



Hogeschool Mens en Gezondheid

CanMEDS Roles Practice-based Learning



COMPETENTIEGEBIEDEN
VERPLEEGKUNDIGE IN CANMEDS

Profiles Practice-based Learning

PL Period 1

In PL 1, the emphasis is on observing, collecting data and researching the situation. Behaviour mainly involves copying what colleagues in the immediate vicinity are doing. The student becomes aware of their own performance as an upcoming professional practitioner. The student acknowledges that which they have learned at school and its application in practice. It becomes clear what the student is and is not familiar with. The student is willing to learn and show initiative in this.

The student is responsible for carrying out their own work well. The student consults about decisions to be made. They ask for help in unforeseen situations.

Complexity

All this shows the student in situations of low complexity which are classed as familiar, predictable, clear, structured and with short, simple assignments. The level of low complexity requires basic knowledge and skills and there are standard procedures to be applied in the mono-disciplinary actions. There are few parties involved with whom interaction is required.

Supervision

In general, the student needs a lot of direct supervision when giving care, before and during the actions, consisting of: information, instructions, guidance and directions.

The supervision is also aimed at accounting for and explaining that which is done in the situation, how and why something is done. This stimulates awareness in the student who sees exemplary behaviour. After the actions have been taken, the behaviour is discussed, checked and corrected by way of reflection before the follow-up to that behaviour.

PL Period 2

In PL 2, the student's own provision of care in direct patient contact is central. The student recognises professional behaviour in situations and is aware of why they should conduct themselves in that way. Working with multiple colleagues gives the student insight into various ways of acting and being accountable for them. The student knows to question the colleague in order to learn.

The student is also able to combine matters already learned and to carry them out under supervision (partial). This enables the student to demonstrate that they have knowledge and skills and are capable of applying them.

Complexity

All this gives an impression of the student in situations of low complexity which are expanded to situations of medium complexity. These are unknown (new) but manageable situations with more assignments, some known, some still to be studied. The medium-level complexity demands specialist knowledge and skills. Standard procedures must be modified for varying, limited multidisciplinary situations. More parties are involved, with whom a reasonable amount of interaction is required.

Supervision

In situations of medium complexity, the student still has a high level of supervision. In situations of low complexity, the amount of supervision is gradually reduced and the degree of independent work increases. The supervisor offers guidance in between times either remotely or on demand and gives alternatives for the student's behaviour. Through reflection with the supervisor, the student can determine their behaviour and the effects of that behaviour. This has a strong learning character and gives direction for future behaviour.

PL Period 3

In PL 3, the student acts more and more according to their own vision and insights, colouring their own behaviour, which they can substantiate and for which they can be accountable. The student can apply (transfer) the knowledge and skills they have learned in one situation to other situations. Through direct questions, which they pose beforehand, the student can gather extra information about how to act in certain situations.

The degree of independence on the part of the student depends on the complexity of the context and the task. In situations of low complexity, a high level of independence may be expected. In situations of medium complexity, an average level of independence. In highly complex situations, a low degree of independence.

Complexity

For descriptions of situations of low and medium complexity, see the profiles of PL 1 and 2, respectively.

We speak of high complexity in situations which are fluctuating, new, not transparent and multidisciplinary and with a broad range of unknown assignments. The level of high complexity requires mastering new knowledge and skills. No standard approach is possible, new procedure must be applied or thought up. More parties are involved, with whom a great deal of interaction is required.

Supervision

The supervisor offers guidance in between times either remotely or on demand and encourages the student to think about alternative kinds of behaviour. Through reflection with the supervisor, the student can determine their behaviour and the effects of that behaviour. This has a strong learning character and gives direction for future behaviour. Where there is a low level of independence in situations of low complexity, supervision will generally take place afterwards by way of reflection, so that the student learns to be accountable for the choices made.

PL Period 4

At this stage of learning in practice, the student's behaviour is strongly characterised by carrying out the work quite independently, in their own way, as a professional. The student is able to determine their own behaviour, take decisions and make choices with only a minimum of supervision in advance. The student learns to prioritise and act as a novice professional practitioner.

