GUIDELINE MANAGEMENT AND IMPLEMENTATION OF CLINICAL TRAINING FOR NEW NURSES
GUIDELINE
MANAGEMENT AND
IMPLEMENTATION OF CLINICAL TRAINING FOR NEW NURSES
# LIST OF AUTHORS

## EDITORS

<table>
<thead>
<tr>
<th>Author</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>PhD. Nguyen Minh Loi</td>
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## AUTHOR GROUP

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<tr>
<td>Msc. Pham Duc Muc</td>
<td>President of Vietnam Nurses Association</td>
</tr>
<tr>
<td>Msc. Nguyen Thanh Duc</td>
<td>Former Head of Post-graduate Training and Continuing Medical Education Management Division, Administration of Science Technology and Training, Ministry of Health</td>
</tr>
<tr>
<td>Msc. Lai Vu Kim</td>
<td>Former Officer of Education Management Division, Administration of Science Technology and Training, Ministry of Health</td>
</tr>
<tr>
<td>PhD. Nguyen Thi Minh Chinh</td>
<td>Director of Pre-clinical Practice Center, Nam Dinh University of Nursing</td>
</tr>
<tr>
<td>Msc. Huynh Thi Binh</td>
<td>Former Head of Nursing Faculty, Hai Duong Medical Technical University</td>
</tr>
<tr>
<td>Msc. Nguyen Minh Nguyet</td>
<td>Former Lecturer of Faculty of Clinical Medicine, Hanoi University of Public Health</td>
</tr>
<tr>
<td>Msc. Nguyen Bich Luu</td>
<td>Vice President of Vietnam Nurses Association</td>
</tr>
<tr>
<td>BSN. To Thi Dien</td>
<td>Vice President of Vietnam Nurses Association</td>
</tr>
<tr>
<td>PhD. Phan Thi Dung</td>
<td>President of the Vietnam Surgical Nursing Branch, Vietnam Nurses Association</td>
</tr>
</tbody>
</table>
Msc. Pham Thu Ha  
Standing member of Executive Committee, Vietnam Nurses Association

Msc. Ha Thi Kim Phuong  
Head of Division of Nursing - Nutrition - Infection Control Division, Medical Services Administration, Ministry of Health

Msc. Bui Minh Thu  
Head of Nursing Department, Bach Mai Hospital

Msc. Nguyen Thi Anh  
Officer of Nursing Department, Bach Mai Hospital

Msc. Nguyen Thi Viet Nga  
Head of Nursing Department, Saint Paul General Hospital

Msc. Nguyen Dinh Khang  
Officer of Practice Management Division, Vinh Phuc Department of Health

NSI. Dinh Thi Ngoc Thuy  
Head of Cursing Department, Vinh Phuc Provincial General Hospital

Msc. Nguyen Thi Nhu Tu  
Deputy Head of Medical Services Department, Binh Dinh Department of Health

NSI. Truong Thi Huong  
Head of Nursing Department, Binh Dinh Provincial General Hospital

NSI. Le Ho Thi Huyen  
Head Nurse of Pediatrics Department, Binh Dinh Provincial General Hospital

Msc. Huynh Tu Anh  
Deputy Head of Medical Services Department, Dong Nai Department of Health

BSN. Tran Thi Huong  
Deputy Head of Nursing Department, Dong Nai General Hospital

MSc. Nguyen Do Thi Ngan Trang  
Head of Nursing Department, Thong Nhat General Hospital, Dong Nai province

NSI. Ta Van Hien  
Deputy Head of Medical Services Department, Dien Bien Department of Health

BSN. Dang Thi Tu Loan  
Head of Nursing Department, Dien Bien Provincial General Hospital

BSN. Cao Thi My  
Officer of Nursing Department, Dien Bien Provincial General Hospital

NSII. Truong Thi Thu Huong  
Vice President, Bach Mai Medical College
Msc. Nguyen Thanh Thuy  
*Head of Nursing Faculty, Hanoi Medical College*

Msc. Ly Thi Phuong Hoa  
*Vice Head of Medicine Faculty, Tra Vinh University*

**REVISION, CORRECTION GROUP**

Msc. Pham Duc Muc  
*President of Vietnam Nurses Association*

Msc. Nguyen Thanh Duc  
*Former Head of Post-graduate Training and Continuing Medical Education Management Division, Administration of Science Technology and Training, Ministry of Health*

