MINISTRY OF HEALTH
PROJECT FOR STRENGTHENING CLINICAL TRAINING SYSTEM
FOR NEW GRADUATE NURSES IN VIETNAM

CURRICULUM OF CLINICAL TRAINING FOR NEW NURSES
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INTRODUCTION

According to the Law on Medical Examination and Treatment No. 40/2009/QH12 dated November 23, 2009 and the Decree No. 109/2016/ND-CP dated July 1, 2016, which regulate issuance of practical certificate for healthcare practitioners and operational certificate for medical examination and treatment facilities, 9 months practicing at a medical examination and treatment facility for new graduated nurses is required to apply practical certificate of nurse. However, current legal documents have not specified training program, materials, implementation, teaching and evaluation method before issuance of practical certificate.

The Project for strengthening clinical training system for new graduate nurses, hereafter as JICA Nursing Education project, aims to enhance healthcare quality in Vietnam through nationwide scaling-up clinical training system for new nurses. Japan International Cooperation Agency (JICA) provides both technical and financial assistance. Ministry of Health’s leader assigned the Administration of Science Technology and Training to act as implementing agency. Bach Mai Hospital, Saint Paul Hospital in Hanoi together with Dien Bien, Vinh Phuc, Binh Dinh and Dong Nai province are selected as pilot sites from 2016 to 2020.

The clinical training program and materials for new graduate nurses including 04 modules that developed by JICA Nursing Education project in coordinated with local and international experts, management officers, lecturers and Vietnam Nurses Association. After a series of revisions through collecting training result in pilot provinces, the material set has approved by Appraisal Committee under Ministry of Health (MoH).

Administration of Science Technology and Training, Ministry of Health would like to highly appreciate the leader of MoH, effective support from JICA especially Japanese experts work in Vietnam; extend thankful to Editing board and all concerned people for contributing efforts in material set development; last but not least, warmest thanks to our colleagues.

Sincerely thanks!

DIRECTOR
ADMINISTRATION OF SCIENCE TECHNOLOGY AND TRAINING

Dr. Pham Van Tac
PREFACE

Nurse plays an important role in the people’s health care and there are many specialties in nursing and education levels from intermediate, college, university to postgraduate. In Vietnam, there are more than 30,000 new graduated nurses each year from different levels of intermediate, college and university. According to the Law on Medical Examination and Treatment No. 40/2009/QH12 dated November 23, 2009 and the Decree No. 109/2016/ND-CP dated July 1, 2016, which regulate issuance of practical certificate for healthcare practitioners and operational certificate for medical examination and treatment facilities, 9 months practicing at a medical examination and treatment facility for new graduated nurses is required to apply practical certificate of nurse. These training materials were developed to facilitate the implementation of clinical training in health facility to meet these legal documents and to ensure the quality of the training.

The materials consisted of: (1) Curriculum of clinical training for new nurses; (2) Textbook of clinical training for new nurses (Vol.1&2); (3) Training curriculum and materials for preceptors in clinical training for new nurses; (4) Guideline on management and implementation of clinical training for new nurses.

Each book aims to improve necessary nursing competencies at different level because nursing manager’s competencies on planning, monitoring and evaluation of training and preceptors’ competencies on teaching, supporting and evaluation of trainees are crucial to implement clinical training for new nurse. The training materials could also support all related people who involved in clinical training implementation including Department of Health who manage the training program, nursing professional association and educational institution to support this training and the role of each are clarified in the Guideline. Furthermore, we updated and relating to regulation and expertise, together with application of learning through case-studies reflected theory and practical contents.

We, the members of edition team, do hope that these material as a set could facilitate all stakeholder involved clinical training to enhance necessary capacities to implement the clinical training so that standardized and qualified training can be provided for new nurses to obtain basic competency for nurses in Vietnam.

Lastly, the editing team would express our gratitude to the efforts, contributions and leaderships of the Administration of Science, Technology and Training - Ministry of Health, JICA Nursing Education Project, local and international experts, teachers/lecturers of nursing educational institutions, leaders of provincial Department of Health/Hospital, Head Nurses of provincial Department of Health/Hospitals involved this activities, members of Appraisal Committee of MOH to fulfill this material set.

Thank you very much!

ON BEHALF OF EDITION TEAM

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Project Chief Advisor
(Signed)

EDITION TEAM LEADER

Pham Duc Muc
President of Vietnam Nurses Association
(Signed)
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<th>Description</th>
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<tr>
<td>MOH</td>
<td>Ministry of Health</td>
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<td>DOH</td>
<td>Department of Health</td>
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<tr>
<td>ASTT</td>
<td>Administration of Science Technology and Training</td>
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<td>JICA</td>
<td>Japan International Cooperation Agency</td>
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1. GENERAL INTRODUCTION OF THE TRAINING

The Law on Examination and Treatment No.40/2009/QH12 dated November 23, 2009 stipulated new graduated nurses must have 9 months clinical practice (Article 24). Decree No. 109/2016/ND-CP dated July 1, 2016 guided on granting medical practice license and operation license for medical examination and treatment facilities that have stipulated the practice implementation (Article 16). However, the current legal documents do not have specific regulations on clinical training program, materials and examination, evaluation methods before granting practical certificate.

Regarding the health statistic data, Vietnam has more than 30,000 new nurses annually with intermediate, college and university levels. The examination and treatment facilities involve in clinical training for new nurses have not had standardized training curriculum and materials, not enough trained preceptors and not set up the system of management, monitoring and evaluation of clinical training quality.

Therefore, Ministry of Health (MOH) cooperated with the Japan International Cooperation Agency (JICA) to implement the Project for “Strengthening clinical training system for new graduated nurses”. The Project has developed the first version of training materials in April 2017. After the trial term in 5 provinces and cities, had collected widely opinions to revise in line with Vietnamese context.

The revised materials including 4 books: Curriculum of clinical training for new nurses, Curriculum and materials for preceptor training, Theory and practical training materials for new nurses, Guideline on training implementation and management for new nurses.

Training Curriculum for new nurses has been compiled under the regulations of the Circular 22/2013/TT-BYT guiding continuous training for medical officials combine with training experience for new graduated nurses of Japan and ASEAN region. Target users are examination and treatment facilities involve in new nurse training, training managers, preceptors and new nurses. The content of curriculum including 30 lessons (thesis) are designed to focus on patient care practice, basic nursing technique practice, patient safety, communication skill and professional ethics.

It is required for trainee after 9-month clinical training to acquire the basic Vietnam nurse’s competency standards (competency standards) expressed as the following outcomes:

1. To provide evidence-based fundamental nursing skills in nursing care.
2. To provide nursing care based on the principles of patient safety and infection control.
3. To provide effective and proper communication, team working, health education to patients and families.
4. To engage in quality improvement and effective resource management.
5. To provide nursing care complying with related regulations and professional ethics.
2. CURRICULUM OBJECTIVES

2.1. Overall objective

After the training, new nurses achieve necessary competency standards of Vietnam nurses and be able to practice caring for the patient actively, safety and effectively at the health care facilities.

2.2. Specific objectives

Knowledge

1. Explain the steps of the nursing process (Competency standard: 4, 6)
2. Present the regulations on management, operation, maintenance and utilization of patient care resources (Competency standard: 18)
3. Identify situations applying standard precaution in patient care (Competency standard 20)
4. Identify risk behaviors and solutions to ensure patient safety related to nursing activities (Competency standard 20)
5. Identify proper health consultation, education needs of the patient and family (Competency standards 11, 12, 13, 14)
6. Present relevant legal document, regulations to nursing activities in the hospital (Competency standard 24, 25)

Skills

1. Apply nursing process and evidence-based practice in patient care (identifying patient and determining proper caring issues; making care plan, implementing plan and proper assessing patient) (Competency standard: 2; 3; 4; 5; 6; 10; 11; 15; 16; 17; 18; 20; 21; 22)
2. Implement basic nursing techniques to the patient ensuring safety and effectiveness (Competency standard: 4; 5; 6; 7; 11; 13; 14; 15; 16; 17; 18; 20; 21; 22; 23; 24; 25)
3. Early detect abnormalities of the patient, anaphylaxis, circulatory, respiratory), decide initial management and cooperate with team members for implementing timely and effective first aid, emergency (Competency standard: 9; 6; 7; 8; 16; 17; 18; 20; 21; 22)
4. Properly implement standard precautions and hospital infection control (Competency standard: 13; 14; 15; 17; 18; 19; 20; 21; 24; 25)
5. Properly implement regulations on patient safety in caring practice and medical adverse event report (Competency standard: 4; 5; 7; 14; 15; 16; 18; 20; 21; 22; 24; 25)
6. Business communication/patient and family communication suitable with culture and beliefs; communicate with patients with obstacles (coma, mental, hearing-impaired, visually impaired) (Competency standard: 10, 11, 12, 14)
7. Provide caring related information to patient/family fully and timely; health education properly to patient/family (Competency standard: 10, 11, 12, 13, 14)
8. Operate and maintain official working equipment in accordance with procedures, regulations, ensure the safety and effectiveness (Competency standard 18, 20)
9. Record and manage medical records according to regulations (Competency standard: 16, 17, 20)
10. Perform team work in patient care (Competency standard: 15, 24, 25)
11. Apply IT in patient care (Competency standard 17)
12. Apply basic competency standards in patient care (competency standard: 23)

Attitude
1. Comply with the provisions of the relevant Laws and ethical standards while practicing professions (Competency standard: 24, 25)
2. Self-leaning continuously to maintain and develop self-capability and profession (Competency standard: 23)
3. Careful behavior; meticulous; honest; respect, cooperate with patients and colleagues; ensure safety when caring for patients; take personal responsibility while practicing profession (Competency standard: 24, 25)

3. TARGET TRAINEE, INPUT REQUIREMENT OF TRAINEE
Trainees are nurses meet with the following requirements:
- Having a diploma of nursing school and upper;
- Not yet received the Nursing license (in according to Law on Medical Examination and Treatment in 2009);
- Voluntary participation in training.