The student actively makes proposals for improvements and makes adjustments to the care provision and management.

Complexity

The student demonstrates this behaviour in situations of medium and high complexity. For the description of a situation of medium complexity, see the profile of PL 2.

We speak of high complexity in situations which are fluctuating, new, not transparent and multidisciplinary and with a broad range of unknown assignments. The level of high complexity requires mastering new knowledge and skills. No standard approach is possible, new procedure must be applied or thought up. More parties are involved, with whom a great deal of interaction is required.

Supervision

In highly complex situations, the supervisor offers guidance in between times either remotely or on demand and encourages the student to think about alternative kinds of behaviour.

Where there is a high level of independence in situations of medium complexity, supervision will generally take place afterwards by way of reflection, so that the student learns to be accountable for the choices made. At this level, very little supervision is needed for the reflection. The student does this on their own. The emphasis on the results of reflection is not on correcting, but on steering and adding nuance. That way, the student learns quite independently from their own behaviour and applies the learning cycle: do - reflect - consider - decide - do - etc.

Care worker

As a care worker, the nurse is focused on reinforcing people's self-management in their own social context, where possible.

Nursing consists of: determining the need for nursing by clinical reasoning; therapeutic interventions and personal care; the provision of information, education, advice and advocacy; physical, emotional and spiritual support.

Clinical reasoning is the continuous process of data-collecting and analysis aimed at the patient's questions and problems. In this process, the nurse focuses on risk assessment, early signalling, problem recognition, intervention and monitoring. Since every individual responds differently to illness, or the threat of illness, and treatment - physical, psychological, functional and social - the nurse makes use of an abundance of information. To start with, information about the person themselves, their environment and other care workers. This information can be oral, derived from observations and physical examination or from transfers and files.

Patients' problems, as nurses encounter them in all contexts, concern four areas of human functioning: the physical, the psychological, the functional and the social. In addition to 'generic' problems, there are also always specific problems.

Competency:

Through clinical reasoning, the nurse establishes the need for nursing care based on the physical, psychological, functional and social aspects, assesses and provides the care indicated in complex situations according to the nursing process and on the basis of evidence-based practice.

Behaviour criteria PL 1:

- You link observations to medical knowledge.
- You work methodically while carrying out care tasks.
- You draw up a personal nursing plan for a care recipient.

Behaviour criteria PL 2:

- You explain symptoms and causes based on clinical reasoning.
- You apply the clinical process in accordance with the vision of the institute.

Behaviour criteria PL 3:

- You inventory the care needs of a care recipient on the basis of clinical reasoning.
- You apply the nursing process with a care recipient and substantiate this from various sources of evidence.

Behaviour criteria PL 4:

- Through clinical reasoning, you establish the need for nursing care based on the physical, psychological, functional and social aspects, assess and provide the care indicated in complex situations according to the nursing process and on the basis of evidence-based practice.

Competency:

The nurse reinforces (as far as possible) people's self-management in their social context. While doing so, the nurse focuses on shared decision-making with the care recipient and those close to them, taking into account the diversity in personal characteristics, ethnic, cultural and religious backgrounds and ideological beliefs.

Behaviour criteria PL 1:

- You approach the care recipient and those close to them with respect, according to the current standards, making no distinctions.
- You demonstrate an empathic attitude and recognise the needs, wishes and customs of the care recipient and those close to them.

Behaviour criteria PL 2:

- You adjust the care to suit the values and standards, cultural and religious views of the care recipient.

