



Competency-Based Framework for Clinical Nurses

Ministry of Health

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Brief overview of mandates of the Ministry of Health

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| Vision | "A Nation with the Best Health" |
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| To provide quality healthcare services in both traditional and modern medicines | To prevent, control, eliminate and eradicate diseases |
| MISSION | |
| To rehabilitate and promote healthy living | To ensure sustainable, responsive, equitable, accessible, reliable and affordable health services |

| MANDATE | |
|---|---|
| <ul style="list-style-type: none"> In line with the Article 9, Section 21 of the Constitution of the Kingdom of Bhutan: "The State shall provide free access to basic public health" | <ul style="list-style-type: none"> Ensure access, equity, and quality health services. |

| CORE VALUES | |
|-------------------------|---|
| Competence: | Demonstrate expertise in carrying out the responsibilities and inspire others to have confidence. |
| Compassion: | Promote empathy, support, encouragement, and sensitivity in service provision |
| Equity: | Promote equity, basic rights, dignity, and access to care |
| Economy: | Cost conscious. |
| Integrity: | Conduct ethically and with honesty and accountability of service provision |
| Professionalism: | Demonstrate professional health care through positive attitude, actions, and comments. |
| Quality: | Commitment to excellence in service and care |

Aim

The Competency-based Framework for the Clinical Nurses is developed in pursuit of the following:

- To define clear roles and responsibilities of Clinical Nurses for service delivery.
- To ensure training and development of Clinical Nurses are effective and aligned to the goal.
- To provide quality healthcare service by qualified and competent Clinical Nurses.
- Build competent Clinical Nurses for effective delivery of quality patient care.

Background:

Royal Civil Service Commission (RCSC) in collaboration with Singapore Polytechnic International (SPI) with funding support from Temasek Foundation International (TFI) launched the Competency-based framework for Public Service programme on 6th August 2018. The competency-based framework for public service programme aims to strengthen the capacity and capabilities of the Government agencies and public officers to implement competency-based management.

It focuses on human resource development through identification of skills needs of employees, assist continuous development and professionalism of civil servant to deliver responsibilities effectively and enhance efficiency towards achieving organizational goals. It employs heart on, hands on and head on approaches where we empathize the nurses and engages them in co-creation and synthesis of comprehensive Competency-based Framework through an open mind and divergent thinking in pursuit of enhanced public service delivery.

For the health sector, Clinical Nurses was chosen as one of the piloting occupational groups for Competency- based Framework development. From 12th August till 9th December 2018, the team constituting a technical working group from the Ministry of Health (MoH), Bhutan Medical and Health Council (BMHC), Jigme Dorji Wangchuck National Referral Hospital (JDWNRH) and RCSC developed the Competency Based Framework and Training Need Analysis for clinical

nurses which were co-created through a collaborative teamwork. The competency based framework constituted of 4 Key Roles, 11 Competency Areas, 29 Key Competencies, 101 Behavioral Indicators and training need analysis associated with competency based framework.

Processes:

Consultation and Validation of Key Roles

In August the technical working group developed three Key Roles: **Care Provider, Educator and Communicator**. These key roles were consulted through online survey with different category of health professionals constituting of Doctors, Nurses, Allied Health and District Health Officers and also the patients and families. The data were collected from the referral hospitals, district hospitals, Basic Health Units and nursing education institutes. An addition of 4th key role **“Nurse Manager”** was added to the existing key roles through the consultation.

Consultation and Validation of Competency Areas, Key Competencies & Behavioral Indicators:

During the 3rd workshops held in August 2018, 11 Competency Areas, 30 Key Competencies and 108 Behavioral Indicators were developed by the team and validated by clinical nurses working under Ministry of Health. 99% of the nurses agreed to the proposed competencies and behavioral indicators.

Validation of Training Need Analysis:

The survey was conducted to collect feedback and comments from the target group on the Training Need Analysis (TNA). The target group includes the Clinical nurses and Sr. Staff nurses with Bachelor Degree. It is expected to identify the training and development needs of clinical nurses so that they can perform their job effectively. A total of 67 Clinical Nurses, including those recruited on contract, from 11 health facilities around the country were consulted. The overall agreement to the proposed TNA was 98%. The summary of training need analysis is reflected in Annexure no 3.

Evaluation of current situation

It has been observed that the following gaps impeded the quality patient care:

- Currently, there is no competency-based framework for healthcare professionals
- No clear training need assessment and implementation for healthcare professionals
- No clear job specification for different proficiency levels of clinical nurses
- Duplication of job performance by all category of nurses
- Existing HR development plans are not aligned with the Knowledge, skills and abilities required for clinical nurses to perform

Therefore, the CBF is a timely and appropriate intervention in order to fill the aforementioned gaps with institution of competency based nursing services for the excellence of service delivery. It ensures a structured approach for the Professional Development of Clinical Nurses across healthcare facilities through a clear road-map to develop capability on the competencies required for the Clinical Nurses at different proficiency level.

KEY CONSIDERATIONS

- Competency-based Framework is a new concept
- Shortage of clinical nurses
- Funding supports for development and implementation of Competency-based Framework
- Alignment with Annual Performance Agreement (APA) and 12th FYP
- Conflicts related to same responsibilities and equal workloads for all nurses irrespective of different category

Recommendations and timeline

| No | Recommendations | Timeline | Responsibilities |
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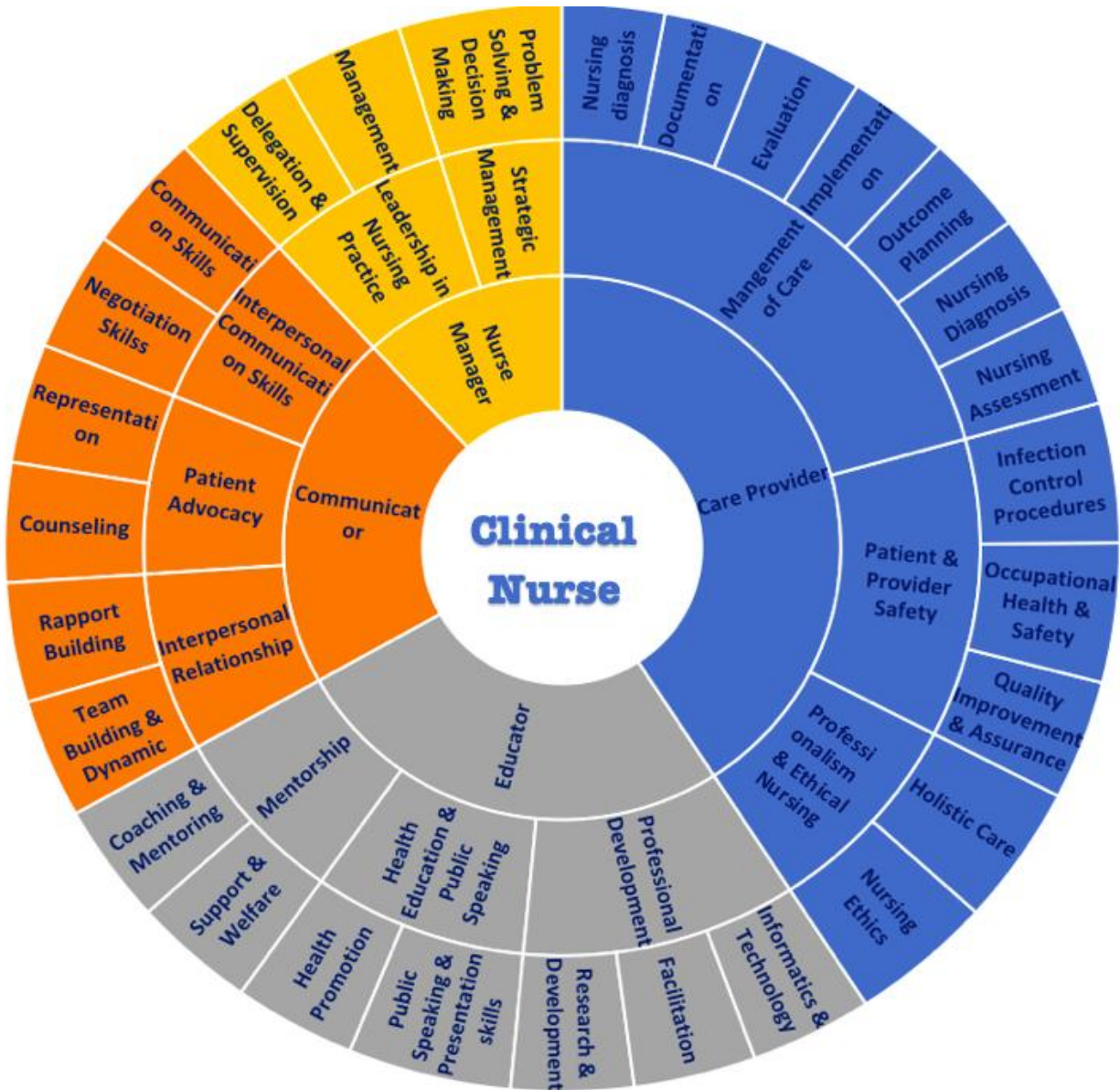
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| 1 | Prioritize Health Occupational Group for development of Competency Based framework | March 2019 | RCSC & Technical Working Group (TWG) members |
| 2 | Roll out the competency-based framework to nurses in a phased manner | May 2019 | HRD and DMS, MoH |
| 3 | Develop Competency-based Framework for selected Occupational Group in Phase wise | May 2019 | HRD and DMS, MoH |
| 4 | Prioritize training plan and put up in Annual Work Plan for implementation | July 2019 | RCSC and MoH |

CONCLUSION

The Ministry of Health envisioned the goal of providing quality healthcare services and competency remains as one of the core values in delivering it. Organizational success depends on clarity of role and capabilities of the employees who are engaged in delivering healthcare goals. Nurses play a pivotal role along with the doctors and other healthcare professionals in providing healthcare services and the quality of the services is directly proportional to their competency.

