

Requirements and Standards For Public Health Nurse Registration Education Programmes

First Edition



An Uord Altranals

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Contents

Preface	3
Introduction	5
Section 1: Extracts from the Nurses Rules	8
Section 2: Requirements for Public Health Nurse Registration Programmes	12
2.1 Learning Outcomes	12
2.2 Competencies for Entry to the Register	13
2.3 Public Health Nurse Registration Education Programme	20
2.3.1 Syllabus/Indicative Content	20
2.3.2 Theoretical and Clinical Instruction	24
2.3.3 Theoretical and Clinical Instruction for students who are not registered midwives	25
Section 3: Standards for the Approval of Third Level Institutions, Health Care Institutions and Educational Programmes Leading to Registration	27
3.1 The Approval Process for Third Level Institutions, Health Care Institutions and Educational Programmes Leading to Registration	28
3.2 Standards for the Approval of Third Level Institutions, Health Care Institutions and Educational Programmes Leading to Registration	30
3.2.1 The Third Level Institution and Health Care Institution(s)	30
3.2.2 Curriculum Design and Development	31
3.2.3 Clinical Practice Experience & the Clinical Learning Environment	32
3.2.4 The Assessment Process	33
3.2.5 External Examiners	34
References	35
Appendix 1	
Supernumerary Status	40
Appendix 2	
Approval Criteria for Programmes	41

Preface

Public health nurses provide primary, secondary and tertiary care to individuals, families and communities across the lifespan to a geographic area. They are key health and primary care practitioners who have been trained and educated as public health workers using a partnership and empowerment approach with individuals, families and communities. Public health nursing practice is characterised by an emphasis on population health issues rather than individually focussed clinical interventions (Grumbach et al 2004). It could be argued that public health nursing incorporates the knowledge and skills of nursing with those of public health science (Spradley 1991). Public health can be viewed as a way of looking at health that takes the population as the starting point. With a population perspective, it is possible to identify and address the wider determinants of health such as poverty, unemployment, social exclusion, transport, education, crime and the environment. At a national and international level there is a renewed emphasis in public health from the provision of personal health services for individuals to efforts targeted at improving the health of the whole community/population (Smith & Bazini-Barakat 2003).

The Vision to Action report defines public health as "Organised social and political effort, and health promotion for the benefit of populations, families and individuals". This comprehensive perception of public health "embraces population approaches, local community approaches and work with families and individuals". Thus, public health is viewed as a creative process harnessing political intervention to create circumstances to enable people to live healthy lives, whilst community led initiatives support the organised social and policy framework (*From Vision to Action* 2003 p. 10).

Community health nursing is the art, science and spirit of enabling and facilitating community health (McMurray, 1993). Public health nurses comprise of the largest and one of the longest established professional groups in the community care programme (NESC, 1987). The ethos of public health nursing is founded on the principles of primary health care. Primary care has traditionally been defined as first line care with the focus on diagnosis and treatment of illness and is generally associated with general medical practice, thus, is considered an integral component of primary health care.

In June 2000, the Ministers of Health of the European Region of the World Health Organisation (WHO) stated their commitment to enhancing the roles of nurses and midwives in public health, health promotion and community development (WHO 2000).

The public health nurse is a key professional in the provision of community care services and has the potential to make a significant contribution to the *current health policy agenda. In response to the recommendations of the Report of the Commission on Nursing *A Blueprint for the Future*, (1998); the educational changes that have taken place in the nurse and midwife registration education programmes; the Health Reform programme; the anticipated Nursing and Midwifery in the Community Report, public health nurse education and training must adopt a new focus.

Policy Context

Change is essential if public health nursing is to remain central to developments in public health and primary care (Clarke 2004). As a consequence, modifications are being made to the public health nurse registration education and training programme to enable the public health nurse acquire the skills and competencies to meet educational, health care policy and legislative changes.

Circular 27/66 (Department of Health 1966) shaped the present structure of public health nursing. In many ways the circular was a visionary and comprehensive document detailing the range of service provision including: domiciliary midwifery, general nursing, especially care of the elderly, care of persons with a mental health and/or an intellectual disability problem and care of children, from early childhood to the end of the school going period (Department of Health 1966).

Circular 41/2000 (Department of Health and Children 2000) reflects the principle of primary care and health promotion. The duty of the public health nurse to provide a home birth service has been omitted.

*The Audit of Structures and Functions in the Health System "Prospectus" (2003a), the Commission on Financial Management and Control Systems in the Health Service "Brennan" (2003b), the Report of the National Task Force On Medical Staffing "Hanly" (2003c), the Health Strategy Quality and Fairness A Health System for You (2001 a), the Primary Care Strategy *A New Direction* (2001 b), the Report of the Forum on Medical Manpower (2001c).

Definition of Terms

It was deemed appropriate to define the following terms in order to provide a common reference framework before developing the public health nurse registration education and training programme.

Health and wellbeing

A state of complete physical, social and mental wellbeing, and not merely the absence of disease or infirmity. Within the context of health promotion, health has been considered less as an abstract state and more as a means to an end. It is a positive concept emphasising personal resources as well as physical capabilities (WHO 1986).

Public Health

Public health deals with the structures, processes and competencies required to monitor, protect and promote the health of defined populations. Whereas public health used to rely heavily on legislation and concentrate on programmes for disease control, the new health for all based public health is more strategic. It draws on the contribution of many sectors, disciplines and actors; it operates in policy-making spheres as well as at technical levels; it encourages community participation; and it places strong emphasis on the social, economic and environmental determinants of health (EUR/RC48/13 1998).

The following key elements of public health have been identified:

- assessing the health needs of a population
- planning and implementing programmes that promote and protect health i.e. immunisation and screening programmes, health promotion campaigns and planning and delivering integrated services across agencies
- working with other agencies to address the wider threat to health e.g. housing, transport, social exclusion
- identifying health inequalities and taking action to address these (Department of Health 2002).

Primary Care

Primary care is an approach to care that includes a range of services designed to keep people well, from promotion of health and screening for disease to assessment, diagnosis, treatment and rehabilitation as well as personal social services. The services provide first-level contact that is fully accessible by self-referral and have a strong emphasis on working with communities and individuals to improve their health and social well-being (Department of Health & Children 2001b)

Community

Communities are comprised of individuals who share a common goal and are bonded by location, interdependent social groups, interpersonal relationships and culture. The culture of the community gives rise to values, norms, beliefs and a sense of attachment for its members. Clark (1992) describes community as a group of men and women who share some kind of bond, who interact with each other, and who operate collectively in respect of common concerns.