PhD. Nguyen Thi Minh Chinh  
*Director of Pre-clinical Practice Center, Nam Dinh University of Nursing*

Msc. Huynh Thi Binh  
*Former Head of Nursing Faculty, Hai Duong Medical Technical University*

Msc. Nguyen Minh Nguyet  
*Former Lecturer of Faculty of Clinical Medicine, Hanoi University of Public Health*

**CONTRIBUTORS**

Assoc. Prof. PhD. Nguyen Quoc Huy  
*Head of Education Management Division, Administration of Science Technology and Training, Ministry of Health*

Msc. Lai Vu Kim  
*Former Officer of Education Management Division, Administration of Science Technology and Training, Ministry of Health*

Msc. Pham Ngoc Bang  
*Officer of Education Management Division, Administration of Science Technology and Training, Ministry of Health*

Msc. Pham Thi Kim Thanh  
*Officer of General Office, Administration of Science Technology and Training, Ministry of Health*

PhD. Horii Satoko  
*Chief Advisor, JICA Nursing Project*

MPH. Amaike Naomi  
*Long-term Expert, JICA Nursing Project*

Msc. Desilva Tomomi  
*Coordinator, JICA Nursing Project*

BSN. Fukatani Karin  
*Former Long-term Expert, JICA Nursing Project*
LIST OF ACKNOWLEDGEMENT

PhD. Kurosu Hitomi  
Expert on Infection Control / Nursing Management, JICA Project for Improvement of Hospital Management Competency

Msc. Moriyama Jun  
National Center for Global Health and Medicine, International Cooperation Department, Human Resources Division, Capacity Development

PhD. Suenaga Yuri  
Professor, school of nursing, Tokyo Health Care University nursing school

PhD. Yokoyama Miki  
Professor, school of nursing, Tokyo Health Care University nursing school

Msc. Adachi Yoko  
Assistant Professor, School of nursing, Tokyo Health Care University nursing school

Msc. Kawano Megumi  
Candidate of Master of Science in Nursing, Graduate School of nursing, Tokyo Health Care University nursing school

PhD. Sakai Shima  
Associate professor, school of nursing, Tokyo Women’s Medical University
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领导ships 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 BE HALF OF EDITION TEAM

JICA NURSING PROJECT

HORII Satoko

Project Chief Advisor

(Signed)

EDITION TEAM LEADER

Pham Duc Muc

President of Vietnam Nurses Association

(Signed)
## ABBREVIATION

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<thead>
<tr>
<th>Abbreviation</th>
<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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<tr>
<td>JICA</td>
<td>Japan International Cooperation Agency</td>
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PART I. OVERVIEW

1. INTRODUCTION

It is mentioned in the Law on Medical Examination and Treatment no.40/2009/QH12 dated 23 November 2009 that new graduated nurses need to complete 9 months of clinical practicing (Article 24) before registering their professional license. Decree No. 109/2016/NĐ-CP dated 1st July 2016 regulating on guidance of nursing license issuance and business license to health facilities. The Article 16 of this Decree shows the organization of internship. However, current legal documents have not stipulated clearly training program, training materials and evaluation method before issuance of clinical practice certificate.

According to medical statistics, there are more than 30,000 new graduated nurses each year from intermediate, college and university levels. Health facilities who are implementing clinical training for new nurses have no standard training program and curricula; have not enough preceptors; have not developed the system for training management, supervision, monitoring and evaluation on quality of clinical training.

Hence, the Ministry of Health in cooperation with the Japan International Cooperation Agency (JICA) conducts the project “Strengthening clinical training system for new graduated nurses in Vietnam”. The Project has developed first version of training materials and started pilot training in April 2017. After trial implementation in 5 provinces and city, the Project collected public comments from relevant people in order to develop 3rd version in line with actual situation.

The set of training materials developed by the Project includes 4 modules: Training curriculum for new nurses, Training material for new nurses; Training Program and Materials for preceptors; Guidance on management and implementation of clinical training for new nurses.

The “Guideline Management and Implementation of clinical training for new nurses” is compiled on revised material, named “Guideline on Monitoring – Supervision – Auditing the clinical training for new nurses” and Chapter on Clinical training implementation for new nurses of 1st version material “Clinical training program and material for new nurses”. It also provides a part of “plan development” and some forms for monitoring; evaluation; training plan development; and evaluation plan of trainee’s achievement. This material will use for guiding hospital on capacity building of training system; plan development; implementation; evaluation/ support, monitoring the clinical training for new nurses. When using and implementing materials in health facility, Compilation Committee would like to receive the comments from colleagues in order to continuously improve and toward the development of nursing sector that go in line with general movement of society and current regulation.