In view of the above, it is equally important that we collaborate and invest resources in building capacities of the nurses in pursuit of providing quality health services to the nation. Therefore, the approval is sought for implementation of the competency based framework as stated in the recommendation by Technical Working Group members in consultation with relevant divisions of MoH and RCSC.

Annexure I: Competency-based Framework for Clinical Nurses



Annexure II: Detailed CBF

A. Overview

| | |
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| <i>Number of Key Roles identified</i> | 4 |
| <i>Number of Competency Areas identified</i> | 11 |
| <i>Number of Competencies identified</i> | 29 |
| <i>Behavioral Indicators</i> | 101 |

B. Competency Areas, Key Competencies and Behavioral Indicators

| 1. Care Provider | | | |
|-------------------------|------------------------|--|---|
| Sl.No | Competency Area | Competencies | Behavioral Indicators |
| 1 | 1. Management Of Care | <ol style="list-style-type: none"> 1. Nursing Assessment (Subjective & Objective Data) 2. Nursing Diagnosis (Clinical Judgment) 3. Outcome Planning (set achievable & measurable goals) 4. Implementation (care provision) 5. Evaluation (measure effectiveness of care) | <ol style="list-style-type: none"> 1. Effectively perform comprehensive and systematic patient assessment during the admission and length of stay in the hospital 2. Collect assessment findings in a predetermined nursing assessment form in timely manner. 3. Reassess patient at appropriate intervals, at the time of receiving and transferring from one unit to another, before and after the invasive procedures and as per the needs of the patient 4. Use theoretical and empirical knowledge for health assessment and development of nursing care plan 5. Review and modify nursing care plan appropriately based on patient’s needs and when emergency arises |

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| | | | <ol style="list-style-type: none">6. Formulate diagnosis by identifying the actual and potential health problems or life processes of patient or family that can be prevented or resolved by independent and collaborative nursing interventions7. Document diagnosis by following Problem Statement, Etiology and Signs & Symptoms or Defining Characteristics (PES) format.8. Strictly follow the standards for deriving correct diagnosis9. Formulate SMART (Specific, Measurable, Achievable, Realistic and Time-bound) goals and expected outcomes aligned to the assessment findings and right diagnosis.10. Set the priorities using critical thinking to establish the desired outcomes11. Provide individualized patient care to address the needs of patient and family based on the current best practice.12. Provide appropriate care in line with the national standards and protocols.13. Demonstrate current knowledge and skills to provide safe, effective and evidence based nursing care14. Evaluate the nursing care by direct observation, reviewing the plan, reflection and patient satisfaction.15. Determine if the goals or outcomes has been achieved and revise/modify the nursing diagnoses, interventions and the care plan accordingly if not achieved16. Make correct decision about patient's health status to continue and modify the patient care in consultation with interdisciplinary health care team17. Maintain proper documentation which is clearly dated, timed and signed by the assigned nurse.18. Maintain good report (manual or electronic) in compliance with National Health Guidelines and medico-legal requirement19. Clearly record the verbal orders and advices after rectifying with |
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| | | | <p>the prescribers.</p> <p>20. Hand over clearly and correctly written records of nursing care across shifts for continuity of patient care.</p> |
| 2. | 2. Professionalism & Ethical Nursing Practice | <ol style="list-style-type: none"> 1. Nursing ethics (Code of Ethics, code of conducts, regulations) 2. Holistic care (Physical, Mental, Emotional & Social factor) | <ol style="list-style-type: none"> 1. Demonstrate responsibility and accountability for care within scope of practice and level of competence. 2. Keep abreast of national legal, ethical and code of conducts for effective nursing care 3. Respect individual rights, and keep information secure and confidential in accordance with the law, ethical and regulatory frameworks 4. Demonstrate accountability through clear and transparent direction, monitoring and evaluating nursing care 5. Respect the patient and family as a full partner in providing compassionate, coordinated and culturally appropriate care 6. Foster a supportive and conducive environment to care for patient and the family members. 7. Provide care which is inclusive of physical, mental and socio-economic wellbeing the recognizing patient preference, values and needs |
| 3. | 3. Patient & Provider safety Interventions | <ol style="list-style-type: none"> 1. Occupational health and safety 2. Infection Control procedures 3. Quality Improvement & Assurance | <ol style="list-style-type: none"> 1. Maintain clearly defined error prevention, reporting, and addressing mechanisms with proper documentation 2. Facilitate the installation of safety devices in wards and units which are inspected periodically with close consultation with hospital management 3. Maintain equipment functionality records for ensure safety for patient and care-provider 4. Conduct inspection rounds to ensure safety in patient- care areas and non-patient-care areas 5. Strictly comply with infection control and medical waste management guideline and standard operating procedures 6. Effectively manage and ensure availability of required resources |

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| | | | <p>for infection control in the respective wards/health facilities</p> <ol style="list-style-type: none"> 7. Assist in managing the disease outbreaks with other healthcare professionals 8. Actively participate in healthcare associated infection surveillance 9. Seek feedback from a wide range of sources to improve the quality of nursing care 10. Participate in case review activities to evaluate whether the nursing care is appropriate to the patient's health condition 11. Identify key indicators to monitor the structures, processes and outcomes, which are used as tools for continual improvement for nursing care 12. Conduct clinical audits among the nurses on patient care and safety aspects |
| 2. Communicator | | | |
| | <ol style="list-style-type: none"> 1. Interpersonal Communication Skills | <ol style="list-style-type: none"> 1. Communication Skills (verbal communication, non-verbal communication, alternative communication) 2. Negotiation skills (conflict management) | <ol style="list-style-type: none"> 1. Communicate effectively with patients and family in clear, concise and respectful manner to facilitate the provision of care 2. Provide adequate time for discussion to enable better understanding of the conversation with patient and family 3. Appropriately use the full range of communication methods, including verbal, non-verbal and written, to acquire, interpret and record their knowledge and understanding of patients' needs. 4. Establish alternative communication methods for patient who are unable to speak to enable informed choices and shared decision making 5. Use negotiation techniques to achieve best outcomes, respecting the dignity and patient rights 6. Recognize limits of own abilities and qualifications in accepting delegations |

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| | | | <ol style="list-style-type: none"> 7. Recognize moral distress and seek advices for resolution 8. Select and apply appropriate strategies and techniques for conflict resolution and physical intervention in the management of potential violence and aggression |
| | 2. Patient Advocacy | <ol style="list-style-type: none"> 1. Representation (patient choices, support patient decision, liaison) 2. Counseling (Support listening) | <ol style="list-style-type: none"> 1. Engage patients, families and communities in making decisions about their health needs 2. Articulate and represent patients' interests in collaboration with the interdisciplinary team 3. Implement changes in healthcare service in response to patient need and service demand 4. Empower patient towards self-care which will lead to therapeutic consultation, hope and dignity 5. Use appropriate language to context and take account of individual differences, capabilities and needs 6. 2. Use effective counselling techniques to facilitate positive change in patient and family 7. Be aware of cultural backgrounds to acknowledge and explore how culture affects their patient–care provider relationships |
| | 3. Interpersonal Relationship | <ol style="list-style-type: none"> 1. Rapport Building 2. Team Building & Dynamic | <ol style="list-style-type: none"> 1. Effectively build partnerships and therapeutic relationships through safe and non- discriminatory communication 2. Identify partners within and outside the nurse sector that could determine or enhance the success of nursing care 3. Seek clarification from relevant members of the healthcare team regarding the individual’s request to change and/or refuse care 4. Maintain and support respect for an individual/group’s decision through communication with other members of the interdisciplinary healthcare team 5. Collaborate and consult with the other healthcare team members to review and develop plan of nursing care |
| 3. Educator | | | |
| | 1. | 1. Research & | 1. Participate in and contribute to research and projects for |