<ul style="list-style-type: none"> - You recognise how self-management is stimulated in care recipients.
<p>Behaviour criteria PL 3:</p> <ul style="list-style-type: none"> - You recognise how the social context of the care recipient can affect their self-management. - You encourage the care recipient to apply self-management.
<p>Behaviour criteria PL 4:</p> <ul style="list-style-type: none"> - You reinforce (as far as possible) the self-management of people in their social context. While doing so, you focus on shared decision-making with the care recipient and those close to them, taking into account the diversity in personal characteristics, ethnic, cultural and religious backgrounds and ideological beliefs.
<p>Competency: <i>The nurse assesses and carries out nursing (reserved) procedures based on independent authority or functional autonomy as described in the Dutch Individual Healthcare Professions Act (BIG).</i></p>
<p>Behaviour criteria PL 1:</p> <ul style="list-style-type: none"> - You assist the care recipient with day-to-day functioning. - Where possible, you stimulate the care recipient's self-reliance. - You apply the institute's protocols, guidelines and standards.
<p>Behaviour criteria PL 2:</p> <ul style="list-style-type: none"> - You provide care and in doing so, adhere to the boundaries of your own expertise. - You perform high-risk and reserved procedures according to protocol, taking into account your own authority and competence (BIG).
<p>Behaviour criteria PL 3:</p> <ul style="list-style-type: none"> - You make an estimate of the complexity of the care, establish the care needed and administer that care. - You perform high-risk and reserved procedures during which you explain when and why you deviate from a protocol.
<p>Behaviour criteria PL 4:</p> <ul style="list-style-type: none"> - You assess and carry out nursing (reserved) procedures based on independent authority or functional autonomy as described in the Dutch Individual Healthcare Professions Act (BIG)

Communicator

Patients have control over and responsibility for their own lives and health, within the possibilities and circumstances of each individual separately. This requires an ability on the part of the nurse to judge well the patient's information needs. In the communication, the nurse takes into consideration personal factors on the part of the patient and those close to them such as age, ethnic/cultural background, language proficiency, knowledge and level of understanding, coping style and capacity. This is about 'customised' communicating, with much empathy and in an open and respectful manner. The nurse is aware of the impact of their verbal and non-verbal communication. They verify the results of their communication with the patient and those close to them.

Communicating with patients who are less able to express themselves verbally or non-verbally is complex and requires particular attention. Having difficulty in interpreting care requests because of a lack of verification possibilities on the part of the patient can lead to extra complications.

On the other hand, the nurse also has to deal with outspoken patients, who have collected a lot of information beforehand (often from the Internet). The nurse helps the patient to check which information is reliable and appropriate, and which is not.

Technological options make it possible for the nurse to communicate with patients not only face to face, but also remotely. ICT supports, but does not replace, personal contact. The nurse is active and skilled on the Internet and uses social media in a principled and professional manner.

Competency:

The nurse communicates in a personalised and professional manner with the care recipient and their informal network, taking care to provide an optimum exchange of information.

Behaviour criteria PL 1:

- You show initiative in the communication with the care recipient.
- You recognise non-verbal communication and emotions in the care recipient.
- You know the principles of basic personalised communication.
- You make use of electronic patient/healthcare files where possible.

Behaviour criteria PL 2:

- You apply personalised and professional interview techniques.
- You are aware of the effects of your own verbal and non-verbal expressions.
- You make use (*where possible*) of technological options in the communication with and about care recipients and those close to them in a principled and professional manner.

Behaviour criteria PL 3:

- You reflect on the effect of the interview techniques applied.
- You recognise sticking points in the communication with care recipients and those close to them and deal with difficult situations.
- You apply technological options for the improvement of the professional and personalised communication with care recipients and those close to them.

Behaviour criteria PL 4:

- You communicate in a personalised and professional manner with the care recipient and their informal network, taking care to provide an optimum exchange of information.

Collaborator

The nurse acts on the basis of their own expertise and works on an equal footing with the patient and those close to them, with their own and other disciplines and with their managers. They share knowledge and information and aim for collaboration and transfer in the chain. That takes continual mutual coordination, to prevent care becoming fragmented. The nurse collaborates on designing the development of policy with regard to individual patient care across the boundaries of the individual care organisation. They do this from the perspective of continuity of care for the individual. The nurse also works across the boundaries of care organisations, to collaborate with housing associations, police, social clubs for seniors, community centres, churches and mosques, district coordinators, schools, crèches and artists, for example. This collaboration also allows them to identify people who avoid healthcare and people with potential health problems. The community nurse reaches everyone who needs care, not only those with indicators.

