

GENERAL PLAN AND REGULATIONS

FOR

3-YEAR TRAINING PROGRAMME IN NURSING

**Laid down by the Ministry of Education, Research
and Church Affairs**

7 January 2000

with the legal authority of § 46, No 2 in
the Universities and Colleges Act No 22 of 12 May 1995

Regulations for the academic content and evaluations of the training programme in nursing:
see at the end of this document

GENERAL COMMENTS

1 Introduction

The initial comments in the general plan are the same in all the 3-year training programmes in health and social work education, which include training of child welfare workers, occupational therapists, physiotherapists, radiographers, social workers, nurses and social educators. The elements described in Ch.5, which is common to all these types of training, give 10 credits. The training as a medical laboratory technologist includes more in-depth study of natural science, and hence the general part gives 5 credits in this training programme.

General plans - curriculum guidelines

The general plans are made nationally and set a standard for all types of health and social work education. They include the aims, scope and contents of all the training programmes, and offer guidelines for evaluation, working methods and study methods. Other examination regulations have been stated in the Universities and Colleges Act and in the colleges' examination regulations. The general plans are intended as a guideline for the colleges' own curriculum guidelines.

Colleges of higher education make their own curriculum guidelines based on the national general plan. The curriculum guidelines include the contents based on the main and minor subjects in the general plan, and give a more detailed description of each subject. There is a description of working and teaching methods, types of evaluation and examination requirements. The curriculum guidelines include detailed information about organization, progression, practical training, and about the relationship between theory and practice. They also include a list of set texts. All curriculum guidelines that are based on an approved general plan must be approved by the college board, or by each department, acting on advice from the board. The curriculum guidelines must state the date of approval and the general plan on which they are based. The curriculum guidelines must be given the same title as in the general plan.

If a college of higher education finds it necessary to deviate from the national general plan, it must apply to the Ministry of Education, Research and Church Affairs, and the application must be based on statements from advisory councils and other liaison committees.

Historical outline

The training programmes in health and social work education have changed considerably in the last decades. Originally they were totally separate programmes with different origins, historical traditions and developments, and there were few links between them. But gradually, they have all been included in the same regulations and plans. The programmes are now partly taught in the same locations and they are better coordinated than previously.

A 1977 government resolution stated that a number of training programmes in health and social work should be "post upper secondary school", that they should be coordinated and take place in special colleges. The resolution was the formal basis for integrating these colleges into the other colleges of higher education.

The National Council for Social Work Education was established in 1967. In 1981, the superior responsibility for the education of health and social workers was transferred from the Ministry of Health and Social Affairs to the then Ministry of Education and Research. National, vocational sub-councils were established: The Sub-Council for Occupational Therapist Education and Physiotherapist Education, The Sub-Council for Medical-Technological Laboratory Workers, which was later called The Sub-Council for Medical Laboratory Technologist Education, The Sub-Council for Radiographer Education, The Sub-Council for Nursing Education and The Sub-Council for Social Educator Education. In 1986, all the county municipal education programmes were transferred to the state. In 1991, the 6 sub-councils were combined in The National Council for Health and Social Work Education.

Several of the training programmes have been extended from a 2 or 2 ½ -year full-time study to a 3-year full-time study: The child welfare worker training in 1982, the medical laboratory technologist training in 1985 and the physiotherapist training in 1987. At the same time, regulation changes have altered the training programmes.

In the course of the 1980s, the 5 sub-councils for health and social work education implemented alterations in the existing plans, or made new general plans for each type of programme. The new general plans revealed that some of the content was identical, and that parts of the general plans could have been the same in all training programmes.

During the 1980s, regulations for all types of education were changed. New admission requirements were made, as well as new requirements for the teaching staff and new examinations regulations and evaluation regulations. The

regulations, which previously were made for each programme, were coordinated in the 1990s. In 1991, Ch. 11, entitled "University and college examinations and degrees", in the Universities and Colleges Act, was made applicable for all health and social work educations. Thus, these training programmes were coordinated with all other types of higher education, and the colleges of higher education were given permission to issue the "Cand.mag."-degree. The

2 Social developments

Health and social workers' everyday work is affected by social developments.

2.1 Environmental changes and altered living standards

The recognition of the connection between illness and environmental factors such as the physical and psychosocial occupational environment, living conditions and the habits of each individual, requires ecological insight and social awareness.

Health and social workers encounter difficult and complex challenges when dealing with needs resulting from factors such as unemployment. Other major challenges are the problems facing a family as a result of substance abuse or violence. More immigration has made ethnic, cultural and religious pluralism a part of our society. Health and social workers meet people who have other norms and values than themselves. This situation requires cross-cultural insight. Because of the internationalization process, the various types of health and social worker education must be adapted in order to meet the requirements of the European community.

2.2 Medical developments and the health of the population

The increasing number of elderly, disabled and chronically ill people in the future presents health and social workers with new challenges. Changes in the general health of the population may occur as a result of altered age-compositions, harmful environmental factors and altered living habits. New knowledge about causes and consequences of illnesses and improved offers of treatment has resulted in an increasing demand for health services. The ever-increasing amount of information and demands for the availability of services may be a great challenge for health and social workers. One of the consequences of the medical-technological development is that the border between life and death has been altered. This situation has led to a greater need for ethical training and ethical reflection in health and social workers.

2.3 Health politics and social politics

In the last 20 years there have been many far-reaching health reforms and social-political reforms. The municipalities have been given greater responsibility for health and social services, and there is a more distinct division of responsibility between the administrative levels. Thus, the services have been better coordinated and there is more cooperation between different types of health and social workers. There is an increasing importance of and need for interdisciplinary efforts and preventive measures in the health sector. Health and social workers work both inside and outside public health and social services, and they have to cooperate with charities, social networks, local organizations and institutions.

The aims of health and social services, which include focusing on the client and patient, may not always be in agreement with the demand for efficiency. In order to meet such challenges, health and social workers need social and ethical skills, as well as experience in carrying out quality control and internal control. One important task is to organize the social services in such a way that they appear comprehensive and coordinated.

2.4 Aims and priorities in education politics

The health and social work training programmes must reflect the priorities stated in the political documents regarding health matters, such as the need for cooperation and coordination. One aim of the training programmes for health and social workers is better coordination. What is needed is improved cooperation between different professions, a professional environment that is broader in scope, better use of resources through rationalization, and better conditions for students.

The problems facing health and social workers in their daily work are increasingly complex, and more teamwork and interdisciplinary skills are required. The superior principle in health politics is to regard the client or patient as a human being with certain rights and demands, and this principle entails greater cooperation between the different professions. Cooperative skills must be stimulated during the training. The quality of each profession will be strengthened by cooperation and by constructive criticism from other groups of health and social workers.

All types of health and social work education must form a basis for life-long learning. The students must learn to see the importance of, and feel obligated to, asking new questions. After 3 years at a college of higher education, they should be able to renew and develop their attitudes, skills and knowledge.

3 Vocational skills in health and social work

Vocational skills may be acquired by combining theoretical studies with practical work experience.

One important element in all types of health and social work is working with individuals who need help or information.

3.1 Values

All health and social work is based on values that are common to all. The protection of human rights is an important ideal in our culture, and all health and social work education is based on the following fundamental moral principles:

- €# human life is inviolable
- €# human worth must be respected
- €# solidarity with the weak

The values inherent in health and social work will constantly be challenged by continuous social changes. Ethical theory and ethical principles and values are important elements in all types of health and social work education, and should remain so. The training programmes must seek to promote an all-round view of human beings and focus on values like justice, responsibility and solidarity.

After having completed their training, health and social workers must work in accordance with certain ethical principles. Such principles must be expressed in practical work situations, in interaction with individuals who need social services, and with co-workers.

3.2 The relationship between the health or social worker and the patient or client

All types of health and social work education must focus on human values, human worth and human rights. Health and social workers must learn to respect their patients' or clients' knowledge and personal choices, and they must acknowledge and know how to handle the difference between their own professional terminology and the language of the patient or client.

In order to meet their patients or clients in a professional manner, health and social workers must acquire professional ethics skills as well as communication and interaction skills.