The responsibilities and functions of An Bord Altranais are defined by the provisions of the Nurses Act, 1985. Part IV of the Nurses Act, 1985 requires the Board to make rules in respect of the education and training of nurses being prepared for Registration. The third level institutions of the National University of Ireland and the University of Dublin Trinity College, Dublin City University and the University of Limerick are regulated by the Universities Act, 1997. Other legislative instruments, for example the Qualifications (Education and Training) Act, 1999, the National Qualifications Authority of Ireland (2001), the Higher Education and Training Awards Council (2001), the Further Education and Training Awards Council (2001), the Regional Technical Colleges Act, 1992, the Regional Technical Colleges (Amendment) Act, 1994, and the Regional Technical Colleges (Amendment) Act, 1999, regulate other third level institutions. Other relevant legislative instruments include the Higher Education Authority Act, 1971.

Developing and enhancing a culture of educational excellence, life long learning and procedures to implement access, transfer and progression arrangements are key features of recent legislative instruments in the education sector.

To meet these challenges, An Bord Altranais has entered into a range of new partnerships. At a national level An Bord Altranais has established associations and alliances with the National University of Ireland and the constituent colleges, the University of Dublin Trinity College, Dublin City University and the University of Limerick, the National Qualifications Authority of Ireland, the Higher Education and Training Award Council and constituent colleges, the Further Education and Training Awards Council, the Department of Education and Science and the Department of Health and Children.

Introduction

The purpose of this document is to provide guidance for the development of flexible, innovative, practice orientated public health nurse registration programmes to third level institutions and community care settings/health care institutions¹ involved in the education and training of public health nurses. The policies and practices of the third level institutions and health care institutions shall meet the requirements specified in this document.

Section IV of the Nurses Act, 1985 makes provision for the Board to make Rules to enable third level institutions and health care institutions to develop their own curricula including examinations and assessment systems based on a syllabus provided by An Bord Altranais. A committee appointed for that purpose must validate this curriculum.

Third level institutions and health care institutions involved in the education and training of public health nurses are required to submit a detailed curriculum document 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 assists the development of submissions 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. Section 2 outlines the requirements for nurse education programmes leading to registration as a public health nurse. Section 2 is divided into three parts. The first part describes the learning outcomes that are expected from the public health nurse registration programme. The second part describes the competencies the student must reach on completion of the education programme for entry to the Register of Public Health Nurses. The third part deals with the requirements for registration programmes for public health nursing. Section 3, describes the standards required for the approval of third level institutions, health care institutions and educational programmes leading to registration. A statement of the standards that must be met by these institutions and educational programmes is also provided. There are five sections: (1) The third level institution and health care institution, (2) Curriculum design and development, (3) Clinical practice experience and the clinical learning environment, (4) Assessment process and (5) External Examiners. For each section, a number of measurable criteria have been identified which can be used in determining whether the standard has been met.

¹Health care institutions in this document refers to community care settings and hospitals involved in the education and training of public health nurses.

SECTION 1

Extracts from the Nurses Rules



An tOird Aicrannais

March 2005

Section 1:

1.1 Extracts from the Nurses Rules 2004

This section provides extracts from the relevant Rules of the Nurses Rules 2004, for the guidance of the third level institutions and healthcare institutions involved in the provision of registration education programmes. The Nurses Rules 2004 guided and informed the development of this document.

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 or the Nursing Board established by the Act;

"candidate" means a person whose name has been entered on the Candidate Register as provided for in Rule 10;

"Chief Executive Officer" means the person who is for the time being acting as Chief Executive Officer of the Board and includes any person duly authorised to act and acting on his/her behalf;

"Member State" means a state, other than this State, which is a member of the European Union;

"midwife" means a person whose name is entered in the Midwives Division of the Register;

"the Minister" means the Minister for Health and Children;

"nurse" means a person whose name is entered in the Register and includes a midwife and nursing includes midwifery;

"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 Children's Nurse" or

"Registered Nurse Intellectual Disability" 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.

Requirements and Standards (Rule 4)

The Board shall stipulate requirements and standards in respect of each education and training programme referred to in Rule 5 of these Rules containing details, including minimum duration, of theoretical and clinical instruction required to be undertaken by each candidate for satisfactory completion of such programme.

Education and Training Programmes Leading to Registration (Rule 5)

Subject to Rule 6 of these Rules, the education and training required for admission to the Public Health Nurses Division of the Register shall be in accordance with the requirements and standards set out by the Board for that purpose, in accordance with a curriculum approved by the Board and carried out in educational institution(s) and hospital(s)/(community care areas) approved by the Board for that purpose.

Minimum Requirements for Admission to Education and Training Programmes leading to registration in the Register of Nurses as decided by An Bord Altranais at its meeting February 10th 2005, until further notice.

Before admission to the programme of education and training leading to registration in the Public Health Nurses Division of the Register, the name of the candidate for registration must already be entered in the General Division of the Register of Nurses and the candidate must have two years clinical experience in nursing. Unless the candidate's name is registered in the Midwives Division of the Register, the candidate must complete an An Bord Altranais approved module or unit of study on Maternal and Child Health as part of the programme.

Approval of Healthcare Institutions and Educational Institutions for Education Purposes (Rule 7)

An educational institution or hospital proposing to provide a programme of education and training leading to registration in any Division of the Register shall apply to the Board for approval and in this regard shall supply to the Board full details of how it is proposed to implement the said programme. Such details shall include:

- a full description of its education facilities,
- the amount of experience each nurse undertaking the education and training programme is assured,
- details of education to be provided in other community services, institutions, or hospitals,
- particulars of teachers and lecturers including their qualifications,
- details of educational facilities available at all centres where education will take place,
- evidence of systematic arrangements whereby the attendance of each nurse undertaking the education and training programme as required under the Board's requirements and standards for such education is assured.