From the point of view of support and self-management in the first period, the nurse is focused on collaboration with the patient and those close to them. The nurse is aware of the importance of this relationship as a basic condition for giving nursing care.

The nurse supports and supervises the informal care or (where there is no informal care) the social network.

In the context of collaboration, the nurse records the information needed to give the right care, either digitally or in writing, keeps correct status reports and transfers care to colleagues from their own and other disciplines verbally too.

Competency:

The nurse enters into a confidential relationship, collaborates effectively with the care recipient and those close to them on the principle of joint decision making and supports them in the self-management.

Behaviour criteria PL 1:

- You take the initiative in entering into collaborative relationships with care recipients and those close to them.
- You contribute to communal goals and honour commitments.

Behaviour criteria PL 2:

- You acknowledge the care recipient as an autonomous individual who has control over their own life.
- You work together with care recipients and those close to them on the basis of equality.
- You place the care request and the interests of the care recipient central.
- You recognise the various phases of the joint decision-making process.

Behaviour criteria PL 3:

- You enter into a collaborative relationship of constructive criticism with care recipients and those close to them and evaluate this collaboration.
- You apply joint decision making.

Behaviour criteria PL 4:

- You enter into a confidential relationship, collaborate effectively with the care recipient and those close to them on the principle of joint decision making and support them in the self-management,

Competency:

The nurse works, both inside and outside their own organisation, together with other professional practitioners or organisations in which the nurse contributes to the quality and continuity of care as an autonomous professional.

Behaviour criteria PL 1:

- You take the initiative in entering into collaborative relationships with colleagues (also direct).

- You uphold your own boundaries and ask for help or explanations from others, where necessary.
- You are open to suggestions, criticism and ideas from others and adjust your conduct accordingly.
- You are able to convey oral and written information to colleagues.
- You are capable of writing progress reports by way of the reporting system used.

Behaviour criteria PL 2:

- You collaborate and coordinate with other disciplines.
- You express your own opinion and vision (of nursing).
- You ask for feedback (and discuss it) and learn from it.
- You take part in the nursing transfer and clinical review of patients.

Behaviour criteria PL 3:

- In the collaborative process, you take into account the various points of view and interests of colleagues, care recipients and those close to them and other professionals inside and outside the institute.
- You are able to consider, substantiate and express your own opinion both at an individual and a team level.
- You take feedback and integrate it into your behaviour.
- You give colleagues feedback on their behaviour and professional conduct.
- You are able to report, consult and transfer efficiently and effectively and bring colleagues and other care workers involved up to date on the outcomes of consultations (multidisciplinary).

Behaviour criteria PL 4:

- You work, both inside and outside your own organisation, together with other professional practitioners or organisations in which you contribute to the quality and continuity of care as an autonomous professional.

The reflective EBP professional

The nurse's actions in practice are increasingly being supported by the outcomes of research. The nurse strives to apply instruments and interventions of which the efficiency and effectiveness are plausible. They acquaint themselves with the results of scientific research and apply them in professional practice where possible. They take part in studies by specialists and researchers (nursing, medical, psychosocial and/or paramedical).

The nurse continually works on the development of their expertise and contributes to that of colleagues. The nurse learns by way of formal learning processes and also daily in the workplace. For example, through case study discussions, intervision, clinical lessons and peer review. Lifelong learning is a constant factor in their career. The nurse is transparent about their personal and professional development. They record it (for example in a quality register or portfolio).

They coach other and newcomer nurses and act as a role model. They signal shortcomings in knowledge in professional practice and take action.

The nurse has a reflective attitude, that is to say that they consider carefully the choices and decisions they make: in terms of content, process, morals and ethics. The medical possibilities are significant: intervention occurs early and treatment lasts a long time. The nurse plays a major part in finding answers to the ethical questions this raises: what is the correlation between treatment (continued) and quality of life?

Nurses are aware of the fact that not all decisions in healthcare can be viewed separately from a moral, ethical context. The nurse is aware of their own moral framework from which they act and the impact that has on the care.