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| | Professional Development | Development 2. Facilitation (Support in Medical Education) 3. Informatics & Technology | evidence-based practice 2. Facilitate education and professional development of others 3. Promote research culture and apply research-based theory to create best nursing care practice 4. Consistently update and enhance clinical competency periodically in the relevant nursing fields to deliver effective nursing care services 5. Provide conducive environment for nurses to pursue continuous medical education to keep abreast with changing healthcare technology 6. Encourage lifelong learning to improve quality clinical services, and safe and effective patient care through self-assessment 7. Acquire basic understanding of information technology for better application in nursing and health care 8. Acquire additional competencies in advanced clinical skills to deliver safe patient care in response to changing healthcare needs and advancement in technology 9. Use technology based systems to identify and review the nursing practices |
| | 2. Health Education & Promotion | 1. Public Speaking & Presentation skills 2. Health Promotion | 1. Use appropriate language in each and every presentation 2. Enhance one's vocal variety, rate, pitch and intensity to heighten and maintain audience interest 3. Use statistics, facts, examples and stories to support the message of the health education 4. Provide health education to the patient and family about health, well-being, and related issues within a nursing framework 5. Apply principles of learning and teaching in health promotion and education for individuals, groups, and communities 6. Take opportunity to encourage health-promoting behavioral through education, role modeling and effective communication 7. Seek input from academia and practitioner specialists for the |

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| | | | particular health issue |
| | 3. Mentorship | <ol style="list-style-type: none"> 1. Coaching and mentoring (orientation, formal & informal) 2. Support and Welfare (stress management & emotional wellbeing) | <ol style="list-style-type: none"> 1. Proactively pursue self development as per the changing dynamics of the society 2. Exhibit best qualities of leadership in workplace to motivate and encourage the colleagues and subordinates 3. Provide mentorship, preceptorship, teaching, facilitation and professional supervisory skills for nurses and other healthcare workers 4. Create self awareness and recognize how one's own values, principles and assumptions may affect the practice 5. Demonstrates the need to uphold and protect the welfare of patient and family 6. Create an encouraging and supportive environment that is conducive for professional development 7. Promote wellbeing/welfare and safe working environment for nurses and healthcare team members |
| 4. Nurse Manager | | | |
| | 1. Leadership in nursing practice | <ol style="list-style-type: none"> 1. Management (Planning, Finance, & HR) 2. Delegation & Supervision | <ol style="list-style-type: none"> 1. Effectively manage consumables and non- consumables for continuous supply of quality items for daily utilization 2. Effectively plan number and category of nursing professionals to meet the care, treatment and service needs of the patient 3. Contribute to planning and financial processes through use of audit data and specialist knowledge for the improvement of nursing service 4. Identify and plan training needs based on the competency parameters for knowledge and skills up dates 5. Adopt the mechanism for efficient resources utilization and management, including manpower to ensure the quality of care 6. Timely plan and prepare delegation of nursing tasks based on timing of shift and mixed categories of nurses 7. Supervise all nursing staff in the unit(s) to ensure that the duties |

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| | | | <p>are carried out effectively</p> <ol style="list-style-type: none"> 8. Identify and develop staff as part of a succession planning program 9. Apply leadership skills to supervise and manage nurses and contribute to planning, designing, delivering and improving future services |
| | <ol style="list-style-type: none"> 2. Strategic Management (Critical thinking and analysis) | <ol style="list-style-type: none"> 1. Problem solving and Decision making 2. Change Agent (Adopt and facilitate changes) 3. Risk Management & Contingency planning | <ol style="list-style-type: none"> 1. Make sound, timely and rational decisions which are clearly supported by relevant and accurate information to promote quality care 2. Apply principles of crisis management to handle situations as necessary 3. Involve relevant healthcare team members in decision-making process 4. Articulate the theory behind the decision-making processes to ensure high quality care 5. Initiate and engage in dialogue on new initiatives and change processes in nursing and healthcare 6. Act as a change agent for transforming and influencing the behavioral of junior nurses and staff nurses to provide quality care in line with the changing needs of patients 7. Contribute to healthcare policy formulation when working in partnership with other healthcare team members and community sectors 8. Be aware about the hospital emergency contingency plan to contribute to the emergency response 9. Plan and execute hospital emergency contingency plan to make resilient health facilities 10. Plan, organize, supervise, monitor and evaluate workplace health & safety practices with hospital management committee |

C. Proficiency Levels

| Key Role | Competency Area | Key Competencies | Behavioral Indicators | | | | |
|------------------|-----------------------|---|--|-------------------|---------------|-------------|-----------------|
| | | | P4 (Entry) | P3 (Experienced) | P2 (Advanced) | P1 (Expert) | ES (Specialist) |
| A. Care Provider | 1. Management of care | 1. Nursing Assessment (subjective & objective data) | 1. Effectively perform comprehensive and systematic patient assessment during the admission and length of stay in the hospital | | | | |
| | | | 2. Collect assessment findings in a predetermined nursing assessment form in timely manner. | | | | |
| | | | 3. Reassess patient at appropriate intervals, at the time of receiving and transferring from one unit to another, before and after the invasive procedures and as per the needs of the patient | | | | |
| | | | 4. Use theoretical and empirical knowledge for health assessment and development of nursing care plan | | | | |
| | | | 5. Review and modify nursing care plan appropriately based on patient’s needs and when emergency arises | | | | |
| | | 2. Nursing diagnosis (clinical judgement) | 1. Formulate diagnosis by identifying the actual and potential health problems or life processes of patient or family that can be prevented or resolved by independent and collaborative nursing interventions | | | | |
| | | | 2. Document diagnosis by following Problem Statement, Etiology and Signs & Symptoms or Defining Characteristics (PES) format. | | | | |
| | | | 3. Strictly follow the standards for deriving correct diagnosis | | | | |
| | | 3. Outcome Planning (set achievable & measurable goals) | 1. Formulate SMART (Specific, Measurable, Achievable, Realistic and Time-bound) goals and expected outcomes aligned to the assessment findings and right diagnosis | | | | |
| | | | 2. Set the priorities using critical thinking to establish the desired outcomes | | | | |

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| | | 4. Implementation (care provision) | 1. Provide individualized patient care to address the needs of patient and family based on the current best practice. | |
| | | | | 2. Provide appropriate care in line with the national standards and protocols. |
| | | | 3. Demonstrate current knowledge and skills to provide safe, effective and evidence based nursing care | |
| | | 5. Evaluation (measure effectiveness of care) | 1. Evaluate the nursing care by direct observation, reviewing the plan, reflection and patient satisfaction. | |
| | | | | 2. Determine if the goals or outcomes has been achieved and revise/modify the nursing diagnoses, interventions and the care plan accordingly if not achieved |
| | | | 3. Make correct decision about patient's health status to continue and modify the patient care in consultation with interdisciplinary health care team | |
| | | 6. Documentation (patient care) | 1. Maintain proper documentation which is clearly dated, timed and signed by the assigned nurse. | |
| | | | | 2. Maintain good report (manual or electronic) in compliance with National Health Guidelines and medico-legal requirement |
| | | | 3. Clearly record the verbal orders and advices after rectifying with the prescribers. | |
| | 4. Hand over clearly and correctly written records of nursing care across shifts for continuity of patient care. | | | |
| | B. Professionalism & Ethical Nursing Practice | 1. Nursing ethics (Code of Ethics, code of conducts, regulations) | 1. Demonstrate responsibility and accountability for care within scope of practice and level of competence. | |
| | | | 2. Keep abreast of national legal, ethical and code of conducts for effective nursing care | |
| 3. Respect individual rights, and keep information secure and confidential in accordance with the law, ethical and regulatory frameworks | | | | |

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| | | 2. Holistic care (Physical, Mental, Emotional & Social factor) | | 4. Demonstrate accountability through clear and transparent direction, monitoring and evaluating nursing care | |
| | | | 1. Respect the patient and family as a full partner in providing compassionate, coordinated and culturally appropriate care | | |
| | | | 2. Foster a supportive and conducive environment to care for patient and the family members. | | |
| | | | | 3. Provide care which is inclusive of physical, mental and socio-economic wellbeing the recognising patient preference, values and needs | |
| | C. Patient & Provider safety Interventions | 1. Occupational health and safety | | 1. Maintain clearly defined error prevention, reporting, and addressing mechanisms with proper documentation | |
| | | | | 2. Facilitate the installation of safety devices in wards and units which are inspected periodically with close consultation with hospital management | |
| | | | | 3. Maintain equipment functionality records for ensure safety for patient and care-provider | |
| | | | | 4. Conduct inspection rounds to ensure safety in patient-care areas and non-patient-care areas | |
| | | 2. Infection Control procedures | 1. Strictly comply with infection control and medical waste management guideline and standard operating procedures | | |
| | | | | 2. Effectively manage and ensure availability of required resources for infection control in the respective wards/health facilities | |
| 3. Assist in managing the disease outbreaks with other healthcare professionals | | | | | |