Before granting approval to an educational institution or (community) hospital, the Board shall satisfy itself both in regard to the educational institution or (community) hospital and its associated bodies in which education is to be carried out

- that an adequate quantity and quality of clinical practice experience is available,
- that the educational facilities for the nurses undertaking the education programme are adequate,
- that the number of teaching staff and lecturers and their qualifications are adequate,
- that the practice of nursing is of such a standard as to satisfy the Board,
- that the accommodation is of a satisfactory standard.

Before an educational institution or (community) hospital is granted approval, it will be visited and reviewed by representatives of the Board.

Assessments - Registration (Rule 8)

Notwithstanding the provisions of Rule 5, the Board will make provision with an educational institution or hospital, to carry out written assessments of knowledge attainment and assessment of competency in clinical nursing skills throughout the period of education and training for the purpose of determining whether candidates are qualified for registration in the Public Health Nurses Division, subject to the following requirements:

- the Board must be satisfied, by adherence to the attached Schedule A, as to the adequacy and suitability of any assessments carried out by an educational institution or (community) hospital for the purpose of establishing knowledge attainment or competency in clinical nursing skills,
- the Board must be satisfied, by adherence to the attached Schedule A, that the assessments to be held by any educational institution or (community) hospital are adequate and suitable to examine theoretical content of the Syllabus stipulated by the Board in accordance with the requirements for admission to the particular Division of the Register,

- and each educational institution or hospital 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 (Rule 8)

Each educational institution or hospital/(community care area) must submit to An Bord Altranais a curriculum for approval by a committee appointed by An Bord Altranais for that purpose. This curriculum must, inter alia, specify the structure, process and outcome of the programme, methods of assessment, examination, teaching strategies and appeals systems. Proposed sites for clinical placements must also be submitted for approval.

Annual Reports on the delivery of programmes, in the format specified in the appropriate requirements and standards document, will be submitted to An Bord Altranais by the educational institution and hospital/(community care area).

An Bord Altranais will review programmes approved by it at least every five years.

Each educational institution and hospital/(community care area) 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.

Candidate Register (Rule 10)

The Board shall establish and maintain a register of candidates, to be known as the Candidate Register, in which the name of every such candidate, admitted to an approved programme of education and training leading to registration in the appropriate Division of the Register, shall be entered.

Not later than thirty days after the commencement of the programme, a candidate shall apply to the Board on the appropriate form to have her/his name entered in the Candidate Register.

The student's programme of education and training shall be taken to have commenced on the date certified in the appropriate form by a designated person in the approved educational institution.

The Candidate Register shall show, in respect of each candidate registered the following particulars; a personal identification number which will be assigned to each candidate; full names; gender and date of birth; address; dates of commencement of and cessation of the programme; name of approved institution and the title and duration of the programme.

Each candidate whose name is entered in the Candidate Register shall be issued with a student card bearing her/his personal identification number, the title of the programme for which she/he is registered and the date of commencement of the programme together with a copy of the appropriate requirements and standards for such programme.

A candidate shall apply to have her/his name entered separately in the Candidate Register for each registration course undertaken.

The designated person referred to above shall inform the Board when a candidate ceases to be a participant before the completion of the programme and the reason therefor.

Any change in the name or address of a candidate shall be notified to the Board by the candidate.

SECTION 2

Requirements for Public Health Nurse Registration Education Programmes



An tOird Aicrannais

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Section 2:

Requirements for Public Health Nurse Registration Education Programmes

2.1 Learning Outcomes

The purpose of the education and training programme is to enable students acquire the knowledge, skills, competence and confidence to critically analyse and reflect on public health needs and care provision and to be able to develop the competencies required to practice public health nursing.

The registration education programme enables the student to:

- Practice as a competent, accountable, autonomous public health nurse, assessing, planning, and implementing interventions on the basis of research, evidence and evaluation
- Work in partnership to support and empower individuals and their carers/families/groups and communities to influence and use available services, information and skills to the full and to participate in decisions concerning their care
- Acknowledge individuals/families/groups and communities' rights to make their own decisions about their health and social well being and to set their own priorities
- Lead/co-ordinate and/or participate in all types of community health needs assessment, planning, implementation and evaluation of health education programmes and care intervention
- Assess, plan, implement and evaluate maternal and child health care in a primary care context and within the nurse's scope of practice
- Encourage community participation and work in partnership with voluntary workers in health enhancing activities
- Work collaboratively within the interdisciplinary/multidisciplinary* environment to maximise their contribution to health improvement in the local community
- Be able to identify health inequalities and take action with communities, populations and others to address issues of health, social inequalities and social exclusion demonstrating an increased focus on public health within contemporary practice
- Develop, implement and evaluate health promotion and health education strategies
- Demonstrate an awareness of policy development and strategic planning in health services
- Act as a resource of expertise in public health within an interdisciplinary/multidisciplinary setting, demonstrating the nursing contribution to public health both within and outside the profession
- Apply leadership skills to improve the health and well being of individuals/families/groups/communities across a care pathway
- Develop competence in the ability to analyse health policy and the political, social, economic and environmental factors influencing health at a National, European and International level.

*Interdisciplinary/multidisciplinary the term used to describe professionals from more than one discipline working together in a co-ordinated way (Quality and Fairness A Health System for You 2001a).

2.2 Competencies for Entry to the Register

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

All five Domains of Competence represent the level the student public health nurse must reach on completion of the education programme for entry to the public health nurse Division of 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 the ability to assume personal and professional accountability for evidence based public health nursing care/intervention. Safe and effective practice requires a sound underpinning of theoretical knowledge that informs practice and is in turn informed by that practice. Within complex and changing healthcare environments it is essential that practice is informed by the best available evidence. This is reflected in the competencies.

The competencies encompass five domains:

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

The Domains of Competence represent a broad enabling framework to facilitate the assessment of post-registration student public health nurses' clinical practice. Each domain consists of performance criteria and their relevant indicators. These indicators will be developed at local level.

A team and partnership approach will be applied when assessing the student public health nurse as the assessor will consult with colleagues in determining the students' competence. Public Health Nurse Managers and third-level institutions will agree on the assessment process.

Student public health nurses are deemed to be either competent or not and where competence has not been achieved the student public health nurse will be given opportunities to develop competence. There are no ratings in the verification of competence.