Competency:

The nurse acts based on a continuously present ability to research which leads to reflection, on evidence-based practice (EBP) and innovation in professional practice.

Behaviour criteria PL 1:

- You formulate learning issues and objectives for learning in practice.
- You acquire knowledge and look for answers to questions, for example by searching for information (in the literature) or asking colleagues, experts or care recipients.

Behaviour criteria PL 2:

- You acquire knowledge of any relevant outcomes of scientific research.
- You substantiate your nursing behaviour with the help of evidence-based practice.

Behaviour criteria PL 3:

- You are able to understand, evaluate and use any scientific articles found to substantiate your actions.
- You integrate EBP into practice.
- You are able to analyse or complete an implementation process.

Behaviour criteria PL 4:

- You act based on a continuously present ability to research which leads to reflection, on evidence-based practice (EBP) and innovation in professional practice.

Competency:

The nurse continually works on the improvement and development of the nursing profession, their own expertise and that of their direct and future colleagues by constantly and actively searching for and sharing knowledge (in various forms) and where applicable, taking part in practice-oriented research.

Behaviour criteria PL 1:

- You have an active learning attitude.
- You immerse yourself in the context of where you are working or doing an internship.

Behaviour criteria PL 2:

- You gather information, distinguishing principle and secondary issues.
- You follow developments in the professional field of nursing.
- You take an active part in the transfer of knowledge by evaluation and sharing your own knowledge.

Behaviour criteria PL 3:

- You make evidence-based suggestions for improvement.
- You actively share knowledge and encourage others to do the same.
- You help others develop and create a stimulating learning environment.
- You are able to reflect on your coaching skills.

Behaviour criteria PL 4:

- You continually work on the improvement and development of the nursing profession, your own expertise and that of your direct and future colleagues by constantly and actively searching for and sharing knowledge (in various forms) and where applicable, taking part in practice-oriented research.

Competency:

The nurse continually and methodically reflects on their own actions in the collaboration with the care recipient and other care workers and includes in this the aspects of their choices and decisions in terms of content, process, morals and ethics.

Behaviour criteria PL 1:

- You have the courage to be vulnerable with regard to your learning process.
- You point out the values and standards you see in care recipients and care workers.
- You are capable of reflecting on your own behaviour and correcting it if necessary.
- You are able to explain the term 'self-regulation'.

Behaviour criteria PL 2:

- You describe an ethical dilemma from professional care practice, pointing out the underlying values and standards on the part of care recipients, those close to them and professionals.
- You include feedback from others in your reflection (systematic).
- You have insight into your self-regulating skills.

Behaviour criteria PL 3:

- You argue your own standpoint in ethical questions and issues of meaningfulness.
- You are able to reflect upon your personal and professional development methodically, critically and with self-awareness.
- You apply self-regulation.

Behaviour criteria PL 4:

- You continually and methodically reflect on your own actions in the collaboration with the care recipient and other care workers and include in this the aspects of your choices and decisions in terms of content, process, morals and ethics.

Health advocate

The nurse moves in a society and sector in which thinking in terms of care and illness shifts to thinking in terms of behaviour and health. The nurse contributes to the improvement of people's health by supporting their self-management. Where possible, the nurse actively involves the informal caregivers and/or those close to the care recipient and where there is no informal caregiver, the nurse gets in touch with or initiates a social network around the patient. When doing so, they take into account the patient's physical living environment, social relationships, culture and lifestyle. In addition, they focus on the patient's surroundings, groups of patients and on other professionals or organisations or municipalities.

The nurse actively approaches people with a high risk of health problems, influencing the lifestyle and healthy behaviour of citizens and patients within the context of the nurse's work.

Competency:

The nurse improves the health of the care recipients or groups of care recipients by organising and applying appropriate forms of prevention which also focus on the improvement of self-management and the lack of social network on the part of the patient.

Behaviour criteria PL 1:

- You signal and discuss any behaviour on the part of care recipients which could be harmful to their health.
- You recognise various forms of prevention.
- You recognise the importance of behavioural change in the care recipient.