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| | | | | 4. Actively participate in healthcare associated infection surveillance | |
| | | 3. Quality Improvement & Assurance | 1. Seek feedback from a wide range of sources to improve the quality of nursing care | | |
| | | | 2. Participate in case review activities to evaluate whether the nursing care is appropriate to the patient's health condition | | |
| | | | | 3. Identify key indicators to monitor the structures, processes and outcomes, which are used as tools for continual improvement for nursing care | |
| | | | | 4. Conduct clinical audits among the nurses on patient care and safety aspects | |
| 2. Communicator | 1. Interpersonal Communication Skills | 1. Communication Skills (verbal communication, non-verbal communication, alternative communication) | 1. Communicate effectively with patients and family in clear, concise and respectful manner to facilitate the provision of care | | |
| | | | 2. Provide adequate time for discussion to enable better understanding of the conversation with patient and family | | |
| | | | | 3. Appropriately use the full range of communication methods, including verbal, non-verbal and written, to acquire, interpret and record their knowledge and understanding of patients' needs. | |
| | | | | 4. Establish alternative communication methods for patient who are unable to speak to enable informed choices and shared decision making | |
| | | 2. Negotiation skills (conflict management) | | 1. Use negotiation techniques to achieve best outcomes, respecting the dignity and patient rights | |
| | | | | 2. Recognize limits of own abilities and qualifications in accepting delegations | |
| | | | | 3. Recognize moral distress and seek advices for resolution | |

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| | | | | 4. Select and apply appropriate strategies and techniques for conflict resolution and physical intervention in the management of potential violence and aggression | |
| 2. Patient Advocacy | 1. Representation (patient choices, support patient decision, liaison) | 1. Engage patients, families and communities in making decisions about their health needs | | | |
| | | 2. Articulate and represent patients' interests in collaboration with the interdisciplinary team | | | |
| | | | 3. Implement changes in healthcare service in response to patient need and service demand | | |
| | | 4. Empower patient towards self-care which will lead to therapeutic consultation, hope and dignity | | | |
| | 2. Counselling (Support listening) | | 1. Use appropriate language to context and take account of individual differences, capabilities and needs | | |
| | | | 2. Use effective counselling techniques to facilitate positive change in patient and family | | |
| 3. Be aware of cultural backgrounds to acknowledge and explore how culture affects their patient-care provider relationships | | | | | |
| 3. Interpersonal Relationship | 1. Rapport Building | | 1. Effectively build partnerships and therapeutic relationships through safe and non-discriminatory communication | | |
| | | | 2. Identify partners within and outside the nurse sector that could determine or enhance the success of nursing care | | |
| | 2. Team Building & Dynamic | 1. Seek clarification from relevant members of the healthcare team regarding the individual's request to change and/or refuse care | | | |
| | | | 2. Maintain and support respect for an individual/group's decision through communication with other members of the interdisciplinary healthcare team | | |

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| | | | | 3. Collaborate and consult with the other healthcare team members to review and develop plan of nursing care |
| 3. Educator | 1. Professional Development | 1. Research & Development | 1. Participate in and contribute to research and projects for evidence-based practice | |
| | | | 2. Facilitate education and professional development of others | |
| | | | | 3. Promote research culture and apply research-based theory to create best nursing care practice |
| | | 2. Facilitation (Support in Medical Education) | 1. Consistently update and enhance clinical competency periodically in the relevant nursing fields to deliver effective nursing care services | |
| | | | | 2. Provide conducive environment for nurses to pursue continuous medical education to keep abreast with changing healthcare technology |
| | | | | 3. Encourage lifelong learning to improve quality clinical services, and safe and effective patient care through self-assessment |
| | | 3. Informatics & Technology | 1. Acquire basic understanding of information technology for better application in nursing and health care | |
| | | | | 2. Acquire additional competencies in advanced clinical skills to deliver safe patient care in response to changing healthcare needs and advancement in technology |
| | | | | 3. Use technology based systems to identify and review the nursing practices |
| | | 2. Health Education & Promotion | 1. Public Speaking & Presentation skills | 1. Use appropriate language in each and every presentation |
| 2. Enhance one's vocal variety, rate, pitch and intensity to heighten and maintain | | | | |

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| | | | audience interest | | | |
| | | | 3. Use statistics, facts, examples and stories to support the message of the health education | | | |
| | | 2. Health Promotion | 1. Provide health education to the patient and family about health, well-being, and related issues within a nursing framework | | | |
| | | | | 2. Apply principles of learning and teaching in health promotion and education for individuals, groups, and communities | | |
| | | | | 3. Take opportunity to encourage health-promoting behavioral through education, role modelling and effective communication | | |
| | | | 4. Seek input from academia and practitioner specialists for the particular health issue | | | |
| | 3. Mentorship | 1. Coaching and mentoring (orientation, formal & in-formal) | 1. Proactively pursue self development as per the changing dynamics of the society | | | |
| | | | | 2. Exhibit best qualities of leadership in workplace to motivate and encourage the colleagues and subordinates | | |
| | | | | 3. Provide mentorship, teaching, facilitation and professional supervisory skills for nurses and other healthcare workers | | |
| | | 2. Support and Welfare (stress management & emotional wellbeing) | 1. Create self awareness and recognise how one's own values, principles and assumptions may affect the practice | | | |
| | | | 2. Demonstrates the need to uphold and protect the welfare of patient and family | | | |
| | | | | 3. Create an encouraging and supportive environment that is conducive for professional development | | |
| | | | | 4. Promote wellbeing/welfare and safe working environment for nurses and | | |

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|-------------------------|-----------------------------------|---|--|---|
| | | | | healthcare team members |
| 4. Nurse Manager | 1. Leadership in nursing practice | 1. Management (Planning, Finance, & HR) | | 1. Effectively manage consumables and non-consumables for continuous supply of quality items for daily utilization |
| | | | | 2. Effectively plan number and category of nursing professionals to meet the care, treatment and service needs of the patient |
| | | | | 3. Contribute to planning and financial processes through use of audit data and specialist knowledge for the improvement of nursing service |
| | | | | 4. Identify and plan training needs based on the competency parameters for knowledge and skills up dates |
| | | | | 5. Adopt the mechanism for efficient resources utilisation and management, including manpower to ensure the quality of care |
| | | 2. Delegation & Supervision | | 1. Timely plan and prepare delegation of nursing tasks based on timing of shift and mixed categories of nurses |
| | | | | 2. Supervise all nursing staff in the unit(s) to ensure that the duties are carried out effectively |
| | | | | 3. Identify and develop staff as part of a succession planning program |

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|---|---|--|--|--|
| | | | | 4. Apply leadership skills to supervise and manage nurses and contribute to planning, designing, delivering and improving future services. |
| 2. Strategic Management (Critical thinking and analysis) | 1. Problem solving and Decision making | | | 1. Make sound, timely and rational decisions which are clearly supported by relevant and accurate information to promote quality care |
| | | | | 2. Apply principles of crisis management to handle situations as necessary |
| | | | | 3. Involve relevant healthcare team members in decision-making process |
| | | | | 4. Articulate the theory behind the decision-making processes to ensure high quality care |
| | 2. Change Agent (Adopt and facilitate changes) | | | 1. Initiate and engage in dialogue on new initiatives and change processes in nursing and healthcare |
| | | | | 2. Act as a change agent for transforming and influencing the behavioral of junior nurses and staff nurses to provide quality care in line with the changing needs of patients |
| | | | | 3. Contribute to healthcare policy formulation when working in partnership with other healthcare team members and community sectors |
| | 3. Risk Management & Contingency planning | | | 1. Be aware about the hospital emergency contingency plan to contribute to the emergency response |
| | | | | 2. Plan and execute hospital emergency contingency plan to make resilient |

| | | | | |
|--|--|--|--|---|
| | | | | health facilities |
| | | | | 3. Plan, organise, supervise, monitor and evaluate workplace health & safety practices with hospital management committee |

D. Training Needs Assessment

| E. 1. Care Provider | | | |
|--|-----------------------------------|---------------------------------|----------------------|
| Competency Area | Key Competencies | Number of Behavioral Indicators | Number of BI for TNA |
| Management of Care | Nursing Assessment | 5 | 2 |
| | Nursing Diagnosis | 4 | 1 |
| | Outcome Planning | 2 | 0 |
| | Implementation | 4 | 1 |
| | Evaluation | 3 | 1 |
| | Documentation | 4 | 1 |
| professionalism and Ethical Nursing | Nursing Ethics | 4 | 1 |
| | Holistic Care | 5 | 1 |
| Patient and Provider safety intervention | Occupational Health and safety | 4 | 2 |
| | Infection control procedures | 4 | 2 |
| | Quality Improvement and assurance | 4 | 2 |
| Sub total | | 43 | 14 |