4. CURRICULUM
4.1. General Curriculum

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<th>Contents</th>
<th>Total units</th>
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<td>Theory and practice (OFF-JT)</td>
<td>76</td>
</tr>
<tr>
<td>2</td>
<td>Clinical studying at departments</td>
<td>1,324</td>
</tr>
<tr>
<td>3</td>
<td>Review, self-study, test, evaluation</td>
<td>120</td>
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<td></td>
<td><strong>Total</strong></td>
<td><strong>1,520</strong></td>
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### 4.2. Detail curriculum *(50 mins for each unit)*

<table>
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<tr>
<th>No.</th>
<th>Lesson title</th>
<th>Lesson objectives</th>
<th>No. of OFF-JT</th>
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<tr>
<td><strong>4.2.1. Orientation and nursing regulations</strong></td>
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<tr>
<td>1</td>
<td><strong>Lesson 1:</strong> Introduction of organization, regulations of the hospital Implementing clinical training, training program, clinical learning method for new nurses</td>
<td>1. Describe hospital organization structure and identify positions of departments, professional areas, technical logistics in the hospital 2. Present hospital’s regulations 3. Present training objectives of clinical training for new nurses 4. Present requirements and contents of clinical training for new nurses 5. Perform effectively skills, learning method and self-evaluation during clinical training 6. Draft report: awareness on roles, obligations of new nurses to the hospital during pre-practice internship process</td>
<td>2</td>
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<tr>
<td>2</td>
<td><strong>Lesson 2:</strong> Basic competency standards for Vietnamese nurses</td>
<td>1. Present the contents of basic competency standards for Vietnamese nurses 2. Apply standards/indicators of “Competency standard for Vietnamese nurses” in patient care practice 3. Utilize Checklist of competency standards for Vietnamese nurses</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td><strong>Lesson 3:</strong> Applying professional ethics for Vietnamese nurses to the practice of patient care</td>
<td>1. Identify situations relating to professional ethics in the practice of patient care 2. Apply “Professional ethics for Vietnamese nurses” to the practice of patient care</td>
<td>2</td>
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<tr>
<td>4</td>
<td><strong>Lesson 4:</strong> Regulations on nursing and patient care</td>
<td>1. Present regulations on principles for medical practice and prohibited acts in medical examination and treatment and care for patients 2. Present regulations on rights and obligations of patients and nursing practitioners 3. Analyze the tasks and scope of professional activities of nurses by levels 4. Apply and implement hospital regulations and regulations on nursing practice and patient care</td>
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<td>No.</td>
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| 5   | **Lesson 5:** Application of standard precautions in patient care practice | 1. Present the definition, principle and contents of Standard precaution  
2. Identify the situations which standard precaution should be applied in patient care  
3. Perform correctly the standard precaution regulations suitable with reality of the hospital  
4. Select and use conformity personal protective equipment in the situation of patient care  
5. Category properly medical solid waste | 8 |
| 6   | **Lesson 6:** Prevention of medical adverse events | 1. Present the definition, frequency and common medical adverse events  
2. Classify medical adverse events  
3. Strictly comply with medical adverse events prevention regulations/procedures  
4. Voluntary reporting of medical adverse events, and learning lessons from errors | 8 |
| 7   | **Lesson 7:** Pain relief care | 1. Recognize the factors influenced to the pain.  
2. Be able to use the pain assessment tool to assess patients  
3. Be able to perform pain control measures during patient care provision and to instruct patient/patient family to take part in pain control | 2 |
| 8   | **Lesson 8:** Application of nursing process in patient care | 1. Explain procedures of the nursing process  
2. Describe the concept, meaning and application of evidence-based practice to patient care  
3. Apply nursing process in making care plan and performing patient care at clinical departments – suitable with patient status and care timing  
4. Use evidences in patient care | 4 |
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<tr>
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</table>
| 9   | **Lesson 9:** Receiving, transferring and discharging patients               | 1. Correctly follow the procedure of receiving patient at out-patient department/ clinical department, procedure of referral patient to other department or other hospital and procedure of discharge from the hospital  
2. Demonstrate appropriate communication skills, attentive behavior, complying with regulations when receiving, transferring and discharging patients | 0            |
| 10  | **Lesson 10:** Vital sign monitoring                                         | 1. Perform the techniques for monitoring pulses, respiratory rate, blood pressure, body temperature properly and suitable with patient’s condition  
2. Be able to assess abnormal vital signs and make suitable decision for dealing with  
3. Give consultancy to patients and patient families how to monitor and take care in case of abnormal vital signs | 0            |
| 11  | **Lesson 11:** Specimen collection for testing (blood, sputum, stool, urine) | 1. Perform specimen collection techniques for testing properly and effectively as procedure  
2. Be able to give guidance for patients/ patient families to collect some kinds of specimens (sputum, stool, urine) properly according to technical requirements | 0            |
| 12  | **Lesson 12:** Hygiene care of patient                                        | 1. Determining patients’ needs of hygiene care  
2. Performing proper personal hygiene care of patients in accordance with correct procedures and actual situation of the patients  
3. Guiding patients and their families to perform proper hygiene care of patients according to the needs of the patients | 0            |
| 13  | **Lesson 13:** Patient movement support                                      | 1. Identify patient; select means of transport in accordance with techniques of patient moving assistance  
2. Perform / coordinate implementation of techniques supporting patients with moving that ensure proper procedure and safety | 0            |
<table>
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</table>
| 14  | Lesson 14: Feeding support to patients | 1. Identify demand of the patient on feeding measures  
2. Perform supporting the patient to eat/drink: secure the procedure, safety and correspondence with patient’s clinical condition  
3. Instruct the patient’s family to support the patient eat/drink in a proper manner and in compliance with technical requirements | 0            |
| 15  | Lesson 15: Medication practice to patients | 1. Identify patients before giving medication  
2. Effectively, safely and properly perform the techniques of giving medication, including injection to patients  
3. Early detection of abnormal manifestations on patients when taking drugs and making appropriate treatment decisions | 0            |
| 16  | Lesson 16: Fluid infusion – blood transfusion techniques | 1. Perform properly fluid infusion, blood transfusion techniques  
2. Perform effectively, safely, properly technical procedure of fluid infusion, blood transfusion in patients  
3. Be able to monitor patient during and after fluid, blood transfusion, to detect early abnormal manifestations of patient and give decision for suitable management | 0            |
| 17  | Lesson 17: Monitoring volume of in and out fluid | 1. Be able to assess patients who need to monitor in, out fluid  
2. Perform properly technical procedure for in, out fluid monitoring  
3. Be able to give instruction to patient/ patient family to monitor in - out fluid properly as technical requirements | 0            |
| 18  | Lesson 18: Wound and drainage tube care techniques | 1. Assess and classify wounds  
2. Perform properly and safety clean wound care techniques | 2            |
<table>
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<tr>
<th>No.</th>
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<th>Lesson objectives</th>
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</table>
| 19  | Lesson 19: Pressure ulcer prevention and care for patients | 1. Be able to assess the stages of pressure ulcer  
2. Use Braden scale to assess level of pressure ulcer risk of patient  
3. Perform pressure ulcer nursing care levels I, II for patients properly and safety according to technical procedure  
4. Instruct patients and patient family preventive measure for pressure ulcer | 2 |

| 20  | Lesson 20: Excretion care | 1. Assess the needs of patient about application of excretion care  
2. Perform techniques for excretion support, urinary catheterization, urinary drainage, enema: ensure procedure compliance, safety and suitable with patient’s conditions  
3. Instruct patients and patient family use bed pan, urinal, Uridom for draining urine suitable with excretion needs of patients | 2 |

**4.2.4. Patient care management**

| 21  | Lesson 21: Regulations on recording, managing medical records and care templates | 1. Present the regulations on recording, using, preserving, keeping medical records and care templates  
2. Explain patients’ rights to be briefly informed in medical records  
3. Follow the regulations and rules in recording, using, keeping patients’ medical history | 2 |

| 22  | Lesson 22: Medical equipment usage and management: monitor, infusion machine, injection pump, electrocardiograph | 1. Use vital sign monitors and patient care equipments (monitor, infusion machine, injection pump, electrocardiograph) to ensure proper process, efficiency and safety  
2. Identify abnormal signs when performing patient care and follow up; offer appropriate treatment  
3. Manage vital sign monitors and patient care equipments in accordance with regulation | 2 |
<table>
<thead>
<tr>
<th>No.</th>
<th>Lesson title</th>
<th>Lesson objectives</th>
<th>No. of OFF-JT</th>
</tr>
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</table>
| 23  | **Lesson 23:** Management of medicines and medical consumable supplies       | 1. Present regulations and procedures for managing medicines used for patients by nurses (enter information, receive, hand over, conduct medication to patients, preserve and report medicine use)  
  2. Present the management process of medical consumable supplies by nurses (estimate, receive, allocate and preserve)  
  3. Be properly and personally responsible for managing medicines and consumable supplies | 2            |
| 24  | **Lesson 24:** Evaluate of comatose patient based on Glasgow Coma Scale       | 1. Explain patient evaluation steps based on Glasgow scale  
  2. Be able to implement patient evaluation steps based on Glasgow scale                                                                                                                                              | 0            |
| 25  | **Lesson 25:** Respiratory support and airway management techniques          | 1. Identify cases when the patients need to have airway clearance, oxygen breathing or breath stacking ambu bag  
  2. Effectively carry out respiratory ventilation, oxygen breathing and breath stacking ambu bag  
  3. Become quick, accurate and safe when carrying out respiratory support techniques                                                                                                                      | 4            |
| 26  | **Lesson 26:** Basic emergency care for sudden cardiac arrest                | 1. Detect early victim, who suffer from cardiac arrest  
  2. Perform skillfully emergency technique; monitor, take care patient of cardiac arrest  
  3. Show urgent, accurate and effective cooperation for the emergency cases of cardiac arrest                                                                                                                  | 4            |
| 27  | **Lesson 27:** Prevention and management of anaphylaxis                       | 1. Detect early symptoms and levels of anaphylaxis  
  2. Be able to prevent anaphylaxis in patient before administering medication  
  3. Perform primary emergency management for anaphylaxis level 1, 2  
  4. Show urgent, accurate working attitude and collaboration in teamwork to give emergency for anaphylaxis                                                                                                 | 4            |