An all-round perspective

An all-round view of the patients or clients is of great importance in all types of social services. All health and social workers must relate to the whole person, taking into consideration the physical, mental, social, cultural and spiritual aspects of that person. Furthermore, social problems and any health problems must be seen in relation to social factors, such as political and economic factors. The problems of each individual must be viewed in relation to individual as well as social factors.

Cooperation and interaction

In order to help an individual, it may be necessary to cooperate with other health and social workers. Cooperation and an all-round perspective are thus interdependent concepts. Interactive skills and insight into the skills of other health and social workers are necessary. It is important to use a terminology that will facilitate communication between health and social workers and patients or clients.

Health and social workers must invite their patients or clients to play an active part in their own situation. Interaction with the patient or client is the basis of all action. Patients or clients who are not able to express their wishes, must - as far as possible - be supervised and made aware of their own resources in such a way that they may regain and improve their abilities and potential.

Caring

In all health and social work the patient or client is often dependent on the health or social worker. It is thus important that the patient or client and his or her next of kin are treated with care. To be a caring person is to be empathetic and understanding, and to act in solidarity with the patient or client. Health and social workers must reflect on their relationship with their patients or clients and on the exercise of power, control and help.

3.3 Training to be a health or social worker

There are many views on the best way to learn a practical profession. Vocational skills may be acquired in many different ways, and training programmes may therefore vary. It is important that all health and social workers have insight into the specific ideas and working methods within their own profession. A solid theoretical basis may result in a wide variety of approaches to patients and clients. Reflecting on practical work situations and actions may broaden one's knowledge, skills and attitudes, and is necessary in order to acquire professional discretion. Professional discretion may be developed by practical work experience, and is an important part of all health and social work.

Health and social workers must be able to reflect on and assess the working methods and actions of their own profession. In the course of their training, students must learn to discuss professional issues independently and critically. They must be able to reflect on their own abilities and on the consequences of their own choices.

4 Common aims, study methods and forms of evaluation

4.1 Aims

The superior aim of all health and social work education is to train reflective health and social workers who are able to focus on the individual, and who are able to plan and organize social services in interaction with patients or clients and other health and social workers.

4.2 Study methods

All training programmes must be based on the basic principle that the training must be a preparation for future learning and work situations. Study tasks should be related to the students' own initiatives.

In the course of their training, students must learn to cooperate with others, and acquire an understanding of and respect for the work of their co-workers. Meetings and discussions should be organized between students in different branches of health and social work training. Joint projects may be organized, as well as common themes of study. The study methods must stimulate the motivation of the students and their interest in the subjects of study and in the profession they have chosen. Colleges of higher education must invite their students to participate in improving their conditions for study, and to take part in the decision-making processes at the college.

4.3 Forms of evaluations

The general examinations regulations have been described in the Universities and Colleges Act. According to this Act, the board of each college makes their own examinations regulations, including the criteria for re-sitting examinations or tests, the criteria for making a second attempt at practical training, and other regulations and conditions for examinations or tests. The college regulations must be based on the regulations stated in the national general plans, both in terms of contents, scope and forms of evaluation. The forms of evaluation must be related to the aims, contents and study methods of the training programme.

5 Modules common to all training programmes

10 CREDITS

Interdisciplinary cooperation is required in order to solve the complex problems in health and social services. Focusing on the part of the training that is common to all students promotes team spirit and the will and ability to cooperate. A general module of 10 credits in the general plans is common and obligatory for all students enrolled in a training programme in child welfare work, occupational therapy, physiotherapy, radiography, social work, nursing and social education. The module taken by medical laboratory technologist students gives 5 credits. In addition to the 5-credit module, they also have to take more technologically oriented modules.

5.1 Purpose and aims

The module common to all training programmes will contribute to acquiring the skills and insight needed by all health and social workers. The common frame of reference will result in some attitudes and skills being shared by all students. One important reason for introducing the common 10-credit module is to encourage the interaction between different types of health and social workers. The education programmes may thus give the students some experience in interdisciplinary work. For example, interdisciplinary projects may be organized, as well as common seminars and theme-oriented work.

The 10-credit module for all students will contribute to the education of health and social workers who:

- a) consider the needs of the client or patient, and who are able to organize services in cooperation with the client or patient
- b) are able to reflect on and give reasons for their actions in relation to superior professional and ethical principles, and who are able to view their own profession critically
- c) take responsibility for informing professional and political authorities about social services needs, and about the consequences of some services and harmful social conditions
- d) contribute to giving a suitable offer of social services to whoever needs it
- e) have insight into the social role of their profession and their own role
- f) have insight into other professions, and are able to appreciate the skills of their co-workers in a given situation

5.2 Contents and distribution of credits

An outline of major and minor subjects in the 10-credit general module for all students

1	Theory of science, research methods and ethics	5 credits
1A	Theory of science and research methods	2 credits
1B	Ethics	3 credits
2	Social sciences	5 credits
2A	Political science and health and social politics	3 credits
2B	Communication, interaction and problem-solving	2 credits

The scope of each area of study suggests a minimum level that must be the same for all students.

5.3 Main subject 1

Theory of science, research methods and ethics

5 CREDITS

Minor subject 1A Theory of science and research methods

2 credits

Our view of reality is strongly affected by scientific paradigms. This is true of our view of nature, of other human beings and of what we consider meaningful. Scientific cognisance thus has a general significance that goes beyond scientific research.

Health and social work is often described as vocational work. Theory, empiricism and practical experience are important elements in this field.

The study of this field will contribute to an acknowledgement of scientific methods in general study, by giving examples of the relevance of theories of science in subjects related to health and social work. There should be a focus on the role of the client or patient, and students should gain an understanding of the patient's or client's situation and insight into various forms of problem solving. Students must learn how to interpret a situation and see themselves as participants in this process.

In the course of the study of theory of science and research methods, the students must:

- ☞ acquire scientific insight and scientific methods in order to read research material and utilize research findings in their work
- ☞ learn how to explain their actions to patients or clients, and to co-workers and employers
- ☞ learn how to carry out project work and document their work

Important themes:

- ☞ the consequences of different directions in theory of science in the area of health and social work
- ☞ health and social work as practical work, with an emphasis on concepts like theory, empiricism and practical training
- ☞ constructive criticism of academic research, theory and practical work, and textual criticism
- ☞ general requirements for defining problem areas
- ☞ learning various methods for collecting and handling data, and various types of report making
- ☞ research ethics for health and social work, with an emphasis on informed consent

Minor subject 1B Ethics

3 credits

All health and social workers meet the same types of ethical dilemmas in their work. For example, there may be conflicts between the health of the patient or client, living conditions and rights, available resources, professional priorities and the demands made by an employer. Health and social workers are often forced to give priority to one client or patient over another, and they may have to decide on the amount of help given to one client or patient. In their work they have to make a division between personal, professional and social values. The study of ethics should thus include a discussion of relevant values and ethical dilemmas.

All social services must be offered in cooperation with the client or patient. The choice of each client or patient is of crucial importance. The perspective of the client or patient involves a set of values to which health and social workers are committed.

In the study of ethics, the students must:

- €# acquire an all-round view of human beings, and respect the integrity and rights of others
- €# acquire an understanding of ethical dilemmas in a social context, and of the consequences of living conditions and welfare
- €# learn to recognize conflicting values and ethical dilemmas in practical health and social work, in relation to individuals, groups and society in general, and learn ethical reflection and an ability to act according to ethical principles

Important themes:

- €# human rights
- €# ethical theory: deontological ethics, virtue ethics, consequentialist ethics and ethics of health and social care
- €# relevant values and norms in society and in health and social work, and how these are closely linked to practical work
- €# different sets of values, views of human nature and views of life
- €# ethical dilemmas in health and social work, and reflection on ethical ideas
- €# social developments in relation to the challenges in health and social services, and the development of values and norms
- €# power, force and control
- €# the principles and values of professional ethics
- €# the ethics of professional secrecy

5.4 Main subject 2 Social sciences

5 CREDITS

To a great extent, people's needs of social services are closely linked to problems caused by social developments. Better education and higher expectations to the availability and quality of health services and other social services may be a great challenge for health and social workers.

Minor subject 2A Political science and health and social politics

3 credits

Cooperation across administrative levels, county and municipality borders and professional borders are necessary. An important part of this field is information about agents and decision-making processes in health and social services, and within the political system.

Health and social workers may work inside and outside the public social services. The division of tasks between private and public services is thus an important issue.