Out of 43 behavioral indicators for three competency areas of Care Provider, 14 behavioral indicators were identified for training need analysis because of their inadequacy during practice were consulted for validation with the clinical nurses and senior staff nurses of eleven healthcare facilities.

| 2. Communicator | | | |
|------------------------------------|---------------------------|---------------------------------|----------------------|
| Competency Area | Key Competencies | Number of Behavioral Indicators | Number of BI for TNA |
| Interpersonal communication skills | Communication skills | 4 | 4 |
| | Negotiation skills | 5 | 3 |
| Patient advocacy | Representation | 4 | 3 |
| | Counseling | 2 | 0 |
| Interpersonal relationship | Rapport building | 2 | 1 |
| | Team building and Dynamic | 3 | 3 |
| Sub total | | 20 | 14 |

Out of 20 behavioral indicators for three competency areas of Communicator, 14 behavioral indicators were identified for training need analysis because of their inadequacy during practice were consulted for validation with the clinical nurses and senior staff nurses of eleven healthcare facilities.

| 3. Educator | | | |
|--------------------------------|---|--|-----------------------------|
| Competency Area | Key Competencies | Number of Behavioral Indicators | Number of BI for TNA |
| Professional Development | Research and Development | 3 | 2 |
| | Facilitation | 3 | 1 |
| | Informatics and Technology | 3 | 1 |
| Health Education and Promotion | Public Speaking and Presentation Skills | 3 | 2 |
| | Knowledge content | 2 | 1 |
| | Health Promotion | 4 | 2 |
| Mentorship | Coaching and mentoring | 3 | 3 |
| | Support and welfare | 4 | 3 |
| Sub total | | 25 | 15 |

Out of 25 behavioral indicators for three competency areas of Educator, 15 behavioral indicators were identified for training need analysis because of their inadequacy during practice were consulted for validation with the clinical nurses and senior staff nurses of eleven healthcare facilities.

| 4. Nurse Manager | | | |
|--------------------------------|-------------------------------------|--|-----------------------------|
| Competency Area | Key Competencies | Number of Behavioral Indicators | Number of BI for TNA |
| Leadership in Nursing practice | Management | 6 | 4 |
| | Delegation and supervision | 4 | 2 |
| Strategic Management | Problem solving and decision making | 5 | 2 |
| | Change agent | 2 | 2 |

| | | | |
|------------------|--|-----------|-----------|
| | Risk management and contingency planning | 3 | 3 |
| Sub total | | 20 | 13 |

Out of 20 behavioral indicators for two competency areas of Nurse Manager, 13 behavioral indicators were identified for training need analysis because of their inadequacy during practice were consulted for validation with the clinical nurses and senior staff nurses of eleven healthcare facilities.

| Key Role | Competency Area | Key Competencies | Number of Behavioral Indicators | Number of BI for TNA |
|----------|-----------------|------------------|---------------------------------|----------------------|
| 4 | 11 | 29 | 104 | 60 |

Overall, for four Key Roles, 11 Competency Areas were developed and 29 Key Competencies were identified for each competency area. Total of 104 Behavioral Indicators were developed and validated for 29 key competencies. 60 not adequately practiced Behavioral Indicators were identified for training need analysis.

A. Current Performance Gaps

| Key Role | Competency Area | Key Competencies | Behavioral Indicators | Current Performances (Adequate(A)/Not Adequate(NA)) | | | | | Learning Objectives |
|------------------|-----------------------|---|--|---|----|----|----|--|---|
| | | | | P4 | P3 | P2 | P1 | ES | |
| A. Care Provider | 1. Management of care | 1. Nursing Assessment (subjective & objective data) | 1. Effectively perform comprehensive and systematic patient assessment during the admission and length of stay in the hospital | A | A | A | A | A | |
| | | | 2. Collect assessment findings in a predetermined nursing assessment form in timely manner. | A | A | A | A | A | |
| | | | 3. Reassess patient at appropriate intervals, at the time of receiving and transferring from one unit to another, before and after the invasive procedures and as per the needs of the patient | | NA | A | A | A | - Comply and practise a SOP by P3 nurses for the reassessment of patients during the movement of patient(s) from one unit to another, and before and after the invasive procedures |
| | | | 4. Use theoretical and empirical knowledge for health assessment and development of nursing care process | | | | A | A | |
| | | | 5. Review and modify nursing care plan appropriately based | | | NA | A | - P1 nurses are able to review and modify nursing care plan | |

| | | | | | | | | |
|--|--|--|--|---|---|----|---|---|
| | | | on patient's needs and when emergency arises | | | | | appropriately based on patients's condition |
| | | 2. Nursing diagnosis (clinical judgement) | 1. Formulate diagnosis by identifying the actual and potential health problems or life processes of patient or family that can be prevented or resolved by independent and collaborative nursing interventions | A | A | A | A | A |
| | | | 2. Document diagnosis by following Problem Statement, Etiology and Signs & Symptoms or Defining Characteristics (PES) format. | | A | A | A | A |
| | | | 3. Strictly follow the standards for deriving correct diagnosis | | | NA | A | A |
| | | 3. Outcome Planning (set achievable & measurable goals) | 1. Formulate SMART (Specific, Measurable, Achievable, Realistic and Time-bound) goals and expected outcomes aligned to the assessment findings and right diagnosis | A | A | A | A | A |
| | | | 2. Set the priorities using critical thinking to establish the desired outcomes | | | A | A | A |
| | | 4. Implementation (care provision) | 1. Provide individualized patient care to address the needs of patient and family based on the current best | A | A | A | A | A |

| | | | | | | | | | |
|--|--|--|--|---|----|----|---|---|--|
| | | | practice. | | | | | | |
| | | | 2. Provide appropriate care in line with the national standards and protocols. | | NA | A | A | A | To provide appropriate care in line with the national standards and protocols by P3 nurses |
| | | | 3. Demonstrate current knowledge and skills to provide safe, effective and evidence based nursing care | | | | A | A | |
| | | 5. Evaluation (measure effectiveness of care) | 1. Evaluate the nursing care by direct observation, reviewing the plan, reflection and patient satisfaction. | A | A | A | A | A | |
| | | | 2. Determine if the goals or outcomes has been achieved and revise/modify the nursing diagnoses, interventions and the care plan accordingly if not achieved | | | A | A | A | |
| | | | 3. Make correct decision about patient's health status to continue and modify the patient care in consultation with interdisciplinary health care team | | | NA | A | A | P2 nurses are able to make correct decision about patient's health status in consultation with interdisciplinary health care team |
| | | 6. Documentation (patient care) | 1. Maintain proper documentation which is clearly dated, timed and signed by the assigned nurse. | A | A | A | A | A | |

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|--|--|---|--|----|----|---|---|---|---|
| | | | 2. Maintain good report (manual or electronic) in compliance with National Health Guidelines and medico-legal requirement | | NA | A | A | A | P3 nurses are able to maintain good report (manual or electronic) in compliance with National Health Guidelines and medico-legal requirement |
| | | | 3. Clearly record the verbal orders and advices after rectifying with the prescribers. | A | A | A | A | A | |
| | | | 4. Hand over clearly and correctly written records of nursing care across shifts for continuity of patient care. | A | A | A | A | A | |
| | | | | | | | | | |
| | B. Professionalism & Ethical Nursing Practice | 1. Nursing ethics (Code of Ethics, code of conducts, regulations) | 1. Demonstrate responsibility and accountability for care within scope of practice and level of competence. | A | A | A | A | A | |
| | | | 2. Keep abreast of national legal, ethical and code of conducts for effective nursing care | NA | NA | A | A | A | P4 and P3 nurses are able to keep abreast of national legal, ethical and code of conducts for effective nursing care |
| | | | 3. Respect individual rights, and keep information secure and confidential in accordance with the law, ethical and regulatory frameworks | A | A | A | A | A | |
| | | | 4. Demonstrate accountability through clear and transparent direction, monitoring and evaluating nursing care | | | A | A | A | |