Domain 1. Professional/Ethical Practice

Indicators:

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| <p>1.1. Practices in accordance with legislation affecting nursing practice.</p> | <ul style="list-style-type: none"> • Integrates accurate and comprehensive knowledge of ethical principles practising public health nursing in accordance with the <i>Code of Professional Conduct</i>, within the scope of professional nursing practice and consistent with legislation. • Fulfils the duty of care in the course of public health nursing practice, informed by the best available evidence. • Implements and contributes to the development and/or critical review of philosophies, policies, protocols and standards of practice to improve health and social well being. • Responds appropriately to instances of unsafe or unprofessional practice. • Integrates knowledge of the rights of clients and groups in the health care setting. • Protects and advocates for the rights of individuals/families/groups and communities. |
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- Ensures confidentiality and security of written, verbal and electronic information that may be used in a professional capacity.
- Discloses information only to those who have a right and a need to know.
- Advises/supports a community to respect and promote the rights, dignity, values, culture and beliefs of individuals/families/groups/communities.
- Practices in a way that acknowledges the differences in beliefs and cultural practices of individuals/groups/communities.

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 and reflects on this.
- Accepts responsibility and accountability for consequences of own actions or omissions.
- Clarifies unclear or inappropriate instructions.
- Makes effective use of supervision and a wide range of learning activities to improve/develop knowledge and practice.
- Formulates decisions about appropriate care interventions within the scope of professional nursing practice utilising the Decision-Making Framework in the *Scope of Nursing and Midwifery Practice Framework* document.
- Assesses, reflects on, develops and improves own practice on the basis of research, evidence and evaluation.
- Assumes accountability for practice and strives to attain the highest standards of practice.

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

Indicators:

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| <p>2.1. Acts to enhance the health and social well being of individuals/families/groups and communities.</p> | <ul style="list-style-type: none"> • Raises awareness about health and social well being and related factors, services and resources. • Collects, collates, analyses and interprets data accurately and comprehensively related to the improvement of health and social well being. • Profiles/identifies the health and social well being needs of community populations. • Identifies individuals/families/groups/communities who are at risk or in need of support. • Identify and help reduce the risk of abuse or violence, protecting children and vulnerable members of the community. • Enables the views of groups and communities to be heard by advocating on their behalf. • Works with and enables individuals/families/groups and communities to develop their knowledge, skills and confidence to identify and access information/services/facilities on health and social care in a form that is appropriate to their need, context and culture. • Mobilises community partnerships to identify and solve health and social care problems. • Applies appropriate strategies for screening and referral to appropriate agencies and personnel. • Plans, implements and evaluates appropriate public health nursing care interventions on the basis of research evidence and evaluation. • Initiates, plans, co-ordinates, implements and evaluates health promotion initiatives in collaboration with other health care professionals/agencies/voluntary organisations. • Works in partnership with others in the planning, development, implementation, monitoring and review of public and community health programmes. |
| <p>2.2. Conducts a systematic holistic assessment of individual/family/group and community needs based on nursing theory and evidence-based practice in a community care setting.</p> | <ul style="list-style-type: none"> • Uses an appropriate assessment framework safely and accurately. • Analyses and interprets data accurately and comprehensively leading to appropriate identification of findings. • Incorporates relevant evidence and research findings into public health nursing practice. • Promotes research designed to improve public health nursing practice. |
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| 2.3. Plans care in consultation with the individual/family/group/community taking into consideration the public health and therapeutic regimes of all members of the interdisciplinary/multidisciplinary team. | <ul style="list-style-type: none">• Establishes priorities for resolution of identified health needs of the individual/family/group/community.• Identifies expected outcomes including a time frame for achievement.• Plans, delegates/implements and evaluates public health nursing care interventions to meet the needs of the individual/family/group/community.• Identifies criteria for the evaluation of the expected outcomes.• Plans for discharge and follow up care in consultation with the interdisciplinary/multidisciplinary team. |
| <hr/> | |
| 2.4. Implements planned nursing/maternal/child health care/interventions to achieve the identified outcomes. | <ul style="list-style-type: none">• Organises the implementation of nursing care in accordance with a plan that is accurate, safe, comprehensive and effective.• Incorporates relevant knowledge and research evidence into public health nursing practice and monitors its impact.• Plans, implements, and evaluates appropriate maternal and child health care/intervention on the basis of research evidence and evaluation.• Promotes, 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/families/groups/communities.• Promotes and contributes to research designed to improve public health nursing practice. |
| <hr/> | |
| 2.5. Evaluates individual/family/group/community progress toward expected outcomes and reviews plans in accordance with evaluation data and consultation with the individual/family/group/community. | <ul style="list-style-type: none">• Assesses the effectiveness of public health nursing care/intervention in achieving the planned outcomes.• Determines further outcomes and nursing interventions in accordance with evaluation data and consultation with the individual/family/group/community. |

Domain 3. Interpersonal Relationships

Indicators:

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| 3.1. Establishes and maintains caring therapeutic interpersonal relationships with individuals/families/groups/communities. | <ul style="list-style-type: none">• Creates a climate of mutual trust.• Communicates sensitively, effectively, professionally in a manner appropriate with persons from diverse cultural, socio economic, educational, racial, ethnic and professional backgrounds and persons of all ages and lifestyle preferences. |
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- Demonstrates effective communication skills in addressing sensitive topics with adolescents and adults such as sexual and reproductive health, sexually transmitted disease, crisis pregnancy, substance abuse, violence, death, mental health and related problems.
- Reflects on the usefulness of personal communication techniques taking into account the needs, context and culture of the individual/family/group and community.
- Conducts nursing care ensuring the recipients receive and understand relevant and current information concerning health care.
- Assists individuals/families/groups/communities to communicate needs and to make informed decisions.

3.2. Collaborates with all members of the interdisciplinary/multidisciplinary team and documents relevant information.

- Participates with the interdisciplinary/multidisciplinary team in a collaborative effort directed toward decision making concerning individuals/families/groups and communities.
- Establishes and maintains accurate, clear and current client records within a legal and ethical framework.

Domain 4. Organisation and Management of Care

Indicators:

4.1. Effectively manages the nursing care of individuals/families/groups/communities.

- Demonstrates the ability to effectively manage a caseload using time management strategies to prioritise own work and the focus of activities.
- Demonstrates leadership, team building, problem solving, and negotiation and conflict resolution skills.
- Engages in collaborative practice with other practitioners and agencies.
- Determines priorities for care based on need, acuity and optimal time for intervention.
- Selects and utilises resources effectively and efficiently.
- Utilises methods to demonstrate quality assurance and quality management.
- Changes practice to reflect current best evidence, health care policy and new or articulated values and beliefs.
- Promotes a culture that is receptive to change.
- Works with and advocates with others for the development of public policy to promote health and social well being.