2. PURPOSE OF GUIDELINE

The Vietnam’s Ministry of Health in collaboration with JICA-Japan together with nursing experts and the Vietnam Nurses Association develop “Guidelines on management and implementation of clinical training for new nurses” for the purpose of:
- Guide to organize and implement clinical training for new nurses.
- Guide to develop training plan and training evaluation plan.
- Guide to supervise/support, monitor and evaluate clinical training for new nurses.
- Guide to evaluate training course and training plan of the health facility.

This guideline uses to develop human resources of clinical training system for new nurses.

It will periodically review and revise in order to go in line with needs and development of society and nursing context.

3. LEGAL BASIS

3.1. Legal basis

Pursuant to the Law on Examination and Treatment of the National Assembly of the Socialist Republic of Vietnam No. 40/2009/QH12 dated 23 November 2009 (Article 24);

Pursuant to Decree 109/2016/ND-CP dated 1 July 2016 on issuance of practice certificates to healthcare practitioners and operation licenses to healthcare facilities;

Pursuant to Decree 155/2018/ND-CP dated 12 November, 2018 of the Government on amendments to some articles related to business conditions under state management of the Ministry of Health;

Pursuant to Joint Circular 26/2015/TTLT-BYT-BNV dated 7/10/2015 of Ministry of Health and Ministry of Home Affairs issued new professional standards and scope of work for nurses, midwives and technicians (Article 4, Article 5, Article 6);


3.2. Situation basis

At the present, nurses are trained at different educational institutions so that leading to unequal competency levels after graduation. Many schools lack of pre-clinical center while clinical practice environment in hospitals is facing difficulties due to financial issues which influence to the clinical practice capacity of nurses after graduation.

The urgent need for standardizing clinical practice for new nurses, ensuring the quality of nursing practice and helping nurses improve their professional patient care.
PART II. CLINICAL TRAINING SYSTEM FOR NEW NURSES

1. TERM INTERPRETATION

Some words/phrases used in this Guideline are construed as following:

(1) Clinical training management (referred to as training management): including administrative and professional management. Nursing Department or Head of Nursing Department in charges in professional field in training management.

(2) Clinical preceptor (referred to as preceptor): is a person who directly guides new nurses on clinical practice.

(3) New graduated nurse (hereafter new nurse): is a nurse who has graduated from intermediate and upper level; has not yet granted Nursing License.

(4) Training establishment: is a medical examination and treatment establishment (so called the hospital) that meets criteria in Section 2.2.

2. RELEVANT CRITERIA IN CLINICAL TRAINING FOR NEW NURSES

2.1. Criteria of trainees

- 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 to recognize for completion of clinical practice by Law on Medical Examination and Treatment.

2.2. Criteria of qualified hospitals for organizing training course

In order to become qualified training establishment for organizing clinical training for new nurses, hospital needs to meet following criteria:

Criterion 1: Hospital ranks in Grade 3 or divides technical expertise equivalent to Grade 3 and upper;
Criterion 2: Having adequate teaching-learning equipment for theoretical teaching and practical training in line with program.
Criterion 3: Having clinical departments so that trainees can practice all content of clinical curriculum (except in case of linking with other hospital);
Criterion 4: Assigning hospital leader to be in charge of training; having person in charge of training management;
Criterion 5: Assigning nurse to be in charge of training;
Criterion 6: Assigning person in charge of clinical preceptor.
3. CLINICAL TRAINING SYSTEM FOR NEW NURSES

3.1. Management agencies

3.1.1. Ministry of Health

- The Administration of Science Technology and Training, Ministry of Health acts as focal point on management function, coordination activities within training system. The details come as following:
  
  + Issuing the clinical training program for new nurses and using it as good evidence to nationwide scale-up. The Training program will be reviewed and revised in accordance with current regulations.
  
  + Conducting the supervision, monitoring and evaluation on implementing clinical training for new nurses.
  
  + Providing instructions and supports relevant organizations to conduct training course on management for DoHs, Sectorial of Health and central hospitals when those organizations in needs.
  
- Other relevant Administrations/Departments: Medical Service Administration; Department of Accounting and Finance etc... depending on their functions and responsibilities, they will cooperate with ASTT to develop relevant policies for better improvement of training system in hospitals.

