Requirements and Standards for Nurse Registration Education Programmes

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Preface

The education and training of nurses in Ireland is currently undergoing radical change. The General Nurse Registration / Diploma Programme began as a pilot project in Galway in 1994. Today all Schools of Nursing in all three basic disciplines of nursing offer a Registration/Diploma Programme in a linked third level institution. The Programme leads to registration with An Bord Altranais and the award of a Diploma in Nursing from the linked third level institution. In line with the recommendations of the Report of the Commission on Nursing *A Blueprint for the Future*, 1998, it is planned that by the beginning of the academic year 2002, nurse education and training leading to registration in general, psychiatric and mental handicap nursing, will consist of a four year degree programme in a recognised third level institution. A Nursing Education Forum has been set up to plan the transition from the Diploma to the Degree Programme.

Schools of Midwifery have also established links with third level institutions. Midwifery students following successful completion of a two year programme qualify for registration with An Bord Altranais and a Higher Diploma or Post-Graduate Diploma in Midwifery from the third level institutions. Sick Children's Nurses also qualify for registration with An Bord Altranais following successful completion of an eighteen month third level programme leading to a Higher Diploma in Paediatric Nursing.

The responsibilities and duties of An Bord Altranais are defined by the provisions of the Nurses Act, 1985. The third level institutions of the National University of Ireland and the University of Dublin Trinity College, Dublin City University and University of Limerick are regulated by the Universities Act, 1997. Other legislative instruments – e.g. The National Council for Educational Awards Act, 1979, The Regional Technical Colleges Act, 1992, and the Regional Technical Colleges (Amendment) Act 1994, regulate other third level institutions. Other relevant legislative instruments include the Higher Educational Authority Act, 1971 and the recently published Qualifications (Education and Training) Bill, 1999. Quality education and standards are key features of recent legislative instruments in the education sector. Amendments to the Nurses Act, 1985 proposed by the Commission on Nursing in their Report, are currently being drafted with a view to laying them before the Oireachtas as soon as possible. The current developments in nurse/midwife education are happening in this complex legislative environment.

In order to meet the challenges that lie ahead for the nursing / midwifery profession, An Bord Altranais will be required to enter into a range of new partnerships and alliances. Thus, at a national level, there will be a need for new forms of co-operation and conjoint arrangements between An Bord Altranais, the National University of Ireland and constituent colleges, the University of Dublin Trinity College, Dublin City University, University of Limerick, the National Council for Educational Awards and constituent colleges, and the Department of Education and Science. At a local level, there will be a need for new partnership structures between An Bord Altranais, schools of nursing/midwifery and third level institutions. An Bord Altranais is fully committed to continuing to develop these partnerships in a spirit of consultation and co-operation.

In order to ensure that there is clarity and accountability within these new partnership structures, An Bord Altranais, having consulted widely with interested parties, wishes to provide a statement of the principles and understanding that will nurture these relationships. During this period of transition there is a need for guiding principles to manage the transition. This document is intended to act as a basis for providing that
guidance from the perspective of the duties and obligations of An Bord Altranais as the regulatory body for the professions of Nursing and Midwifery in Ireland.
Introduction

The purpose of this document is to provide guidance for the development of flexible, innovative, practice-oriented registration programmes to third level institutions and health care institutions involved in the education and training of nurses. It is understood that each health care institution will be linked to a third level institution in the preparation and delivery of educational programmes leading to registration. The policies and practices of the third level institutions and health care institutions shall meet the requirements specified in this document.

Nurses Rules, 1988 (Amendment) Rules, 1998 and 1999 make provision for third level institutions and health care institutions to carry out assessments. The Nurses Rules also enable them to develop their own curricula including assessment systems based on a syllabus provided by An Bord Altranais. This curriculum must be validated by a committee appointed for that purpose.

Third level institutions and health care institutions involved in the education and training of nurses are required to make a written submission to An Bord Altranais for approval. Written submissions therefore will be made jointly by the health care institution(s) and its linked third level institution(s). This document will assist them in making their submission and provides a framework aimed at ensuring that high national standards are maintained.

This document is divided into three sections. Section 1 provides extracts from the Nurses Rules, 1988 as amended by the Nurses Rules, 1988 (Amendment) Rules, 1991, 1994, 1998, 1999. Section 2 outlines the requirements for nurse education programmes leading to registration. This section is divided into six parts. The first part describes the learning outcomes that are expected from the registration programme. The second part describes the competencies the student must reach on completion of the education programme for entry to the Register. The following four parts deal with the requirements for registration programmes for general nursing, psychiatric nursing, mental handicap nursing and sick children’s nursing. Section 3 describes the standards required for the approval of third level institutions, health care institutions and educational programmes leading to registration. Section 3 is divided into two parts. The first part provides a description of the process involved in the approval of third level institutions, health care institutions and educational programmes leading to registration. The second part provides a statement of the standards that must be met by these institutions and educational programmes. There are five categories: (1) The third level institution and health care institution, (2) Curriculum design and development, (3) Clinical practice experience, (4) Assessment process and (5) External examiners. For each category, a number of measurable criteria have been identified which can be used in determining whether the standard has been met.

1 Health care institutions in this document refers to hospitals, schools of nursing/midwifery and community care settings involved in the education and training of nurses/midwives
Section 1:

Extracts from
the Nurses Rules
Section 1: 
Extracts from the Nurses Rules

1.1. EXTRACTS FROM THE NURSES RULES, 1988 AS AMENDED BY 
THE NURSES RULES, 1988 (AMENDMENT) RULES, 1991 
NURSES RULES, 1988 (AMENDMENT) RULES, 1994 
NURSES RULES, 1988 (AMENDMENT) RULES, 1998 
NURSES RULES, 1988 (AMENDMENT) RULES, 1999

Interpretation (Rule 2)

In these Rules, unless the context otherwise requires, the following expressions have the meanings 
respectively assigned to them:

“the Act” means the Nurses Act, 1985 (No. 18 of 1985);

“the Board” means An Bord Altranais established under the Act;

“candidate” means a person pursuing a training course leading to entry to a division of the register 
and whose name has been entered on the Candidate Register as provided for in Rule 10;

“midwife” means a person whose name is entered in the midwives division of the register;

“nurse” means a person whose name is entered in the register and includes a midwife;

“post-registration course” means a training course of not less than 78 weeks duration leading to 
registration in the General Nurses, Psychiatric Nurses, Mental Handicap Nurses or Sick Children’s 
Nurses Division of the Register where the candidate is already registered in any one of these 
Divisions;

“the Register” means the Register of nurses maintained by the Board pursuant to the provisions of 
Section 27 of the Act;

“registered general nurse” or 
“registered psychiatric nurse” or 
“registered sick children’s nurse” or 
“registered mental handicap nurse” or 
“registered midwife” or 
“registered public health nurse” or 
“registered nurse tutor”

means a person whose name is entered in the relevant division of the register 
as provided for in Rule 3.
**Candidate Register (Rule 10)**

- The Board shall establish and maintain a Register of Candidates admitted for training on which the name of every such candidate shall be entered.

