Nursing Template
Introduction

Nursing is the first health care regulated group and practical discipline included in the Tuning project. It is an occupation known by the action verb 'nursing' rather than by a traditional neutral noun (Agan, 1987). Nursing is a person - based occupation, generally acknowledged to be both an art and science, drawing on knowledge and techniques derived from its own knowledge base, traditions, the established sciences and humanities. Nursing activity varies across Europe in relation to the role of nurses in society, the organisation of the health and welfare systems, the legal authority and accountability afforded to nurses and the national resources of the labour market and economy.

The programmes designed to enable general nurses to practise in the discipline are subject to two European Directives relating to the qualifications of 'nurses responsible for general care'. These are Sectoral Directive 77/453/EEC of 27 June 1977 and Directive 89/595/EEC of 10 October 1989 summarised in (conselg 1977L0453 dated 31/7/2001). Other specialities in nursing are not subject to these specific, Sectoral Directives but are covered by the General Systems Directive (89/48/EEC of 21 Dec. 1988). Internationally, many countries have achieved- or are aspiring to attain- first cycle equivalence, frequently referred to as 'graduate' status for nursing at registration[1] level. The Sectoral Directive does not specify academic attainment. The location of higher education nursing programmes varies from polytechnics, university colleges, universities or a mixture of the three. Following registration, many countries report limited opportunities for continuing education and specifically post graduate activity. In countries where registration is not accompanied by a higher education qualification, nurses seek academic and/or professional study at first cycle level (e.g. Germany). The development of the profession is such that post graduate/second cycle studies are often undertaken in disciplines other than nursing or through 'foreign' countries until the post graduate centres in nursing are established.

Within the professional /academic literature there is an extensive and established corpus of work concerning both the nature of nursing, nursing competence, nursing pedagogy, clinical learning and decision making, and the struggles for professionalisation within a group that is predominantly female in many countries. Nursing is historically often managed from Health rather than Education Ministries until Higher Education qualifications are associated with registration. At this point, there is usually a protocol which determines the nature of the collaboration between the two Ministries. The line 1 paper provides some illustrative European definitions of the nature of nursing to guide the non specialist reader; it also provides an overview of contemporary nursing issues. For the purposes of this template, the nurse discussed in these papers is the one defined in the International Labour Organisation's guide (ILO, 1977) as the first level, professional nurse. This nurse is someone who has the education and training 'recognised as necessary for assuming highly complex and responsible functions and authorised to perform them'. For the purposes of the Tuning project, it is the professional, first level nurse who is operating at first cycle level.

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[1] For the purposes of this paper, the term 'registration' is used to denote the nurse who is deemed to have achieved the national qualification which complies with the General Nursing Directive. In some countries, the term 'license to practise' may be used. The student nurse in this context is the one undergoing a course of study to achieve this qualification

Typical Degree Profiles and occupations

Table 1.

Level (first or second cycle/ undergraduate or graduate studies)	Sub discipline / Field of specialization	Category / Group of professions	List of professions related to specialization / category	Profile of the programme of studies (short description)	Most relevant subject-specific competences (for profile)	Most relevant generic competences (for profile)
1. First cycle / undergraduate level	Courses leading to EU recognised qualification for the general nurse Some countries have specialities like paediatric, psychiatry, learning disability etc	Registered nurse according to country tradition in governmental, voluntary and private sectors. Access to other occupations in health and social care. Access other person centred occupations (air stewards, service industries)		Fulfils requirements for EU General Directive 3 years or 4600 hours. Specified content of theoretical and clinical instruction	All relevant., but less emphasis on leadership, management and administration of health services and research skils	Application of knowledge to practice Ethical committment
2. First cycle / undergraduate level	Course for 'registered' nurses to gain a first cycle degree: All of the above plus. Specialist clinical nursing subjects-wide variety Leadership/management/admini stration Education Public health	Registered nurse according to country tradition in governmental, voluntary and private sectors. Access to other occupations in health and social care. Access to other person centred occupations (air stewards, service industries)		• Leadership, management and administration of health services • Clinical nursing specialities with or without practice competences • General nursing studies • Research methods in health. • Nurse education		
3. First cycle / undergraduate level						
Etc.						
1. Second cycle / graduate level	Clinical speciality or nursing studies	Teacher or lecturer of nurses Nurse specialist.	Focus on clinical knowledge, decision making and/or theory and practice of nursing Ethics in health care			Analysis, problem solving Research or evidence based skills Self reflection ethics
2. Second cycle / graduate level	Leadership/management or administration focus	Nurse or health services manager	Focus on leadership and management Finance and economics			
3 Second cycle / graduate level	Education focus	Teacher or lecturer of nurses	Clinical and/or theoretical teaching		Interpersonal skills Learning theory Subject knowledge	
4 Second cycle / graduate level	Research methods	Research career in nursing. Academic career.	Academic career or based in health services for research or audit.		Research methods Ethics and governance	
Etc.						