3.1.2. Department of Health

- Being responsible for periodical or ad-hoc management, monitoring and evaluation of clinical training for new nurses activities in affiliated hospitals.

- Assigning a functional unit to be in charge of this training activities.

- Organizing periodical or ad-hoc meetings to share experience, to solve problems/challenges during training implementation in the hospitals.

- Developing annual budget estimation plan for clinical training for new nurses in the province and submitting to Provincial People’s Committee in according to State Budget Law

- Acting as focal point among functional agencies to conduct training course on management for affiliated agencies in the province.

- Instructing and coordinating the supporting activities for affiliated hospitals.

- Annually reporting to MoH on clinical training for new nurses’ activities in the province.

3.1.3. Sectorial/Ministrial of Health:

- Monitoring and evaluate clinical training for new nurses in affiliated hospitals.

- Consulting to leader of Sectorial/Ministrial of Health solutions to improve quality and efficiency of clinical training.

- Developing annual budget plan of clinical training for new nurses and submit it to Minister in according to Law on State Budget.
3.2. Supporting agencies

3.2.1. Vietnam Nurses Association
- Providing technical support and consultation to hospitals where conduct clinical training for new nurses.
- Cooperating with Administrations/Department of MoH to develop and revise training program, conduct preceptor training, and organize management training course, monitoring and evaluation.

3.2.2. Provincial/City level and branches of the Vietnam Nurses Association
- Providing technical support, consultation and coordinating with hospitals where conduct clinical training for new nurses.
- Cooperating with the Nursing Department to make plan for developing its training system.

3.2.3. Nursing Universities, Colleges and Schools
When receiving request for supporting, nursing school, college and university provide the below-mentioned supports to hospitals where conduct clinical training for new nurses:
- Providing correct spelling: lecturers, experts on training management for developing training system.
- Providing pre-clinical practice equipment and facilities during clinical training for new nurses.
- Coordinating with functional units to give support, monitoring and evaluation.

3.3. Implementing agencies
The hospital which eligible to organize clinical training for new nurses is implementing agency. Hospital director decides training system of the hospital, gives instruction to person in charge/management unit to ensure the most effective system operation.

Hospital’s divisions/departments shall closely cooperate and work flexibility during training implementation. In some necessary cases, the hospitals should closely coordinate and support each other for implementation under the coordination of DoH and hospitals’ leaders.

Clinical training system for new nurses from central to local province
Regarding to current situation of the hospital, Hospital director assigns PIC or functional departments to involve in above training system. This is training for new nurses. Hence it recommends that hospital director should assign Nursing Department in-charge for “Training management” in according to above diagram. If not, the role of Nursing Department still plays important and it involves in all activities of training management.

Nursing Department with its functions and tasks directly involves in the training system as being in charge of expertise in plan development, training implementation and evaluation on clinical training for new nurses.

The duties of each position in clinical training system for new nurses list as following:

1. Hospital director: in charge of training activity
   - He/she takes responsibility for whole training process and results in the hospital (overall responsibility). He/she instructs capacity building for nurses in the hospital that in line with DoH.
   - He/she approves training plan and decides on whether to coordinate with other training establishments (in case the hospital connects with other training establishments).
   - He/she instructs and assigns person-in-charge/or unit-in-charge of training management.
   - He/she receives DoH’s instruction and support from experts in order to operate effectively the training system.
   - He/she confirms the clinical practice period for new nurses according to regulations.

2. Training management
   - It develops clinical training plan for new nurses in the hospital and then submits to hospital leader for approval. In case that Nursing Department does not directly assign in training management, it should take part in all of its activities.
   - It coordinates with Chief Nurses to develop detailed training plan.
   - It manages and coordinates the clinical training for new nurses in the hospital.
- It instructs and guides chief nurses to develop training plan, evaluation plan for new nurses in their clinical department.
- It collects evaluation report on final achievement level of new nurses.
- It coordinates with chief nurses to propose the modification and revised training content (theory and practice), method to implement training etc... in order to match with current situation and submit them to the hospital director for approval.
- It works with other functional division/department such as: Division of General Planning, Division of Organizational and Personnel, DOHA to develop and conduct monitoring and evaluation in according to annual plan.
- It in-charges of report the periodic and ad-hoc training evaluation of the hospital. And it will request for technical supporting (if necessary).