- Not later than fourteen days after the commencement of training a student shall apply to the Board on the appropriate form to have her name entered on the Candidate Register.

- The student’s training shall be taken to have commenced on the date certified in the appropriate form by the Matron, Director of Nursing, Chief Nursing Officer, Principal Tutor or Tutor of the Training Hospital or Institution concerned.

- Each student whose name is entered on the Candidate Register shall be issued with a personal identification number and shall be supplied with a student card bearing such identification number, title of course of training for which she is registered and date of commencement of training together with copy of the syllabus for such training course.

- A candidate shall apply to have her name entered separately on the Candidate Register for each registration course undertaken.

- A fee in accordance with Section 25(e) of the Act shall be payable by a student in respect of each application for entry in the Candidate Register.

- The Matron or Director of Nursing or Chief Nursing Officer or Principal Tutor or Tutor or other appropriate person shall inform the Board when a student nurse ceases training before completion of the course and the reason therefore.

**Examination and Assessment (Rule 7)**

The Board may make provision with a hospital or institution, including a third level institution, to carry out assessments of knowledge attainment and proficiency in clinical nursing skills throughout the period of training and to hold the Registration Examination (written) for the purpose of determining whether candidates are qualified for registration in the General Nurses Division, the Psychiatric Nurses Division, the Sick Children’s Nurses Division or the Mental Handicap Nurses Division of the Register, subject to the following requirements:

(a) the Board must be satisfied, by adherence to the attached Schedule A, as to the adequacy and suitability of any assessments carried out by a hospital or institution for the purpose of establishing knowledge attainment or proficiency in clinical nursing skills,

(b) the Board must be satisfied, by adherence to the attached Schedule A, that the Registration Examination (written) to be held by any hospital or institution is adequate and suitable to examine the theoretical content of the Syllabus of Training published by the Board in accordance with Rule 9 for admission to the particular Division of the Register, and

(c) each hospital or institution with which the Board makes such provision shall be approved by the Board in accordance with Section 34 of the Nurses Act, 1985.
Schedule A

- Each hospital or institution, including a third level institution, must submit to An Bord Altranais a curriculum for validation by a committee appointed by An Bord Altranais for that purpose. This curriculum must, inter alia, specify the structure, process and outcome of the course programme, methods of assessment, examination, teaching strategies and appeals systems. Proposed sites for clinical placements must also be submitted for approval.

- Periodic Reports on the delivery of courses/programmes including examination and assessments will be submitted to An Bord Altranais by the hospital or institution, including a third level institution.

- An Bord Altranais will periodically review courses/programmes validated by it.

- Each hospital or institution, including a third level institution, must demonstrate quality assurance activities and outcomes aimed at ensuring continuing support for and development of their curriculum and for the development of environments approved for clinical placements.

General Provisions (Rule 9)

- The Board shall prepare and publish or make provision for the preparation and publication of a syllabus for each training course.

- The starting date of the training course for each candidate shall be that entered on the Candidate Register.
Section 2

Requirements for Nurse Registration Education Programmes
Section 2: Requirements for Nurse Registration Education Programmes

2.1 Learning Outcomes

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

The registration education programme enables the student to:

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

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

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

The competencies encompass five domains:
1. Professional / ethical practice
2. Holistic approaches to care and the integration of knowledge
3. Interpersonal relationships
4. Organisation and management of care
5. Personal and professional development.

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

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

Student nurses are deemed to be either competent or not and where competence has not been achieved the student nurse will be given opportunities to develop competence. There are no ratings in the verification of competence.
### Domain 1. Professional/Ethical Practice

<table>
<thead>
<tr>
<th>INDICATOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 Practices in accordance with legislation affecting nursing practice.</td>
</tr>
<tr>
<td>• Integrates accurate and comprehensive knowledge of ethical principles, the <em>Code of Professional Conduct</em> and within the scope of professional nursing practice in the delivery of nursing practice.</td>
</tr>
<tr>
<td>• Fulfils the duty of care in the course of nursing practice.</td>
</tr>
<tr>
<td>• Implements the philosophies, policies, protocols and clinical guidelines of the health care institution.</td>
</tr>
<tr>
<td>• Responds appropriately to instances of unsafe or unprofessional practice.</td>
</tr>
<tr>
<td>• Integrates knowledge of the rights of clients and groups in the health care setting.</td>
</tr>
<tr>
<td>• Serves as an advocate for the rights of clients or groups.</td>
</tr>
<tr>
<td>• Ensures confidentiality in respect to records and interactions.</td>
</tr>
<tr>
<td>• Practices in a way that acknowledges the differences in beliefs and cultural practices of individuals/groups/communities.</td>
</tr>
</tbody>
</table>

| 1.2 Practices within the limits of own competence and takes measures to develop own competence. |
| • Determines own scope of practice utilising the principles for determining scope of practice in the *Scope of Nursing and Midwifery Practice Framework* document. |
| • Recognises own abilities and level of professional competence. |
| • Accepts responsibility and accountability for consequences of own actions or omissions. |
| • Consults with supervisors if allocated nursing assignments are beyond competence. |
| • Clarifies unclear or inappropriate instructions. |
| • Formulates decisions about care within the scope of professional nursing practice utilising the Decision-Making Framework in the *Scope of Nursing and Midwifery Practice Framework* document. |
### Domain 2. Holistic Approaches to Care and the Integration of Knowledge

