the learning outcomes of a module for which they wished to claim credit points.

In all these schemes, the onus is upon the person who wishes to claim the credit. It is not sufficient for example for a nurse or midwife claimant simply to make a list of various posts that they have held, such as is done when preparing a curriculum vitae. What has to be proved beyond all doubt is that they have learned from their experience, and that their learning is at the appropriate intellectual level for which they wish to claim credit points.

### **8.3 The European Credit Transfer System (ECTS)**

Across virtually all CATS, the underpinning principles are the same although the actual number of credits allocated to a module or unit of study, and therefore to a full programme, varies considerably. Although initially this can cause confusion for new users of these Schemes, in fact there are various methods of defining equivalences across the different schemes and systems, and the important matter is that the principles of the systems are consistent across countries. The ECTS (European Commission 1995) will therefore be used as the example here, because the European Community Directives guide nursing and midwifery education for all EU countries, and also for accession countries. In addition, the EU actively promotes inter-university cooperation 'as a means of improving the quality of education for the benefit of students and higher education institutions, and student mobility is a predominant element of that inter-university co-operation' (European Commission 1995).

The prototype curricula (see Section 3) are presented as modules and, because they have been prepared for the WHO European Region, these modules have been assigned credits using the ECTS. As cited in the preamble to these curricula, credits 'are a numerical value allocated to course units (modules) to describe the student workload required to complete them' ... 'and are not limited to contact hours only' (European Commission 1995). The number and level of credit points allocated to the curriculum modules relates not only to student effort in attendance at and participation in formal classes, but also in their practice placement experiences. Credits also take into account teacher-directed and student self-directed study, for example working in the library, practising in the nursing or midwifery skills laboratory, preparing for and writing assignments or examinations, and presenting seminars. In other words, the credits reflect the total student effort that is judged to be required to complete the module successfully.

The overall total of credits for each year of the education programme is in line with the ECTS, which is 60 credits for each full 'academic' year, giving a total of 180 credits for the three-year nursing and midwifery programmes. This total is, however, the *minimum* that may be awarded, and nursing and midwifery education programmes in several countries are likely to be awarded a higher number of credits than the basic 180. This is because, as a result of EU requirements, and the integration of both theory (university-based) and practice (based in clinical/community areas) components, both nursing and midwifery education programmes are of longer duration than the standard academic year in most countries. In addition, in a number of countries of the WHO European Region, the minimum duration of study for a baccalaureate degree is four years; in others it is three years. For all these reasons the actual number of ECTS credits assigned

to the nursing and midwifery programmes will differ. However, the principle remains the same, i.e. that credit should be assigned to each component of a curriculum, whether theory or practice based, at a level commensurate with the level of difficulty of that component, and that that credit should reflect the estimated amount of effort required of the student, in order to achieve a pass in that component.

Following pilot work in 145 European universities representing all EU member states, the ECTS has now been refined and is in ever-increasing use across the EU. It is based on three core elements, which are (European Commission 1995):

- information – about the study programmes and about student achievement;
- mutual agreement – between partner institutions and the student; and
- use of ECTS credits – to indicate student workload.

All three of these elements depend on the provision of information about the university's quality assurance procedures and of detailed and verifiable records of all relevant aspects of the education programmes and of student achievements. The ECTS provides detailed guidance in relation to implementation of the system, and of how it links to various schemes to promote mobility of students.

#### **8.4 Relevance of credit accumulation and transfer to nurses and midwives**

The advent of credit-rating of modules and of work experience, and the growth in the number of CATS is of particular relevance in nursing and midwifery and to countries wishing to implement the Strategy (WHO 2000a). New entrants to nursing and midwifery education programmes that adhere to the Strategy principles will immediately begin to gain credits as they go through their initial nursing and midwifery education. However, the large numbers of nurses and midwives who have qualified from programmes that did not have credits allocated to them and that were not provided at university or higher education level will be interested in claiming credit. This they will wish to do in relation to their formal nursing and midwifery education (APCL) and also in relation to what they have learned during their practice, be that at patient care level or at management, education or research levels (APEL). In particular, as the Strategy is implemented, those who teach nursing and midwifery will wish to claim credit as they study towards achieving the academic award of a baccalaureate degree which is a pre-requisite qualification for teachers on the programme. Their countries will also be interested in achieving this all-graduate teaching workforce in the most efficient and cost-effective way.

Universities and their departments (schools) of nursing and midwifery will therefore require to gain information about the stage of development of CATS within their country. They will also require to commence the process of developing their own systems for national and also international accreditation of the certificated and experiential learning of their nursing and midwifery students and of their qualified workforce. Such systems should be in harmony with those in other countries in the Region and beyond. The most effective way for countries to achieve this, in addition to accessing the wide range of literature on the subject, is to make use of the validated networks proposed in the Strategy (WHO 2000a), in order that their nursing and midwifery leaders can learn with and from those in countries where the ECTS and related schemes have been thoroughly tested and are now well established.

## Glossary

**Academic level** The level of difficulty of a subject. For example, Level 1 is commonly used to describe the first-year studies in a baccalaureate degree, while Master's level describes study at Master's degree and doctoral level study at the level of Doctor of Philosophy or Doctor of Science.