4.2. Delegates to other nurses/carers activities commensurate with their competence and within their scope of professional practice.

- When delegating a particular role/function account is taken of the principles outlined in the *Scope of Nursing and Midwifery Practice Framework*.

- Accepts accountability and takes responsibility for the delegation of aspects of practice to others.
- Effectively supervises and facilitates the work of members of the team.

4.3. Facilitates the co-ordination of care.

- Works with all members of the interdisciplinary/multidisciplinary team to ensure that individual/family/group and community care is appropriate, effective, and consistent.

Domain 5. Personal and Professional Development

Indicators:

5.1. Acts to enhance the personal and professional development of self and others.

- Demonstrates a commitment to life long learning.
- Acts as a positive role model.
- Initiates strategies that contribute to the learning experiences of colleagues through support, supervision and teaching.
- Informs/educates and empowers individuals/families/groups/communities to protect, maintain and promote health.
- Assumes personal responsibility for professional development and the maintenance of competence.

2.3 Public Health Nurse Registration Education Programme

2.3.1 Syllabus/ Indicative Content

Introduction

Public health nursing is an interpersonal caring process that takes account of the unique needs of individuals, families, groups and communities. The public health nurse identifies health needs and inequalities, raises issues of health and social well being and uses a partnership and empowerment approach to enable people to increase control over and improve their own health. The healthcare environment of the public health nurse is changing continuously, thus the public health nurse must be able to respond to, and adapt, to meet the new and emerging health care needs of the population. Within this complex and rapidly changing care environment it is essential that public health nurses are able to adapt to new systems, policy initiatives, population needs and implement public health nursing practice that is informed by the best available evidence. Public health nursing practice also involves working with other professions, statutory and voluntary healthcare agencies. The programme of study aims to develop public health nurses who will be able to participate as effective members of the interdisciplinary/multidisciplinary team.

Public health nursing students are registered nurses who enter the programme with a registration/diploma and/or registration/degree. This level of knowledge, skill and professional competence needs to be developed and applied to public health nursing practice. It is important that previous knowledge and experience is acknowledged and is advanced and developed during the programme.

The sections into which the indicative content is organised should not be viewed as discrete, neither is the list of topics included in the syllabus exhaustive. The manner in which the content is interwoven and interlinked is individual to each programme. Curriculum planners will be expected to demonstrate that the programme is relevant and responsive to the most recent policy and legislative changes. Access to inter professional learning and working should be made available to students.

Principles of Public Health

- Concepts of health, of community and of public health
- Public health theory and practice at a National, European and International level
- Public health in community practice
- Primary health care
- Theories and models of health promotion and community development
- Determinants of health: biological, behavioural, gender, social, environmental, economic, educational, political and cultural factors affecting health
- Infectious/communicable diseases, screening and surveillance
- Risk assessment, and measures of health
- Environmental health
- Professional values in the provision of public health - an understanding of the current climate and political influences on health care, the values, priorities and contributions of health professionals.

Principles of Public Health Nursing

- Development of public health nursing in Ireland - including the historical, political, social, cultural, economic and international factors influencing its development

- Key concepts in public health nursing including concepts of holism, advocacy, partnership, empowerment and the right to self-determination
- Role and function of the public health nurse
- Conceptual models of nursing that may be applied to public health nursing
- Managing change and transitions in life (parenthood/ageing/caring/increasing disability/ bereavement)
- Child health/child development/child protection/child welfare/child care legislation
- Children at risk
- Family health (employment/relationships/stress/anxiety/illness/money/domestic violence/abuse) Community issues (housing/public transport/accidents/noise/crime/drugs/public play areas)
- Supporting child development (parenthood/feeding/sleeping/preparing for school/behaviour/safety/bullying/substance use/suicide/parasuicide)
- Health needs assessment at an individual, family and community level
- Community profiling
- Community development and participative approaches
- Setting priorities, planning, implementing and evaluating strategies to improve health and well-being
- Interdisciplinary/multidisciplinary working and interaction in the provision of public health nursing
- Statutory and voluntary partnership
- Teaching and facilitation skills
- Health promotion, health education
- Record keeping, report writing
- Skills of reflection in and on public health nursing practice
- Current issues in public health nursing
- Ethical issues influencing the practice of public health nursing, application of ethical principles to practice
- Contemporary public health dilemmas that impact on the public health nurse
- Professional accountability, responsibility and scope of public health nursing practice
- Legal and policy frameworks that impact on public health nursing, role of regulatory and statutory bodies.

Public Health Nursing Care/Intervention across the Life Cycle

Primary, secondary and tertiary care of special client groups including maternal and child health, care of the family, care of the child, the adolescent, the adult, the older person, the person with a mental health problem, the person with a physical and/or intellectual disability in the community care setting. Care of vulnerable and marginalised groups.

Management and Health Economics

- Knowledge and skills for effective management
- Management and management of change
- Leadership skills
- Critical appraisal skills
- Evidence based health care and information technology
- Analytical methods for decision making

- Building partnerships and partnership working
- Risk analysis and risk management strategies
- Political analysis and an understanding of political policy
- Strategic planning and forecasting
- Health care as an economic commodity
- Equity in health and health care
- Economic analysis in health and social care
- Health and safety legislation
- Quality assurance, audit, evaluation of standards and outcomes.

Health Care Research

- Research methods: quantitative i.e. descriptive, experimental, qualitative i.e. case studies, phenomenology; ethnography, grounded theory, action research; ethical and legal research considerations, critical appraisal of research
- Epidemiology, data sources/collection/interpretation/methods and application
- Statistical theory and statistical analysis.

Policy, Economic and Administrative Context of Public Health

- Health and Social Legislation/policy governing public health
- Health and Social Structures
- Family and Social Policy
- Administration, organisation and functioning of health care systems. Current issues, policies and initiatives in the health and social services.