As Table **1** indicates, the representation of nursing within the Tuning project reflects the various stages of development and socio cultural influences of contemporary European

nursing. The country profiles (Appendix **1)** reveal the diversity and in some cases paucity of opportunities for nurse education. Students entering the profession who undertake first cycle degrees do so in the associated Faculty and predominantly study nursing itself. Broadly speaking academic qualifications at first cycle or second cycle for registered nurses fall into five categories representing the typical career routes of nurses:

- Leadership, management and administration of health services
- Clinical nursing specialities
- General nursing studies
- Research methods in health.
- Nurse education

Some of these courses are also assessed in practice.

In addition, nurses undertake a range of interprofessional/multidisciplinary courses for example health education, medicine or social care, studies in rehabilitation, nutrition, public health, counselling. In some countries, specialisation occurs as vocational training rather than university/higher education. In contrast, others are now developing 'consultant nurses' at professional and /or doctoral (third cycle level). An eight hundred page report[2] was produced by the European Commission in 2000 analysing Specialist Nurses in Europe (XV/98/09/E). The main obstacles to mobility were identified and particular reference was made to 'the direct entry of nurses with a limited sphere of training'.

Role of subject area in other degree programmes.

Given the statutory nature of the academic and professional programmes associated with nursing, the subject area itself rarely contributes to other degree programmes. This is not to say that there may not be shared learning and teaching with other health /social care disciplines and professions. For example, there may be joint programmes to develop individuals as nurses and social workers. Similarly, nurses may undertake units of their programme with other disciplines, (e.g. pharmacology, ethics, research, sociology or psychology of health), but the 'pure' nursing units are rarely undertaken as part of other degree programmes. Interprofessional learning at first cycle pre-registration level is increasing where competences are held in common with other health/social care students.

Learning outcomes and

Level descriptors for nursing

It is acknowledged that the qualifications at First, Second or Third cycle levels may be in Nursing Practice, Nursing Studies, Nursing Science or Humanities according to local custom. This is usually related to where the nursing department is situated in the higher education institution, for example independently, in medical, humanities or science Faculties. For the purposes of clarity, the use of the term 'nursing' alone is reserved here for programmes where there are practice based competences as a requirement of the programme award. This has not been completed as yet for the second and third cycle levels. To distinguish this type of degree from others, the term nursing science will be used

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2 (http://europa.eu.int/comm/internal_market/en/qualifications/nursesintro.htm)

interchangeably with the term nursing studies. The use of the word 'science' is not meant to convey a commitment to a positivist model for nursing.

It is recognised that in some countries there are two types of doctoral studies in nursing. The first is the traditional empirical/theoretical based doctorate. The second is the 'professional or clinical' doctorate. The latter is emerging in nursing as nurses have more academic and professional opportunities to become more specialist and can lead and advance practice managing a user case load.