4.2.5. *First aid, emergency*
<table>
<thead>
<tr>
<th>No.</th>
<th>Lesson title</th>
<th>Lesson objectives</th>
<th>No. of OFF-JT</th>
</tr>
</thead>
</table>
| 28  | Lesson 28: Communication skills in patient care | 1. Describe basic communication skills and some remarks in communication of the nurses  
2. Describe the content of bad news notification  
3. Make comments on communication cases of nurses in care practice  
4. Perform appropriate and effective communication in patient care (communicate with patient, patient’s family, colleague including skills of bad news notification) | 8 |
| 29  | Lesson 29: Health education | 1. Describe some fundamental features about communication skills in health education which is related to nursing activities: the meanings of communication in health education, all communication skills and requirements to communicate effectively  
2. Develop a suitable and effective plan for patient, patient’s families after discharging from hospital  
3. Have good knowledge about health consultation and health education; with friendly attitude, open-hearted and respectful performance during health educating period | 8 |
| 30  | Lesson 30: Teamwork skill in health care | 1. Present 6 benefits of the team in health care  
2. Analyze 4 stages of team establishment and development  
3. Discuss measures to enhance team work effectiveness | 4 |

**Notes:** Studying time for lessons without Off-JT shall include in the total time of 1,324 hours for practicing at the clinical departments. The preceptor shall base on each trainee’s achievement level and actual technical expertise of each training facility to arrange suitable schedule.
4.3. Review, self-study, test and evaluation

<table>
<thead>
<tr>
<th>No.</th>
<th>Contents</th>
<th>Time (Unit)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Review</td>
<td>40</td>
</tr>
<tr>
<td>2</td>
<td>Health education, caring procedure development, reporting</td>
<td>40</td>
</tr>
<tr>
<td>3</td>
<td>Examination and evaluation</td>
<td>32</td>
</tr>
<tr>
<td>4</td>
<td>Completion, closing</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>120</strong></td>
</tr>
</tbody>
</table>

5. TEACHING – LEARNING MATERIALS

5.1. Main material:
- Ministry of Health / Project for strengthening clinical training systems for new nurses (2020), Training curriculum for new nurses
- Ministry of Health / Project for strengthening clinical training systems for new nurses (2020), Training materials for new nurses
- Ministry of Health / Project for strengthening clinical training systems for new nurses (2020), Guideline on new nurses training implementation and management

5.2. Reference documents:
- Ministry of Health (2012), Basic competency standards for Vietnam nurses
- Ministry of Health (2014), Training material of patient safety
- Ministry of Health (2012), Standard precaution guideline
- Ministry of Health (2017), Routine hand hygiene instruction
- Nam Dinh Nursing University (2018). Basic nursing
- National Assembly (2009), Law on Examination and Treatment No.40/2009/QH12
- Ministry of Health (2013). Circular No.22/2013/TT-BYT guiding on continuous training for medical officials
- Government (2016). Decree 109/2016/ND-CP stipulating on issuing professional license for practitioners and operational license for medical examination and treatment facilities

6. TEACHING – LEARNING METHOD
- Taking trainees as centered, taking the importance of self-study and practice of trainees
- Applying active teaching-learning methods such as group discussion, case study, competency-based teaching, group discussion, role play, mentoring, briefing, go to patient bed, medical record discussion, care note discussion.
- Combining training method at the clinical departments (so-called OJT) with gathering training (so-called Off-JT) to optimize the result.
- Utilizing media equipment, active teaching-learning methods.

7. CRITERIA AND OBLIGATIONS OF PRECEPTOR FOR NEW NURSES

7.1. Criteria
- Having nursing practical license
- Having expertise operational service suitable with trainees’ qualifications, having equal or higher qualification with trainees’
- Having practiced medical examination and treatment for 3 years or more continuously
- Completing the training course for preceptor for new nurses or having certificate of clinical teaching-learning method.

7.2. Responsibilities of preceptors
- Providing practical guidance to the trainees
- Commenting on practical results and responsible for the comments
- Being responsible for the case trainee causing technical mistake while practicing, affecting to the patient’s health due to the preceptor’s faults.
- Following the preceptor’s schedule to the new nurses according to training plan of the hospital.

8. EQUIPMENT, FACILITIES FOR THE TRAINING

Having classroom, audio devices, lights and the facilities such as: computer, projector, medical equipment, medical supplies for practicing.

9. IMPLEMENTATION OF THE TRAINING

9.1. Acceptance of trainee
- Receiving the trainees: Trainee has to submit a practical application and valid copies of expertise qualifications relating to health to the health facility where registering for practical studying; after receiving the practical application, if it is accepted, the leader of the health facility is responsible for signing the practical contract with the trainee.
- Assigning preceptor: The leader of health facility issues the decision on preceptor assignment. A preceptor is allowed to provide guidance for maximum 5 trainees at the same time.

9.2. Development of overall training plan
- The process of clinical training for new nurses will divide into 3 stages: stage I (from 1st – 3rd month), stage II (from 4th – 6th month), stage III (from 7th – 9th month). Refer to the Annex 1 for overall training plan development.
- Number of trainees in a course at a facility shall not exceed 30 trainees. Depending on the capability of the facility and trainee’s demand, it is possible to organize many courses a year but must ensure the requirements of training quality, such as having sufficient number of preceptors, clinical departments/patient beds, facilities…
- Training duration: make sure studying period of full 9 months continuously.

9.3. Theoretical teaching-learning implementation

Theoretical teaching-learning implementation must ensure the principles:
- Promoting the autonomy and self-study of new nurses, especially for theoretical lessons which have learned at school, the trainee has to self-study, find additional materials for deeper understanding and better utilization.
- The preceptor is responsible for supporting to consolidate theoretical parts during practice of the trainees.
- Updating the latest knowledge, legal documents, suitable with reality.
- Enhancing group discussion method and using patient case in teaching-learning, avoiding theory re-presentation.
- The preceptor is responsible for updating patient care procedures, techniques according to regulations of the hospital or MOH to provide guidance for the new nurses.

9.4. Clinical learning implementation

* Clinical learning implementation must ensure the following requirements:
- Arranging pre-clinical learning before entering clinical learning. The hospital where pre-clinical department is not available or not enough, it is better to cooperate with nursing school to implement training program.
- Each new nurse has to practice all contents of the program at the clinical departments. It is necessary to arrange suitable department rotation for new nurses upon the actual circumstance of the hospital, encourage the department rotation for learning clinical cases and techniques.
- At each clinical department, the Head Nurse needs assign preceptor who regularly support and encourage new nurse to learn confidently and engross.
- Through the daily practice monitoring of the new nurses, the training manager and preceptor make plan for arranging and supporting new nurse to fulfill training contents and targets at the department.
- The new nurses practicing at each department shall be grouped and working together with other staff. In addition, new nurses should promote the self-control, self-study and apply learned experiences in patient care.
- While studying clinical and practice, the preceptor requests new nurses to read in advance, raise the discussion points about relevant theoretical issues, procedures, checklist. After that, new nurses will practice under the guidance and supports of preceptor. During clinical training,
new nurses will use the checklist for self-assessment by group.
- After each practical lesson, preceptor requests trainee/group practice under the observation of preceptor and other trainees, then discussing, commenting to assist trainee/group study continuously to fulfill the skills.

10. EVALUATION AND ISSUANCE OF PRACTICAL CERTIFICATE

10.1. Evaluation method
- Based on the competency checklist following basic competency standards of Vietnam nurses (Annex 2). Each competency indicator shall category into 3 levels:
  + 0 level: can not do
  + 1 level: can do with support, need to be improved
  + 2 level: can do independently
* Competency indicators marked (*) in the Annex 2 are not introduced under the training curriculum for new nurses. However, these indicators are stipulated by the MOH, it is used for general evaluation but not used for evaluating the trainee’s studying results
- Complete at least 5 case studies applied nursing process in the care reality, including health consultation and education contents (Annex 4)

10.2. Practical Certificate:
- The trainees after completing clinical training, achieving the requirements mentioned at above 10.1
- After having written evaluation of preceptor, the Head of health facility shall grant the Practical Certificate according to Article 16, Decree 109/2016/NĐ-CP dated July 1, 2016 guiding on issuance of practice certificate to the practitioner and operational certificate to the health examination and treatment facilities.
## ANNEX

### ANNEX 1: CLINICAL TRAINING COURSE PLAN

<table>
<thead>
<tr>
<th>Period</th>
<th>Content</th>
<th>Stage I (first 3 months)</th>
<th>Stage II (from 4th month to 6th month)</th>
<th>Stage III (from 7th month to 9th month)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orientation</td>
<td>Introduction of training program, training plan</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Auxiliary theory</td>
<td>Relevant legal documents of practicing and patient care</td>
<td>- Basic nursing competency, nursing ethic competency - Communication skills</td>
<td>Nursing process, patient safety and infection control</td>
<td>Health consultation, education</td>
</tr>
<tr>
<td>Patient care and basic nursing techniques at a department or rotation</td>
<td>Patient care and practicing basic nursing techniques under the guidance, support of preceptor</td>
<td>- Gradually expanding caring scope, practicing more difficult techniques, patient safety with support/supervision of preceptor. - Practicing health consultation and education skills to patient/patient family</td>
<td>- Applying clinical knowledge and skills in identification, care implementation, prognosing the changes of patient’s health - Having care competency - Practicing health consultation and education skills to patient/patient family</td>
<td></td>
</tr>
<tr>
<td>Patient case study</td>
<td>Applying nursing process in care plan development and implementation</td>
<td></td>
<td>Patient case study</td>
<td>Patient case study completion</td>
</tr>
<tr>
<td>Evaluation</td>
<td>Achievement level of competency standard for Vietnam nurses</td>
<td>Pre-test</td>
<td>Assessment after 3 months</td>
<td>Assessment after 6 months</td>
</tr>
</tbody>
</table>