#### INDICATOR

| 2.1. Conducts a systematic holistic assessment of client needs based on nursing theory and evidence-based practice. | • Uses an appropriate assessment framework safely and accurately.  
• Analyses data accurately and comprehensively leading to appropriate identification of findings.  
• Incorporates relevant research findings into nursing practice.  
• Promotes research designed to improve nursing practice. |
|---|---|
| 2.2. Plans care in consultation with the client taking into consideration the therapeutic regimes of all members of the health care team. | • Establishes priorities for resolution of identified health needs.  
• Identifies expected outcomes including a time frame for achievement.  
• Identifies criteria for the evaluation of the expected outcomes.  
• Plans for discharge and follow up care. |
| 2.3. Implements planned nursing care/interventions to achieve the identified outcomes. | • Delivers nursing care in accordance with the plan that is accurate, safe, comprehensive and effective.  
• Creates and maintains a physical, psychosocial, and spiritual environment that promotes safety, security and optimal health.  
• Provides for the comfort needs of individuals.  
• Acts to enhance the dignity and integrity of individuals/clients/groups/ communities. |
| 2.4. Evaluates client progress toward expected outcomes and reviews plans in accordance with evaluation data and consultation with the client. | • Assesses the effectiveness of nursing care in achieving the planned outcomes.  
• Determines further outcomes and nursing interventions in accordance with evaluation data and consultation with client. |
### Domain 3. Interpersonal Relationships

| INDICATOR | 3.1. Establishes and maintains caring therapeutic interpersonal relationships with individuals/groups/communities. | • Reflects on the usefulness of personal communication techniques.  
• Conducts nursing care ensuring clients receive and understand relevant and current information concerning health care.  
• Assists clients/groups/communities to communicate needs and to make informed decisions. |
|---|---|---|
| 3.2. Collaborates with all members of the health care team and documents relevant information. | • Participates with all health care personnel in a collaborative effort directed toward decision making concerning clients.  
• Establishes and maintains accurate, clear and current client records within a legal and ethical framework. |

### Domain 4. Organisation and Management of Care

| INDICATOR | 4.1. Effectively manages the nursing care of clients/groups/communities. | • Contributes to the overall goal/mission of the health care institution.  
• Demonstrates the ability to work as a team member.  
• Determines priorities for care based on need, acuity and optimal time for intervention.  
• Selects and utilises resources effectively and efficiently.  
• Utilise methods to demonstrate quality assurance and quality management. |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4.2. Delegates to other nurses activities commensurate with their competence and within their scope of professional practice.</td>
<td>• When delegating a particular role/function account is taken of the principles outlined in the Scope of Nursing and Midwifery Practice Framework.</td>
<td></td>
</tr>
<tr>
<td>4.3. Facilitates the co-ordination of care.</td>
<td>• Works with all team members to ensure that client care is appropriate, effective, and consistent.</td>
<td></td>
</tr>
</tbody>
</table>

### Domain 5. Personal and Professional Development

| INDICATOR | 5.1 Acts to enhance the personal and professional development of self and others. | • Demonstrates a commitment to life long learning.  
• Contributes to the learning experiences of colleagues through support, supervision and teaching.  
• Educates clients/groups/communities to maintain and promote health. |
2.3 General Nurse Registration Education Programme

2.3.1 Syllabus/ Indicative Content

Introduction

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

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

The list of topics included in the syllabus is not exhaustive. It provides an indication of the content of the Registered General Nurse education programme in terms of the range of topics and gives no indication of the weighting of each topic in the curriculum.

Nursing

- Definitions and conceptualisations of nursing. Key concepts in nursing including the concept of caring and holism.
- The philosophical and theoretical foundations of nursing including nursing models in nursing practice.
- The sources of nursing knowledge.
- The research process and its application in nursing.
- Process of developing nursing practice and knowledge through review, research and reflection on experience. The interdependent relationship between theory, practice and research.
- Process of assessing/ identifying needs, planning, prioritising, delivering and evaluating care in general nursing.
- Nursing practice in relation to performing, assisting, supporting, educating and rehabilitating the individual in hospital, community and home care settings.
- Safe and informed nursing practice in emergency, acute and chronically ill, palliative and terminal, patient care settings.
- The nursing responsibility and practice in relation to diagnostic investigations, methods of treatment including drug therapy, communicable and non-communicable diseases.
- The application of general nursing principles to special client groups and practice settings including maternity, child care/ paediatric, mental illness/ psychiatry, learning disability and older person care settings.
- Current issues, trends and developments in national and international nursing.
Communication and interpersonal skills
• Self-awareness, exploration of the impact of personal feelings and values on interactions.
• Development of interpersonal and communication skills essential to the nurse practitioner.
• Communicating/interacting with different cultural and ethnic groups, people with disability/impairment and different age groups.
• Communication techniques in a therapeutic relationship.
• Establishing effective professional relationships with clients and family/friends, nursing colleagues and with other professionals/members of the health care team.
• Process of communicating nursing information verbally and in writing.
• Information/communication systems and technology.

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

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

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

Health Care Systems

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

  3 year course or 4,600 hours of theoretical and clinical instruction.
  Theoretical Instruction – no less than one-third of 4,600 hours = 1,533 hours
  Clinical Instruction – no less than one-half of 4,600 hours = 2,300 hours

- Essential requirements of the programme:
  Theoretical instruction: 1,740 hours over 58 weeks
  (to include self-directed study, exams)
  Clinical instruction: 2,646 hours over 74 weeks
  (to include 14 weeks @ 39 hours per week)
  Discretionary hours: 390 hours over 12 weeks
  (must be accounted for in the Curriculum Document)

Total 4,776 hours over 144 weeks

- Following any interruption\(^2\) in the educational programme the third level institution/health care
  institution ensures that the student meets the programme requirements.

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

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

<table>
<thead>
<tr>
<th>Clinical Instruction</th>
<th>Minimum No. of Weeks / Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Nursing – General/Specialist</td>
<td>18 weeks / 630 hours</td>
</tr>
<tr>
<td>(including Day Care, Outpatients, Coronary Care, High Dependency Units)</td>
<td></td>
</tr>
<tr>
<td>Surgical Nursing – General/Specialist</td>
<td>18 weeks / 630 hours</td>
</tr>
<tr>
<td>(including Day Care, Outpatients, Intensive Care, High Dependency Units)</td>
<td></td>
</tr>
<tr>
<td>Accident &amp; Emergency – Outpatients</td>
<td>6 weeks / 210 hours</td>
</tr>
<tr>
<td>Child Care &amp; Paediatrics</td>
<td>5 weeks / 175 hours</td>
</tr>
<tr>
<td>Mental Health &amp; Psychiatry</td>
<td>5 weeks / 175 hours</td>
</tr>
<tr>
<td>Care of the Older Person</td>
<td>5 weeks / 175 hours</td>
</tr>
<tr>
<td>Home Nursing/Community</td>
<td>4 weeks / 140 hours</td>
</tr>
<tr>
<td>(including Primary Health Care, Voluntary &amp; Statutory Agencies, Mental Handicap)</td>
<td></td>
</tr>
<tr>
<td>Operating Theatre</td>
<td>4 weeks / 140 hours</td>
</tr>
<tr>
<td>Maternity Care</td>
<td>2 weeks / 70 hours</td>
</tr>
</tbody>
</table>

\(^2\) Interruption: Any leave (other than annual leave and bank holidays) including sick leave, maternity leave, parenting leave, compassionate and special leave.
Post-Registration

In the case of the post-registration training course, there must be twenty weeks of theoretical instruction given, to include one week theoretical instruction in Maternity Care and one week theoretical instruction in Mental Health and Psychiatry if these were not obtained by the candidate in a basic training course.