These following descriptors have been designed cognizant of the Dublin descriptors www.jointquality.org. and other national frameworks where they were applicable. *These descriptors should be considered as working ideas subject to further consultation.*

Cycle Level Descriptors

First cycle level descriptors
Work in progress
Competency profile for the qualification with registration
A Bachelor in Nursing / Nursing Science will have achieved specified competences acquired during a development-based study programme located in an academic environment with research affiliation. The programme will include relevant mandatory theoretical and practical components agreed in dialogue with stakeholders and competent authorities. The graduate should possess basic knowledge of, and insight into, the central disciplines and methodologies used in the nursing profession. These attributes should qualify the graduate to carry out vocational functions and to act independently within the area targeted by the study programme. The graduate should be equipped to undertake further work/practice based learning and, where appropriate, for further study in a relevant professional area, second or third cycle programme.
Competency goals
A Bachelor in Nursing / Nursing science is able to: *Intellectual competences:* • describe, formulate and communicate profession –related issues and options for taking action • analyse profession-oriented issues theoretically and consider them in practice • structure own learning *Professional and academic competences* • apply and evaluate different methodologies relevant to nursing • demonstrate insight into central theories, methodologies and concepts within the nursing profession • document, analyse and evaluate the various types of nursing practice • utilize research and development to develop evidence-based nursing and nursing activities *Practical competences* • demonstrate proficiency in the practical nursing competences/ skills required for the registration or licence (see list of first cycle competences) • make and justify decisions based on his or her own nursing experience • show personal integrity and act within the framework of nursing ethics

- demonstrate ability and willingness to function in a multidisciplinary setting
- participate and conduct development work / projects relevant to the nursing profession

Formal aspects

Admittance requirements:
University requirements or equivalent (includes aptitude for person based discipline and ethical commitment)

Length: 180 - 240 ECTS credits (we recommend that future programmes should include a minimum of 90 credits designated for the practical competence and that the programme length should be at least 210-240[3])

Further education options: Second cycle /Master programmes.
Professional theoretical and practical programmes.
Development as leader/manager, clinical specialist, educator or researcher

Second cycle level descriptors   *Work in progress*
Competency profile for the qualification without practical   A Master in Nursing Science/Studies will have achieved competences that have been acquired via a course of nursing studies situated in a research environment context. The graduate is qualified for employment in the labour market on the basis of his or her academic discipline (nursing science), professional competence (nursing) as well as for further research (doctoral studies).   When compared to a first cycle graduate in nursing / nursing science, the second cycle graduate will have developed his or her academic knowledge and independence so as to be able to apply scientific theory and method on an independent basis within both an academic and professional context.   Where the candidate is studying for a second cycle degree in clinical nursing/with practice competences then the person will be able to perform advanced and/or specialist nursing.

Competency goals

In addition to the competences described for the first cycle/Bachelor's degree, a second cycle/Masters in Nursing / Nursing Science graduate is able to:

Intellectual competences
- Communicate complex professional and academic issues in nursing and nursing science to both specialists and lay people in an clear and unambiguous manner
- Formulate and analyse complex scholarly issues in nursing and nursing science independently, systematically and critically specialisation
- Continue own competency development and specialisation in a manner that may be largely self-directed or autonomous

Professional and academic
- Evaluate the appropriateness of various methods of analysis and complex issues in nursing and nursing science from an academic and advanced professional nursing perspective

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[3] We consider that nursing constitutes a special case (see ECTS users guide, August 2004)

- Demonstrate:
  - specialist understanding in extension of the Bachelor degree
  - a broader academic perspective for his or her Bachelor degree
  - new academic competences in addition to his or her Bachelor degree
- Demonstrate comprehensive understanding of research work in nursing science and therefore be capable of being active in a research context
- Demonstrate practical insight into the implications of research in a practice based profession (research ethics and governance).

Practical competences
- Make and justify decisions reflecting on social and ethical responsibilities as well nursing and nursing science issues and if necessary carry out analysis that results in an adequate basis for decision- making
- Comprehend development work based on scholarly, theoretical and / or experimental methods in nursing and nursing science

The specific subject clinical/practical for the Master in Nursing (Practice) are to be developed. They currently vary from one country to another and reflect institutional options. Comments are particularly welcomed.