Trainee’s self-assessment, preceptor’s assessment based on basic competency standards for Vietnam nurses

Complete at least 5 case studies applied nursing process in the patient care reality. Including health consultation and education contents
### EV ALUATION INSTRUCTION
- Annex 2 used for trainee and preceptor
- Column 4: Category into 3 expected competency level based on the competency standard (level *, level 1 and level 2).
- 110 indicators are categorized achievement levels of trainees as follows:
  1. 15 indicators (*) are not covered by the clinical training for new nurse program.
  2. 35 indicators require level 1
  3. 60 indicators require level 2
  4. There is no indicator of level 0 (cannot do)
- Columns from (5) to (11), trainee shall self-assess and preceptor shall assess trainees by 3 levels (0; 1; 2) at the timings (baseline, end of 3rd months, end of 6th months and end of 9th months) by each competency indicator.
- 15 indicators marked (*) are the indicators which are not covered by the clinical training for new nurse program, they are still evaluated but not taken into account to assess trainee’s learning results.
- Each competency indicator is categorized into 3 performance levels:
  + 0: Cannot do
  + 1: Can do with support/need to be improved
  + 2: Can do independently

### Achievement level after 9 months

<table>
<thead>
<tr>
<th>NN</th>
<th>NN</th>
<th>Pre</th>
<th>NN</th>
<th>Pre</th>
<th>NN</th>
<th>Pre</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline assessment (1st time)</td>
<td>First 3 months assessment</td>
<td>Middle 3 months evaluation</td>
<td>Final evaluation</td>
<td></td>
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<tr>
<td>Achievement level after 9 months</td>
<td>After 3 months (DD/MM)</td>
<td>After 6 months (DD/MM)</td>
<td>After 9 months (DD/MM)</td>
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</tbody>
</table>

### Competency indicator (order is in line with standard)

<table>
<thead>
<tr>
<th>Domain</th>
<th>Competency standard</th>
<th>Competency indicator (order is in line with standard)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. PATIENT CARE COMPETENCIES</td>
<td>DEMONSTRATES KNOWLEDGE BASE ON THE HEALTH/ILLNESS STATUS OF INDIVIDUAL/GROUPS/COMMUNITIES.</td>
<td>Indicator 1: Identify the health need of the individuals, families, population groups and/or communities (hereafter refers to patients/clients)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Indicator 2: Explain the health status of the clients/groups.</td>
</tr>
<tr>
<td></td>
<td>PROVIDE SOUND DECISIONS OF CARE APPROPRIATELY TO PATIENTS'/CLIENTS' NEEDS</td>
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</tr>
<tr>
<td>2</td>
<td>Indicator 1: Collect and analyze information about health issues, disease to determine health problem and illness of individuals, families and communities</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Indicator 2: Make decisions of care for patients, families and communities safely and effectively.</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Indicator 3: Perform nursing interventions to support individuals, families and communities to respond to the problem health/disease in accordance with cultural beliefs of the patient, patient family.</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Indicator 4: Monitor the evolution of nursing interventions performed</td>
<td>6</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>SET UP PRIORITIES IN NURSING CARE BASED ON PATIENTS'/CLIENTS' NEEDS OF HEALTH CARE</th>
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<tbody>
<tr>
<td>3</td>
<td>Indicator 1: Analyze and identify priority patients'/clients' needs of care</td>
<td>7</td>
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<tr>
<td></td>
<td>Indicator 2: Carry out appropriate nursing care to respond to priority needs/problems.</td>
<td>8</td>
<td></td>
<td></td>
<td>2</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>UTILIZE THE NURSING PROCESS AS FRAMEWORK FOR MAKING NURSING PLAN AND INTERVENTIONS.</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>4</td>
<td>Indicator 1: Perform comprehensive and systematic nursing assessment</td>
<td>9</td>
<td></td>
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<td>2</td>
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<tr>
<td></td>
<td>Indicator 2: Collect and record patients'/clients' information appropriately</td>
<td>10</td>
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<tr>
<td></td>
<td>Indicator 3: Analyze and explain the information exactly.</td>
<td>11</td>
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<tr>
<td></td>
<td>Indicator 4: Formulate a health needs basis care plan on the basis of collaboration and agreement with patients/clients, their family and team other members on the priority issues and clients' expectations</td>
<td>12</td>
<td></td>
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<tr>
<td></td>
<td>Indicator 5: Explain nursing interventions for patients, families and implement planned nursing care in a manner that ensures safety, comfort and efficiency for patients</td>
<td>13</td>
<td></td>
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</tr>
<tr>
<td>Indicator 6: Instruct patient/family to perform appropriate self-care</td>
<td>2</td>
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<tr>
<td>Indicator 7: Evaluate and adjust care plan based on the patient’s health condition and expected outcomes</td>
<td>1</td>
<td></td>
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<tr>
<td>Indicator 8: Perform necessary support for discharged patients</td>
<td>2</td>
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<tr>
<td>Indicator 9: Provide health education on disease prevention to patients</td>
<td>2</td>
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<tr>
<td>Indicator 1: Deploy safety measures in all aspects of patients/clients care</td>
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<tr>
<td>Indicator 2: Create a convenient environment for patients</td>
<td>2</td>
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<tr>
<td>Indicator 3: Ensure privacy while providing care to patients</td>
<td>2</td>
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<tr>
<td>Indicator 1: Comply with steps of nursing process in the professional scopes</td>
<td>2</td>
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<tr>
<td>Indicator 2: Implement nursing techniques skillfully</td>
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<tr>
<td>Indicator 3: Follow the rules of infection control</td>
<td>2</td>
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</tr>
<tr>
<td>Indicator 1: Take a complete patient’s drug history</td>
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<tr>
<td>Indicator 2: Comply with rules while administering medication to patients</td>
<td>2</td>
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<tr>
<td>Indicator 3: Explain and instruct patient about the drugs that is given to her/him</td>
<td>2</td>
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</tr>
<tr>
<td>Indicator 4: Detect and perform necessary intervention if the patient had any drug reactions and report promptly to doctor and nurse in charge</td>
<td>1</td>
<td></td>
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</tr>
<tr>
<td>8</td>
<td>ENSURE CONTINUITY OF CARE</td>
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</tr>
<tr>
<td>28</td>
<td>Indicator 5: Be aware of potential drug - drug or drug-food interactions</td>
<td>1</td>
<td></td>
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<tr>
<td>29</td>
<td>Indicator 6: Evaluate the effects of medication</td>
<td>1</td>
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<td></td>
<td></td>
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<tr>
<td>30</td>
<td>Indicator 7: Document and inform well drugs administered to patient</td>
<td>2</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9</th>
<th>PERFORM FIRST AIDS AND ACTS ON EMERGENCIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>31</td>
<td>Indicator 1: Hand over the patient’s status to the next care team appropriately</td>
</tr>
<tr>
<td>32</td>
<td>Indicator 2: Collaborate with patients, families and other team members effectively to ensure continuity of care</td>
</tr>
<tr>
<td>33</td>
<td>Indicator 3: Set up necessary measures to implement continuous care for patients</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10</th>
<th>ESTABLISH GOOD RAPPORT WITH PATIENTS/CLIENTS, FAMILIES AND TEAM MEMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>34</td>
<td>Indicator 1: Detect in time sudden changes in health condition of patients/clients</td>
</tr>
<tr>
<td>35</td>
<td>Indicator 2: Give emergency interventions promptly and appropriately</td>
</tr>
<tr>
<td>36</td>
<td>Indicator 3: Coordinate with other health team members effectively</td>
</tr>
<tr>
<td>37</td>
<td>Indicator 4: Perform effective first aid for patients/clients</td>
</tr>
<tr>
<td>38</td>
<td>Indicator 1: Create trust and confidence for patients/clients, families and team members</td>
</tr>
<tr>
<td>39</td>
<td>Indicator 2: Spend adequate time for communication with client/significant others and team members</td>
</tr>
<tr>
<td>40</td>
<td>Indicator 3: Listen actively to patients/family’s concerns, complaints</td>
</tr>
<tr>
<td>11</td>
<td>COMMUNICATE WITH THE PATIENTS/CLIENTS AND FAMILIES EFFECTIVELY</td>
</tr>
<tr>
<td>----</td>
<td>------------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td><strong>Indicator 2:</strong> Communicate effectively with individuals, families and communities that have limitations in communication due to disease or psychological problems</td>
</tr>
<tr>
<td></td>
<td><strong>Indicator 3:</strong> Express words, gestures that motivate, encourage and comfort patients/clients.</td>
</tr>
<tr>
<td></td>
<td><strong>Indicator 4:</strong> Demonstrate understanding of culture, belief of patients/clients, families and community when communicate with them.</td>
</tr>
<tr>
<td>12</td>
<td>UTILIZE COMMUNICATING CHANNELS AND AUDIO-VISUAL MEANS EFFECTIVELY TO FACILITATE CONTACT AND COMMUNICATE WITH PATIENTS/CLIENTS, FAMILIES AND COMMUNITIES</td>
</tr>
<tr>
<td></td>
<td><strong>Indicator 2:</strong> Utilize effectively and appropriately communication methods with patients/clients, families and communities</td>
</tr>
<tr>
<td>13</td>
<td>PROVIDE APPROPRIATE INFORMATION REGARDING HEALTH STATUS TO PATIENTS/CLIENTS</td>
</tr>
<tr>
<td></td>
<td><strong>Indicator 2:</strong> Make psychological preparation for patients/clients and families before inform them the “bad” news.</td>
</tr>
<tr>
<td></td>
<td>Indicator 1: Collect and analyze information on the needs of health education of individuals, families and communities.</td>
</tr>
<tr>
<td>---</td>
<td>-------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>Indicator 2: Identify needs and content of information needed to provide to patients, families and communities.</td>
</tr>
<tr>
<td></td>
<td>Indicator 3: Develop health education plan fitting with socio-cultural features, beliefs of patients, families and communities.</td>
</tr>
<tr>
<td></td>
<td>Indicator 4: Develop health education materials fitting with patients, families and communities.</td>
</tr>
<tr>
<td></td>
<td>Indicator 5: Perform health education for individuals, families and groups appropriately and effectively.</td>
</tr>
<tr>
<td></td>
<td>Indicator 6: Perform evaluation effects of health education and adjust it necessarily.</td>
</tr>
</tbody>
</table>