Behaviour criteria PL 2:

- You point out the risks of their lifestyle to the care recipient.
- You apply various forms of prevention.
- You help care recipients to tackle their health problems.

Behaviour criteria PL 3:

- You analyse the behaviour which underlies the high-risk lifestyle.
- You use methods and models for behavioural change, encouraging self-management at the same time.
- You carry out interventions aimed at improvement and/or prevention, making use of the care recipient's social network, where possible.

Behaviour criteria PL 4:

- You improve the health of the care recipients or groups of care recipients by organising and applying appropriate forms of prevention which also focus on the improvement of self-management and the lack of social network on the part of the patient.

Manager

The nurse works as a professional in various sectors of healthcare. The nurse is enterprising and takes initiative, working in large organisations or in self-managing small teams, or as an independent professional practitioner.

Within the various contexts, the nurse oversees and understands the financial, economic and business interests which play a part in patient care. The nurse feels a shared responsibility for keeping healthcare affordable. They are not wasteful with materials and resources. They take decisions in their daily work about tasks, policy (prioritising) and resources for individual patient care.

The nurse plays a coordinating role for the patient or groups of patients: across disciplines and 24 hours a day, 7 days a week. They record all developments concerning the patient and join the patient in looking for solutions. This prevents fragmentation of care; the complexity is properly assessed and the right professional engaged. The nurse also influences the assessment of the care needed.

Organisation and coordination of the care is unthinkable without the possibilities offered by ICT. The nurse applies the latest information and communication technologies and offers remote care (eHealth) as a supplement to the personal contact with the patient.

The nurse takes responsibility for the organisation in which or for which they work. They safeguard patient safety, report errors and incidents and signal and report ways of improving the provision of care. The nurse plays an active role in designing an appealing work environment.

Competency:

The nurse demonstrates leadership in their nursing behaviour and in the collaboration with others and weighs up the various interests whereby the interests of the care recipient take precedence.

Behaviour criteria PL 1:

- You point out the interests of the care recipient and others involved.
- You ask questions about the nursing behaviour of colleagues.

Behaviour criteria PL 2:

- You weigh various conflicting interests against each other.
- You signal simple and concrete problems/queries in colleagues.
- You are not wasteful with materials and resources.

Behaviour criteria PL 3:

- You represent the interests of the care recipient and the organisation.
- You analyse the need for information in colleagues and add any missing information.
- You take substantiated decisions about tasks, policy and use of resources.

Behaviour criteria PL 4:

- You demonstrate leadership in the nursing behaviour and in the collaboration with others and weigh up the various interests whereby the interests of the care recipient take precedence.

Competency:

The nurse plans and coordinates the care surrounding the care recipient/group of care recipients.

Behaviour criteria PL 1:

- You keep up to date with work activities and with details about the care recipients.
- You work systematically according to a pre-arranged schedule.
- You maintain an overview of your own work activities and keep an eye on the time.

Behaviour criteria PL 2:

- You show initiative in carrying out the nursing activities.
- You maintain an overview of nursing activities and check your own progress.
- You point out the tasks and responsibilities of the disciplines involved with the care recipient and describe your own share in that, as nurse.

Behaviour criteria PL 3:

- You convey the care need of the care recipient to other disciplines and institutions and organise the care together with them, influencing the care in the process.
- You coordinate the care in a nursing situation and signal points for improvement.

Behaviour criteria PL 4:

- You plan and coordinate the care surrounding the care recipient/group of care recipients.

Competency:

The nurse takes responsibility for the safety of care recipients and staff within the organisation.

Behaviour criteria PL 1:

- You apply the legislation concerning authority and proficiency in your actions.
- You comply with the valid regulations regarding safety.

Behaviour criteria PL 2:

- You are familiar with the safety policy (both national and in your own organisation) and the legislation and regulations surrounding safety of staff and care recipients and act accordingly.
- You oversee the consequences of your own behaviour and that of the care recipient or those close to them in relation to the occurrence of unsafe situations.

Behaviour criteria PL 3:

- You point out the factors which affect the safety of care recipients and staff and actively influence these factors.