Health and social workers must consider the rights and living conditions of their clients and patients. The legislation on individual social services cover clients' or patients' rights directly or indirectly.

It is important that all health and social services are efficient and that they are based on current social-political priorities. This issue is related to ethics as well as health and social politics, and may be studied in relation to both fields.

There are still differences in the standards of living in society. There is a close link between social developments and individual problems, both in terms of health, sickness and social problems.

THE TRAINING PROGRAMME

6 Nursing as a profession

6.1 Historical outline

The history of nursing training in Norway

The establishment of the school of nursing at the Deaconess House in Kaiserswerth in Germany in 1839 and the training of nurses at the Nightingale School of Nursing at St. Thomas Hospital in London from 1860 were of great significance for the training of nurses in Norway.

In Norway, the training of nurses began at the Deaconess House Lovisenberg in Oslo in 1868. Its director was Cathinka Guldberg, who had been educated at Kaiserswerth. The nurses who trained at the Deaconess House Lovisenberg were trained in nursing and given religious instruction, and soon they became an important contribution to Norwegian health care -services. Around the turn of the century other schools of nursing were established by religious and humanitarian organizations and by municipal hospitals.

The first nursing act for the training of nurses appeared in 1948. It stipulated a 3-year training programme. "The terms for the approval of basic nursing training" were laid down in a Royal Decree in 1950. The nursing act was revised in 1960, with the change of full government funding. The nursing schools were separated from the hospitals, and separate boards of directors were set up. The terms for the approval of nursing schools were changed in 1962. The most important change was that from now on, the main task of nursing students was to receive nursing training, not to offer cheap labour. The training took the form of a kind of apprenticeship until 1975, when new regulations concerning student rights and semesters were introduced.

The reorganization of the training programme in nursing during the last few decades is described in the General Comments, chapter 1.2.

In 2000, 22 out of the total number of 26 state colleges of higher education offer a basic training programme in nursing. In addition, training programmes in nursing are offered by 5 private religious colleges of higher education.

In addition, the colleges of higher education offer a number of additional courses in nursing training, while postgraduate courses may be taken at university.

The historical development of nursing as a profession

Many of the teachers of the eldest nursing schools were influenced by Florence Nightingale. She suggested that nursing training should be a combination of academic study and practical training. High morals were important, and nursing schools were residential.

The first Norwegian textbook in nursing was published in 1877. This and other early textbooks focused on care and observation as the most important elements of nursing. In order to enable the students to provide these tasks, the textbooks included chapters on anatomy, pathology and medical treatment. Until the 1970s and in accordance with the great medical progress at this time, natural science became an increasingly more important part of the training programmes in nursing.

Hospitals were considered to offer the best practical training, and few students were given training outside hospitals and in other health care institutions. It was not until the late 1960s that training was offered in home care and in health centres.

In 1955, the American nurse Virginia Hendersen formulated a definition of nursing which described the independent role of nurses. At around the same time arose the idea of nursing as an academic study. In Norway, this resulted in a discussion about the content and values of nursing. This discussion led to the view that a training programme in nursing should include studies of social science and the humanities in addition to natural science.

6.2 Skills and values in nursing as a profession

The history of nursing reveals some important aspects of the skills and knowledge belonging to the nursing profession. One important dimension of the nursing training is the very close connection between academic study and practical skills. Nursing a patient presupposes an understanding of the effects of the illness on the patient as well as an understanding of what it feels like to be ill. An understanding of how it feels to be ill presupposes empathy and sympathy.

Knowledge of nursing provides an understanding of how to prevent disease, how to deal with illness or how to make the patient's condition tolerable for the patient.

Acquiring knowledge about being a patient or a person threatened by disease presupposes insight into many different fields. Medical skills are particularly important. The clinical skills belonging to nursing presuppose knowledge of the characteristics of individual diseases and about a person's potential reactions to illness and threat of illness. An understanding of pathophysiology and pathology are thus important elements of the nursing profession. Compared to other related professions in medicine and health care, the focus of the nursing profession is unique: Nursing is first and foremost about caring for the patient as a sick person, based on an understanding of what it feels like to be sick and the characteristics of the disease. Thus palliative care, helping the patient to deal with illness, and day-to-day care are the most important aspects of nursing. The medical aspect includes examination, diagnostics and treatment of disease and injury.

Knowledge of nursing has three main:

- ⚡ Knowledge of nursing should enable the nurse to provide total care for a patient based on an understanding of what it feels like to be ill and to be threatened by disease
- ⚡ A nurse must acquire knowledge about and be able to develop clinical methods for nursing patients who suffer from different conditions of disease, different conditions of health failure or threat of health failure
- ⚡ Nursing includes assisting and coordinating medical treatment. Nursing theory must provide such skills.

6.3 The legal aspects of nursing as a profession

In 1999, several new health acts were passed, which are expected to come into force at the beginning of 2001. These are:

- ⚡ The Health Care Workers Act
- ⚡ The Specialist Health Services Act
- ⚡ The Patient Rights Act
- ⚡ The Mental Health Care Act

In addition, the Municipal Health Services Act gives regulations that have consequences for the field of nursing.

The purpose of the **Health Care Workers Act** is to provide regulations for different agents operating in the same areas and sharing the same main aims. A joint act for all health care

workers will facilitate cooperation between different professions and may contribute to a sense of fellowship and unity, but each individual profession will maintain its distinctive qualities and identity.

Nurses must, like all other health care workers, provide proper care based on the skills and nursing qualities, which may be expected from the qualifications of the nurse, the characteristics of the work and the situation in general. By the nurse's qualifications is meant the formal basic and further training as well as practical work experience. The duty to provide proper care is closely linked to

- ≠ the requirement that nursing must be carried out in agreement with professional definitions and limitations, and the duty of every nurse to update her or his skills
- ≠ the obligation to collect necessary information about the patient and to obtain consent to treatment
- ≠ the obligation to involve patients in the treatment, and provisions regarding improper influence of patients
- ≠ professional secrecy
- ≠ the obligation to abstain from alcohol or drugs while on duty
- ≠ the obligation to subject oneself to examination in connection with criminal offences and when there is a danger of infection
- ≠ the obligation to keep a record of activity
- ≠ the obligation to give information and submit reports
- ≠ the obligation to offer help in an emergency, regardless of place of work, and off duty

The act also applies to students in college and in practical training. This means that they are comparable to authorized health care workers with regard to the requirements of proper nursing.

In the **Specialist Health Services Act** the owner of institutions to which the act applies is under an obligation to offer further training which is required in order to provide proper care. This provision does not entitle health care workers to further training, but it gives the owner of the institution a responsibility for providing or facilitating training.

Some new rights which have been stipulated in the **Patient Rights Act** are

- ≠ the right to an assessment and to renewed assessment by specialist health services
- ≠ the right to (partly) choose a hospital
- ≠ the patient's right to decide over herself or himself
- ≠ the right to receive information and to see one's medical record

The **Mental Health Care Act** has given regulations about

- ≠ voluntary mental health care
- ≠ compulsory mental health care, including the use of and regulations for the procedures regarding compulsory treatment
- ≠ the preparation of individual plans for treatment and follow-up services

The **Municipal Health Services Act** has stipulated that the municipal authority is responsible for health services by furthering public health and good social conditions, and by preventing and giving treatment for diseases, injuries or defects. Furthermore there are regulations for what type of services the municipal authority is responsible for. Such services are general medical services, physiotherapy, nursing, prenatal and postnatal care, various nursing homes,

and emergency services. Nurses working in municipal health services will be involved in information services, preventive medical services, habilitation and rehabilitation, treatment of diseases, injuries or defects, primarily in home care, nursing homes, health centres, health services in schools and in prenatal and postnatal clinics.

Also the Municipal Health Services Act stresses the obligation of the employer to provide required training of health care workers.

7 Nursing competence

Nursing competence is holistic and comprises the attitudes and theoretical and practical skills gained by a newly graduated nurse. This competence includes the student's total and relevant qualifications to provide proper nursing. The holistic nursing competence consists of 5 competence components. During the training the student will develop competence in all of these components.

- €# Theoretical-analytical competence
- €# Practical competence
- €# Learning competence
- €# Social competence
- €# Professional ethics competence

Theoretical-analytical competence implies that the student shows ability and will to learn observation, analysis, reflection and systematisation. This competence is based on theoretical comprehension, analytic skills and the ability and will to assess one's own actions and skills.