<p>|   | Indicator 1: Maintain good relationship with other team members, consider patient as a team member | 2 |
|   | Indicator 2: Collaborate well with team member in order to make appropriate decisions for quality improvement |   |
|   | Indicator 3: Recommend appropriate intervention to improve client care. | 2 |
|   | Indicator 4: Respect the role and views/opinions of other team members | 2 |
|   | Indicator 5: Share information with other team members | 2 |
|   | Indicator 6: Act as representative and advocacy role to protect | 1 |</p>
<table>
<thead>
<tr>
<th>Indicator</th>
<th>Description</th>
<th>Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>61</td>
<td>Apply principles of management and storage of medical records regulated by the law and by MOH</td>
<td>2</td>
</tr>
<tr>
<td>62</td>
<td>Keep information written in medical records confidentially</td>
<td>2</td>
</tr>
<tr>
<td>63</td>
<td>Record information in medical record accuracy and timely</td>
<td>2</td>
</tr>
<tr>
<td>64</td>
<td>Use collected data about patient’s health status as the basis to develop policy and to facilitate care activities provided to patients</td>
<td></td>
</tr>
<tr>
<td>65</td>
<td>Manage individual tasks and time scientifically and effectively</td>
<td>2</td>
</tr>
<tr>
<td>66</td>
<td>Identify tasks or activities need be done based on degree of priority</td>
<td>2</td>
</tr>
<tr>
<td>67</td>
<td>Organize, coordinate, delegate tasks for team member scientifically and effectively</td>
<td>*</td>
</tr>
<tr>
<td>68</td>
<td>Demonstrate understanding of the relationship between management and utilization of resources effectively to ensure quality and safe care for patients/clients</td>
<td>1</td>
</tr>
<tr>
<td>69</td>
<td>Use informatics technology for management, for care of patients and for updated information.</td>
<td>1</td>
</tr>
<tr>
<td>70</td>
<td>Establish mechanism to manage and operate equipment for patients/clients care and treatment</td>
<td>*</td>
</tr>
<tr>
<td>71</td>
<td>Plan for preventive maintenance program</td>
<td>1</td>
</tr>
<tr>
<td>72</td>
<td>Operate equipment, facilities used for nursing care to ensure safety, effectiveness and prevent health care associated infections</td>
<td>2</td>
</tr>
<tr>
<td>Indicator</td>
<td>Description</td>
<td></td>
</tr>
<tr>
<td>-----------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>73</td>
<td>* Identify the cost-effectiveness in the utilization of resources</td>
<td></td>
</tr>
<tr>
<td>74</td>
<td>* Develop budget proposal and deploy the plan to use resources for patient’s care needs effectively.</td>
<td></td>
</tr>
<tr>
<td>75</td>
<td>2 Comply with standards and safety codes prescribed by laws</td>
<td></td>
</tr>
<tr>
<td>76</td>
<td>2 Adhere to policies, procedures and protocols on prevention and control of infection.</td>
<td></td>
</tr>
<tr>
<td>77</td>
<td>* Comply to rules and regulations regarding care environment (water, air and noise)</td>
<td></td>
</tr>
<tr>
<td>78</td>
<td>2 Comply with regulations regarding management and treatment of wastes.</td>
<td></td>
</tr>
<tr>
<td>79</td>
<td>* Define steps to follow in case of fire, earthquake and other emergency situations.</td>
<td></td>
</tr>
<tr>
<td>80</td>
<td>1 Demonstrate understanding on areas related to occupational health and legal documents on safe working environment</td>
<td></td>
</tr>
<tr>
<td>81</td>
<td>1 Be aware of the necessity of quality assurance activities, quality improvement through feedback and evaluation of regular practice</td>
<td></td>
</tr>
<tr>
<td>82</td>
<td>1 Detect and reports environmental risks in patient care and make appropriate corrective action</td>
<td></td>
</tr>
<tr>
<td>83</td>
<td>1 Solicits feedback from patients/clients and significant others regarding care rendered</td>
<td></td>
</tr>
<tr>
<td>84</td>
<td>1 Apply proper methods to improve quality of care</td>
<td></td>
</tr>
<tr>
<td>Indicator 5: Participate in quality improvement activities in health care centre</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Indicator 6: Share with the team member relevant information regarding patients/clients’ condition and significant changes in patients/clients’ environment</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Indicator 7: Review nursing care plan to improve quality of care as well as minimize potential shortcomings</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Indicator 8: Make appropriate proposals of means for care and preventions</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Indicator 9: Apply scientific evidences in nursing care to improve safety for patients.</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

| Indicator 1: Define and select research areas or research questions that are necessary, reasonable and feasible | * |
| Indicator 2: Apply appropriate methods to conduct selected research issues | * |
| Indicator 3: Apply appropriate statistical methods to analyze and interpret collected | * |
| Indicator 4: Recommend appropriate research result based solutions | * |
| Indicator 5: Present research findings to colleagues, patients and related persons | * |
| Indicator 6: Utilize research findings in nursing practice to improve quality of nursing practice | 1 |

<p>| Indicator 1: Identify own learning needs, strengths, weaknesses/limitations | 2 |
| Indicator 2: Pursue continuing education, participates in formal and non-formal education; Apply learned information for the improvement of care | 2 |</p>
<table>
<thead>
<tr>
<th>Indicator</th>
<th>Description</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>98</td>
<td>Get involved in professional organizations and civic activities</td>
<td>1</td>
</tr>
<tr>
<td>99</td>
<td>Project a professional image of the nurse, demonstrate good manners and right conduct at all times</td>
<td>2</td>
</tr>
<tr>
<td>100</td>
<td>Possess positive attitude towards change and criticism, listen to suggestions and recommendations, try new strategies or approaches and adapt to changes willingly</td>
<td>2</td>
</tr>
<tr>
<td>101</td>
<td>Perform function according to professional standards</td>
<td>2</td>
</tr>
<tr>
<td>102</td>
<td>Contribute to improve training and professional development for colleagues</td>
<td>*</td>
</tr>
<tr>
<td>103</td>
<td>Contribute to improve the role and status of nursing profession in the health sector and in society</td>
<td>*</td>
</tr>
<tr>
<td>104</td>
<td>Practice in accordance with the laws related to health, regulations of the Health Ministry and nursing practice</td>
<td>2</td>
</tr>
<tr>
<td>105</td>
<td>Compliance with the provisions of the work base</td>
<td>2</td>
</tr>
<tr>
<td>106</td>
<td>Implement codes of conduct of the unit/organization and law</td>
<td>2</td>
</tr>
<tr>
<td>107</td>
<td>Record and keep care records and documents related to the patient, the health problems of patients in accordance with the standard care practices</td>
<td>2</td>
</tr>
<tr>
<td>108</td>
<td>Accept responsibility and accountability for own decision and care interventions.</td>
<td>2</td>
</tr>
<tr>
<td>109</td>
<td>Compliance with national and international standards of professional ethics in nursing practice</td>
<td>2</td>
</tr>
<tr>
<td>110</td>
<td>Report the violation to the competent agencies and take responsible for that report</td>
<td>2</td>
</tr>
</tbody>
</table>
## ANNEX 3: PERIODICAL ASSESSMENT FORM

### EVALUATION OF LEARNING RESULT AFTER 03 MONTHS

*(following to competency-based checklist of Competency Standards for Vietnam Nurses)*

Evaluation time: Date…… Month …… Year……

<table>
<thead>
<tr>
<th>Learning result, comment and confirm signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preceptor discusses and agrees with new nurse</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Trainee’s self-assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comment of trainee: (preceptor writes down clearly about reach or unreachable result, and action for next step)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Preceptor assessment and gives comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comment of preceptor: (trainee writes down clearly about reach or unreachable result, and recommendation for next step)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature:</th>
</tr>
</thead>
</table>

**Note:**
Indicators with (*) will not count on this evaluation result.
EVALUATION OF LEARNING RESULT AFTER 06 MONTHS
(following to competency-based checklist of Competency Standards for Vietnam Nurses)

Evaluation time: Date…… Month …… Year……

<table>
<thead>
<tr>
<th>Preceptor discusses and agrees with new nurse</th>
<th>Learning result, comment and confirm signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>List of indicators which achieve level 2 over total 60 acquired indicators in level 2:</td>
<td>...................................................................................................................... = ?/60</td>
</tr>
<tr>
<td>List of indicators which achieve level 1 over total 35 acquired indicators in level 1:</td>
<td>...................................................................................................................... = ?/35</td>
</tr>
<tr>
<td>List of indicators reach level 0:</td>
<td>...................................................................................................................... = ?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Trainee’s self-assessment</th>
<th>Comment of trainee: (trainee writes down clearly about reach or unreachable result, action for next step)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Comment of preceptor: (preceptor writes down clearly about reach or unreachable result, and recommendation)</td>
</tr>
<tr>
<td></td>
<td>Signature:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Preceptor assessment and gives comment</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Signature:</td>
</tr>
</tbody>
</table>