**Accreditation** The process by which a statutory body, an agency or an organization scrutinizes, evaluates and recognizes an institution, programme or curriculum as meeting the standards necessary for providing a particular service (WHO 2000a). A process, based on a system of external peer review, and using written standards, by which the quality of a university's activities and its educational programmes are assessed and, if satisfactory, approved (from Section 9 of these Guidelines).

**Basic nursing education** *See* Initial nursing education.

**Benchmarks** Statements that describe general expectations about standards for an academic award in a defined discipline or subject area. Benchmarking is not about listing specific knowledge and skills or about 'standardising content of programmes, or prescribing any form of national curriculum' ... Benchmarks 'seek to articulate the intellectual attributes that should be possessed by a person who has studied successfully to degree level in the discipline' and such statements 'provide the starting point for the judgements that will be made on standards' (Randall 2000: p. 2).

**Benchmarking** A means of articulating and recording the expectations that are shared within a subject community (Randall 2000: p. 3).

**Competent authority** The body charged with the right and responsibility, under statute, to maintain a register of nurses and/or of midwives.

**Curriculum** The totality of the education programme. The term is defined in more detail in Section 1 of these Guidelines.

**Discipline of nursing and/or of midwifery:** The subject area that comprises the art and science of nursing and/or of midwifery.

**Family** One person or a group of people living together and either related to one another by blood, marriage or adoption or living as partners.

**Holistic care** Nursing and/or midwifery care that views the *patient* (q.v.) as an individual within his or her particular life context and that does not focus purely on one element only, e.g. the presenting health problem or health deficit or, in the case of the pregnant woman, the pregnancy. Holistic care sees the illness/health deficit as an episode in the patient's journey through life, and takes into account the possible cause(s) of that illness and its effects on her/his post-illness recovery, rehabilitation or peaceful death, including the impact on her/his family members and significant others. Likewise, holistic care of the mother takes into account the totality of her life circumstances and the likely impact of the pregnancy and its outcome on her, her family members and significant others.

**Initial nursing and/or midwifery education** A planned educational programme that provides a broad and sound foundation for the effective practice of professional nursing and/or of midwifery and a basis for continuing professional education (adapted from an ICN definition of basic nursing education, 1973).

**Integrated curriculum** A curriculum that is coherent in structure, processes and outcome and that links theory and practice in the professional education of a nurse and/or of a midwife (*see also* Section 1.5.2).

**Licensing** *See* Registration.

**Medical model** As used in these Guidelines, a nursing and/or midwifery curriculum that focuses more on medical conditions and cure than on the art and science of evidence-based nursing and/or midwifery care.

**Module** A coherent unit of study or subject within a curriculum.

**Nursing science** The body of knowledge that is nursing.

**PHARE:** An EU funding organization.

**Patient** The person who is the end-user in all health systems. S/he is the human being who is meant to benefit from our efforts, but who, if reduced to a mere statistic, demonstrates that the heart has gone out of the profession (i.e. the professions of nursing and of midwifery) (WHO 2000a).

**Programme** As used in these Guidelines, the complete course of study (i.e. curriculum) leading to qualification as a nurse or as a midwife.

**Registration** A method of ensuring a record is maintained of those who are *bona fide* nurses and/or midwives.

**Skill mix:** A group of staff comprising individuals with different levels of qualification and skill.

**Standards** A means of measuring the degree of excellence of an educational programme and of comparing the degree of excellence of one programme with that of others.

**SWOT (Strengths, Weaknesses, Opportunities, Threats)** A framework for analysis.

**Task** A single unit of work into which an activity can be subdivided (Hogarth 1978).

**Teamwork** A method of working towards a common goal which enables several persons to make the best use of their qualities by combining their skills and experience (Hogarth 1978).

**University level** Study within a university for a degree.

*Please refer to the Strategy (WHO 2000a), where a further glossary is to be found.*

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**Dr Valerie Fleming**, Reader, Department of Nursing and Community Health, Glasgow Caledonian University, Glasgow, United Kingdom (with colleague **Ms Angela Poat**) – specifically in relation to preparation of the Midwifery Curriculum and the Midwifery part of Section 9.

**Ms Patricia Hughes**, Senior Nurse, Practice Development and Education (then on secondment to the WHO Nursing and Midwifery Unit, Copenhagen, Denmark) – specifically in relation to exploratory work in preparation of Section 3.

**Dr Alina Kuskyan**, Head Specialist in Nursing and Director of Erebouni Medical College Nursing School – specifically in relation to exploratory work in preparation of Section 3.

**Mrs Della R. Sherratt**, Senior Tutor, Sexual and Reproductive Health and Safe Motherhood, University of Wales, Swansea, United Kingdom – specifically in relation to exploratory work in preparation of Section 3 and an element in Section 4. Also **midwifery colleagues** with whom Mrs Sherratt consulted.

**Professor Myriam Ovalle**, National Advisory International Department, Spanish General Council of Nursing, Madrid, Spain – specifically in relation to parts of Section 2 and the ECTS.

**Ms Christine Thayer**, Health Economist, Pole Santé, Conservatoire National des Arts et Métiers, Paris, France – specifically in relation to the initial and subsequent stages of drafting of the Prospective Analysis Methodology.

**Colleagues in the National Board for Nursing, Midwifery and Health Visiting for Scotland** with whom informal discussions took place.

**Nurses in a number of countries of central and eastern Europe and of the newly independent states** with whom informal consultation took place.