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|--|---|---|---|----|----|----|----|----|---|
| | | 2. Holistic care (Physical, Mental, Emotional & Social factor) | 1. Respect the patient and family as a full partner in providing compassionate, coordinated and culturally appropriate care | A | A | A | A | A | |
| | | | 2. Foster a supportive and conducive environment to care for patient and the family members. | A | A | A | A | A | |
| | | | 3. Provide care which is inclusive of physical, mental and socio-economic wellbeing the recognising patient preference, values and needs | | NA | A | A | A | P3 nurses are able to provide care which is inclusive of physical, mental and socio-economic wellbeing, recognising patient preference, values and needs |
| | C. Patient & Provider safety Interventions | 1. Occupational health and Patient safety | 1. Maintain clearly defined error prevention, reporting, and addressing mechanisms with proper documentation | NA | NA | NA | NA | NA | P2 nurses are competent to maintain clearly defined error prevention, reporting, and addressing mechanisms with proper documentation |
| | | | 2. Facilitate the installation of safety devices in wards and units which are inspected periodically with close consultation with hospital management | | | NA | NA | NA | P2, P1 and ES nurses are able to facilitate the installation of safety devices in wards and units in close consultation with hospital management |
| | | | 3. Maintain equipment functionality records for ensure safety for patient and care-provider | | | | A | A | |

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|--|--|--|--|---|---|----|---|---|----|---|---|
| | | | 4. Conduct inspection rounds to ensure safety in patient-care areas and non-patient-care areas | | | | | | A | | |
| | | | 2. Infection Control procedures | 1. Strictly comply with infection control and medical waste management guideline and standard operating procedures | A | A | A | A | A | | |
| | | | | 2. Effectively manage and ensure availability of required resources for infection control in the respective wards/health facilities | | | | | NA | A | P1 nurses are effectively able to manage and ensure availability of required resources for infection control in the respective wards/health facilities |
| | | | | 3. Assist in managing the disease outbreaks with other healthcare professionals | A | A | A | A | A | | |
| | | | | 4. Actively participate in healthcare associated infection surveillance | | NA | A | A | A | | P2 nurses are actively participate in healthcare associated infection surveillance |
| | | | | 1. Seek feedback from a wide range of sources to improve the quality of nursing care | A | A | A | A | A | | |
| | | | 3. Quality Improvement & Assurance | 2. Participate in case review activities to evaluate whether the nursing care is appropriate to the patient's health condition | A | A | A | A | A | | |
| | | | | 3. Identify key indicators to | | | | | A | A | |

| | | | | | | | | | |
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| | | | monitor the structures, processes and outcomes, which are used as tools for continual improvement for nursing care | | | | | | |
| | | | 4. Conduct clinical audits among the nurses on patient care and safety aspects | | | NA | A | P1 nurses are able to conduct clinical audits on patient care and safety aspects | |
| 2. Communicator | 1. Interpersonal Communication Skills | 1. Communication Skills (verbal communication, non-verbal communication, alternative communication) | 1. Communicate effectively with patients and family in clear, concise and respectful manner to facilitate the provision of care | NA | NA | NA | NA | A | P4, P3, P2 and P1 nurses effectively communicate with patients and family in clear, concise and respectful manner to facilitate the provision of care |
| | | | 2. Provide adequate time for discussion to enable better understanding of the conversation with patient and family | NA | NA | NA | NA | NA | The nurses are able to provide adequate time for discussion to enable better understanding of the conversation with patient and family |
| | | | 3. Appropriately use the full range of communication methods, including verbal, non-verbal and written, to acquire, interpret and record their knowledge and understanding of patients' needs. | | NA | NA | NA | NA | P3, P2, P1 and ES nurses are able to appropriately use the full range of communication methods to acquire, interpret and record their knowledge and understanding of patients' needs. |
| | | | 4. Establish alternative communication methods for patient who are unable to | | | NA | NA | NA | P2, P1 and ES nurse are competent to establish alternative communication |

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|--|----------------------------|---|--|----|----|----|----|---|---|
| | | | speaking to enable informed choices and shared decision making | | | | | methods for patient who are unable to speak to enable informed choices and shared decision making | |
| | | 2. Negotiation skills (conflict management) | 1. Use negotiation techniques to achieve best outcomes, respecting the dignity and patient rights | | NA | A | A | A | P3 nurses are able to use negotiation techniques to achieve best outcomes, respecting the dignity and patient rights |
| | | | 2. Recognize limits of own abilities and qualifications in accepting delegations | | NA | A | A | A | P3 nurses are in position to recognize limits of own abilities and qualifications in accepting delegations |
| | | | 3. Recognize moral distress and seek advices for resolution | | A | A | A | A | |
| | | | 4. Select and apply appropriate strategies and techniques for conflict resolution and physical intervention in the management of potential violence and aggression | | | NA | NA | NA | P2, P1 and ES nurses are able to select and apply appropriate strategies and techniques for conflict resolution and physical intervention in the management of potential violence and aggression |
| | 2. Patient Advocacy | 1. Representation (patient choices, support patient decision, liaison) | 1. Engage patients, families and communities in making decisions about their health needs | A | A | A | A | A | |
| | | | 2. Articulate and represent patients' interests in collaboration with the interdisciplinary team | NA | NA | NA | NA | A | Articulate and represent patients' interests in collaboration with the interdisciplinary team by P4, |

| | | | | | | | | | |
|--|--------------------------------------|---|--|----|----|----|----|--------------------------|---|
| | | | | | | | | P3, and P2 nurses | |
| | | | 3. Implement changes in healthcare service in response to patient need and service demand | | | NA | NA | NA | P2, P1 and ES nurses are able to implement changes in healthcare service in response to patient need and service demand |
| | | | 4. Empower patient towards self-care which will lead to therapeutic consultation, hope and dignity | NA | NA | NA | NA | NA | The nurses empower patient towards self-care leading to therapeutic consultation, hope and dignity |
| | | 2. Counseling (Support listening) | 1. Use appropriate language to context and take account of individual differences, capabilities and needs | | A | A | A | A | |
| | | | 2. Use effective counselling techniques to facilitate positive change in patient and family | | | | A | A | |
| | | | 3. Be aware of cultural backgrounds to acknowledge and explore how culture affects their patient-care provider relationships | A | A | A | A | A | |
| | 3. Interpersonal Relationship | 1. Rapport Building | 1. Effectively build partnerships and therapeutic relationships through safe and non-discriminatory communication | | | NA | A | A | P1 nurses are able to effectively build partnerships and therapeutic relationships through safe and non-discriminatory communication |
| | | | 2. Identify partners within and | | | | A | A | |

| | | | | | | | | | |
|--------------------|------------------------------------|---------------------------------------|--|----|----|----|----|----|---|
| | | | outside the nurse sector that could determine or enhance the success of nursing care | | | | | | |
| | | 2. Team Building & Dynamic | 1. Seek clarification from relevant members of the healthcare team regarding the individual's request to change and/or refuse care | NA | NA | A | A | A | P4 and P3 nurses are able to seek clarification from relevant members of the healthcare team regarding the individual's request to change and/or refuse care |
| | | | 2. Maintain and support respect for an individual/group's decision through communication with other members of the interdisciplinary healthcare team | | | NA | A | A | P2 nurses are able to maintain and support individual/group's decision through communication with other members of the interdisciplinary healthcare team |
| | | | 3. Collaborate and consult with the other healthcare team members to review and develop plan of nursing care | | | | NA | A | P1 nurses are able to collaborate and consult with the other healthcare team members to review and develop plan of nursing care |
| 3. Educator | 1. Professional Development | 1. Research & Development | 1. Participate in and contribute to research and projects for evidence-based practice | A | A | A | A | A | |
| | | | 2. Facilitate education and professional development of others | NA | NA | NA | NA | NA | The nurses are competent to facilitate education and professional development of others |
| | | | 3. Promote research culture and apply research-based theory to create best nursing | | | | A | A | Promote research culture and apply research-based theory to create best nursing care |

| | | | | | | | | |
|--|--|---|--|---|----|----|----|---|
| | | | care practice | | | | | practice |
| | | 2. Facilitation (Support in Medical Education) | 1. Consistently update and enhance clinical competency periodically in the relevant nursing fields to deliver effective nursing care services | | NA | NA | NA | A |
| | | | 2. Provide conducive environment for nurses to pursue continuous medical education to keep abreast with changing healthcare technology | | | NA | A | P1 nurses provide conducive environment to pursue continuous medical education to keep abreast with changing healthcare technology |
| | | | 3. Encourage lifelong learning to improve quality clinical services, and safe and effective patient care through self-assessment | | | | A | A |
| | | 3. Informatics & Technology | 1. Acquire basic understanding of information technology for better application in nursing and health care | A | A | A | A | A |
| | | | 2. Acquire additional competencies in advanced clinical skills to deliver safe patient care in response to changing healthcare needs and advancement in technology | | NA | A | A | A |