3. Head nurse: in charge of clinical training
   - He/she develops training plan and evaluation plan in his/her clinical department.
   - He/she organizes and evaluates training in his/her clinical department.
   - He/she can directly guide new nurses.
   - He/she evaluates new nurses’s level of achievement.
   - He/she assigns and supports preceptors on guiding new nurses.

   Head Nurses must attend and complete preceptor training course. In addition, they should have capacity to manage clinical training for new nurses in their clinical departments.

4. Preceptor
   - He/she directly guides new nurses during their clinical training.
   - He/she evaluates and gives comment new nurses within their scope of work.
   - He/she supports nurses in charge of training to implement clinical training for new nurses within their clinical department.

5. New nurse
   - They fully attend 09 months of training course.
   - They comply with hospital regulations; study and practice under guideline/instruction of nurse in charge of training and preceptors.
   - They actively study and practice according to training program in order to obtain acquired competencies.

   Other relevant functional divisions/departments in the hospital such as: Personnel and Organization; General Administration; Finance and Accounting; DOHA; Quality Control etc…will coordinate to develop plan and implement training. Hospital director instructs and assigns relevant functional divisions to closely work together in order to effectively operate training system.
PART III. CLINICAL TRAINING CURRICULUM FOR NEW NURSES

1. ACQUIRED COMPETENCIES OF NEW NURSES AFTER CLINICAL TRAINING

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. OBJECTIVES

2.1. Overall objective

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

2.2. Specific objectives

2.2.1. Knowledge

1. Explain the steps of the nursing process.
2. Present the regulations on management, operation, maintenance and utilization of patient care resources.
3. Identify situations applying Standard precaution in patient care.
4. Identify risk behaviors and solutions to ensure patient safety related to nursing activities.
5. Identify proper health consultation, education needs of the patient and family.
6. Present relevant legal document, regulations to nursing activities in the hospital.

2.2.2. Skill

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).
2. Implement basic nursing techniques to the patient ensuring safety and effectiveness.
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.
4. Properly implement standard precaution and hospital infection control.
5. Properly implement regulations on patient safety in caring practice and medical adverse event report.
6. Communicate with patients, their family and colleague taking into account of their culture and belief.
7. Provide enough and timely information and implement proper health education for patients and their family.
8. Operate and maintain official working equipment in accordance with procedures, regulations, ensure the safety and effectiveness
9. Record and manage medical records according to regulations
10. Perform team work in patient care
11. Apply IT in patient care
12. Apply basic competency standards in patient care

2.2.3. **Attitude**
1. Comply with the provisions of the relevant Laws and ethical standards while practicing professions
2. Continue self-learning for personal and professional development
3. Behave carefully, meticulously and honestly, and respect and cooperate with patients and colleague, and taking personal and professional responsibility to ensure patient safety

3. **CLINICAL TRAINING CURRICULUM FOR NEW NURSES**

3.1. **Targeted Trainees**

Targeted trainee is nurse who attends clinical training in (qualified) health facility and receives support from preceptor. He/she should meet below requirements:

- Having a diploma of nursing school and upper;
- Not yet received the Nursing license;
- Voluntary participation in training.

3.2. **Training program**

3.2.1. **Knowledge and skill allocation by number of weeks**

<table>
<thead>
<tr>
<th>No.</th>
<th>Contents</th>
<th>No. of weeks</th>
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<tbody>
<tr>
<td>1</td>
<td>Orientation, Law and Professional ethics</td>
<td>01</td>
</tr>
<tr>
<td>2</td>
<td>Professional content</td>
<td>34</td>
</tr>
<tr>
<td>3</td>
<td>Review and evaluation</td>
<td>03</td>
</tr>
<tr>
<td></td>
<td><strong>Total:</strong></td>
<td><strong>38</strong></td>
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3.2.2. **Teaching/learning knowledge allocation by number of units**

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<tr>
<th>No.</th>
<th>Contents</th>
<th>No. of units</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Theory and practice (OFF-JT)</td>
<td>76</td>
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<tr>
<td>2</td>
<td>Clinical studying at department (OJT)</td>
<td>1,324</td>
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<tr>
<td>3</td>
<td>Review, Self-study, Test and Evaluation.</td>
<td>120</td>
</tr>
<tr>
<td></td>
<td><strong>Total:</strong></td>
<td><strong>1,520</strong></td>
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PART IV. TRAINING CURRICULUM FOR PRECEPTOR

In order to well and effectively operate clinical training system for new nurses, Hospital director should concern about training and capacity building for human resources of this system. Every position in the system must be trained so that they are able to operate the system. This is even more necessity in the current situation because lacking capacities of nurses in some hospitals.