Formal aspects

Admittance requirements: Selected first cycle degree programmes with a satisfactory performance or professional equivalent (for professional practice programmes this includes aptitude for person based discipline and ethical commitment).

Length: 90 or 120 ECTS (we recommend that future programmes that focus on advanced/specialist practice should assign designated credits for the practical competence and that the programme length in this case should be at least 120 ECTS)
Further education options: Doctoral programmes or specialist nursing.

See Background papers 1 and 2

Third cycle level descriptors
Work in progress

It is recognised that in some countries there are two types of doctoral studies in nursing. The first is the traditional empirical/theoretical based doctorate. The second is the 'professional or clinical' doctorate. The latter is emerging in nursing as nurses have more academic and professional opportunities to become more specialist and can lead and advance practice managing a user case load.

Competency profile

A doctoral studies graduate in nursing science will have achieved competences that have been acquired through a course of nursing studies that has been based on empirical work that included original research conducted on an independent basis. Within an international context, the graduate is able to conduct research, development and teaching tasks at academic, health care settings and other organisations where a

broad and detailed knowledge of research in nursing science is required. Their research will have been based on an appropriate research method in, or applied to, nursing and thus yields a research effort that equals the international standard for doctoral studies.

A clinically focussed doctorate graduate will have conducted empirical work that is work/practice focussed and will have gained increased in work based functions. ***In Tuning 3, further work will be conducted on these competences and the profile associated with this doctorate.***

Competency goals

In addition to the competences described for the second cycle, a third cycle nursing graduate is able to:

Intellectual competences
- Communicate, and defend, a substantive, contemporary and detailed knowledge of a specific area of nursing both orally and in writing
- formulate and structure a long-duration, continuous research project on an independent basis

A 'professional 'doctorate graduate would be able to:
- Communicate, and defend, a substantive, contemporary and detailed knowledge of a specific area of nursing practice both orally and in writing to with peers, the larger scholarly community and with society in general
- Lead, formulate and structure a long-duration, continuous work based project.
- Achieve designated advanced related to their work based function

Professional and academic
- Conduct nursing research on an international level and in an international context
- Initiate, formulate, structure, lead and evaluate the appropriateness of nursing science methods for research projects on an independent basis
- demonstrate specialist nursing science understanding of cutting-edge theories and methods in nursing at an international level
- display responsibility in relation to own research (research ethics)

A 'professional' doctorate graduate is able to:
- Conduct nursing projects in their field fully aware of the international application and relevance of the project.
- evaluate the appropriateness of nursing science methods for clinically based projects on an independent basis
- demonstrate and promote specialist nursing knowledge and practice derived from cutting-edge theories and methods in nursing. This knowledge should be adapted for the social and cultural context of practice.
- display ethical responsibility in relation to own research /work based practice (research and practical ethics)

Practical competences
- plan and maintain academic and professional responsibility for complex tasks based on scientific nursing theories and / or skills and methods of research
- make decisions supported by complex documentation/*clinical evidence*
- Critically analyse, evaluate and synthesise new and complex information that

is relevant for professional/clinical practice, society and policy development • develop innovative approaches to nursing practice that are patient/client centred In addition those undertaking professional doctorates would have enhanced related to their work based function. ***The specific subject clinical/practical for the 'Professional Doctorate' in Nursing Practice are to be developed. Comments are welcomed.***
Formal aspects   *Admittance requirements*:   Selected second cycle degree programmes with satisfactory performance or professional equivalence. (For professional doctorate and practical competences, this includes aptitude for person based discipline and ethical commitment). **Length:**   180 ECTS- 240* ECTS to include professional competences where this is an option. In some countries the length of the programme has not been specified in terms of credits. *Further education options:* No degree-conferring further education options Membership of learned societies and professional associations See Background papers 1 and 2