Practical competence is the ability and competence to implement various measures and actions required in the nursing field. Such measures and actions must be well planned and appropriate and require systematisation skills and problem-solving skills.

Learning competence is linked to the student's ability and will to acquire new knowledge and be able to apply her or his knowledge in new situations. In other words: The ability to learn to learn.

Social competence is characterized by the ability and will to establish, carry out and persist in inter-human relationships. Important elements are: focusing on others, empathy, the ability to understand a situation, self-confidence, courage, inter-active and communicative skills.

Professional ethics competence implies that the student is capable of making ethically well-founded choices in relation to the regulations, norms and values on which practical nursing is based. In her or his daily work, a nurse must be able to make choices and priorities based on ethical reflection and on what is best for the patient.

The integration of knowledge from all the components contributes to a professional understanding of and competence directed towards patients and next of kin.

The amount of knowledge related to nursing is complex and extensive. The need for nurses in all types of health care services in society requires many different kinds of medical-technological specialist skills, and nurses with specialist skills in administration, teaching, supervision and professional development. A newly graduated nurse will thus require further training in order to qualify for such work.

The general plan for nursing training uses the terms operational competence and incomplete operational competence to indicate that the employer's expectations to the vocational competence of a newly graduated nurse depend on the type of nursing tasks involved.

Operational competence: A college is responsible for teaching its students to work independently. A newly graduated nurse must have the operational competence to take care of and carry out all the main tasks of her or his job. The competence is primarily directed towards patients and next of kin, and involves the basic tasks of nursing. A newly graduated nurse must be able to plan and assess her or his own work, and take responsibility for the care of one or more patients.

Incomplete operational competence: A college must ensure that newly graduated nurses have knowledge about the field, but lack the necessary work experience or specialist training in order to work independently. Only when the employer has facilitated further training may newly graduated nurses be expected to take independent responsibility for additional nursing tasks. A newly graduated nurse will have incomplete operational competence to teach and supervise students and co-workers, organize nursing services in relation to groups of patients and co-workers, and have incomplete operational competence for the more advanced parts of clinical nursing. The incomplete operational competence also includes developing the content and quality of the nursing services.

7.1 The operational competence of newly graduated nurses

According to the legislation concerning health care workers, every health care worker must provide proper health care and know what their own competence is. The work of a nurse presupposes an understanding of natural science, social science, medicine and nursing theory, and the ability to cooperate and communicate.

Health promotion and preventive tasks

The main task for a nurse in preventive health care work is to prevent complications or new health problems. One important task for nurses is to support health-promoting measures for their patients, and to apply their nursing skills in cooperation with other health care workers in relation to health promotion and preventive tasks. Tasks in relation to healthy people are also important, such as preventing the dissemination of diseases and implementing necessary sanitary measures.

Treatment

The joint responsibility of nurses in medical treatment includes supporting life processes, which may result in healing. A nurse has an independent responsibility, which includes the implementation and follow-up services of prescribed treatment and information, including observation, assessments and reports on the effects of treatment. The distribution of medicine is carried out by nurses in agreement with medical prescription. Nurses have an independent responsibility for handling medicines according to regulations, and based on their knowledge of pharmacology they should observe and report any effects and side effects to a doctor. Nurses must be able to handle the most common medical equipment and they have a joint responsibility for checking the quality of such equipment before use.

A patient's personal impression of the situation and of the atmosphere surrounding his or her treatment is of great significance for his or her progress. One important part of nursing is to create surroundings, which are hygienic, aesthetic and peaceful.

Palliative tasks

Pain, resignation and grief often arise in relation to illness, suffering and death. After professional observation and assessment nurses will take measures based on informed consent in order to alleviate the patient's pain and discomfort. One large and important group is patients whose medical treatment has been finished. These may be persons with great sufferings, and who, in many cases, are in need of daily care. Palliative tasks also include psychosocial care, which may make the situation more tolerable for patients and next of kin.

Rehabilitating and habilitating tasks

These tasks are directed towards patients whose illness or injury has led to the need of new knowledge and/or acquiring new skills in order to cope with a new situation in life. One of the nurses' tasks is to enable the patient to meet basic needs and cope with everyday life. Nurses meet their patients at an early stage of their illness, and this may help the early start of rehabilitation and/or habilitation programmes. Cooperation and communication with other occupational groups and next of kin are of vital importance for this type of work. The nurses' task is to motivate the patient into making an effort by suggesting various activities. Nurses must also follow up activities suggested by other personnel.

Teaching and instructing patients and next of kin

One of the nurses' tasks is to teach and instruct patients and next of kin within their field. The teaching and instruction should be based on the problems and needs which have arisen in relation to illness and suffering, but it may also be related to preventive work, such as health care information.

Administrative tasks

New nurses must be able to carry out administrative tasks such as the organization of their own work, and take responsibility for the care of a small number of patients. The operational competence also includes organizing smaller groups of co-workers and students directly involved in the care of the patient.

Development skills

Nurses working in health care services must take part in the development of the quality of services. Nurses are under an obligation to keep abreast of new developments in nursing, and they must be able to document, evaluate, and carry out clinical nursing tasks in agreement with legal requirements and regulations.

7.2 The incomplete operational competence of newly graduated nurses

The incomplete operational competence includes knowledge, which after training, supervision and practical work experience may be developed into independent functions in administration, teaching, supervision and professional development.

Teaching and supervising co-workers and students

Nurses are responsible for teaching and supervising other health care workers, students and others who are totally or partly involved in the care of patients. Newly graduated nurses require information about and practical work experience from the particular field in order to have full operational competence in teaching and supervision.

Incomplete operational competence includes knowledge about changing strategies, but in order for a newly graduated nurse to become a competent changing agent she or he will need additional knowledge and supervision.

Administration and leadership

Nurses are responsible for the organization and administration of nursing on several levels. Basic nursing training provides an incomplete operational competence in leading and organizing groups of patients and co-workers who are directly involved in the care of patients. The incomplete competence includes cooperative skills, which guarantee high quality services for patients and next of kin. Quality development is closely related to an interest in and the possibilities for individual and collective professional development and development of competence. Organizing clinical work requires an understanding of nursing theory, personal qualities and suitability, as well as practical work experience and formal administrative training. A leader must take care of the patient's right to be consulted. This also means that she or he must be able to discuss problems and conflicts with other occupational groups.

Professional development and research

Nurses who take part in systematic professional and quality development may be involved in clinical development work or take part in clinical research. The employer's needs and requirements for a more developed nursing service is the starting point for nurses' involvement in clinical projects in relation to social and demographic changes. This kind of work requires practical work experience and further studies in research and development work.

8 Purpose and aims

A basic training programme in nursing should produce independent, responsible, changing-oriented and patient-oriented nurses with the ability and will to provide well-founded nursing. The training provides competence in agreement with current regulations for fully qualified nurses.

The basic training qualifies for a profession and a job which is subject to constant development and change. One important aspect of the basic training programme in nursing is to provide a training, which will enable nurses to meet the challenges and opportunities in health and social services. The training is thus the beginning of a lifelong learning process. Nurses and employers have a joint responsibility for the continuation of this learning process.