It is important to conduct continuing education for members of clinical training system so that it will continuously improve and build operational capacity for the system.

1. REQUIRED COMPETENCIES OF PRECEPTOR AFTER TRAINING

Clinical preceptor needs to have capacity to guide new nurses in line with competency-based approach. The specific outcomes as following:

(1) Developing clinical lesson plan and delivering the lesson for new nurses in accordance with the lesson plan and hospital’s plan;

(2) Guiding and technically supporting new nurses;

(3) Applying clinical learning-teaching methods, evidence-based practice, proper assessment and evaluation in accordance with content of training and subject of trainees.

2. OBJECTIVES

2.1. Overall objective

To train amount of qualified clinical practice trainers who are capable to make plan and implement practical clinical training for new nurses towards competency-based approach.

2.2. Specific objectives

2.2.1. Knowledge

- Analyzing main content of clinical training program for new nurses.
- Analyzing roles of preceptors in clinical training for new nurses.
- Describing necessary skills of preceptors.
- Analyzing characteristic of adult learner and adult learning methodology.
- Identifying characters of competency-based and objective-based education methods.
- Clarifying methods of assessment and evaluation using in clinical training for new nurses.

2.2.2. Skills

- Implementing clinical training plan for new nurses effectively.
- Making clinical lesson plan and conduct that lesson by case study/ actual patient.
- Applying active learning method in clinical training for new nurses effectively.
- Applying active learning methods with/without patients.
- Using proper assessment and evaluation methods to evaluate competency of new nurses.
- Using active supportive skill and feedback skill in training for new nurses in accordance with the objectives and needs of trainees and encourage them to be independent.

2.2.3. **Attitude**

- Demonstrating interest and willingness to transfer professional experience to new nurses.
- Being a model of nurse in caring and serving patients for new nurses to learn.

### 3. Training Curriculum for Preceptor

#### 3.1. Targeted trainee

Trainees who are directly in charge of clinical training for new nurses at medical facilities need to meet following criteria:

- Having nursing education at college level at least;
- Having professional license relating to the fields of training;
- Having 3 years of clinical experience at least and being capable person to perform professionally nursing technique.
- Having appointment from hospital’s leaders to participate the training course and having been assigned as preceptor in clinical training for new nurses.

#### 3.2. Training program

Training duration: 5 days x 8units/day

At the end of training course, if eligible, trainee will be granted a certificate of completion named “Training program for preceptor in clinical training for new nurses” as prescribed in the Circular on continuing education of Ministry of Health.

<table>
<thead>
<tr>
<th>No.</th>
<th>Contents</th>
<th>No. of units</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Opening; pre and posttest; Closing</td>
<td>2</td>
</tr>
<tr>
<td>1</td>
<td>Overview of training for preceptor in clinical training for new nurses</td>
<td>2</td>
</tr>
<tr>
<td>2</td>
<td>Overview of clinical training for new nurses</td>
<td>6</td>
</tr>
<tr>
<td>3</td>
<td>Teaching – learning methodology in clinical training for new nurse</td>
<td>8</td>
</tr>
<tr>
<td>4</td>
<td>Evaluation and assessment in clinical training for new nurses</td>
<td>8</td>
</tr>
<tr>
<td>5</td>
<td>Lecture plan, implementation and evaluation of lecture plan</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>40</strong></td>
</tr>
</tbody>
</table>
1. TRAINING PLAN

Every year, Hospital director will instruct the development of clinical training plan for new nurses in the hospital, including:

- Training plan for nurse in charge of training and preceptor: it integrates with continuing medical education training of the hospital.
- Training for new nurses includes annual training plan and training plan.

Training manager acts as focal point and actively co-operates with functional divisions and nurse in charge of training to develop hospital’s training plan; and then submit to hospital director for approval.

Because it is the training plan for nurses so the Nursing Department must always involve in process of hospital’s training plan development.
1.1. Attentions for plan development
- Identify fully and specifically the needs;
- Identify short-term and long-term objectives;
- Be relevant and integrate with other hospital’s activity plans;
- Consistent with actual situation of the hospital such as: organizational size, human and material resources;
- Combine OFF-JT and OJT training;
- Consider the evaluation tool and method to be used;
- Overall plan must be feasible.