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Learning outcome summary

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Generic

The most distinguishing, but not surprising, feature of the generic academic is the marked first preference for the capacity to apply knowledge to practice as being the most important competence. The remaining competences were clustered in six groups with interchangeable ranking within the group. The second group comprised ethical commitment and the skills of analysis, synthesis, problem solving and interpersonal skills. The third group predominantly comprised skills relating to the capacities to learn, reflect, adapt and make decisions in an interdisciplinary context. The least important competence was knowledge of a second language, while skills associated with leadership, management; research and enterprise were found in the fifth and sixth groups. Not withstanding these differences, the lowest score ranking was 2.9 for three competences, while all the rest were over 3, that is to stay the majority of the competences were rated as being at least 'considerably' important.

Second cycle
Generic
With respect to the second cycle, each competence gained in importance from the first cycle. The most marked differences were in the fifth and sixth groupings, namely leadership, management, research where they have an increased importance at second cycle. Once again, these are not surprising findings and reflect the natural career progression of a registered nurse.

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Specific

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First cycle

It is important to note that the mean scores for the importance of each of these is at least 2.6 (minimum range at 2.3), with 33 being ranked 3 or over. This indicates consensus and agreement concerning the developed and outlined in paper 1. Those rated below 3 were once again those associated with policy, leadership, evaluation, fiscal matters, research, supervision and the assessment of risk. These are all competences that one would **not** expect a student to be experiencing with any degree of autonomy. Indeed, ethically and professionally it would not be appropriate for them to do so. Following feedback received after the survey, an additional competence has been added to address the specific research skills required for the modern nurse. The Spanish case study is consistent with these findings.

Second cycle:

The mean responses were all within the range of 3.5 or above indicating that each competence was considered very important for professional practice and its study. While the highest ranking competence at 3.9 demonstrated the importance of self reflection, accountability and continuous learning (no 6), the top 8 scores were associated with the professional role of the nurse, leadership and management and problem solving. Differences between first and second cycle reflect the career progression of nurses.

Differences between first and second cycle rankings reflect the nature of professional practice and its study. In some areas an acquired competence would be expected to be sustained (e.g. health and safety, medications), in others its importance would gain significance (leadership, management, research, communication) and in others the development would be incremental (nursing practice, decision making, knowledge).

Given the tendency for agreement within these results, there would appear to be a degree of consensus as to the appropriate competences at first and second level for a degree associated with registration and its subsequent development. Country differences did not appear significant, tending to reflect cultural differences and the developmental stage of nursing within that country (for example knowledge of a second language and the ordering of research skills). Further work is now required to refine these competences as a consequence of stakeholder consultation.

Consultation with stakeholders

Associated with the original EU Directive, An Advisory Committee on Training in Nursing was initiated although it has since been stood down (see 77/454/EEC). The Standing Committee on Nursing (**www.pcnweb.org**) meets as a mutual space and has position statements on Bologna, it has recently changed its name to The European Federation of Nurses Associations. . When the Tuning project was launched, there were few common platforms to address the Directives and stakeholder involvement. This is an ambitious but necessary undertaking if the Tuning work is to have practical outcomes. Pan European Activity has been emerging recently, for example in April 2004, the Chief Nursing Officers convened under the Irish Presidency and there is an emergent network of European Nurse Regulators (www.fepi.org).

Stakeholder engagement is the subject of ongoing work and will continue in Phase 3. The Tuning members have been appropriately consulting within their own countries according to the national cultural and political traditions and are now communicating with non Tuning groups. Possible stakeholders to be engaged include:

- Other Higher Education institutions in countries not represented by the Tuning membership
- Chief Nursing Officers – or their equivalent- of the Member states, and through them the relevant Health Ministries and employers
- The competent authorities
- The professional associations and trade unions significantly representing nurses
- Student associations
- Service users where possible

Appendix XXX summarises the current situation. There is ongoing collaborative dialogue with the thematic network for nursing who are working in synergy with us.