| | | | | | | | | | |
|--|--|---|---|----|----|----|----|----|---|
| | | | 3. Use technology based systems to identify and review the nursing practices | | | NA | NA | NA | |
| | 2. Health Education & Promotion | 1. Public Speaking & Presentation skills | 1. Use appropriate language in each and every presentation | NA | A | A | A | A | P4 nurses are able to use appropriate language in each and every presentation |
| | | | 2. Enhance one's vocal variety, rate, pitch and intensity to heighten and maintain audience interest | NA | NA | NA | A | A | P4, P3 and P2 nurses is competent to enhance one's vocal variety, rate, pitch and intensity to heighten and maintain audience interest |
| | | | 3. Use statistics, facts, examples and stories to support the message of the health education | A | A | A | A | A | |
| | | 2. Health Promotion | 1. Provide health education to the patient and family about health, well-being, and related issues within a nursing framework | A | A | A | A | A | |
| | | | 2. Apply principles of learning and teaching in health promotion and education for individuals, groups, and communities | | NA | NA | A | A | Apply principles of learning and teaching in health promotion and education for individuals, groups, and communities by P3 and P2 nurses |
| | | | 3. Take opportunity to encourage health-promoting behaviour through education, role modelling and effective communication | | | NA | A | A | P2 nurses are able to take opportunity to encourage health-promoting behaviour through education, role modelling and effective |

| | | | | | | | | | | |
|--|----------------------|--|--|--|----|----|----|----|---------------|--|
| | | | | | | | | | communication | |
| | | | | 4. Seek input from academia and practitioner specialists for the particular health issue | | | | A | A | |
| | 3. Mentorship | | 1. Coaching and mentoring (orientation, formal & in-formal) | 1. Proactively pursue self development as per the changing dynamics of the society | NA | NA | NA | NA | A | P4, P3, P2 and P1 nurses proactively pursue self development as per the changing dynamics of the society |
| | | | | 2. Exhibit best qualities of leadership in workplace to motivate and encourage the colleagues and subordinates | | | NA | NA | NA | P2, P1 and ES nurses exhibit best qualities of leadership in workplace to motivate and encourage the colleagues and subordinates |
| | | | | 3. Provide mentorship, preceptorship, teaching, facilitation and professional supervisory skills for nurses and other healthcare workers | | | | NA | A | P1 nurses are provide mentorship, preceptorship, teaching, facilitation and professional supervisory skills for nurses and other healthcare workers |
| | | | 2. Support and Welfare (stress managment & emotional wellbeing) | 1. Create self awareness and recognise how ones own values, principles and assumptions may affect the practice | NA | A | A | A | A | P4 nurses can create self awareness and recognise how ones own values, principles and assumptions may affect the practice |
| | | | | 2. Demonstrates the need to uphold and protect the welfare of patient and family | NA | NA | A | A | A | P4,P3&P2 nurses demonstrate the need to uphold and protect the welfare of patient and family |

| | | | | | | | | |
|-------------------------|---|---|---|--|----|----|--|--|
| | | | 3. Create an encouraging and supportive environment that is conducive for professional development | | NA | A | A | P2 nurses are able to create an encouraging and supportive environment that is conducive for development through shared vision |
| | | | 4. Promote wellbeing/welfare and safe working environment for nurses and healthcare team members | | | NA | NA | |
| 4. Nurse Manager | | 1. Management (Planning, Finance, & HR) | 1. Effectively manage consumables and non-consumables for continuous supply of quality items for daily utilization | | NA | NA | NA | P2, P1 and ES Nurses can effectively manage consumables and non-consumables for continuous supply of quality items for daily utilization |
| | | | 2. Effectively plan number and category of nursing professionals to meet the care, treatment and service needs of the patient | | | NA | NA | P1 and ES Nurses can effectively plan number and category of nursing professionals to meet the care, treatment and service needs of the patient |
| | 3. Contribute to planning and financial processes through use of audit data and specialist knowledge for the improvement of nursing service | | | | NA | NA | P1 and ES Nurses can contribute to planning and financial processes through use of audit data and specialist knowledge for the improvement of nursing service | |
| | 4. Identify and plan training needs based on the competency parameters for | | | | | NA | ES Nurse are able Identify and plan training needs based on the competency parameters | |
| | 1. Leadership in nursing practice | | | | | | | |

| | | | | | | | | | |
|--|--|---|--|---|----|----|--|---|--|
| | | | knowledge and skills up dates | | | | for knowledge and skill up dates | | |
| | | | 5. Adopt the mechanism for efficient resources utilisation and management, including manpower to ensure the quality of care | | | NA | Adopt the mechanism for efficient resources utilisation and management, including manpower to ensure the quality of care by ES Nurses | | |
| | | 2. Delegation & Supervision | 1. Timely plan and prepare delegation of nursing tasks based on timing of shift and mixed categories of nurses | | NA | A | A | P2 Nurse can plan and prepare delegation of nursing tasks based on timing of shift and mixed categories of nurses | |
| | | | 2. Supervise all nursing staff in the unit(s) to ensure that the duties are carried out effectively | | | A | A | | |
| | | | 3. Identify and develop staff as part of a succession planning program | | | A | A | | |
| | | | 4. Apply leadership skills to supervise and manage nurses and contribute to planning, designing, delivering and improving future services. | | | | NA | ES Nurses can apply leadership skills to supervise and manage nurses and contribute to planning, designing, delivering and improving future services | |
| | | 2. Strategic Management (Critical thinking and analysis) | 1. Problem solving and Decision making | 1. Make sound, timely and rational decisions which are clearly supported by relevant and accurate information to promote quality care | | A | A | A | |

| | | | | | | | | | |
|--|--|--|--|----|----|----|----|--|--|
| | | | 2. Apply principles of crisis management to handle situations as necessary | | NA | A | A | P2 Nurses are competent in applying principles of crisis management to handle situations as necessary | |
| | | | 3. Involve relevant healthcare team members in decision-making process | | | A | A | | |
| | | | 4. Articulate the theory behind the decision-making processes to ensure high quality care | | | | A | | |
| | | | | | | | | | |
| | | 2. Change Agent (Adopt and facilitate changes) | 1. Initiate and engage in dialogue on new initiatives and change processes in nursing and healthcare | | NA | A | A | A | P3 Nurse are capable of initiating and engaging in dialogue on new initiatives and change processes in nursing and healthcare |
| | | | 2. Act as a change agent for transforming and influencing the behavior of junior nurses and staff nurses to provide quality care in line with the changing needs of patients | | | NA | NA | NA | P2, P1 and ES Nurses to demonstrate and promote transformation and influence the behavior of junior nurses and staff nurses to provide quality care in line with the changing needs of patients |
| | | | 3. Contribute to healthcare policy formulation when working in partnership with other healthcare team members and community sectors | | | | NA | NA | P1 and ES Nurses can contribute to healthcare policy formulation when working in partnership with other healthcare team members and community sectors |
| | | 3. Risk Management & | 1. Be aware about the hospital emergency contingency plan | NA | NA | A | A | A | P4 and P3 nurses are aware about the hospital emergency |

| | | | | | | | | |
|--|--|-----------------------------|---|--|--|----|----|---|
| | | Contingency planning | to contribute to the emergency response | | | | | contingency plan to contribute to the emergency response |
| | | | 2. Plan and excute hospital emergency contingency plan to make resilient health facilities | | | NA | NA | P1 and ES Nurses are able to plan and excute hospital emergency contingency plan to make resilient health facilities |
| | | | 3. Plan, organise, supervise, monitor and evaluate workplace health & safety practices with hospital management committee | | | NA | NA | P1 and ES Nurses are able to plan, organise, supervise, monitor and evaluate workplace health & safety practices with hospital management committee |

B. List of Mandatory Competency Development Programs

| Mandatory Training List | | | |
|--|-----------------------|-----------------------------|--------------------------|
| Method of Intervention: Formal Classroom Training (In-country/Ex-country) | | | |
| Priority | Target Group | Training Description | Training Provider |
| 1 | P4-P3 Clinical nurses | Critical care | Ex-country |
| 2 | P4-P3 Clinical nurses | Dialysis | FNPH, KGUMSB |
| 3 | P4-P3 Clinical nurses | Intensive Care | FNPH, KGUMSB |
| 4 | P4-P3 Clinical nurses | Emergency and Trauma | Ex-country |
| 5 | P4-P3 Clinical nurses | Peri- Operative | FNPH, KGUMSB |
| 6 | P4-P3 Clinical nurses | Nurse Anesthesia | Ex-country |
| 7 | P4-P2 Clinical nurses | Palliative Care | Ex-country |
| 8 | P4-P3 Clinical nurses | Emergency Obstetrics Care | FNPH, KGUMSB |
| 9 | P4-P3 Clinical nurses | Wound management | Ex-country |
| 10 | P4-P2 Clinical nurses | Oncology Care | Ex-country |
| 11 | P4-P2 Clinical nurses | Pain Management | Ex-country |