**Note:**
Indicators with (*) will not count on this evaluation result.
# EVALUATION OF LEARNING RESULT AFTER 09 MONTHS

(following to competency-based checklist of Competency Standards for Vietnam Nurses)

Evaluation time: Date…… Month …… Year………

<table>
<thead>
<tr>
<th>Learning result, comment and confirm signature</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Preceptor discusses and agrees with new nurse</strong></td>
</tr>
<tr>
<td>List of indicators which achieve level 2 over total 60 acquired indicators in level 2:</td>
</tr>
<tr>
<td>................................................................................................................................... = ?/60</td>
</tr>
<tr>
<td>List of indicators which achieve level 1 over total 35 acquired indicators in level 1:</td>
</tr>
<tr>
<td>................................................................................................................................... = ?/35</td>
</tr>
<tr>
<td>List of indicators reach level 0: .............................................................................. = ?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Trainee’s self-evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Comment of trainee:</strong> (trainee writes down clearly about reach or unreachable result)</td>
</tr>
</tbody>
</table>

| Signature: |

<table>
<thead>
<tr>
<th>Preceptor’s evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Comment of preceptor:</strong> (preceptor writes down clearly about reach or unreachable result)</td>
</tr>
</tbody>
</table>

| Signature: |

**Note:**

Evaluation sheet after 9months of preceptor will be used as basis for person/department in charge of general training to submit results to the Hospital director in order to issue “Practice Certificate” for new nurse after completed training.
ANNEX 4
CARE PLAN
CLINICAL CASE/CASESTUDY
(for trainee’s self-administered)

Full name: ........................................................................................................................................
Class: ................................................ Subject: .................................................................................

1. Administrative information
- Name of patient: ............................................................. Age: .................................
- Gender: Male/female
- Nationality: ..........................................................................................................................
- Address: ..................................................................................................................................
- Occupation: ................................................................................................................................
- Care people /for necessary case: ...............................................................................................
- Hospitalized date: .......................................................................................................................
- Department: .............................................................................................................................

2. Health information
- Reason of hospitalization: .........................................................................................................
- Medical diagnosis: ......................................................................................................................
- Treatment method: .......................................................................................................................
- Prescribed medication: ............................................................................................................... 

Identification

Illness history (tóm tật):
...........................................................................................................................................................
...........................................................................................................................................................
...........................................................................................................................................................
...........................................................................................................................................................

Health history:
........................................................................................................................................................
...........................................................................................................................................................
...........................................................................................................................................................

Subjective information (ask patient)
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............................................................................................................................................................
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............................................................................................................................................................
............................................................................................................................................................
............................................................................................................................................................
............................................................................................................................................................
Objective information: (Clinical examination, relevant test result)

Care plan

<table>
<thead>
<tr>
<th>Care problem/ care diagnosis</th>
<th>Making care plan (plan, expected result)</th>
<th>Care implementation</th>
<th>Care evaluation/ Result</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Self-assessment of trainee

Comments/feedbacks and confirmation of preceptor

Date........... Month............. Year.............
Full name: ...........................................................................................................................................................................
Class: ................................................................................................................. Subject: ........................................................................................................................................................................

1. Patient basic information
- Name of patient: ......................................................... Age: ..............................................................
- Gender: Male/female
- Address: ...............................................................................................................................................................................
- Occupation: .........................................................................................................................................................................
- Care people /for necessary case ..............................................................................................................................................
- Hospitalized date: ......................................................................................................................................................................
- Department: ...............................................................................................................................................................................

2. Health information
- Hospitalized reason: ..............................................................................................................................................................
- Medical diagnosis: .......................................................................................................................................................................
- Illness history: .............................................................................................................................................................................

3. Identification
Patient’s culture, religious factors:
................................................................................................................................................................................................
................................................................................................................................................................................................
................................................................................................................................................................................................

Reading, understanding ability of patient/family
................................................................................................................................................................................................
................................................................................................................................................................................................

Knowledge, skills of patient/family about current health
................................................................................................................................................................................................
................................................................................................................................................................................................

Current habits: helpful and harmful
................................................................................................................................................................................................
................................................................................................................................................................................................

Difficulties of patient/family: Physical, awareness problems
................................................................................................................................................................................................
................................................................................................................................................................................................
Languages and communication method to patient/family

Consultation contents

<table>
<thead>
<tr>
<th>Consultation issue</th>
<th>Consultation plan (Solutions)</th>
<th>Expectation target</th>
<th>Implementation</th>
<th>Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

Self-assessment of trainee

Achieved contents

...........................................................................................................................................................
...........................................................................................................................................................

Not achieved contents

...........................................................................................................................................................
...........................................................................................................................................................

Need to be supported issues

...........................................................................................................................................................
...........................................................................................................................................................

Comments/feedbacks and confirmation of preceptor

...........................................................................................................................................................
...........................................................................................................................................................
...........................................................................................................................................................

Date............ Month......... Year ..........
GUIDANCE OF HEALTH CONSULTATION, EDUCATION FORMAT

1. Basic information, health information: based on patient record

2. Identification: Based on the direct question to patient/family to collect information; write down fully, shortly collected information filling.

3. Consultation contents:
   
   3.1. Consultation issue: Depending on each patient to determine suitable consultation issues, arranging in priorities: for example, nutrition, medication, personal hygiene, exercise …

   3.2. Consultation plan: based on the consultation issues to make suitable consultation plan

   3.3. Expectation results: Setup expectation result for each issue

   3.4. Implementation: State specifically implementation plan for each issue

   3.5. Evaluation: After implementing plan, give evaluation for each issue.
ANNEX 6

MINISTRY OF HEALTH
SOCIALIST REPUBLIC OF VIETNAM
No.: 1352/QĐ-BYT
Independence – Freedom – Happiness

Hanoi, 24 April 2012

DECISION

On the approval of “Basic competency standards for Vietnamese nurses”

MINISTER OF HEALTH


On the proposals of Director of Personnel and Organization Department, Director of Medical Services Administration – Ministry of Health.

DECIDES

Article 1. Approved the “Basic competency standards for Vietnamese nurses” in conjunction with this Decision.

Article 2. This Decision takes into effect since signing date, issuance.

Article 3. The Directors of General Office of MoH, Personnel and Organization Department, Medical Services Administration; Directors of provincial/city Departments of Health; Directors of Institutes, Principals of nursing educational Universities/Colleges/Schools; Heads of relevant Units are in charge of implementing this Decision./.

Receipts:
- Same as Article 3;
- Minister (for reporting)
- Vice Ministers (for information)
- Archives in Documentation, Personnel

ON BE HALF OF MINISTER
VICE MINISTER

Nguyen Viet Tien
(Signed and sealed)
1. PREFACE

Since 1990, with great support from the Government and the Ministry of Health, Nursing profession in Vietnam has been developed rapidly in the fields of management, training, practice and nursing research. In the trend of regional and international integration, the government has signed a framework agreement on mutual recognition with the 10 ASEAN countries on the recognition of nursing services in the region. To enhance the quality of nursing human resources as a basis for curriculum development and use of nursing personnel to effectively meet the requirements of integration into countries in the region, with the support of the Canadian nurses Association and nursing experts from the, Queensland University of Technology (QUT), Australia, the Ministry of Health in collaboration with the Vietnam Nurses Association (VNA) has developed basic competencies of nurse in Vietnam. The document has been developed by the national nursing professionals, the medical managers and nursing educators who participated in compilation of the document on the basis of reference to the common regional and international nursing competencies.

Based on the conclusions of the appraisal of the professional committee established under the Decision No. 1352/QD-BYT dated on the 24th April 2012, the Ministry of Health issued the set of Basic Competencies for Vietnamese Nurses in order to let training institutions and organizations recruiting nurses study and apply it, as well as to inform it to countries in the region and over the World.

1.1. General context of nursing profession

1.1.1 International context

Nursing profession has been growing into a multi scientific discipline, with many graduate programs. Its development is in parallel with the development of specialized Medical, Pharmacy, and Public Health in health sector.

Nursing profession is becoming a necessary public service for people, for families. In many countries, especially in developed countries, the population is getting older and older that requires an increasingly high need of care at home as well at health facilities.

Nursing qualification is getting higher and higher. Requirement for nurse registration & licensing and for being recognized professional nurse is at least 3-year training (college nurse) or 4-year training (bachelor of nurse) in ASEAN as well as all over the world.

Nursing shortage is rising in many countries, especially in developed countries. There are many reasons: population is growing old, nurses quit job because of hard work, stress and they
find other jobs more interesting for example: clerk, office staff... ; nurses just want to be hired part-time, and spend rest of the day to take care for their children, family. In the United States, Canada, United Kingdom, there aren’t enough nurses for new-opening health care centers, so these countries have to attracted qualified nurses from developing countries by some policies: expanding visa, increasing salary...

Nursing migration is happening on a global scale. Nurses migrate from less developed countries to developing countries and from developing countries to developed ones.

Mutual Recognition Agreements (MRA) are supporting for the nursing migration in the regional level and worldwide level. Many nations are considering MRA the important concerning and make it the governmental commitment and indispensable in the integration process. The Asian South East Nations (10 countries) signed the ASEAN Mutual Recognition Arrangement on Medical, Nursing and Dental Services. This Arrangement allows people in ASEAN countries who hold a legal Medical/Nursing/Dental registration and/or license having right to work in others countries within the regional. ASEAN Coordinating Committee on Nursing Service is discussing core competency standards of registered nurses as the basis for the recognition nursing staffs among the countries. They are building the ASEAN Nursing Web page to track Persons who move abroad to practice nursing in each country.