Social and Behavioural Sciences

- Power and empowerment
- Influence of society on health
- Anthropology - transcultural perspective
- Cultural diversity
- Social dimensions of health - social inequalities (gender / class)
- Sociology of the family, groups and the community, family dynamics and family functioning
- Philosophical/ethical dimension principles - quality of life
- Learning theories and motivation for adults
- Behavioural change
- Psychological theory and its application to public health nursing
- Applied developmental psychology
- Advocacy and influencing, influencing higher level policy
- Negotiation and influencing.

Students who are not registered midwives must undertake the following additional Maternal and Child Health module/unit of study.

Maternal and Child Health Nursing

The role of the public health nurse in supporting and meeting the health and well being of women during the preparation for parenthood and the six week post-natal period within the nurse's scope of practice

Recent developments in maternal health and reproductive health policy nationally and internationally

Concepts associated with pregnancy, delivery and the post-natal period related to the primary health care setting

Social, biological, genetic, behavioural and environmental factors influencing fetal and neonatal growth and development

Transition to motherhood

The physical, psychological, spiritual needs of women and their families, care and support required following childbirth

Preparation for and adaptation to parenthood

Parent/baby attachment and interaction

Identification of problems/complications following childbirth, sources/methods of referral

Culturally sensitive family centred care following pregnancy loss, stillbirth and neonatal death

Use and effects of medicinal products in the post-natal period, during lactation and on the neonate

Reproductive health and family planning education

The 18 hour breast feeding education course for hospital and community health professionals approved by WHO and UNICEF

The nutritional needs of neonates including those with special needs

Management of minor ailments of the newborn

Examination and care of newborn infants

Family centred care of infants with specific health or social needs, e.g. congenital disorders, birth defects, low birth weight

An overview of the pathological conditions of the newborn recognising when to refer

Screening for inborn errors of metabolism

Sudden infant death syndrome – measures to reduce risk

Accident prevention - neonatal

2.3.2 Theoretical and Clinical Instruction for Public Health Nursing

This section presents the requirements for the education and training of student public health nurses. Public health nursing programmes are developed on the assumption that students are entering a practice based profession beyond the point of initial registration.

The period of training for admission to the Public Health Nurse division of the Register shall be attendance at a course at an approved third level institution for a period of:

No less than 32 weeks full time or an equivalent part time course

Essential requirements of the programme

• Theoretical instruction (to include self-directed study, exams)	no less than one third of 32 weeks (11weeks)
• Clinical instruction	no less than one-half of 32 weeks (16 weeks)
• Discretionary component (must be accounted for in the curriculum document and at least half should be allocated to clinical practice placement).	5 weeks

The major component of clinical practice placement should involve placement with the public health nurse.

The programme should provide the opportunity to experience practice in a variety of settings to allow students gain a broad understanding of public health nursing practice and interdisciplinary/multidisciplinary team working. Practice placements should be of sufficient length of time to enable students achieve the professional competence required.

Discretionary practice placement experiences may be selected based upon the identified needs of the students, the competencies to be achieved and current health care policy initiatives and developments. The following list should not be viewed as discrete neither is the list exhaustive.

Discretionary practice placement experiences

The Primary Care Team - psychologist, community welfare officer, speech & language therapist, community occupational therapist, community physiotherapist

- Palliative Care - hospice & home care
- Child Protection Services
- School Health Services & Pre- School Services, Immunization programmes
- Family support services - social workers, child care workers, family support workers, environmental health officers
- Community development workers; Parent and toddler groups
- Maternity services including domiciliary midwifery services
- Travellers health services
- Refugee and asylum seeker health services
- Mental Health Services
- Services for Older People - community, hospital, respite care
- Intellectual and Sensory Disability Services
- Voluntary Organisations

The discretionary placements will be selected to enable the student achieve the programme learning outcomes and develop the competencies essential for registration as a public health nurse.

The minimum academic standard for the programme shall be no less than higher diploma level, Level 8. Third level institutions may determine a higher academic level where appropriate.

2.3.3 Theoretical and Clinical Instruction for Public Health Nursing Students who are not Registered Midwives

Maternal and Child Health Module/Unit of study

Essential requirements of the programme for students who are not registered midwives

-
- Theoretical instruction shall be: no less than 3 weeks
(to include self-directed study, exams)

 - Clinical instruction shall be: no less than 5 weeks

The practice placement for students undertaking the Maternal and Child Health module/unit of study should include antenatal care, postnatal care and the community to support the learning outcomes and develop the necessary competence.

TOTAL = 8 WEEKS

Total Number of Weeks for students who are not registered midwives is 40 Weeks

The minimum academic standard for the programme shall be no less than Higher Diploma level, Level 8.

Following any interruption in the educational programme the third level institution in partnership with the health care institution(s) ensure that the student meets the theoretical and the practice requirements of the programme.

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

**Standards for the approval
of Third Level Institutions,
Health Care Institutions and
Educational Programmes
leading to Registration as a
Public Health Nurse**



An Bord Altranais

March 2005

Section 3:

Standards for the Approval of Third Level Institutions, Health Care Institutions and Educational Programmes Leading to Registration as a Public Health Nurse

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 institution(s) in respect of educational programmes leading to registration. Educational quality will be achieved through partnership and collaboration between the key stakeholders utilising the principles of governance and self-assessment.

The approval process as part of An Bord Altranais quality education framework consists of three parts:

- a) approval of the third level institution and health care institution(s)
- b) approval of the education programme(s)
- c) review of annual reports.

a) Approval of the Third Level Institution and Health Care Institution(s).

1. The third level institution and its linked health care institution(s) must submit a written submission to An Bord Altranais in the form of a self-assessment audit of compliance with An Bord Altranais standards and must declare that its curricular programme complies with the standards. This self-assessment audit must be submitted every five years.
2. The third level institutions and health care institution(s) must declare that they are suitable for the education and training of candidates for registration as a public health nurse.
3. At least once every five years An Bord Altranais will, by site visits, satisfy itself as to the suitability of the third level institutions and health care institution(s) in respect of the capacity and capability of the institutions to provide education and clinical practice experiences leading to registration as a public health nurse.
4. Site visits will take place in an atmosphere of partnership and collaboration aimed at continuous quality improvement.
5. The site visit team will include a Board member(s) and an Officer(s) of the Board. An external expert and/or health service user may form part of the site visit team.
6. A report in respect of the site visit will be forwarded to the third level institution and health care institution(s) following approval by An Bord Altranais.

b) Approval of the Programme

The third level institution and health care institution(s) must submit to An Bord Altranais a detailed curriculum document including evidence of compliance with An Bord Altranais standards in respect of the registration programme. All supporting documentation (competency assessment tool, clinical & educational audit tool) will be submitted at this time. Submissions must be in print i.e. hard copy.