Behaviour criteria PL 4:

- You take responsibility for the safety of care recipients and staff within the organisation.

The professional and quality promoter

The nurse provides care which fits within the current legislation and regulations. The nurse systematically monitors, measures and screens their care, with a view to improving the quality. Where possible, the nurse works evidence-based and keeps a critical eye on what works. They monitor results, at the levels of both individual care provision and the unit in which they work, and make adjustments where necessary. The nurse is able to weigh up price and quality, in order to work cost-efficiently. They contribute to the quality systems within the organisation. There are protocols and standards for much of the care. The nurse is involved in making standards locally applicable and implementing them. They signal any lack of standards and protocols in relevant areas and report this to their own organisation and the professional nursing association. As members of the professional group/professional organisation, the nurse and their colleagues influence the imaging and reputation of the profession, demonstrate what the profession stands for and what nurses contributes to healthcare.

The nurse has vision, dedication and commitment. They find it a challenge to work with people, show respect and a genuine interest and is mindful of the uniqueness of every person.

The nurse has a responsible and assertive professional attitude. Nurses hold each other to account on professional conduct: they compliment and appreciate each other, give each other feedback and reflect together.

Competency:

The nurse systematically monitors, measures and screens the care, at the levels of both individual care provision and the unit in which they work, in order to safeguard the good quality of care and where necessary, improve it.

Behaviour criteria PL 1:

- You look critically at the quality of your own behaviour.
- You define quality of care from the perspective of the care recipient.
- You make the connection between measurements you take and the quality of the care.

Behaviour criteria PL 2:

- You are able to make an analysis of a problem of nursing quality at micro, meso and macro levels.
- You are familiar with the laws relating to healthcare.

Behaviour criteria PL 3:

- You assess nursing work processes based on quality criteria and guidelines.
- You contribute to the quality of care.
- You know legislation and regulations relevant to quality care.

Behaviour criteria PL 4:

- You monitor, measure and screen the care, at the levels of both individual care provision and the unit in which you work, in order to safeguard the good quality of care and where necessary, improve it.

Competency:

The nurse contributes to quality systems within the organisation and is involved in making standards, guidelines, protocols and healthcare technology locally applicable and implementing them, signals any lack and contributes to the development of such.

Behaviour criteria PL 1:

- You point out the importance of the use of guidelines, protocols and standards.
- You communicate with others about sticking points in the quality of care.

Behaviour criteria PL 2:

- You compare your own behaviour and that of others with guidelines, protocols and standards and open up any differences for discussion.
- You join others in searching for sticking points in the quality of care.

- You recognise the difference between quality of care and quality care.
- You know how a quality cycle runs in practice.
- You use care technology where possible and make the connection with quality and care.

Behaviour criteria PL 3:

- You reason and substantiate when you deviate from a guideline, protocol or standard.
- You have a critical attitude towards the quality of the behaviour of colleagues and give constructive feedback on such behaviour.
- You initiate or participate in a quality project.
- You have insight into how quality care is organised in your context.

Behaviour criteria PL 4:

- You contribute to quality systems within the organisation and are involved in making standards, guidelines, protocols and healthcare technology locally applicable and implementing them, you signal any lack and contribute to the development of such.

Competency:

The nurse makes a positive and active contribution to the imaging and development of nursing from a historic, institutional and social perspective.

Behaviour criteria PL 1:

- You are aware of the tasks, responsibilities and boundaries of an HBO (Higher Professional Education) nurse (Dutch individual healthcare professions act - BIG, Professional profile and code).

Behaviour criteria PL 2:

- You recognise the importance of professional codes and codes of ethics and link them to situations in practice.
- You are aware of political and social developments in healthcare.

Behaviour criteria PL 3:

- You translate the professional code and values into behaviour which demonstrates them.
- You develop your own vision on what you see as good nursing.
- You are accountable for your point of view from within professional, political and social contexts.
- You investigate and discuss in the team the way in which new developments can be integrated into the primary process.

Behaviour criteria PL 4:

- You make a positive and active contribution to the imaging and development of nursing from a historic, institutional and social perspective.