1.2. Task assignment for plan implementation
- Hospital director: gives overall instruction on plan development and supports to operate effectively the hospital’s training system.
- Training manager: takes responsibility on training plan development and submits to hospital leader for approval. He/she coordinates with others and conducts clinical training for new nurses in the hospital.
- Nursing Department: has its responsibility to conduct training and assign tasks for nurses in hospital in according to MoH’s regulations. Nursing Department always actively works with PIC of training/management unit to develop training plan and plays important role to implement training plan, evaluate and monitor training plan.
- Head Nurse: organizes, assigns and supports preceptors and he/she also can directly guide new nurses in regarding to approved hospital’s training plan.
- Preceptor: follows instruction assigned by Head Nurse, ensures new nurses having good learning environment and achieves the best result.
- Relevant divisions/units: depending their functions and specific assigned tasks in training plan, they will actively support the training plan development and implementation.
- New nurse (trainee): actively, self-discipline and follows guideline of preceptors in order to have the best learning result. They strictly comply with training regulations and hospital regulations.

2. EVALUATION PLAN
    Training manager actively coordinates with Chief Nurses and relevant divisions to ensure the quality... and develop evaluation plan of clinical training for new nurses in the hospital, including:
- Evaluation plan for trainee and training course;
- Evaluation plan for training plan.
We conduct evaluation together with confirming the learnt content, giving feedback so that new nurses feel confident to grasp knowledge and develop their capacity. Putting together the new nurse’s self-evaluation and results evaluated by preceptor or head nurse, preceptor and new nurse work on the evaluation in the way of enhancing improvement.

2.1. Trainee evaluation and training evaluation

2.1.1. Evaluation time

We evaluate trainee at the beginning, after 3 months, 6 months and at the end of training course. At the beginning, we evaluate new nurse in order to make clearly implementation content during clinical training. Then, after 3 months and 6 months, we evaluate result to see the new nurse’s achievement level after period of time. At the end, after 9 months, the evaluation aims to identify final achievement level.

In case of rotation among clinical department, we can further evaluate new nurses when they complete practice time in each clinical department (before move and conduct practicing in other clinical department).

2.1.2. Evaluation method

Based on the competency checklist following Competency Standards for Vietnam nurses, the category divides into 3 levels:

- 0 level: cannot do
- 1 level: can do with support, need to be improved
- 2 level: can do independently

There are 110 indicators and divide into 3 groups:

- 15 indicators marked (*) presents indicators which the clinical training program for new nurses do not cover but still evaluate for reference.
- 35 indicators require level 1
- 60 indicators require level 2

Indicators marked (*) still be evaluated but their results will not take into account for trainee’s assessment in evaluation time.

2.1.3. Evaluator

- At the beginning: trainee conducts self-evaluation to identify their needs in learning.
- After 3 months, 6 months and 9 months: new nurse does self-evaluation and also be evaluated by preceptors.

New nurse develops his/her learning portfolio in order to keep track his/her study process and record achievement level after each periodic evaluation. The comparing results among periods will help new nurses recognizing their improvement or some parts should be improved to match with learning objectives.
2.2. Training plan evaluation

Clinical training for new nurses needs to conduct periodic monitoring and evaluate training results.

2.2.1. Annual evaluation

The previous year training results will be evaluated and reflected into upcoming year plan development.

The clinical training evaluation shall cover the suitability of targeted trainees (new nurses), number of completions, current objective acquired level. The training for preceptors and head nurses, training system operation, training budget and training plan also need to be evaluated. When conduct evaluation, it is better to know whether they need external supports or not.

2.2.2. Periodic evaluation

It evaluates whether the training implementation as planned, level of objectives completion and challenges during implementation. The monitoring and discussion are necessary to held in certain of time in order to revise and modify training plan (if necessary).

2.2.3. Training course evaluation

The evaluation of training course not only assess changes in knowledge, skills or the satisfactions of trainees, but also assess the level of achievement of required objectives when completing the training program. This evaluation result is for enhancing personal capability involved in the training activity.

Training evaluation is carried out to confirm the appropriateness of the training program, the level of achievement of the training program’s objectives. The objectives, content, methods, training system, trainers, curriculum, planning, proper implementation timing, venue, budget allocation etc. will be considered.
1. TRAINING FOR NEW NURSES

1.1. Receiving new nurses of clinical training

   It follows Article 16 Decree 109/2016/ND-CP dated 1 July 2016 on issuance of practice certificates to healthcare practitioners and operation licenses to healthcare facilities.