The uneven development and diversity of nursing profession in the integration process of ASEAN region and world inevitably leads to needs of standardizing the nursing training system, standardized nursing qualification to facilitate the Nursing migration and the mutual recognition of nursing qualifications between countries in the ASEAN region.

**Vietnam Nursing profession in the general context of health care system**

At present, there are 75891 nurses throughout the country, accounting for 45% of workforce of the health sector (Health Statistics 2009). Care provided by nurses is one of the pillars of the health service system, plays a very important role in improving the quality of health services. With the attention of the Ministry of Health, the Nursing profession had a breakthrough development in the following areas:

Establishment of nursing management system from the Ministry of Health to Hospitals and the system has collaborated well with nursing association at all levels to support each other for mutual development. Nursing manager system has promoted the role in management of care and participates in developing policies related to nursing practice in patient care. The position and role of nursing manager is confirmed, they have allowances equivalent to vice chief of the department or office; several nursing managers have been appointed deputy chief of the medical professional of the health bureau or deputy director of hospitals.

Nursing has become a discipline with multiple levels of qualifications, from intermediate to college, university and master’s degrees in nursing. Nursing education system now has many training facilities, including undergraduate and post graduate training.

The policies regarding nurses and standards of nursing practice are gradually developed and completed: The Ministry of Health has issued legal documents, national guidelines on nursing practice; the nation has decisions to recognize the title as excellent health worker and People’s
health worker for nurses, midwives member. The current policies have opened the future for nurses and nursing profession to develop and nurses can be assured to strive and progress in their careers.

Quality of patient care has many significant changes through innovation of care models, deliver comprehensive care and standardize nursing techniques. The role and professional status of nurses have been changed fundamentally.

However, the nursing profession is facing many challenges of development: lack of teachers and lack of top experts resulted in 70% of teachers of nursing education are medical doctors; nursing science has not kept pace with the development progress of international nursing; nurses have not been educated to be more active and professional in delivering care; structure of nursing manpower in term of level of training is imbalance leading to unclear distinguish of scope of practice of nurses even they have different level of education; position and image of nurses in society is changed somehow but not much

2. NECESSITY

The formulation and promulgation of the basic competencies for nurses of Vietnam is very important because of the following basic reasons:

2.1. For Nursing schools and training centers

The set of basic competency standards is the basis for:

- distinguishing the competencies of Bachelor of Nurses with other levels of nurses (College nurse, Diploma nurse);
- the development of training programs and content to ensure nursing students after graduation has required competencies.
- nursing teachers to define the objectives and content of training for Bachelor of Nurses;
- nursing students to strive to learn and self-assessment of professional competence;
- comparing the output capacity of Vietnam nurses with other countries, accelerating the process of integration and recognition of training levels across countries in the region and the world;

2.2. For the health centers/nurse workforce users

The set of basic competency standards is the basis for:

- defining the scopes of practice between different levels of nurse.
- assigning tasks and responsibilities for Bachelor of nurse;
- developing the Standards of practice for all levels of nurses;
- determining responsibility and obligation of nurses and resolve violations of Nursing ethics and practice.

2.3. For Nursing management agencies

The set of basic competences standards is the basis for:

- for countries to recognize the equivalence of nursing qualifications between countries;
- the cooperation and exchange nurses between countries;
- formulating programs for foreign nursing training;
- determining capacity, nursing standards in each country and region.
3. BACKGROUND FOR FORMULATION OF BASIC COMPETENCY STANDARDS

- ASEAN Mutual Recognition Arrangement on Medical, Nursing and Dental Services that Vietnam government signed with ASEAN nations in December 8, 2006;
- Decision No 41/2005/QD-BNV, issued on the 22nd April 2007 by Ministry of Interior on Professional Standards for nurses;
- Competency standards for registered nurses recommended by World Health Organization Western Pacific Regional;
- Competency standards for Professional Nurse by International Nursing Council (ICN, 2003);
- Competency standards for Nurses of Philippines.

4. DEVELOPMENT PROCESS

4.1. Preparation process of the Vietnam Nurses Association

- Setting up a group to compile basic competency standards for Vietnamese nurses, that consisting of: educators, managers and policy makers and with support of foreign nursing experts;
- Task force group reviewed, studied internal and external documents related to nurse competencies;
- Taskforce group compiled and developed drafts to get comments from participants at different workshops;
- Receiving comments and ideas from nursing experts - who have experiences in nursing management and training, the draft was launched into the VNA website to get comments from VNA members;
- VNA Board approved the set of the basic competency standards. The President of the VNA signed and enacted the basic competencies to use it as a reference and submitted it to MoH the first time in 2009 and continued to update it for the second submission to MoH in October 2011.

4.2. The process for approval of the Ministry of Health

- On the basis of the proposal made by the VNA, after the guidance of the Minister of Health, the Personnel Department - Ministry of Health has served as a focal point body to complete the set of basic competences of Vietnam nurses in accordance with regulation of the Ministry of Health.
- The Minister of Health has set up a professional committee to appraise the proposed basic competency standards for Vietnamese nurses. The committee consisted of 15 members and chaired by Associate Nguyen Viet Tien, Vice Minister of Health.
- The Personnel Department, Ministry of Health issued a written to request final comments of the various departments of the Ministry of Health to complete the set of basic competences of Vietnam nurses.
- The Minister of the MOH signed the Decision No 1352/QD-BYT dated 24th, April in 2012 to issue the basic competences of Vietnam nurses.
5. SUMMARY OF THE DOCUMENT

The set of basic competency standards for Vietnamese nurses is generally structured as that of Asia Pacific and ASEAN regions to meet the requirements of the region and to facilitate comparison with the basic competences of nurses in other countries. The set of basic competences of Vietnam nurses has been divided into 3 domains, 25 competencies and 110 indicators.

Each domain represents a crucial nursing function and covers a task. The basic competences were divided into 3 domains such as: Nursing care practice; nursing care management and development of nursing care profession; Legal and ethics.

Each competence is a domain component and is a task of a nurse.

Each indicator is a competency component. One indicator might apply to competencies and other areas.

The set of basic competency standards for Vietnamese nurses is carefully written, referred to many valuable resources, and received lots of good comments through multiple communication channels to adjust it suitable for the current status of the nursing professional in Vietnam nurses and integration trends.

PART TWO

BASIC COMPETENCES OF NURSES OF VIETNAM

DOMAIN 1: PATIENT CARE COMPETENCIES

COMPETENCY 1: DEMONSTRATES KNOWLEDGE BASE ON THE HEALTH/ILLNESS STATUS OF INDIVIDUAL/GROUPS/COMMUNITIES.

1. Indicator 1: Identify the health need of the individuals, families, population groups and/or communities (hereafter refers to patients/clients).
2. Indicator 2: Explain the health status of the clients/groups.

COMPETENCY 2: PROVIDE SOUND DECISIONS OF CARE APPROPRIATELY TO PATIENTS'/CLIENTS' NEEDS

3. Indicator 1: Collect and analyze information about health issues, disease to determine health problem and illness of individuals, families and communities.
4. Indicator 2: Make decisions of care for patients, families and communities safely and effectively.
5. Indicator 3: Perform nursing interventions to support individuals, families and communities to respond to the problem health/disease in accordance with cultural beliefs of the patient, patient family.
6. Indicator 4: Monitor the evolution of nursing interventions performed.
COMPETENCY 3: SET UP PRIORITIES IN NURSING CARE BASED ON PATIENTS’/CLIENTS’ NEEDS OF HEALTH CARE

7. **Indicator 1**: Analyze and identify priority patients/clients’ needs of care.
8. **Indicator 2**: Carry out appropriate nursing care to respond to priority needs/problems.

COMPETENCY 4: UTILIZE THE NURSING PROCESS AS FRAMEWORK FOR MAKING NURSING PLAN AND INTERVENTIONS.

9. **Indicator 1**: Perform comprehensive and systematic nursing assessment.
10. **Indicator 2**: Collect and record patients’/clients’ information appropriately
11. **Indicator 3**: Analyze and explain the information exactly.
12. **Indicator 4**: Formulate a health needs based care plan on the basis of collaboration and agreement with patients/clients, their family and team other members on the priority issues and clients’ expectations.
13. **Indicator 5**: Explain nursing interventions for patients, families and implement planned nursing care in a manner that ensures safety, comfort and efficiency for patients.
14. **Indicator 6**: Instruct patient/family to perform appropriate self-care.
15. **Indicator 7**: Evaluate and adjust care plan based on the patient’s health condition and expected outcomes.
16. **Indicator 8**: Perform necessary support for discharged patients.
17. **Indicator 9**: Provide health education on disease prevention to patients.

COMPETENCY 5: PROMOTE SAFETY, COMFORT AND PRIVACY OF PATIENTS/CLIENTS

18. **Indicator 1**: Deploy safety measures in all aspects of patients/clients care.
19. **Indicator 2**: Create a convenient environment for patients.
20. **Indicator 3**: Ensure privacy while providing care to patients.

COMPETENCY 6: PERFORM PROPER CARE TECHNIQUES FOLLOWING NURSING CARE PROCESS

21. **Indicator 1**: Comply with steps of nursing process in the professional scopes.
22. **Indicator 2**: Implement nursing techniques skillfully.
23. **Indicator 3**: Follow the rules of infection control.