The college must

- ⌘ educate nurses in accordance with the needs of society and political priorities, the needs of the patient, the professional development of nursing and the criteria of the profession
- ⌘ offer a training programme based on the basic values, traditions and professional ethics of nursing
- ⌘ base teaching and supervision on practical experience and scientific knowledge in nursing
- ⌘ focus on teaching methods, which promote independence, responsibility, critical reflection and the ability to change
- ⌘ offer a learning environment which promotes the students' professional involvement and which promotes the students' ability and will to cooperate with other occupational groups
- ⌘ have a formalized cooperation with a hospital or similar institution where students can receive practical training, and be engaged in research and professional development work related to practical training
- ⌘ be in dialogue with other education programmes and professional environments, both nationally and internationally

After having completed their training, the students will have an operational competence to

- ⌘ meet patients and next of kin with consideration, empathy and ethical responsibility
- ⌘ provide nursing tasks based on an understanding of the tradition, unique quality and values of the nursing profession
- ⌘ be aware of their own ability and will to provide care
- ⌘ assess nursing in relation to the patient's participation
- ⌘ provide nursing based on respect for others, a sense of equality and responsibility for persons in need
- ⌘ provide proper nursing for persons of all ages suffering from illness or injury, for the acute or chronically ill, the disabled, patients in rehabilitation, and persons facing the last phase of life
- ⌘ plan, implement, document, evaluate and assure the quality of nursing measures
- ⌘ teach and instruct patients
- ⌘ apply the principles of administration in nursing individuals
- ⌘ acquire new experience and knowledge
- ⌘ cooperate on all levels of the organization
- ⌘ acquire insight into the structure and tasks of the health services, and be familiar with the legislation, regulations and other terms, which apply to the nursing profession

- €# apply critical-analytical skills in relation to health services
- €# cooperate with other groups of professionals

After having completed their training, the students will have an incomplete operational competence to

- €# teach and supervise students and co-workers
- €# lead and organize nursing in relation to groups of patients and co-workers
- €# initiate her or his professional development and take part in the planning and development of future health services

9 The contents of the training programme in nursing

The training programme in nursing consists of 60 credits. This means a 3-year full-time programme of 20 credits a year.

Nursing skills are acquired through an integration of practical and theoretical studies based on nursing as an academic study and its scientific and professional basis. In addition, subjects in medicine, natural science and social science form the basis for further development of nursing as an academic study.

In the general plan the training is divided into 4 main parts. The curriculum guidelines give a description of how the main and minor subjects are integrated. The college determines at what stage the various subjects may be taught, depending on availability and time of supervised practical training periods. Parts of the training may be carried out in cooperation with other related study programmes in order to promote the will and competence to cooperate with other types of professionals.

Practical training is an important part of the training programme in nursing. The practical training gives 30 credits, and it must be based on all main subjects. The emphasis given to each main subject is dependent on the unique characteristics of the clinical field in question. The practical training will be further described in Chapter 11.

An outline of the major and minor subjects in the training programme in nursing
60 CREDITS

1	The theoretical and scientific basis of nursing, including practical training	11 credits
1A	History, tradition and professional ethics	3 credits
1B	Nursing theory, academic study and research	3 credits
1C	Theory of science and research methods	2 credits*
1D	Ethics	3 credits*
1	Nursing theory and practice, including practical training	24 credits
2A	The role and tasks of nurses in specialist services	12 credits
2B	The role and tasks of nurses in municipal health services	12 credits
2	Medicine and natural science, including practical training	15 credits
3A	Anatomy, physiology and biochemistry	4 credits
3B	General pathology, pathology and pharmacology	8 credits
3C	Microbiology, infectious diseases and hygiene	3 credits
4	Social sciences, including practical training	10 credits
4A	Psychology and educational theory	3 credits
4B	Communication, cooperation and problem-solving	2 credits*
4C	Sociology and social anthropology	2 credits
4D	Political science, health and social politics, relevant legislation and legal authority	3 credits*

* described in Chapter 5 of the general comments

9.1 Main subject 1

The theoretical and scientific basis of nursing

11 CREDITS

The purpose of this main subject is to gain insight into the history, basic ideas and professional ethics of nursing. The student must gain an understanding of various perspectives, theories and models used to describe nursing as an academic study and as a profession. The student must gain an understanding of the relationship between theory and theoretical assumptions on the one hand, and practical and situational nursing on the other.

The student must combine the content of the other main subjects with the theoretical and scientific basis of nursing in order to assess and understand the patients' need for care. In studying this topic, the student will learn how to apply different theories, models and knowledge based on practical experience, and to give reasons for certain choices and decisions.

Minor subject 1A History, tradition and professional ethics

3 credits

The purpose of this minor subject is to focus on the history, ideas and values of nursing. This subject will contribute to an understanding of the significance of history in the development of nursing, both as a profession and as an academic study. The student must acquire a critical and analytical approach to nursing as a profession and as an academic study.

The ethical dilemmas in relation to patients and next of kin are important themes for study.

Important themes:

- ≠# the history of nursing
- ≠# professional ethics and medical ethics
- ≠# ethical dilemmas in practical nursing

Minor subject 1B Nursing theory, academic study and research

3 credits

The purpose of this minor subject is the study of concepts, theories and models in nursing theory, which form the basis of an understanding of nursing as an academic study and as a profession. An understanding of academic subjects will contribute to high quality practical nursing. The student must be able to find, read and make a critical assessment of research in nursing.

Important themes:

- ≠# nursing as science and as a clinical subject
- ≠# concepts, theories and models of nursing

Minor subject 1C Theory of science and research methods*

2 credits

This minor subject is described in Chapter 5 of the general comments.

Minor subject 1D Ethics*

3 credits

This minor subject is described in Chapter 5 of the general comments.

9.2 Main subject 2

Nursing theory and practice

24 CREDITS

The purpose of this main subject is to integrate the fields of nursing theory, medicine, natural science and social science. This subject will contribute to an understanding of how illness and

disease may be expressed in individuals and in groups of patients. The student must be able to assess subjective and objective criteria for illness and health in each individual patient. Especially important is the study of the disease itself and the patient's personal experience with and description of what it feels like to be ill. The student must acquire insight into the nature of illness and health care from the patient's and from society's point of view.

This main subject will contribute to an understanding of nursing as a planned activity and as certain actions in particular situations. The student must acquire competence and will in adapting nursing in relation to specific patients and situations. All actions are based on certain priorities and choices. The student must learn how to make well-founded choices based on professional and ethical considerations, and be able to act responsibly and imaginatively.

Minor subject 2A The role and tasks of nurses in specialist services

12 credits

Minor subject 2B The role and tasks of nurses in municipal health services

12 credits

In both these subjects, the student must learn to assess, plan, implement, evaluate and document nursing tasks in relation to the acute, critically and chronically ill, the disabled, persons in need of rehabilitation, and mentally ill persons of all age groups. Complex care and treatment is carried out both in the municipal and the specialist services. Common to all patients is the need for care during illness and when their situation is changed.

The student must learn how to carry out her or his nursing tasks based on the basic needs, resources and health of their patients. The student must be able to assess the condition of a patient, and cooperate with other medical and related personnel when necessary in order to carry out measures that may improve the patient's condition/prevent deterioration, and help the patient to cope with the situation. The student must acquire insight into the problems concerning life-death, and be able to provide care for patients who need pain relief or help in facing death with dignity.

The student must acquire skills in performing nursing tasks such as treatment, palliative care, rehabilitation and habilitation, health promotion, and preventive measures, all based on the needs and situation of the patient. The student must be able to carry out life-saving measures and first aid. Furthermore, the student must be able to apply and expand her or his knowledge of pharmacology by distributing medicines and observing the effects and side effects of these. Knowledge of microbiology and dissemination of disease is required in order to take the necessary measures to ensure a hygienic environment.

Another important aim of this subject is to learn about patients with mental problems and how a nurse deals with and provides care for people suffering from mental illness. The student must be attentive to the needs of patients and next of kin and be willing to provide information, instruction, supervision and support.

This subject includes learning about the role of the nurse in a chain of various treatments for patients of all ages, on various levels and in various institutions. The student must acquire knowledge about and an understanding of the importance of cooperation with other departments and services, and with other nurses and groups of professionals. The student must acquire an understanding of the patients' and the next of kin's personal experiences and reactions when facing illness.

Health promotion and preventive measures are important themes in this minor subject. The most important aspect of health promotion is strengthening all positive factors in individuals and the environment. The student must acquire insight into potential risk factors for individuals or the environment, and insight into how to promote health and prevent disease. The student must gain experience in cooperating with different services, departments and groups of professionals regarding planning, and contribute to the implementation of health promoting efforts and preventive measures on a municipal or community level. The student must acquire knowledge about and understand the importance of health care information.

Studying the role of nurses in specialist services will enable the student to assess and understand how the hospital environment affects the situation.

When studying the municipal health services, important target groups are persons suffering from physical and/or mental disability, patients with different needs for care, and patients involved in rehabilitation or habilitation. Changes in health services by moving advanced treatment to the patient's home or to municipal institutions entail that the nurse has knowledge about and knows how to operate relevant equipment.

The student must acquire insight into and experience with having the patient's home as her or his work place, and acquire an understanding of how this affects the patient-nurse relationship. Furthermore, the student must acquire knowledge about relevant remedial equipment and benefits and support available to the patients. The student must acquire insight into the different institutions and treatments available in municipal health services.