The following is the minimum number of weeks\(^3\) to be spent in different aspects of clinical instruction over the seventy-eight weeks of the post-registration course:

<table>
<thead>
<tr>
<th>Clinical Instruction</th>
<th>Minimum No. of Weeks / Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Nursing – General/Specialist</td>
<td>10 weeks / 390 hours</td>
</tr>
<tr>
<td>Surgical Nursing – General/Specialist</td>
<td>10 weeks / 390 hours</td>
</tr>
<tr>
<td>*Child Care and Paediatrics</td>
<td>5 weeks / 195 hours</td>
</tr>
<tr>
<td>*Maternity Care</td>
<td>2 weeks / 78 hours</td>
</tr>
<tr>
<td>*Mental Health and Psychiatry</td>
<td>5 weeks / 195 hours</td>
</tr>
<tr>
<td>*Care of the Older Person</td>
<td>5 weeks / 195 hours</td>
</tr>
<tr>
<td>*Home Nursing</td>
<td>1 week / 39 hours</td>
</tr>
<tr>
<td>Accident and Emergency / Out-patients</td>
<td>6 weeks / 234 hours</td>
</tr>
<tr>
<td>Operating Theatre</td>
<td>4 weeks / 156 hours</td>
</tr>
</tbody>
</table>

*If obtained in a previous training course registered by the candidate it is not necessary to repeat.

Any leave, other than annual leave and bank holidays, in excess of 21 days\(^4\) must be made up before completion of the programme.

Candidates must not be assigned to night duty during the four weeks prior to the written examinations and night duty must not exceed eighteen weeks during the training course.

\(^3\) “week” means the standard working week in hours being applied to candidates by their approved hospital or institution applying at any given time during the candidates training course.

\(^4\) “day” for the purpose of calculating sick leave occurring during periods of clinical experience, means the time during which the candidate is rostered for duty in any twenty-four hour period commencing when the candidate takes up duty.
2.4 Psychiatric Nurse Registration Education Programme

2.4.1 Syllabus/Indicative Content

**Introduction**

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

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

The list of topics included in this syllabus provides an indication of content for the Registered Psychiatric
Nurse Education Programme.

**Professional Development in Psychiatric Nursing**

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

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

Health Science and Applied Principles in Psychiatric Nursing

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

Social Science and Applied Principles in Psychiatric Nursing

- Basic sociological terms and concepts.
- Sociocultural definitions of health and illness, mental health and mental illness.
- Health promotion in mental health practice.
- Environmental, economic, cultural, political, social, spiritual, educational and gender factors influencing mental health throughout life.
• Concepts of deviance, normality and compliance in relation to mental health care.
• The mental health services in Ireland, policies, functions and initiatives.
• Voluntary and statutory services available to the client/family.
• Concepts of law and current legislation within the context of the mental health services.
• Philosophical concepts and ethics.
• Principles of philosophy as they relate to psychiatric nursing.
• The psychology of health and human behaviour through the stages of life.
• Models of learning and application of learning theories as they relate to psychiatric nursing practice.
• Developmental psychology across the lifespan.
2.4.2 Theoretical & Clinical Instruction.

• Requirements – Theoretical & Clinical Instruction.
  3 year course or 4,600 hours of theoretical and clinical instruction.
  Theoretical Instruction – no less than one-third of 4,600 hours = 1,533 hours
  Clinical Instruction – no less than one-half of 4,600 hours = 2,300 hours

• Essential requirements of the programme:
  Theoretical instruction: 1,740 hours over 58 weeks
    (to include self-directed study, exams)
  Clinical instruction: 2,646 hours over 74 weeks
    (to include 14 weeks @ 39 hours per week)
  Discretionary hours: 390 hours over 12 weeks
    (must be accounted for in the Curriculum Document)
  Total 4,776 hours over 144 weeks

• Following any interruption\(^1\) in the educational programme the third level institution/health care institution ensures that the student meets the programme requirements.

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

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

<table>
<thead>
<tr>
<th>Clinical Instruction</th>
<th>Minimum No. of Weeks / Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatric Nursing (including in-patient and community care settings)</td>
<td>40 weeks /1400 hours</td>
</tr>
<tr>
<td>Specialist Care</td>
<td>12 weeks / 420 hours</td>
</tr>
<tr>
<td>Care of the Older Person</td>
<td>8 weeks / 280 hours</td>
</tr>
<tr>
<td>Adult general nursing</td>
<td>5 weeks / 175 hours</td>
</tr>
</tbody>
</table>

\(^1\) Interruption: Any leave (other than annual leave and bank holidays) including sick leave, maternity leave, parenting leave, compassionate and special leave.
**Post-Registration**

In the case of post-registration training course there must be twenty weeks of theoretical instruction given, to include one week theoretical instruction in General Nursing, if not obtained in a basic training course registered by the candidate.

The following is the minimum number of weeks[^1] to be spent in different aspects of clinical instruction over the seventy-eight weeks of the post-registration course:

<table>
<thead>
<tr>
<th>Clinical Instruction</th>
<th>Minimum No. of Weeks / Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatric Nursing (including in-patient and community care settings)</td>
<td>20 weeks / 780 hours</td>
</tr>
<tr>
<td>Specialist Care</td>
<td>6 weeks / 234 hours</td>
</tr>
<tr>
<td>Care of the Older Person</td>
<td>8 weeks / 312 hours</td>
</tr>
<tr>
<td>*Adult General Nursing</td>
<td>3 weeks / 117 hours</td>
</tr>
</tbody>
</table>

[^1]: *If obtained in a previous training course registered by the candidate it is not necessary to repeat.*

Any leave, other than annual leave and bank holidays, in excess of 21 days[^2] must be made up before completion of the programme.

Candidates must not be assigned to night duty during the four weeks prior to the written examinations and night duty must not exceed eighteen weeks during the training course.

[^1]: “week” means the standard working week in hours being applied to candidates by their approved hospital or institution applying at any given time during the candidates training course.

[^2]: “day” for the purpose of calculating sick leave occurring during periods of clinical experience, means the time during which the candidate is rostered for duty in any twenty-four hour period commencing when the candidate takes up duty.
2.5 Mental Handicap Nurse Registration Education Programme

2.5.1. Syllabus/Indicative Content

Introduction

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

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

The Syllabus is indicative. It allows scope for the continuing development of subject matter and for the extension of new knowledge to accommodate emerging trends.