| | | | |
|----|------------------------|---|--|
| 12 | P4-P3 Clinical nurses | Continue Medical Education on Nursing Care (Effective use & Care of Medical Devices, Enteral & Parenteral Feeding Care, Fluid Management, Blood & Blood Product Transfusion, Air way clearance and Oxygen Therapy, Pressure Ulcer Prevention & Management) | Referral Hospitals and Phuntsholing Hospital |
| 13 | P4-P2 Clinical nurses | Workshop on Implementation of Patient Safety | Ex-country |
| 14 | P4-P1 Clinical nurses | Workshop on Applied Best Practice Principals on Patient Safety | Ex-country |
| 15 | P4-P2 Clinical nurses | Training on Implementation of Infection Control | Ex-country |
| 16 | P3-P1 Clinical nurses | Training on Applied Best Practice Principals on Infection Control | Ex-country |
| 17 | P4-P2 CN/Focal persons | Training on best practices on Medical Waste Management | Ex-country |
| 18 | P4-P2 Clinical nurses | Training on Quality Implementation and Assurance | Ex-country |
| 19 | P3-P1 Clinical nurses | Training on Applied Best Practice Principals on Quality Implementation and Assurance | Ex-country |
| 20 | P4-P2 Clinical nurses | Workshop/Seminar/Case studies on nursing | Ex-country |
| 21 | P4-P1 Clinical nurses | Workshop on Implementation of Occupational Health Safety | Ex-country |
| 22 | P3-P1 Clinical nurses | Workshop on Applied Best Practice Principals on Occupational Health Safety | Ex-country |

| 23 | P4-P1 Clinical nurses | Training on counseling and patient representation | Ex-country |
|--|-----------------------|--|--------------------------|
| 24 | P4-P1 Clinical nurses | Workshop on Health education and promotion | Ex-country |
| 25 | P2-ES Clinical nurses | Coaching & Mentoring Programme (Mentors to be trained) | Ex-country |
| 27 | P4-P1 Clinical nurses | Training on the risk management and contingency plan development | Ex-country |
| 28 | P4-P2 Clinical nurses | Training on the basic operational research methodology | KGUMSB |
| 29 | P3-ES Clinical nurses | Training on applied research methodology and biostatistics | KGUMSB |
| 30 | P2-ES Clinical nurses | Development of Standard Operating Procedures (SOPs) on Nursing Care | Ex-country |
| 31 | P4-ES Clinical nurses | Training on effective communication (negotiation skills in clinical settings, Problem solving and decision making) | In-country |
| 32 | P2-ES Clinical nurses | Training on Management in healthcare setting (HR, Planning, finance, logistics and supply chain management) | In-country |
| Sub-total | | | |
| Method of Intervention: On the Job Training | | | |
| Priority | Target Group | Training Description | Training Provider |
| 1 | P4-P2 Clinical nurses | Training on Implementation of Nursing Care Process | Referral Hospitals |

| Sub-total | | | |
|--|---------------------|--|--------------------------|
| Grand Total | | | |
| Method of Intervention: Pre-Service Training after selection into civil service | | | |
| Priority | Target Group | Training Description | Training Provider |
| 1 | P4 | Training on effective communication (negotiation skills in clinical settings, Problem silving and decision making) | In-country |
| 2 | P4 | Training on Management in healthcare setting (HR, Planning, finance, logistics and supply chain management) | In-country |

C. Costing for Competency Development Programs to be conducted in 2019

| Mandatory Training List (2019-2020) | | | | | |
|--|-----------------------|-------------------------------|-----------------------------|--------------------------|--------------------------------|
| Method of Intervention: Formal Classroom Training (In-country/Ex-country) | | | | | |
| Priority | Target Group | Number of Participants | Training Description | Training Provider | Estimated cost (In USD) |
| 1 | P4-P3 Clinical nurses | 5 | Critical care | Ex-country | 14600 |
| 2 | P4-P3 Clinical nurses | 5 | Dialysis | FNPH, KGUMSB | 12100 |
| 3 | P4-P3 Clinical nurses | 5 | Intensive Care | FNPH, KGUMSB | 12100 |
| 4 | P4-P3 Clinical nurses | 5 | Emergency and Trauma | Ex-country | 3100 |
| 5 | P4-P3 Clinical nurses | 5 | Peri- Operative | FNPH, KGUMSB | 12100 |
| 6 | P4-P3 Clinical nurses | 5 | Nurse Anesthesia | Ex-country | 87250 |
| 7 | P4-P2 Clinical nurses | 5 | Palliative Care | Ex-country | 39250 |
| 8 | P4-P3 Clinical nurses | 5 | Emergency Obstetrics Care | FNPH, KGUMSB | 39250 |
| 9 | P4-P3 Clinical nurses | 5 | Wound management | Ex-country | 25500 |
| 10 | P4-P2 Clinical nurses | 5 | Oncology Care | Ex-country | 25500 |
| 11 | P4-P2 Clinical nurses | 5 | Pain Management | Ex-country | 25500 |

| | | | | | |
|----|------------------------|----|---|--|-------|
| 12 | P4-P3 Clinical nurses | 50 | Continue Medical Education on Nursing Care (Effective use & Care of Medical Devices, Enteral & Parenteral Feeding Care, Fluid Management, Blood & Blood Product Transfusion, Air way clearance and Oxygen Therapy, Pressure Ulcer Prevention & Management) | Referral Hospitals and Phuntsholing Hospital | 17285 |
| 13 | P4-P2 Clinical nurses | 10 | Workshop on Implementation of Patient Safety | Ex-country | 24300 |
| 14 | P4-P1 Clinical nurses | 10 | Workshop on Applied Best Practice Principals on Patient Safety | Ex-country | 12150 |
| 15 | P4-P2 Clinical nurses | 10 | Training on Implementation of Infection Control | Ex-country | 24300 |
| 16 | P3-P1 Clinical nurses | 10 | Training on Applied Best Practice Principals on Infection Control | Ex-country | 12150 |
| 17 | P4-P2 CN/Focal persons | 15 | Training on best practices on Medical Waste Management | Ex-country | 33450 |
| 18 | P4-P2 Clinical nurses | 10 | Training on Quality Implementation and Assurance | Ex-country | 24300 |
| 19 | P3-P1 Clinical nurses | 10 | Training on Applied Best Practice Principals on Quality Implementation and Assurance | Ex-country | 12150 |
| 20 | P4-P2 Clinical nurses | 10 | Workshop/Seminar/Case studies on nursing | Ex-country | 24300 |
| 21 | P4-P1 Clinical nurses | 10 | Workshop on Implementation of Occupational Health Safety | Ex-country | 24300 |
| 22 | P3-P1 Clinical nurses | 10 | Workshop on Applied Best Practice Principals on | Ex-country | 12150 |

| | | | | | |
|--|-----------------------|----|--|------------|---------------|
| | | | Occupational Health Safety | | |
| 23 | P4-P1 Clinical nurses | 15 | Training on counseling and patient representation | Ex-country | 36450 |
| 24 | P4-P1 Clinical nurses | 15 | Workshop on Health education and promotion | Ex-country | 36450 |
| 25 | P2-ES Clinical nurses | 10 | Coaching & Mentoring Programme (Mentors to be trained) | Ex-country | 24300 |
| 27 | P4-P1 Clinical nurses | 15 | Training on the risk management and contingency plan development | Ex-country | 36450 |
| 28 | P4-P2 Clinical nurses | 10 | Training on the basic operational research methodology | KGUMSB | 5520 |
| 29 | P3-ES Clinical nurses | 10 | Training on applied research methodology and biostatistics | KGUMSB | 2760 |
| 30 | P2-ES Clinical nurses | 10 | Development of Standard Operating Procedures (SOPs) on Nursing Care | Ex-country | 24300 |
| 31 | P4-ES Clinical nurses | 15 | Training on effective communication (negotiation skills in clinical settings, Problem solving and decision making) | In-country | 7035 |
| 32 | P2-ES Clinical nurses | 10 | Training on Management in healthcare setting (HR, Planning, finance, logistics and supply chain management) | In-country | 6857 |
| Sub-total | | | | | 697207 |
| Method of Intervention: On the Job Training | | | | | |

| Priority | Target Group | Number of Participants | Training Description | Training Provider | Estimated cost |
|--|-----------------------|------------------------|--|--------------------|----------------|
| 1 | P4-P2 Clinical nurses | 30 | Training on Implementation of Nursing Care Process | Referral Hospitals | 7928 |
| Sub-total | | | | | 7928 |
| Grand Total (in USD) | | | | | 705135 |
| Method of Intervention: Pre-Service Training after selection into civil service | | | | | |
| Priority | Target Group | Number of Participants | Training Description | Training Provider | Estimated cost |
| 1 | P4 | | Training on effective communication (negotiation skills in clinical settings, Problem silving and decision making) | In-country | - |
| 2 | P4 | | Training on Management in healthcare setting (HR, Planning, finance, logistics and supply chain management) | In-country | - |