Workload and ECTS

As the Line 1 paper discusses, the EU Directives although subject to national interpretation by the relevant 'competent authority', comprise a list of syllabus content and prescribed hours for clinical and theoretical instruction. This prescription is that the registration programme must be of at least 3 years or 4600 hours. ECTS, combined with the Tuning methodology, would be a good vehicle through which some of the historical anomalies may be addressed. This will facilitate a competence based framework with greater flexibility in an interprofessional and trans-professional health and social care environment. The knowledge and skills required by 21st Century nurses is more extensive in an era of gene therapy, technology, complex health and social care needs, rising consumer expectations and increased mobility of populations. The practical nature and employment demands of the discipline require distinct and different level descriptors for practice.

The Directives contributed to a minimum standard of programme content and length with a wide diversity in nursing courses both academically and professionally across the European Area. For example, the minimum academic level specified by the competent authority reveals first cycle programmes with registration (Ireland, Spain, Wales, Scotland); a programme equivalent to two thirds of a first cycle programme (England), and fifty per cent (Malta); countries in transition from minimal higher education association to first cycle (Slovak Republic) and situations where nurses acquire their professional training at secondary school level with **no** higher education qualifications with registration (Germany[4]). In some countries, academic nursing is embryonic and often under the control of medical or humanities Faculties. Box 1 (hyperlink here) gives a case study example from Finland that demonstrates a mixed model of nurse education. A contrasting example comes from the UK where, to respond to an increasing graduate workforce, a two year programme at post graduate level with registration has emerged for individuals with a related first cycle degree. Appendix 1 provides professional profiles of the Tuning member countries.

	Nursing programmes with	Nursing Programme that

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[4] The first registration with first cycle programme commenced at the Evangelische Fachhochschule, Berlin 4/10/2004.

	registration or practice competences *Suggested* ECTS range	excludes assessment of practice competences *Suggested* ECTS range
First cycle	180 minimum 210-240 suggested	180
Second cycle	90 minimum 120 suggested	90
Third cycle • **'Professional' doctorate**	180 minimum 210-240 suggested	
• **Traditional doctorate**		180 minimum

Learning, teaching and assessment

The Line 1 paper offers more detailed examples of the characteristic features of learning, teaching and assessment in nursing. Some illustrative good practice examples used to develop the nursing competences are outlined in Appendix XXX with an indication of the range and diversity of pedagogies used in nurse education found in Table Y.

The notion of *differentiation* is crucial to nursing to enable development, progression and achievement of safe, intelligent practise in the world of patients and their families/loved ones. This is why we argue for a sub first cycle level descriptor. Many typologies of learning do not accord value to the role of apprenticeship, craft knowledge and skill acquisition that are often fundamental to learning in a person - based practice. Through our analysis of nursing in our representative 13 countries, we considered that while there is a place for a variety of learning and teaching models in nurse education, these are used in different proportions according to the resources available and the developmental stage of the learner (see Line 4 paper). Traditional models still have an important place in teaching/learning nursing for novices, or at the early stage of a more complex competence acquisition. These methods are relevant to the development of safe practice, for example learning lifting and handling of patients and the ability to carry out procedures safely. Craft knowledge is often passed on from person to person, and it is appropriate to do so in workplaces where role modelling and coaching develop practises ahead of the evidence base. This applies to both novices and experts.

When human and material resources become available, there is an increase in small group work and technology assisted teaching/learning. This includes the use of reflective and critical approaches to learning together with the use of informatics that support web based and work place learning. Practical skills are often developed through observation of practice, demonstrations, simulations, role play and exposure and engagement in clinical experiences. However, many countries reported the challenges encountered during clinical placements with student supervision and the quality of patient care. When available, resources are now being allocated to support learners in practice, to prepare students for practice through clinically based wards, clinical skills laboratories and through the use of simulations or virtual practice.