The third level institution, health care institution(s) must declare that their curricular programme complies with An Bord Altranais standards.

An Officer of the Board will initially review the curriculum and prepare a report. A Validation Committee appointed by An Bord Altranais will validate the curriculum. This committee will include representatives of third level institutions and health care institutions. The decision of the Validation Committee will require the approval of the Education and Training Committee and the Board.

4. Once approval has been granted it will be maintained through annual monitoring and review.

The following general provisions regarding the process of approval apply:

Approval may be granted or withheld. Conditions to be implemented within a specified time-scale may be attached to programme approval. Recommendations may also be attached to approval.

After approval has been granted, any subsequent changes within the third level institution and/or the health care institution(s) or in the education programme that affects any aspect of compliance with these standards must be notified to An Bord Altranais.

The duration of approval of the education programme will be specified by An Bord Altranais but will be no longer than five years.

Notification of approval of the third level institution and the health care institution(s) will be by letter from An Bord Altranais.

Summary details of approved programmes including clinical sites will be published on An Bord Altranais website.

c) Review of Annual Reports.

An Bord Altranais requires the third level institution and the health care institution(s) to produce an annual report. The annual report will be submitted in February of each year and will be produced jointly by the third level institution and its linked health care institution(s).

The report should include the following information:

- Update on conditions and recommendations in respect of programme approval and site visit report
- Evidence that the programme continues to meet An Bord Altranais requirements
- Information on the quality of the clinical practice placements and the arrangements/structures that are in place to enable students achieve the learning outcomes
- Student numbers per programme intake
 - number of places available per programme intake,
 - number of places accepted,
 - attrition rates
 - current numbers
- Changes to curriculum structures or processes
- Changes to marks and standards
- A list of the nurse lecturers to include division of the Register and the An Bord Altranais Personal Identification Number.
- Change of External Examiner(s) to include verification of compliance with Standard 3.2.5.3 and An Bord Altranais Personal Identification Number if applicable
- The External Examiner's annual report /or a summary of same.

In addition to the annual report, any significant changes that affect any aspect of compliance with the requirements and standards must be notified to An Bord Altranais.

New programmes leading to registration may not commence without prior approval of An Bord Altranais.

The Appeal Process

Provision is made to appeal the decision of the Board with regard to the approval of a programme and/or institution(s). The appeal process gives a hearing to the third level institution and the health care institution(s) in the event of a disagreement with An Bord Altranais. Any appeal must be made within 30 days of date of receipt of decision of the Bord. The request must be made in writing by senior representative(s) of the third level institution/health care institution(s) outlining reasons why the decision is being questioned by the partnership. Upon acceptance of the appeal by the President of the Board an Appeals panel is appointed. The Panel will comprise the President (or delegated representative), who will act as Chair, a Board member, Chief Education Officer (or delegated representative), an Education Officer, an Education representative from a third level institution not involved in the programme. An Bord Altranais appeal's panel will hear the evidence. The Chair, within seven working days will communicate the final outcome of the appeal, in writing, to the relevant stakeholders.

3.2 Standards for the Approval of the Third Level Institutions and Health Care Institutions and Educational Programmes Leading to Registration.

3.2.1 The Third Level Institution and the Health Care Institution(s).

The third level institution and the health care institution(s) are committed to providing nurse 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 are met.
- 3.2.1.2 The third level institution and the health care institution(s) respond to change effecting professional, educational, health, social and economic issues.
- 3.2.1.3 The third level institution and the health care institution(s) keep appropriate records including records for the conferment of professional and academic awards.
- 3.2.1.4 The process of monitoring student attendance in respect of the theoretical and clinical practice experience requirements is declared.
- 3.2.1.5 The organisation structure supporting the management of the educational programme is explicit.
- 3.2.1.6 The course leader/co-ordinator leading the programme team is a registered public health nurse and where possible registered as a nurse tutor with appropriate academic, professional qualifications and experience.
- 3.2.1.7 A Committee, which includes representatives of the key stakeholders from the third level institution/health care institution(s) is in operation to continually oversee and monitor programme implementation and promptly and efficiently deal with identified problems.
- 3.2.1.8 The role of the external examiner in relation to the educational programme is explicit.
- 3.2.1.9 The staff resource supports the delivery of the educational programme at the stated professional and academic level.
- 3.2.1.10 It is anticipated that those supporting students in both the academic and practice environments are Registered Public Health Nurses and where possible are also registered as a Nurse Tutor.
- 3.2.1.11 Nursing 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 Nurses involved in the delivery of the programme must have their names entered on the appropriate division of the Active Register maintained by An Bord Altranais.

- 3.2.1.13 The methodology of the higher education institutes to support students in the clinical learning environment and be involved in clinical practice and its development must be made explicit.
- 3.2.1.14 A mechanism for staff development which prepares staff to deliver the educational programme including the provision for maintaining nursing expertise and credibility is declared.
- 3.2.1.15 Educational resources/facilities (including technological support) to meet the teaching and learning needs of the students to complete the programme are met for the entirety 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 The conditions for students continuing progression and successful completion of the programme are explicit and are made known, in writing, to students at the beginning of the programme.
- 3.2.1.18 Following any interruption² in the educational programme the partnership institutions ensure that the student meets the educational programme requirements as identified by An Bord Altranais.
- 3.2.1.19 Student transfer arrangements ensure that the full requirements of the educational programme leading to registration will be completed.
- 3.2.1.20 The mechanism for student support in relation to student services, facilities, academic and personal guidance is explicit.
- 3.2.1.21 An Bord Altranais (Registration Department) is notified in writing of any student who exits the programme prior to successful completion of the programme.
- 3.2.1.22 Students should have access to interprofessional learning and working.
- 3.2.1.23 The third level institution and the health care institution(s) provide 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 should reflect current, evidence/researched based 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 and the development of evidence based practice.