A newly graduated nurse has operational competence to provide basic nursing and life-saving first aid as long as the patient's illness and treatment progress as expected.

The role of the nurse in specialist and municipal health services requires nurses with knowledge about and incomplete operational competence to give instruction and supervision to co-workers. The incomplete operational competence also includes developing the ability to take part in changes in the health services. The nurse's incomplete operational competence includes complications or other conditions that require specialist care and treatment. Such conditions are for example patients who need intravenous feeding, who need treatment with a respiratory machine, syringe driver or constant cardiac monitoring. Other examples are acutely psychotic or highly disturbed patients, or patients with serious depressions and who may be suicidal.

Important themes:

Focus on nursing and nursing in relation to groups of patients

≠ health, environment and illness

≠ nursing in case of acute illness

≠ nursing for patients with long-term function failure, chronic illness and disabilities

- ⚡ nursing in case of critical conditions and acute and chronic illness
- ⚡ health promotion and preventive measures
- ⚡ rehabilitation and habilitation
- ⚡ treatment and palliative care
- ⚡ nursing as part of a patient's total treatment

The patient's experiences related to health failure, illness and disabilities

- ⚡ needs, resources and reactions to illness, injury and treatment
- ⚡ pain, nausea and discomfort
- ⚡ insecurity, anxiety and a sense of hopelessness
- ⚡ well-being, a sense of purpose, hope and control

The interaction between patient and nurse and the interaction with other patient-related persons

- ⚡ autonomy and paternalism
- ⚡ joint decisions and consent
- ⚡ different views on human life
- ⚡ consideration for the patient's own reactions
- ⚡ empathy, humility and reflection
- ⚡ respect for life

Approaches and methods in nursing

- ⚡ problem-solving
- ⚡ communication
- ⚡ documentation and professional development
- ⚡ improving the quality of one's own work
- ⚡ consideration and care
- ⚡ practical nursing skills
- ⚡ medical-technological equipment
- ⚡ handling medicines
- ⚡ supervision on diet and nutrition
- ⚡ teaching and supervision

Managing and organizing nursing tasks

- ⚡ the role and tasks of nurses
- ⚡ internal control and quality development
- ⚡ contribute to the coordination of services
- ⚡ administrative tasks related to 24-hour services
- ⚡ information and communications technology
- ⚡ cooperation with other professionals and other services
- ⚡ internal training and teaching responsibilities

9.3 Main subject 3

Medicine and natural science

15 CREDITS

The aim of this main subject is to acquire an understanding of the normal functions of the body and how to discover symptoms of health failure. Knowledge about the normal development, ageing and pathological processes of the human body is necessary in order for a nurse to observe and cooperate with others when necessary to take preventive measures, perform rehabilitating or palliative tasks, and provide care and treatment. Knowledge about diseases and treatment contributes to the nurse's ability to discover symptoms and to understand the effects of different types of treatment.

This main subject contributes to an understanding of the medical and scientific basis for high quality practical nursing.

Minor subject 3A Anatomy, physiology and biochemistry

4 credits

The aim of this minor subject is to provide knowledge about the human anatomy. Knowledge in physiology contributes to an understanding of how individual organs and organ systems work independently and in relation to each other. Biochemistry contributes to an understanding of why and how pathophysiological processes arise and develop. Knowledge about the metabolism and the physiology of nutrition contributes to an understanding of the processes that renew and build up structures in cells and tissue.

Important themes:

- ≠# studying cells and tissues, biochemical processes
- ≠# the human anatomy
- ≠# the normal function and interaction of organs and organ systems
- ≠# the metabolism and physiology of nutrition
- ≠# aspects of development and course of life

Minor subject 3B General pathology, pathology and pharmacology

8 credits

The aim of this minor subject is to give the student insight into the field of medicine and an understanding of the possibilities and limitations of diagnostics and the treatment of disease. The student must acquire an understanding of what happens to the body in the case of malfunction, illness and injury, and acquire insight into the symptoms and treatment of the most common diseases. The student must have knowledge about the most common types of tests and examinations, and must be able to follow up and organize treatment, observe and report on the effects and side effects of medical treatment. This minor subject contributes to an understanding of different perspectives and causes of disease.

Important themes:

- ≠# general pathology and pathology in relation to psychiatry, geriatrics, pediatrics, obstetrics, gynaecology, skin diseases, ear, nose, throat and eye diseases, neurology, internal medicine and surgery
- ≠# tests, examinations and treatments of different diseases

- ≠ first aid and cardio-pulmonary resuscitation
- ≠ pharmacology, various types of medicines, effects, side effects and interaction between different types of medicines, including distribution and calculation of medicines
- ≠ clinical social medicine aimed at individuals, including drug abuse and eating disorders
- ≠ epidemiology
- ≠ alternative types of treatment and palliative care
- ≠ the philosophy of alternative medicine

Minor subject 3C Microbiology, infectious diseases and hygiene

3 credits

The aim of this minor subject is to provide knowledge and skills in relation to the prevention of the dissemination of diseases in and outside of institutions. The student must acquire an understanding of the propagation of the most common types of microorganisms, and of the methods used to destroy various organisms and spores. The student must acquire an understanding of the importance of the environment in relation to the general health conditions in society and in relation to hygiene in society. The minor subject will contribute to an understanding of local and global problems related to the dissemination of infectious diseases and the prevention of such diseases.

Important themes:

- ≠ bacteriology, virology, parasitology and mycology
- ≠ chain of infection, asepsis and antisepsis
- ≠ infectious diseases
- ≠ hospital infections and hospital hygiene
- ≠ interaction between human beings, the environment and hygiene in society

9.4 Main subject 4

Social sciences

10 CREDITS

The aim of this main subject is to acquire an understanding of human development, learning processes and how people interact in different societies and cultures. The student must acquire insight into the typical reactions that may occur when confronted with changes in life and when confronted with disease and illness. This main subject will contribute to an understanding of the political and administrative decisions that affect practical nursing. Legislation, political science, and health and social politics are included in this subject.

Minor subject 4A Psychology and educational theory

3 credits

The aim of this minor subject is to contribute to an understanding of the normal development of human beings, and of the factors that may affect this development. The student must

acquire insight into how crises may arise, and be able to provide nursing for patients facing crisis, illness and death.

Knowledge and skills in teaching and supervision are necessary in order to meet the patient's right to and need for information and instruction. The student must acquire some principles in order to be able to teach and supervise students and other personnel directly involved in the care of patients.

Important themes:

- ≠ theories of development and learning
- ≠ theories of motivation
- ≠ theories of crisis
- ≠ group psychology and network theories
- ≠ teaching, supervision, counselling and health information

Minor subject 4B Communication, cooperation and problem-solving*

2 credits

This minor subject is described in Chapter 5 of the general comments.

Minor subject 4C Sociology and social anthropology

2 credits

The aim of this minor subject is to give an understanding of the relationship between the individual and groups of people and society in general. The student must develop an identity as a nurse, and feel secure in her or his role when cooperating with other health care workers and other professionals. This minor subject will contribute to an understanding of the role of health care services in society, and give insight into the nurses' role in the development of health services. The student must acquire an understanding of different cultures, cultural expressions and different views of health and illness.

Important themes:

- ≠ sociology of medicine
- ≠ sociology of professions
- ≠ power and powerlessness
- ≠ environmental factors in society and disease
- ≠ health and disease viewed in relation to social anthropology

Minor subject 4D Political science, health and social politics, relevant legislation and legal authority

3 credits

This minor subject is described in Chapter 5 of the general comments.

10 The learning environment and study methods

The learning process in nursing training combines academic study with practical training. The college chooses study methods that stimulate to the integration of the various fields of study. Practical work experience is reflected upon and analyzed, and particular experiences are assessed in relation to the academic studies and to the role of the nurse in relation to patient care.

The college must adopt study methods that are relevant to practical nursing, and encourage constant assessment and development of the study methods. The chosen study methods must stimulate the student's senses, emotions, intellect, courage and imagination, and encourage the ability and will to interact with other people and personnel. In order to develop professional and social competence supervision groups should be established. These groups should be unchanged throughout the whole training period, and there should be no more than 10-15 students in each group.