Nursing and Professional Development

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

FOUNDATIONS OF CONTEMPORARY NURSING

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

NURSING SCIENCE AND PROFESSIONALISM

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

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

NURSING RESEARCH

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

ORGANISATIONAL MANAGEMENT FOR NURSING PRACTICE

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

INFORMATION TECHNOLOGY AND THE CONCEPT OF LEARNING

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

Person - Centred Care

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

NURSING INDIVIDUALS WITH INTELLECTUAL DISABILITY ACROSS THE LIFE-SPAN

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

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

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

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

NURSING KNOWLEDGE AND PRACTICE

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

HEALTH AND ILLNESS CONTINUUM

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

FOUNDATION AND BIOLOGICAL SCIENCES

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

Nursing, Sociology, Law and Environment

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

SOCIAL SCIENCE

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

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

INTELLECTUAL DISABILITY, SOCIETY AND THE LAW
• Concept of law and its development.
• Law modalities including common, civil, criminal, constitutional, property, tort.
• Administration of the justice system in Ireland.
• Current legislation within the context of intellectual disability.
• Nursing profession and the law.
• Freedom of information.
• Child protection, society and family support.
• Data protection.
• The rights of the individual.
• Ethical issues and the health care environment.
2.5.2 Theoretical & Clinical Instruction.

- **Requirements – Theoretical & Clinical Instruction.**
  3 year course or 4,600 hours of theoretical and clinical instruction.
  
  Theoretical Instruction – no less than one-third of 4,600 hours = 1,533 hours
  Clinical Instruction – no less than one-half of 4,600 hours = 2,300 hours

- **Essential requirements of the programme:**
  
  Theoretical instruction: 1,740 hours over 58 weeks
  \(\text{(include self-directed study, exams)}\)
  Clinical instruction: 2,646 hours over 74 weeks
  \(\text{(to include 14 weeks @ 39 hours per week)}\)
  Discretionary hours: 390 hours over 12 weeks
  \(\text{(must be accounted for in the Curriculum Document)}\)

  Total 4,776 hours over 144 weeks

- **Following any interruption** in the educational programme the third level institution/health care institution ensures that the student meets the programme requirements.

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

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

<table>
<thead>
<tr>
<th>Clinical Instruction</th>
<th>Minimum No. of Weeks / Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education and Development of the Child:</td>
<td>14 weeks / 490 hours</td>
</tr>
<tr>
<td>(\text{To include a balance of caring and developmental experiences across a variety of generic and specialist settings.})</td>
<td></td>
</tr>
<tr>
<td>Education &amp; Development of the Adult:</td>
<td>24 weeks / 840 hours</td>
</tr>
<tr>
<td>(\text{To include a balance of experiences e.g. training, work, activation and living areas.})</td>
<td></td>
</tr>
<tr>
<td>Disorders of Human Behaviour:</td>
<td>12 weeks / 420 hours</td>
</tr>
<tr>
<td>(\text{To include a balance of settings specialising in the care of persons with disorders of human behaviour including those with mental handicap.})</td>
<td></td>
</tr>
<tr>
<td>Acute Nursing:</td>
<td>12 weeks / 420 hours</td>
</tr>
<tr>
<td>(\text{To include a balance of settings specialising in the care of people with acute nursing needs including those with mental handicap who have physical handicap/illness.})</td>
<td></td>
</tr>
<tr>
<td>Specialist Areas:</td>
<td>6 weeks / 210 hours</td>
</tr>
<tr>
<td>(\text{To include a balance of experiences in specialist areas e.g. physiotherapy, communication, speech and language, and physical education.})</td>
<td></td>
</tr>
<tr>
<td>Management: (\text{To be incorporated in third year.})</td>
<td>1 week / 35 hours</td>
</tr>
</tbody>
</table>

\(^{1}\text{Interruption: Any leave (other than annual leave and bank holidays) including sick leave, maternity leave, parenting leave, compassionate and special leave.}\)
**Post-Registration**

In the case of the post-registration training course there must be twenty weeks of theoretical instruction given, to include one week theoretical instruction in Paediatrics or General and three days theoretical instruction in Mental Health and Psychiatry if these were not obtained in a basic training course registered by the candidate.

The following is the number of weeks\(^3\) to be spent in different aspects of clinical instruction over the seventy-eight weeks of the post-registration course:

<table>
<thead>
<tr>
<th>Clinical Instruction</th>
<th>Minimum No. of Weeks / Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education and Development of the Child:</td>
<td>12 weeks / 468 hours</td>
</tr>
<tr>
<td><em>To include a balance of caring and developmental experiences across a variety of generic and specialist settings.</em></td>
<td></td>
</tr>
<tr>
<td>Education &amp; Development of the Adult:</td>
<td>16 weeks / 624 hours</td>
</tr>
<tr>
<td><em>To include a balance of experiences e.g. training, work, activation and living areas.</em></td>
<td></td>
</tr>
<tr>
<td>Disorders of Human Behaviour:</td>
<td>9 weeks / 351 hours</td>
</tr>
<tr>
<td><em>To include a balance of settings specialising in the care of persons with disorders of human behaviour including those with mental handicap.</em></td>
<td></td>
</tr>
<tr>
<td>Acute Nursing:</td>
<td>9 weeks / 351 hours</td>
</tr>
<tr>
<td><em>To include a balance of settings specialising in the care of people with acute nursing needs including those with mental handicap who have physical handicap/lillness.</em></td>
<td></td>
</tr>
<tr>
<td>Specialist Areas:</td>
<td>6 weeks / 234 hours</td>
</tr>
<tr>
<td><em>To include a balance of experiences in specialist areas e.g. physiotherapy, communication, speech and language, and physical education.</em></td>
<td></td>
</tr>
<tr>
<td>Management:</td>
<td>1 week / 39 hours</td>
</tr>
<tr>
<td><em>To be incorporated in allocations.</em></td>
<td></td>
</tr>
</tbody>
</table>

Psychiatric and General Nursing experience if obtained in a previous training course registered by the candidate need not be repeated.

Any leave, other than annual leave and bank holidays, in excess of 21 days\(^4\) must be made up before completion of the programme.

Candidates must not be assigned to night duty during the four weeks prior to the written examinations and night duty must not exceed six weeks during the training course.

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\(^3\) “week” means the standard working week in hours being applied to candidates by their approved hospital or institution applying at any given time during the candidates training course.