- 3.2.2.1 All statutory and regulatory requirements of An Bord Altranais are adhered to.
- 3.2.2.2 The curriculum design and development is based on An Bord Altranais Requirements for the Public Health Nurse Registration Education Programme.
- 3.2.2.3 Curriculum design and development is led by a Registered Public Health Nurse and where possible be registered as a Nurse Tutor.
- 3.2.2.4 The curriculum development team comprises representative members of key stakeholders in nursing education and public health nursing practice.
- 3.2.2.5 The curriculum is strategically planned to demonstrate balanced distribution and integration of theory and practice, to achieve the learning outcomes as stated by An Bord Altranais.
- 3.2.2.6 The curriculum utilises a range of teaching-learning strategies to assist the development of knowledgeable, competent, reflective practitioners willing to accept personal and professional accountability for evidenced-based public health nursing practice, practitioners equipped with the life-long skills for problem-solving and self-directed learning.
- 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

²Interruption: any leave (other than annual leave and bank holidays) including sick leave, maternity leave, force majeure leave, paternity leave, parenting leave, compassionate leave and special leave.

learning. The module descriptors identify the aims, learning outcomes, syllabus content, student contact hours, student effort/self directed learning hours and the assessment strategies.

- 3.2.2.8 The curriculum articulates how the student is enabled to achieve the expected learning outcomes of the programme.
- 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 Opportunity for the student to experience an elective clinical placement in another European Union health care system may be provided 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 and the Clinical Learning Environment

The aim of clinical practice learning is to enable students develop the domains of competence and become safe, caring, competent decision-makers willing to accept personal and professional accountability for evidence-based public health nursing care/intervention. Clinical practice experience, whether in the community care setting or in the hospital, forms the central focus of the profession and is an integral component of the public health nurse registration education programme.

- 3.2.3.1 Clinical practice placements are based in community care settings/health care institutions, that are the subject of audit as to their suitability as quality clinical learning environments and An Bord Altranais standards of approval.
- 3.2.3.2 Prior to using new clinical practice placement sites, verification of the completed audit as endorsed by the higher education institution must be submitted to An Bord Altranais.
- 3.2.3.3 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.
- 3.2.3.4 Student allocation to clinical placements is based on the need to integrate theory and practice and to facilitate the progressive development of clinical skills, knowledge and competence.
- 3.2.3.5 Opportunity for the student to experience direct contact with the client/patient should be provided early in the educational programme.
- 3.2.3.6 Clearly written up-to-date learning outcomes/objectives appropriate to the clinical practice environment are available and accessible to ensure optimal use of valuable clinical practice experience. The learning outcomes/objectives are reviewed and revised as necessary.
- 3.2.3.7 Students and all those involved in meeting their learning needs are fully acquainted with the expected learning outcomes relating to the particular clinical placement.
- 3.2.3.8 Each student is assigned a named preceptor, who is a Registered Public Health Nurse, during clinical practice placement to provide support and supervision.
- 3.2.3.9 Preceptors/nurses, who support students, should have completed a teaching and assessing course to enable them support, guide and assess students and assist them learn the practice of public health nursing.
- 3.2.3.10 Named registered nurse lecturers in liaison with named preceptors and registered nursing staff monitor the quality of clinical learning environments and guide and support the students, ensuring that the clinical practice placement(s) provides an optimum learning environment.
- 3.2.3.11 The supernumerary status of the student is explicit (see Appendix I).
- 3.2.3.12 At all times there must be sufficient registered practitioners to facilitate the supervision and support of student public health nurses to achieve the expected learning competencies of the programme.

- 3.2.3.13 Quality assurance indicators are identified and measured in relation to:
- sufficient registered practitioners to facilitate the supervision of student public health nurses;
 - availability of evidence based practice guidelines to support care;
 - research awareness and the application of research findings;
 - evidence of individualised, holistic patient/client focussed care;
 - availability of policies/protocols in respect of medication management and good practice in recording nursing care/intervention;
 - evidence of mechanisms of audit of nursing documentation;
 - evidence of continuing professional development of all practice staff;
 - evidence of clinical risk management programmes;
 - availability of mechanisms for student support, supervision and assessment;
 - availability of mechanisms for educational and clinical audit;
 - availability of mechanisms to involve the public and patients/clients in healthcare.

3.2.4 The 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 (theoretical and clinical practice) are achieved before entry to the next part/year of the programme, as appropriate.
- 3.2.4.2 Assessments are based on a variety of strategies that are aligned with the subject area, clinical 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/client 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 measurements of learning outcomes.
- 3.2.4.5 The grading criteria indicating the standard for a pass award is declared and made explicit for theoretical and clinical practice assessments.
- 3.2.4.6 Assessment regulations relating to compensation, supplemental, appeal mechanisms and conditions for continuance on the programme are explicit and made known to students and key stakeholders.
- 3.2.4.7 The assessment strategy does not allow compensation between theoretical and clinical practice assessments.
- 3.2.4.8 The mechanism whereby records are maintained demonstrate, that each student meets the declared standards of learning outcomes in both 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 programme and the successful achievement of both the theoretical and clinical practice 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 (where possible) teaching qualifications and have at least 3 years full-time teaching experience in courses appropriate to the programme being examined;
 - have experience in examining and assessing public health nurse registration students;
 - have experience in the development, management, delivery and evaluation of public health nurse 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.
- 3.2.5.5 The third level institution verifies to An Bord Altranais that the External Examiner meets the standard as set out in 3.2.5.3.

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APPENDICES



An 'Oord Altranats

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Appendix I

Supernumerary Status

Students undertaking the public health nurse registration education and training programme have supernumerary status during the programme.

1. Clinical practice 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 practice placement is driven by educational needs enabling the student to achieve stated learning outcomes;
 - 2.2 The student actively participates in the delivery of public health nursing care/intervention appropriate to the student's level of knowledge and practical experience, with the supervision and direction of a registered public health nurse;
 - 2.3 The student is surplus to the rostered complement of nurses;
 - 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 public health nurse;
 - 2.5 The student takes an active role in achieving the learning outcomes whilst acknowledging and respecting the interests/rights of individuals/families/groups and communities.

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

Appendix 2

Approval criteria for programmes.

The standards for the approval of third level institutions, health care institutions, curriculum design and development, clinical practice experience, assessment process and external examiners are the benchmarks used for programme approval criteria.