A nurse's fields of work are affected by medical, technological, social and professional developments, and by how an institution organizes its tasks. It is the responsibility of the college to ensure that a student acquires operational competence in relation to relevant professional developments and in cooperation with other personnel in and outside her or his institution.

Learning must be built on experience-based and research-based knowledge. The student must be made aware that competence is the product of knowledge and one's own experience through the organization and implementation of the work, understanding of one's own role, and attitudes. The organization of everyday nursing tasks is essential in learning to become a professionally responsible nurse. The sense of responsibility is an essential part of being a nurse and important in the establishment and the operation of a professional team. By becoming a part of a professional team, the student will gain experience in performing responsible nursing. When the student takes part in a professional team, it is important to acquire an understanding of the requirements of one's profession, and to assess the quality of one's own work. An aim of the practical training is that the student reflects on and assesses her or his practical training in relation to formal requirements and expectations.

The college must apply study methods that will encourage the student's professional development and active participation, and that will encourage individual studies as well as group work, including interdisciplinary groups. The student must acquire both oral and written skills. Every student must have a responsibility for and an influence on their own and other students' learning. This involves active participation throughout the training period with discussions related to the professional and pedagogical contents of the training programme. The learning environment must encourage reflection and analysis.

The college must ensure that evaluations are developed and that these are in agreement with the training programme.

Information and communications technology is important in implementing the training programme and in working as a nurse. This presupposes both knowledge about and techniques in gathering, choosing, processing, organizing and mediating information. It is

thus important that the student through project work, the use of computerized information systems and library services acquires these skills.

11 Practical training

11.1 The aims of practical training

The aims of practical training: The student must

- €# study, learn and participate in practical nursing in medical and surgical wards, in mental treatment, in services for the elderly, and in home care as part of the total treatment that the patient is in need of
- €# have knowledge about and acquire nursing experience and experience in cooperating with other occupational groups in preventive health care and in prenatal and postnatal care

In the course of the practical training, the student must

- €# study, experience and develop nursing competence in relation to different diseases and in different patient situations, both in specialist services and in municipal health services
- €# under supervision practice, reflect upon and develop knowledge, skills and attitudes in direct interaction with patients, next of kin, and other occupational groups
- €# develop nursing competence in cooperation with experienced professionals, and acquire insight into one's own limitations and the qualifications of others
- €# reflect upon and discuss ethics, patient care and practical nursing
- €# develop the competence and will to cooperate with different occupational groups
- €# instruct and supervise patients and next of kin
- €# develop the competence to communicate with different patient groups and their next of kin
- €# assess and get experience with the structure and organization of health and social services
- €# gain experiences which may be discussed at the college and used as a basis for further learning

11.2 Fields and duration of the practical training

The practical training must constitute a total of 30 credits. The duration of practical training in the various fields is described in terms of weeks. 30 credits correspond in this plan to a total study period of 60 weeks. At least 50 of these weeks must consist of practical training with patients and next of kin. 10 weeks may be used to acquire skills, and for preparation and reflection upon the practical training periods. The curriculum guidelines of the college describe how the practical training periods are planned in relation to other study methods, such as individual study, project-oriented learning and study periods in connection with the practical training.

The college's curriculum guidelines give a closer description of distribution, sequences, used at the colleges

A: Skills, preparation for and reflection upon the supervised practical training..... 10 weeks

B: Practical training with patients and next of kin..... 50 weeks

Specialist health services:

Practical training in medical and surgical wards.....minimum 16 weeks

The practical training must be of minimum 6 weeks in a medical ward and minimum 6 weeks in a surgical ward

Municipal health services:

Nursing services in municipal health services, care for the elderly and home care.....minimum 12 weeks

Of these must minimum 8 weeks be practical training in home-based services or in nursing homes

Specialist or community health services:

Practical training in the first year of training.....minimum 4 weeks

Practical training in mental health care.....minimum 8 weeks

Other types of practical training in the B category.....maximum 10 weeks

The practical training in health services must include training in an out-patient surgery, operating rooms, intensive care units, in preventive care, and prenatal and postnatal care. This practical training may take place both in fields where a minimum duration is given or in “Other types of practical training in the B category”.

However, practical training under “Other types of practical training in the B category” should primarily take place in fields where a minimum duration is given.

All of the main subjects outlined in the general plan, cf. Chapter 9, may be the starting point for practical training.

11.3 Detailed description of practical training

When learning practical nursing skills, interaction and communication with patients, next of kin and other occupational groups, the student must be given a practical training which enables her or him to benefit from other people’s experiences within the requirements of rules and regulations and based on the patient’s integrity and self-determination. During the supervised practical training periods nursing students must gain experience from working in cooperation with others.

The practical training is divided into practical training in the first year of study, supervised practical training, and observation training.

Practical training in the first year of study

The purpose of practical training in the first year is to give students early in the study an understanding of nursing as a profession, and the role of nursing in large organizations. The practical training should preferably take place in the first semester and have the duration of

minimum 4 weeks. The college determines whether the training should take place in municipal or specialist health services, and whether the training should be supervised or not.

The experiences should form the basis for the college-based academic and practical introduction to nursing as a subject. The college cooperates with the institutions where the practical training takes place when developing the guidelines for the organization and implementation of the training programme.

Supervised practical training

The purpose of supervised practical training is to give the student optimal operational competence in order to meet the nursing needs of patients and society as part of a complete health service.

The student must have supervised practical training of minimum 8 weeks within each of the following fields: medicine, surgery, mental health care and municipal health services. (The minimum requirement for medicine or surgery is 6 weeks.) All students must have supervised practical training in home-based services.

Supervised practical training implies that the college's teaching staff supervises and organizes good learning environments. Thus, the college has the main responsibility for the quality of the supervision; a responsibility that requires frequent supervision and presence of teaching staff in the practical training periods.

The nurses working in the institution where practical training takes place are responsible for the supervision and instruction in the specialist nursing skills required in that particular field. In many nursing services learning situations may take place night and day. The student organizes the practical training in such situations in cooperation with the nurses and the college's teaching staff.

During the supervised practical training the student must be supervised continuously preferable by nurses with supervision competence and at least one year of work experience as a nurse. The college is responsible for offering nurses at institutions where practical training takes place courses or education in supervision.

Before every practical training period the college and the institution where the training takes place must in cooperation formulate concrete plans for the practical training which describe what the students may learn at that particular institution. The college has the main responsibility for ensuring that the plans are in agreement with the curriculum guidelines and the general plan. The institution where the practical training takes place is responsible for realizing and describing learning situations and nursing and cooperation challenges which are present at its institution.

Observation training

The purpose of observation training is for the student to experience different and important parts of nursing services. Observation training is short periods of practical training which are normally not subject to evaluation. The student's experiences will lead to an incomplete operational competence, which may be developed by training and further education into an operational competence.

All students must have experience with patients in preventive health services and in prenatal and postnatal care. The college determines whether the training takes place in specialist services or in municipal health services.

All students must also have experience from surgical wards, intensive care units and out-patient clinics.

Learning practical nursing skills

Practical nursing skills are learnt through practical training and experience. Nursing skills cannot be taught by an academic approach only, but require practice based on attitudes to nursing as a profession and the learning environment. The acquirement of this type of practical knowledge presupposes the availability of clinically experienced people who are able to demonstrate skills and correct mistakes, and that the student can practice practical skills in interaction with patients and other students. Learning practical skills implies that the student practices and reflects upon important skills required in professional nursing.

The students come close when they practice their skills on one another. It is important to make use of this closeness in the learning process, in order for the student to learn about herself or himself and gain experience of other people's reactions in relation to the body, to physical contact and interaction.

The training of practical skills may take place at the training unit at the college itself or in connection with practical training periods outside the college. The areas and aims of learning practical skills must be regarded in relation to the learning of the total nursing competence, and these must be described in the college's curriculum guidelines.

The college is responsible for developing training and study methods which ensure that the students gain operational competence in basic skills. Practice and training at training units, in demonstration rooms, and by interactive computer and video equipment may be highly educational and may contribute to simulate realistic exercises. These types of simultaneous learning presuppose training in groups of maximum 10-15 students, and a supervisor with educational and clinical competence. The college is responsible for the availability of relevant equipment.