The way that curricula are developed is not only cultural, but in nursing reflects the stage of nursing within that country and where it is situated and controlled. Historically, there is tendency for nursing to initially reflect a biomedical model before emerging its own models and theories of practice, as the model changes so do the pedagogies and assessment

strategies. Curriculum expression reflects also the curriculum design, resources available and teacher/student capabilities. Assessment strategies in nursing at first cycle with registration need to address both theoretical and practical based. Diverse strategies are used to reflect the assessment of knowledge, skills, attributes and professional values. In the interests of public safety, each programme will identify core components that must be passed in order to achieve the necessary licence/registration to practice.

An example of learning, teaching and assessing strategies to achieve a nursing competence relevant to the subject area

Competence to be achieved at the end of the course. *What does this competence mean for students?*	Potential learning outcomes (LO) found in units/modules during the course to achieve the competence. Placed in order of increasing complexity. (Ability to...)	Possible learning and teaching strategies/ methods/ pedagogies. *How are students helped to acquire this competence?*	How do you assess whether, or to what degree they have achieved this competence (progression)? *How do students know whether, or to what degree they have achieved this competence and if not why they have not achieved it?*
Ability to practise within the context of professional, ethical, regulatory and legal codes, recognising and responding to moral/ethical dilemmas and issues in day to day practice. **Awareness of the different roles, responsibilities and functions of a nurse.** *The student can fully realise what it means to be a registered nurse, the duties, responsibilities and practises that are associated with this role within the health care team and society.*	Demonstrate an understanding of nursing as a subject/science and as a profession Explain and demonstrate the legal and ethical responsibilities of a registered nurse and other health care workers Apply knowledge of the relevant Acts to the patients' legal rights. Apply knowledge of the relevant Acts and policies to the patient as a citizen and their rights and duties in financial and social matters. Explain and practise according to the legal and ethical codex for nurses. Updates knowledge in this field. Awareness of the intentions in general legislation as it applies to the nursing context.	Lectures to introduce the topic. Guided reading of ethical concepts and application, codes of practice. Videos and analyse of critical incidents. Discussions and debates focused in practice examples: professional/ ethical dilemmas in practise. Role plays and simulation exercises. Group work. Presenting in plenary sessions. Supervised practical experience in different health and social care settings. Increasing responsibility in practice.	This competence would be assessed throughout the course both theoretically and practically. It is common to have specific assessment criteria related to this competence. Persistent failure to achieve this competence is usually serious. This competence would be assessed directly and also indirectly through inferences made in others. It covers several generic competences for example ethical commitment. Feedback from academic assessments would guide the student towards their theoretical understanding and application to practise. The style of theoretical assessments would be scrutinised for evidence of understanding and applying these. Feedback from practical assessments would indicate level of achievement (often through portfolios, structured assessments and clinical reports from practising nurses).

Quality enhancement

Quality enhancement in nursing addresses theoretical and clinical, practical or work based learning whose purpose is to enable the student to meet the aims, outcomes and of the curriculum. The current situation relating to the roles and respective accountability for the quality of the clinical learning environment are outlined in appendix **X**. This table demonstrates the complex stakeholder involvements in student learning in practice and the role of competent authorities. In some countries, there are now requirements for after registration with the development of advanced, specialist nurse practitioners.

There is significant evidence to confirm that quality in the clinical learning environment is related to how students are treated (humanistic or not), team spirit, leadership and management style of the senior clinician and available support for teaching and learning. Audits of clinical learning environments may be undertaken by the educational provider, regulatory bodies or quality assurance agencies. In these situations it is typical for the following items to be considered:

- Number, experience, qualifications and mix of clinical staff
- Motivation of staff
- Research or evidence base of clinical practice
- Patient/staff ratios
- Relationship between educationalists and clinicians
- Philosophy of nursing care
- Learning opportunities and supervision
- Development of staff
- Quality of patient care

These elements augment the previously identified issues within the TUNING methodology for quality enhancement and can be applied to other similar work based learning programmes. They also indicate the dilemma faced by Higher Education Institutions who may have limited control over the clinical environment where their students are placed. The involvement of stakeholders in quality enhancement is therefore crucial. This is achieved through partnership and finance arrangements, staff development, audit, action plans, and feedback from students, external agencies and academic staff.