\(^4\) “day” for the purpose of calculating sick leave occurring during periods of clinical experience, means the time during which the candidate is rostered for duty in any twenty-four hour period commencing when the candidate takes up duty.
2.6 Sick Children's Nurse Registration Education Programme

2.6.1 Syllabus/ Indicative Content

Introduction

Childhood forms a distinct phase of life and children are a social group that merit their own status within contemporary society. Children are not "miniature adults". They are special, important and unique individuals with biopsychosocial and spiritual needs relative to their level of maturity and dependence. It is also acknowledged that the child exists within the immediate context of his/her family system.

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

It is universally acknowledged that the child and his/her family deserve to be cared for by specially trained nurses, in order to ensure the facilitation or delivery of holistic and appropriate care within a variety of health care settings. Within such a programme of nurse education, the learner will gain insight into the complexity of caring for this client group, and will develop the relevant knowledge, attitudes and skills that are required for competent nursing practice and lifelong learning.

The term "sick children's nurse" is used for consistency with the Registered Sick Children's Nurse Division of the Register held by An Bord Altranais. The term "child" refers to the infant, child and adolescent.

The list of topics included in the syllabus is not exhaustive. It provides an indication of the content of the Registered Sick Children's Nurse programme in terms of topics and gives no indication of the weighting of each topic in the curriculum.

Child and Family Centered Nursing

• History, development and philosophy of sick children's nursing.
• The definition and key concepts of sick children's nursing including those of child and family centred care.
• The theoretical foundations of sick children's nursing including children's nursing models.
• The sources of sick children's nursing knowledge incorporating child and family knowledge.
• Process of developing sick children's nursing knowledge and practice through review/ reflection and research.
• The research process and its application to child and family health care.
• Process of assessing/ identifying needs, prioritising, facilitating, planning, delivering and evaluating care in sick children's nursing.
• Activities of sick children's nursing in partnership with families for performing, assisting, supporting, educating and rehabilitation of the child in hospital and community care settings.
• Evidence-based safe and holistic practice for children in emergency, acute and chronic illness.
• The nurse’s role, responsibility and practice related to diagnostic, curative, palliative and terminal aspects of care.

• The ability to be responsible and flexible in meeting the needs of the child and family and to integrate these needs into care and discharge planning.

• The principles of nursing children and their families in a variety of care settings including maternity, paediatric community, primary health care, learning disability and child and adolescent psychiatry.

• Awareness of complementary/ alternative therapies for the child and family in hospital and other appropriate care settings.

• Current issues, trends and developments in national and international paediatric nursing and child health care.

**Interpersonal Skills For Sick Children’s Nursing**

• Self awareness, exploration of the impact of personal feelings and values on interactions.

• Development of interpersonal skills essential to the sick children’s nurse.

• Age and developmental appropriate communication techniques in a therapeutic relationship.

• Communicating/ interacting with children and families from various cultural/ethnic groups and with varying healthcare needs.

• Establishing effective professional relationships with child, family & person(s) significant in the child’s life, nursing colleagues and with other professionals/ members of the health care team.

• Counselling skills in relation to nursing children and their families.

• Methods of communicating nursing information verbally and in writing.

• Information, communication systems and technology.

• Information giving, teaching and presentation skills.

**The Individual Child In Health And Illness**

• The nature of the individual child and the bio/psycho/socio/ cultural & spiritual factors influencing the development of the individual and his/her experience of health and illness.

• The process of development from conception to adult and the genetic and environmental factors influencing each developmental phase.

• The normal human structure, function and development throughout the stages of intrauterine life and childhood.

• The nature of congenital acquired, acute, chronic diseases/disorders and associated pathological processes and how they impinge on body function/ abilities.

• The unique world of children and families living with physical, social and/or learning impairments.

• The psychology of child development and maturation.

• The importance of play and education to the developing child.

• The effects of illness/ hospitalisation on the child and family.

• Coping mechanisms and strategies used in maintaining social and mental health.

• The care and protection of the vulnerable child and family.

• The sociological perspectives of health and illness related to the child and family.

• Factors influencing ideologies, beliefs, values, attitudes, forms of expression and changing patterns.
• The values, perceptions/beliefs regarding children in society.
• The family as a unit in contemporary society including aspects of parenting.
• Nursing children/families in a multi-cultural context.
• Current issues/research in child health psychology and sociology.

**Child And Family Health Promotion**

• Concepts of child and family health and models of health promotion.
• Factors effecting child and family health including social, cultural, gender, environmental, political and economic factors.
• Factors affecting foetal and maternal health and wellbeing.
• Demographic and epidemiological trends in children.
• Local, national and international child health strategies and policies.
• The unique role and skills of the sick children’s nurse in assessing, planning, facilitating and evaluating healthy life targets in partnership with the child and family.
• The education and empowerment of children and families in achieving optimum health status.

**The Professional And Personal Development Of The Sick Children’s Nurse**

• The current and future development of sick children’s nursing including the historical, political, social, economic and international influences.
• The scope of sick children’s nursing practice as defined by the profession, legislation and ethical codes and values.
• Legal and ethical issues relevant to the health care of children.
• Role of statutory, regulatory and professional bodies.
• The professional behaviour and conduct of the sick children’s nurse in relation to accountability, confidentiality and advocacy.
• The promotion and protection of children’s and family’s rights and their incorporation into national and international health care policies.
• The management and organisational skills required to work with the child, family and multi-disciplinary team.
• Child health team membership, roles, responsibilities and boundaries.
• The process of professional practice development and quality improvement including evaluation and audit.
• The delivery of a child and family centered service which is responsive and flexible to changing needs and values in all care settings.
• The fostering of a supportive work environment which facilitates self-awareness, learning, effective coping skills, professional and safe standards of care.
• Self-directed learning skills, clinical reasoning/problem-solving skills in paediatric nursing as the foundation for life-long professional education, maintaining competency and career development.
• The sick children’s nurse’s contribution to the development of child health care services and policy at local, national and international levels.
• Current issues in personal and professional development.
Child And Family Health Care Systems

• The structure, function, funding and responsibilities of child health and social services in Ireland.
• The role and responsibilities of health care providers in creating and maintaining a safe environment for patients, staff, workers and visitors.
• The role of carers, statutory/voluntary agencies, public/private, hospital/community services in child health care.
• The health and social services available to the child/family in relation to access, entitlements and provisions.
• Current national and international child and family health issues, policies and initiatives.
• Comparative child and family health care systems.
2.6.2 Post-Registration Theoretical and Clinical Instruction

Theoretical Instruction

In the case of the post-registration course there must be twenty weeks of theoretical instruction given, to include one week theoretical instruction in Maternity Care, if this was not obtained by the candidate in a basic training course.