11.4 Cooperation between the college and the institution where the practical training takes place

The college must cooperate with and form mutual agreements with the owners of the institutions where the practical training takes place (state and municipal authorities, county municipalities and private organizations) in order to ensure sufficient opportunities for high quality practical training.

The cooperation between the college and the institution where the practical training takes place must also be formalized in an agreement. This agreement must describe what roles, responsibilities and tasks the college's teaching staff has compared to the nurses working in the institution where the practical training takes place.

The agreement must also contain a description of the qualitative and quantitative supervision possibilities of the institution where the practical training takes place. It must also include an

offer from the college of courses and training in supervision. The legal aspects of the practical training must be included in the agreement.

12 Evaluations

12.1 Aims

The aims of the evaluations must be to provide students and the college with information about the progress of the training programme, and ensure society, patients and next of kin that the student has acquired all the qualifications described in the general plan as necessary in order to work as a nurse. The quality of the nursing skills and the suitability of the nurse must be guaranteed.

The evaluations must

- ≠ ensure that the student has acquired the necessary qualifications in order to work as a nurse
- ≠ show that the student during the training programme has reached a satisfactory level of knowledge, and stimulate to best possible learning and development further in the study
- ≠ contribute to the fact that the student participates actively in the evaluation of own and other students' learning and development processes and through that develops the ability to evaluate which is important when working as a nurse
- ≠ be in agreement with the teaching methods of the training programme

12.2 Evaluation of practical training

Cf. §50, Nos 1 and 2 in the Universities and Colleges Act No 22 of 12 May 1995. Also cf. § 4 in the regulations.

Evaluation is a continuous and obligatory part of the supervised practical training, cf. 11.3.

The college board specifies the aims of each period in the curriculum guidelines, and lays down criteria which must be satisfied in order to pass the practical training.

At the end of every period of supervised practical training there must be an evaluation in agreement with the aims of the training. At the final evaluation there must be two other persons than the student present: one teacher from the college and one supervisor from the institution where the practical training has taken place. In case of doubt, the teacher's evaluation will be decisive.

An evaluation of the student's practical nursing skills must be based on a total evaluation of the student's ability to practice as a nurse. In the evaluation of the practical training the marks *pass* and *fail* will be used.

12.3 Internal evaluations

Cf. § 5 in the regulations.

The evaluations must be in conformity with the aims, contents and study methods specified in the general plan. These may for example be requirements like written and oral assignments, group work, project work and tests documenting the academic level of the student. In some

cases, when self-study is not sufficient, obligatory attendance will be required. The college's curriculum guidelines describe the areas that have obligatory study requirements.

The evaluations must evaluate both the learning process and the final result of the training programme. Evaluations must take place throughout the training and adapt to the study progress.

REGULATIONS FOR THE ACADEMIC CONTENT AND EVALUATIONS OF THE TRAINING PROGRAMME IN NURSING

*Laid down by the Ministry of Education, Research and Church Affairs
7 January 2000, with the legal authority of §46, No 2 in the Universities and Colleges Act
No 22 of 12 May 1995.*

§ 1 Academic content

The training programme in nursing consists of the following main and minor subjects, giving the stated credits:

1. The theoretical and scientific basis of nursing	11 credits
1A History, tradition and professional ethics	3 credits
1B Nursing theory, academic study and research	3 credits
1C Theory of science and research methods	2 credits
1D Ethics	3 credits
2. Nursing theory and practice	24 credits
2A The role and tasks of nurses in specialist services	12 credits
2B The role and tasks of nurses in municipal health services	12 credits
3. Medicine and natural science	15 credits
3A Anatomy, physiology and biochemistry	4 credits
3B General pathology, pathology and pharmacology	8 credits
3C Microbiology, infectious diseases and hygiene	3 credits
4. Social sciences	10 credits
4A Psychology and educational theory	3 credits
4B Communication, cooperation and problem-solving	2 credits
4C Sociology and social anthropology	2 credits
4D Political science, health and social politics	3 credits
Total	60 credits

§ 2 Laying down curriculum guidelines

Provisions for the academic content beyond what has been set down in the national general plan, are laid down by the college board and must be stated in the curriculum guidelines.

§ 3 Practical training

The practical training must constitute a total of 30 credits and consist of the following practical training fields with the stated weeks:

- A: Skills, preparation for and reflection upon the supervised practical training..... 10 weeks**
- B: Practical training with patients and next of kin..... 50 weeks**
Including:
Specialist health services:
 Practical training in medical and surgical wards.....minimum 16 weeks
 The practical training must be of minimum 6 weeks in a medical ward and minimum 6 weeks in a surgical ward
- Municipal health services:*
 Nursing services in municipal health services, care for the elderly and home care.....minimum 12 weeks

Of these must minimum 8 weeks be practical training in home-based services or in nursing homes

Specialist or community health services:

Practical training in the first year of training.....minimum 4 weeks

Practical training in mental health care.....minimum 8 weeks

Other types of practical training in the B category.....maximum 10 weeks

The practical training in health services must include training in an out-patient surgery, operating rooms, intensive care units, in preventive care, and prenatal and postnatal care. This practical training may take place both in fields where a minimum duration is given or in “Other types of practical training in the B category”.

The practical training must have a link to all main subjects, cf. § 1. Provisions for this must be stated in the curriculum guidelines.

The student must have at least one period of practical training during the first year of the training programme. Where and when the rest of the practical training periods should take place is laid down by the college board and should be specified in the curriculum guidelines.

The college makes further guidelines and is responsible for the organization and implementation of the practical training periods in cooperation with the institution where the practical training takes place.

§ 4 Evaluation of practical training

The college board specifies the aims of each period in the curriculum guidelines, and lays down criteria which must be satisfied in order to pass the practical training.

The student is entitled to an evaluation during her or his practical training periods, and should, either halfway through the practical training period or 3 weeks at the latest before the end of the period, be given a written note if there is any doubt about approval. The note should specify what the student does not do well, and which requirements must be met in order to gain approval. If the student in the last half of the period, or in the last 3 weeks of the period, shows a behaviour which clearly indicates *fail*, such an evaluation may be given even though a written note had not been given earlier in the practical training period.

The college board specifies procedures which ensure information about the evaluation between the supervisor, the student and the college. At the final evaluation there must be two other persons than the student present: one teacher from the college and one supervisor from the institution where the practical training has taken place. In case of doubt, the teacher’s evaluation will be decisive. The procedure must ensure that the student has the possibility to make comments.

The practical training must have been approved before the student can continue her/his studies and take examinations. The college board may in special cases, for example in case of illness, make an exception from this provision. If the practical training is not approved, the student is entitled to a new period of practical training. In special cases, the student may apply to the college board for a third period of practical training.

§ 5 Internal evaluations

The college board lays down evaluation regulations, including what requirements have to be met before a student may take examinations or continue her or his study, and what examinations and tests must be passed before a student can start her or his practical training periods. The provisions are stated in the curriculum guidelines.

At least one internal test in medicine calculation should be given. This test must be faultless in order for the student to be able to distribute medicines.

§ 6 Examinations regulations

Examinations should be organized and conducted in conformity with the examinations regulations which have been specified by the college.

The examinations should cover all main subjects, cf. §1. An examination may include topics from several main subjects. Every examination should primarily give a minimum of 5 credits and a maximum of 20 credits. The form of the examination must ensure that all students are primarily tested individually.

The final examination in the last term should be an in-depth paper where the student's ability to discuss problems related to nursing as a profession will be tested, as well as the academic content of the training. The form of this examination should give the student the possibility to use her or his experiences from the practical training in the examination paper.

§ 7 Evaluation forms

The college board lays down the evaluation forms in conformity with the general guidelines specified in the college's regulations, cf. subsection 6 of § 50 in the Universities and Colleges Act. In the evaluation of the practical training periods the marks *pass* and *fail* should be used.

§ 8 Certificates

Students who have completed the basic training will receive a certificate. The certificate must specify what examinations have been passed, credits, result and when the examination has been taken. The certificate must also specify that the obligatory practical training has been completed and approved. The title and mark of the in-depth paper should be stated in the certificate.

§ 9 Exemptions

In special cases, the Ministry of Education, Research and Church Affairs may grant exemptions from the provisions made in §1 and §3 in these regulations.

§ 10 Commencement

These regulations will come into force from the academic year of 2000/2001.