COMPETENCY 7: ADMINISTER MEDICATION SAFELY AND EFFECTIVELY

24. **Indicator 1**: Take a complete patient’s drug history.
25. **Indicator 2**: Comply with rules while administering medication to patients.
26. **Indicator 3**: Explain and instruct patient about the drugs that is given to her/him
27. **Indicator 4**: Detect and perform necessary intervention if the patient had any drug reactions and report promptly to doctor and nurse in charge.
28. **Indicator 5**: Be aware of potential drug - drug or drug-food interactions.
29. **Indicator 6**: Evaluate the effects of medication.
30. **Indicator 7**: Document and inform well drugs administered to patient.
COMPETENCY 8: ENSURE CONTINUITY OF CARE
31. **Indicator 1:** Hand over the patient’s status to the next care team appropriately.
32. **Indicator 2:** Collaborate with patients, families and other team members effectively to ensure continuity of care.
33. **Indicator 3:** Set up necessary measures to implement continuous care for patients.

COMPETENCY 9: PERFORM FIRST AIDS AND ACTS ON EMERGENCIES
34. **Indicator 1:** Detect in time sudden changes in health condition of patients/clients.
35. **Indicator 2:** Give emergency interventions promptly and appropriately.
36. **Indicator 3:** Coordinate with other health team members effectively.
37. **Indicator 4:** Perform effective first aid for patients/clients.

COMPETENCY 10: ESTABLISH GOOD RAPPORT WITH PATIENTS/CLIENTS, FAMILIES AND TEAM MEMBER.
38. **Indicator 1:** Create trust and confidence for patients/clients, families and team members.
39. **Indicator 2:** Spend adequate time for communication with client/significant others and team members.
40. **Indicator 3:** Listen actively to patients/family’s concerns, complaints.

COMPETENCY 11: COMMUNICATE WITH THE PATIENTS/CLIENTS AND FAMILIES EFFECTIVELY
41. **Indicator 1:** Identify patients/client’s feelings and psychological needs through his/her body language and facial expressions.
42. **Indicator 2:** Communicate effectively with individuals, families and communities that have limitations in communication due to disease or psychological problems.
43. **Indicator 3:** Express words, gestures that motivate, encourage and comfort patients/clients.
44. **Indicator 4:** Demonstrate understanding of culture, belief of patients/clients, families and community when communicate with them.

COMPETENCY 12: UTILIZE COMMUNICATING CHANNELS AND AUDIO-VISUAL MEANS EFFECTIVELY TO FACILITATE CONTACT AND COMMUNICATE WITH PATIENTS/CLIENTS, FAMILIES AND COMMUNITIES.
45. **Indicator 1:** Utilize audio-visual facilities available to support communication with patients/clients, families and communities.
46. **Indicator 2:** Utilize effectively and appropriately communication methods with patients/clients, families and communities.

COMPETENCY 13: PROVIDE APPROPRIATE INFORMATION REGARDING HEALTH STATUS TO PATIENTS/CLIENTS
47. **Indicator 1:** Define appropriate information needed to inform to patient/family.
48. **Indicator 2:** Make psychological preparation for patients/clients and families before inform them the “bad” news.
COMPETENCY 14: DETERMINE NEEDS AND PERFORM HEALTH EDUCATION FOR INDIVIDUALS, FAMILIES AND COMMUNITIES.

49. **Indicator 1:** Collect and analyze information on the needs of health education of individuals, families and communities.

50. **Indicator 2:** Identify needs and content of information needed to provide to patients, families and communities.

51. **Indicator 3:** Develop health education plan fitting with socio-cultural features, beliefs of patients, families and communities.

52. **Indicator 4:** Develop health education materials fitting with patients, families and communities.

53. **Indicator 5:** Perform health education for individuals, families and groups appropriately and effectively.

54. **Indicator 6:** Perform evaluation effects of health education and adjust it necessarily.

COMPETENCY 15: ESTABLISH COLLABORATIVE RELATIONSHIP WITH COLLEAGUES AND OTHER TEAM MEMBERS

55. **Indicator 1:** Maintain good relationship with other team members, consider patient as a team member.

56. **Indicator 2:** Collaborate well with team member in order to make appropriate decisions for quality improvement.

57. **Indicator 3:** Recommend appropriate intervention to improve client care.

58. **Indicator 4:** Respect the role and views/opinions of other team members.

59. **Indicator 5:** Share information with other team members.

60. **Indicator 6:** Act as representative and advocacy role to protect patients/clients’ right and safety.

DOMAIN 2: MANAGEMENT AND PROFESSIONAL DEVELOPMENT COMPETENCIES

COMPETENCY 16: MANAGEMENT, RECORDING AND USE OF MEDICAL RECORDS ACCORDING TO REGULATIONS

61. **Indicator 1:** Apply principles of management and storage of medical records regulated by the law and by MOH.

62. **Indicator 2:** Keep information written in medical records confidentially.

63. **Indicator 3:** Record information in medical record accuracy and timely.

64. **Indicator 4:** Use collected data about patient’s health status as the basis to develop policy and to facilitate care activities provided to patients.

COMPETENCY 17: MANAGEMENT OF PATIENTS/CLIENTS CARE

65. **Indicator 1:** Manage individual tasks and time scientifically and effectively.

66. **Indicator 2:** Identify tasks or activities need be done based on degree of priority.

67. **Indicator 3:** Organize, coordinate, delegate tasks for team member scientifically and effectively.

68. **Indicator 4:** Demonstrate understanding of the relationship between management and utilization of resources effectively to ensure quality and safe care for patients/clients.
69. **Indicator 5:** Use informatics technology for management, for care of patients and for updated information.

**COMPETENCY 18: ESTABLISHES MECHANISM TO ENSURE PROPER FUNCTIONING OF EQUIPMENT**

70. **Indicator 1:** Establish mechanism to manage and operate equipment for patients/clients care and treatment.
71. **Indicator 2:** Plan for preventive maintenance program.
72. **Indicator 3:** Operate equipment, facilities used for nursing care to ensure safety, effectiveness and prevent health care associated infections.

**COMPETENCY 19: UTILIZE FINANCIAL RESOURCES TO SUPPORT PATIENTS/CLIENTS CARE.**

73. **Indicator 1:** Identify the cost-effectiveness in the utilization of resources.
74. **Indicator 2:** Develop budget proposal and deploy the plan to use resources for patient’s care needs effectively.

**COMPETENCY 20: MAINTAINS THE SAFE ENVIRONMENT**

75. **Indicator 1:** Comply with standards and safety codes prescribed by laws.
76. **Indicator 2:** Adhere to policies, procedures and protocols on prevention and control of infection.
77. **Indicator 3:** Comply to rules and regulations regarding care environment (water, air and noise)
78. **Indicator 4:** Comply with regulations regarding management and treatment of wastes.
79. **Indicator 5:** Define steps to follow in case of fire, earthquake and other emergency situations.
80. **Indicator 6:** Demonstrate understanding on areas related to occupational health and legal documents on safe working environment.

**COMPETENCY 21: IMPROVE THE QUALITY OF CARE AND RISK MANAGEMENT IN CARE ENVIRONMENT.**

81. **Indicator 1:** Be aware of the necessity of quality assurance activities, quality improvement through feedback and evaluation of regular practice.
82. **Indicator 2:** Detect and reports environmental risks in patient care and make appropriate corrective action.
83. **Indicator 3:** Solicits feedback from patients/clients and significant others regarding care rendered.
84. **Indicator 4:** Apply proper methods to improve quality of care.
85. **Indicator 5:** Participate in quality improvement activities in health care centre
86. **Indicator 6:** Share with the team member relevant information regarding patients/clients’ condition and significant changes in patients/clients’ environment.
87. **Indicator 7:** Review nursing care plan to improve quality of care as well as minimize potential shortcomings.
88. **Indicator 8:** Make appropriate proposals of means for care and preventions.
89. **Indicator 9:** Apply scientific evidences in nursing care to improve safety for patients.
COMPETENCY 22: CONDUCT NURSING RESEARCH AND IMPLEMENT EVIDENCE BASED PRACTICE

90. Indicator 1: Define and select research areas or research questions that are necessary, reasonable and feasible.

91. Indicator 2: Apply appropriate methods to conduct selected research issues.

92. Indicator 3: Apply appropriate statistical methods to analyze and interpret collected.

93. Indicator 4: Recommend appropriate research result based solutions.

94. Indicator 5: Present research findings to colleagues, patients and related persons.

95. Indicator 6: Utilize research findings in nursing practice to improve quality of nursing practice.

COMPETENCY 23: MAINTAIN PERSONAL AND PROFESSIONAL DEVELOPMENT

96. Indicator 1: Identify own learning needs, strengths, weaknesses/ limitations.

97. Indicator 2: Pursue continuing education, participates in formal and non-formal education; Apply learned information for the improvement of care.

98. Indicator 3: Get involved in professional organizations and civic activities.

99. Indicator 4: Project a professional image of the nurse, demonstrate good manners and right conduct at all times.

100. Indicator 5: Possess positive attitude towards change and criticism, listen to suggestions and recommendations, try new strategies or approaches and adapt to changes willingly.

101. Indicator 6: Perform function according to professional standards.

102. Indicator 7: Contribute to improve training and professional development for colleagues.

103. Indicator 8: Contribute to improve the role and status of nursing profession in the health sector and in society.

DOMAIN 3: LEGAL AND ETHICS COMPETENCIES

COMPETENCY 24: ADHERE TO PRACTICE IN ACCORDANCE WITH THE LAW AND OTHER RELEVANT LEGISLATION DOCUMENTS.

104. Indicator 1: Practice in accordance with the laws related to health, regulations of the Health Ministry and nursing practice.

105. Indicator 2: Compliance with the provisions of the work base.

106. Indicator 3: Implement codes of conduct of the unit/organization and law.

107. Indicator 4: Record and keep care records and documents related to the patient, the health problems of patients in accordance with the standard care practices.

COMPETENCY 25: PRACTICE IN ACCORDANCE WITH ETHICO-MORAL RESPONSIBILITIES


109. Indicator 2: Compliance with national and international standards of professional ethics in nursing practice.

110. Indicator 3: Report the violation to the competent agencies and take responsible for that report.