Clinical Instruction

The following is the minimum number of weeks³ to be spent in the different aspects of clinical instruction over the seventy-eight weeks of the post-registration course:

<table>
<thead>
<tr>
<th>Clinical Instruction</th>
<th>Minimum No. of Weeks / Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing children with medical/surgical disorders</td>
<td>20 weeks / 780 hours</td>
</tr>
<tr>
<td>Nursing infants under 1 year</td>
<td>8 weeks / 312 hours</td>
</tr>
<tr>
<td>Nursing children in Accident &amp; Emergency/Out-Patients</td>
<td>6 weeks / 234 hours</td>
</tr>
<tr>
<td>Care of the child in the operating theatre</td>
<td>2 weeks / 78 hours</td>
</tr>
<tr>
<td>Nursing children requiring high-dependency care</td>
<td>4 weeks / 156 hours</td>
</tr>
<tr>
<td>*Maternity care</td>
<td>2 weeks / 78 hours</td>
</tr>
<tr>
<td>*Home nursing</td>
<td>1 week / 39 hours</td>
</tr>
</tbody>
</table>

* If obtained in a previous training course registered by the candidate it is not necessary to repeat.

Any leave, other than annual leave and bank holidays, in excess of 21 days⁴ must be made up before completion of the programme.

Candidates must not be assigned to night duty during the four weeks prior to the written examinations and night duty must not exceed eighteen weeks during the training course.

³ “week” means the standard working week in hours being applied to candidates by their approved hospital or institution applying at any given time during the candidates training course.

⁴ “day” for the purpose of calculating sick leave occurring during periods of clinical experience, means the time during which the candidate is rostered for duty in any twenty-four hour period commencing when the candidate takes up duty.
Section 3

Standards for the Approval of Third Level Institutions, Health Care Institutions and Educational Programmes Leading to Registration
Section 3: Standards for the Approval of Third Level Institutions, Health Care Institutions and Educational Programmes Leading to Registration

3.1 The Approval Process for Third Level Institutions, Health Care Institutions and Educational Programmes Leading to Registration

An Bord Altranais has statutory responsibility to approve third level institutions and health care institutions in respect of educational programmes leading to registration.

The approval process consists of two separate parts:

a) approval of the third level institution and the health care institution

b) approval of the educational programme.

With respect to (a) approval of the third level institution and the health care institution

1. The third level institution and its linked health care institution(s) will provide a written submission to An Bord Altranais in the form of a self-assessment audit of compliance with An Bord Altranais standards.

2. The third level institution and its linked health care institution(s) must declare that it is suitable for the education of candidates for registration.

3. At least once every five years, An Bord Altranais will satisfy itself as to the suitability of third level institutions and health care institutions in respect of educational programmes leading to registration, including on-site visits.

With regard to (b) approval of the programme

1. The third level institution and its linked health care institution will make a written submission to An Bord Altranais in the form of a detailed curricular programme including evidence of its compliance with An Bord Altranais standards.

2. The third level institution and its linked health care institution(s) must declare that its curricular programme complies with the standards.

3. A validation committee appointed by An Bord Altranais will validate the curriculum. This committee will include representatives of the third level institutions and health care institutions.

4. Once approval has been given it will be maintained through annual monitoring and review.
The following general provisions regarding the process of approval apply:

1. The approval process will take place within a time-scale agreed with the third level institution and health care institution at the outset.

2. After approval has been given, any subsequent changes within the third level institution, the health care institution or in the educational programme that affect any aspect of compliance with these standards must be notified to An Bord Altranais.

3. Notification of approval of the third level institution and health care institution will be by letter from An Bord Altranais. Conditions may be attached to the approval.
3.2 Standards for the Approval of Third Level Institutions, Health Care Institutions and Educational Programmes Leading to Registration.

3.2.1 The Third Level Institution and Health Care Institution.

The third level institution and health care institution is committed to providing nursing education programmes which demonstrate that the highest standards of professional education and training are in place.

3.2.1.1 All statutory and regulatory requirements of An Bord Altranais and European Directives are met.

3.2.1.2 The third level institution and health care institution responds to change effecting professional, educational, health, social and economic issues.

3.2.1.3 The third level institution and health care institution keep appropriate records including records for the conferment of professional and academic awards.

3.2.1.4 The process for monitoring student attendance is declared.

3.2.1.5 The organisational structure supporting the management of the educational programme is explicit.

3.2.1.6 The third level institution and health care institution has a nurse education committee, which includes representatives of the key stakeholders.

3.2.1.7 The role of the external examiner in relation to the educational programme is explicit.

3.2.1.8 The staff resource supports the delivery of the educational programme at the stated professional and academic level.

3.2.1.9 The ratio of registered nurse/midwife tutors to students (excluding Principal Tutors) is 1:15.

3.2.1.10 Nursing/Midwifery tutors without a teaching qualification are employed for a maximum period of one year prior to commencing a teachers preparation programme leading to a qualification which satisfies the requirements for entry to the tutors division of the register maintained by An Bord Altranais.

3.2.1.11 Nursing/midwifery subjects are developed and taught by registered nurses/midwives with appropriate professional, academic qualifications and teaching expertise in the subject matter.

3.2.1.12 Registered nurse/midwife tutors are involved in clinical practice and its development.

3.2.1.13 A mechanism for staff development which prepares staff to deliver the educational programme including the provision for maintaining nursing/ midwifery expertise and credibility is identified.

3.2.1.14 The third level institution and health care institution provides administrative and clerical support for all educational activity.
3.2.1.15 The third level institution and health care institution provides educational resources/facilities (including library, computer, audio-visual & accommodation) to meet the teaching and learning needs of the programme.

3.2.1.16 The mechanism for student admission to the educational programme ensures that the stated entry requirements are met. The mechanism and conditions for students exiting the educational programme before completion are explicit.

3.2.1.17 Following any interruption\(^2\) in the educational programme the third level institution and the health care institution ensures that the student meets the educational programme requirements.

3.2.1.18 Student transfer arrangements ensure that the full requirements of the educational programme leading to registration will be completed.

3.2.1.19 The mechanism for student support in relation to student services, facilities and academic guidance is explicit.

3.2.1.20 The third level institution and health care institution provides an annual report on the educational programmes including the external examiner’s report to An Bord Altranais.

3.2.2 Curriculum Design and Development.

Curriculum design and development reflect researched educational theory and health care practice. The curriculum model chosen should be dynamic and flexible to allow for changes in nursing practice and health care delivery.

3.2.2.1 All statutory and regulatory requirements of An Bord Altranais and European directives are adhered to.

3.2.2.2 The curriculum design and development is based on An Bord Altranais Requirements for Nurse Registration Education Programmes.

3.2.2.3 Curriculum design and development led by registered nurse tutors is guided by professional nursing knowledge which is evidence/research based.

3.2.2.4 The curriculum development team comprises representative members of key stakeholders in nursing education and practice.

3.2.2.5 The curriculum is strategically planned to demonstrate balanced distribution and integration of theory and practice, logical sequencing and progressive development of subjects over the educational programme.

3.2.2.6 The curriculum is based on a range of teaching-learning strategies to assist the development of a knowledgeable practitioner and to equip students with the life-long skills for problem-solving and self-directed learning.

\(^2\) Interruption: Any leave (other than annual leave and bank holidays) including sick leave, maternity leave, parenting leave, compassionate and special leave.
3.2.2.7 The curriculum design reflects various methods of teaching/learning and provides a balance between lectures, tutorials, workshops, small group interactions, demonstrations, practical work and self-directed study.

3.2.2.8 The curriculum equips the student with a level of knowledge, research awareness and critical analysis.

3.2.2.9 The curriculum design includes the assessment strategy in relation to the measurement of clinical and theoretical learning outcomes.

3.2.2.10 Quality assurance indicators are identified and measured in relation to:
- Sufficient registered practitioners to facilitate the supervision of student nurses;
- Research awareness and the application of research findings;
- Evidence of continuing professional development of all practice staff;
- Availability of mechanisms for student support, supervision and assessment;
- Availability of mechanisms for educational and clinical audit.

3.2.2.11 Opportunity for the student to experience other European Union health care systems may be provided in a clinical placement for a maximum period of twelve weeks duration. Clinical placements are based in institutions approved by the competent authority of the Member State. Any exception to this needs to be approved by An Bord Altranais. Criteria and mechanisms for international exchange students are explicit.

3.2.3 Clinical Practice Experience.

Clinical practice experience provides learning opportunities that enable the achievement of competence in clinical nursing skills and stated learning outcomes.

3.2.3.1 Clinical placements are based in health care institutions, which are approved by An Bord Altranais.

3.2.3.2 The selection of areas for clinical practice experience reflects the scope of the health care settings and supports the achievement of the learning outcomes of the educational programme.

3.2.3.3 Student allocation to clinical placements is based on the need to integrate theory and practice and to facilitate the progressive development of clinical skills.

3.2.3.4 Opportunity for the student to experience direct contact with the patient or client should be provided early in the educational programme.

3.2.3.5 Clearly written learning outcomes/objectives appropriate to the clinical area are available to ensure optimal use of valuable clinical experience. The learning outcomes/objectives are revised as necessary.

3.2.3.6 Students and all those involved in meeting their learning needs are fully acquainted with the expected learning outcomes relating to that clinical placement.
3.2.3.7 Named registered nurse/midwife tutors in liaison with named clinical placement co-
ordinators/preceptors and registered nursing/midwifery staff guide and support the students
in ensuring that the clinical placement provides an optimum learning environment.

3.2.3.8 The supernumerary status of the student is explicit (see Appendix I).

3.2.3.9 Clinical practice includes experience of the 24 hour cycle of patient care. At all times there
must be sufficient registered practitioners to facilitate the supervision of student nurses. It is
recommended, where possible, this should be a ratio of one student to one registered
practitioner.

3.2.4 Assessment Process.

The assessment of learning is a continuous process and demonstrates a balanced and integrated
distribution throughout the educational programme.

3.2.4.1 Assessments are strategically planned and function to:
• Provide feedback on student progress
• Ensure educational standards (theory and practice) are achieved before entry to the next
part/year of the educational programme, as appropriate.

3.2.4.2 Assessments, including final assessment, are based on a variety of strategies which are
aligned with the subject area, practice setting, stage of the educational programme and
expected learning outcomes.

3.2.4.3 Assessment measures the integration and application of theory to patient care learned
throughout the programme and requires the student to demonstrate competence within
practice through the achievement of learning outcomes in both theory and practice.

3.2.4.4 Assessment strategies are established as reliable and valid measures of learning outcomes.

3.2.4.5 A grading criteria indicating the standard for a pass award is required for theoretical and
clinical practice assessments. An award/grading mechanism which acknowledges higher
achievements by the student is recorded.

3.2.4.6 Assessment regulations relating to compensation, supplemental and appeal mechanisms and
conditions for continuance of the educational programme are explicit.

3.2.4.7 The assessment strategy does not allow compensation between theory and clinical practice
components.

3.2.4.8 The mechanism whereby records maintained by the third level institution and health care
institution demonstrate that each student meets the declared standards of learning
outcomes in clinical and theoretical components and is eligible for registration.

3.2.4.9 Eligibility to register with An Bord Altranais is based on successful completion of the
educational programme and the successful achievement of both the theoretical and clinical
assessments.
3.2.5 External Examiners

External examiners have an important role in maintaining the standard of nursing programmes by providing an independent view about the content, structure, organisation and assessment of the educational programme.

3.2.5.1 External examiners are appointed by the third level institution in accordance with specified criteria (see 3.2.5.3 below).

3.2.5.2 The role of the external examiner is explicit and functions to:
- Maintain the quality and standards of registration programmes;
- Ensure the assessment strategies for theory and practice are reliable and equitable;
- Ensure individual students are treated fairly.

3.2.5.3 External examiners for nursing studies:
- Are registered nurses with professional qualifications appropriate to the registration programme being examined;
- Hold academic and teaching qualifications and have at least 3 years full-time teaching experience in courses appropriate to the registration programme being examined;
- Have experience in examining and assessing registration students;
- Have experience in the development, management, delivery and evaluation of registration programmes;
- Have at least 2 years full-time experience in the area of clinical practice appropriate to the registration programme being examined.

3.2.5.4 The mechanism whereby the external examiner is provided with relevant documentation, participates in decision-making concerning the programme and has membership of the examination boards of the institution, is explicit.
Appendix I

Supernumerary Status

1. Clinical placements provide learning opportunities which enable the achievement of the learning outcomes. The supernumerary status of the student during the period of clinical placement is an important factor in enhancing the educational value of the experience.

2. The key features of supernumerary status are:

   2.1 Allocation to a clinical placement is driven by educational needs enabling the student to achieve stated learning outcomes;

   2.2 The student actively participates in giving care appropriate to the student’s level of knowledge and practical experience under the supervision and direction of a registered nurse/midwife;

   2.3 The student is surplus to the rostered complement of nurses/midwives;

   2.4 The clinical placement allows for purposeful/focused learning where the student applies the theoretical knowledge to health care practice and develops the integrated knowledge and skills essential to a professional practitioner;

   2.5 The student takes an active role in achieving the learning outcomes whilst acknowledging the interests/rights of the patient/client.