   - New nurse shall send an application for practice and valid copies of nursing qualification;
   - After receiving the application for practice, if the application is approved, the Hospital director shall conclude an internship contract with new nurses.
   - Department in charge for training management or Nursing Department collect list of new nurses who want internship in the hospital and submit it to Hospital director for training plan approval (when satisfied all requirements)

1.2. Assign the preceptor

   Basing on the needs of new nurses and current situation of hospital, Head of Nursing Department consults Hospital Director to assign clinical preceptors. Preceptor will guide maximum 5 new nurses in certain of time.

1.3. Guide the new nurses

   - New nurses study continuously in 09 months.
   - When teaching theory lessons, there are some remarks as following:
     + Promoting the autonomy and self-study of new nurses, especially for theory lessons which have learned at school, the trainee has to self-study, find additional materials for deeper understanding and better utilization. Preceptors support and provide some more theory while new nurses practicing.
     + Updating the latest knowledge, legal documents, suitable with reality.
     + Using more group discussion and case study in teaching method in order to avoid boring and dogmatic theory part.

   - When teaching practical lessons, there are some remarks as following:
     + Regarding the results of competency based assessment of the new nurse at the beginning of training, for some high-risk intervention techniques which new nurse is not able to perform on patient, it is necessary to study at pre-clinical facilities before entering clinical practice. Some hospitals do not have pre-clinical facility or this facility does not meet requirements for clinical training, they should coordinate with other hospitals or nursing school.
     + Instructing techniques from easy to difficult; from simple to complex; and single to combined etc…
Patient safety must be ensured by monitoring patient status before, during and after conduct techniques.

All techniques in training course should be guided fully. 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 actively. 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.

We encourage the rotational training among clinical department during implementation of clinical training for new nurses in order to study more skills and clinical cases. New nurses take part in working shifts and study during non-business hour with preceptor.

Number of trainees of each course at one hospital depends on training system of the hospital; having enough preceptors, number of clinical departments/beds, facilities in according to regulations.

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.

Combining training method at the clinical departments (so called OJT) with gathering training (so called Off-JT) to optimize the result.

Each new nurse shall form the learning portfolio to monitor and evaluate his/her studying progress and improvement. Due to the different academic and capacity level at the beginning time, new nurse should build specific objectives for him/herself. In order to enhancing capacity and achieved result, new nurse needs to use effectively the learning portfolio. It reviews and reflects the growth of new nurses.

1.4. Issuance of practice certificate

Hospital where organizes clinical training for new nurses shall grant the Practice Certificate according to Clause 5 Article 16, Decree 109/2016/ND-CP dated July 1, 2016 guiding on issuance of practice certificates to healthcare practitioners and operation licenses to healthcare facilities. The trainees will receive the certificate if they meet with following training requirements:

- Attend 100% of practical hours and participate at least 80% of theoretical hours in training program;
- Complete exercises on nursing process and health education;
- Evaluation result of acquired competencies after the training from achieved and upper, as following:
  + For 35 indicators of 1 level: achieved ≥ 1
  + For 60 indicators of 2 level: achieved 2
  + There is no indicator of 0 level, except 15 indicators marked (*)


- Preceptors give comments in written form: achieved training’s objectives.

Hospitals conduct clinical training for new nurses must record profile of trainees and their learning results. List of Practice Certificates must code, record and have signature of receivers.

2. PRECEPTOR TRAINING

In order to train number of preceptors and Head nurse in charge of clinical training, it is important that hospital leader assigned person in charge of training management in the hospital to positively and actively coordinate with continuous training management units of the hospital to develop necessary training plan to secure necessary number of preceptors and quality of the training course. Hospital leaders have to acknowledge it as a duty for development of training system in the hospital.

Preceptors have to update and enhance their knowledge and professional competencies frequently. Annually, preceptors are responsible to join in related continuous training courses to update and strengthen their competencies.

The health facility can actively conduct the training for preceptors in order to secure necessary number of preceptors and quality of the training course. Principles of training implementation are as follows:

- The health facilities with CME: can actively and independently organize training for preceptors according to approved “Training program for preceptor in clinical training for new nurses”. Trainers of this training course are nurses in charge of training or training management level staff who have received training in the hospitals. In case, any facility does not have enough resources to train preceptor, they must coordinate with the qualified hospitals, Department of Health in province and Provincial VNA for trainers, technical support.

- The health facilities without CME: The leader of health facility appoints trainees to join in training course for preceptors which are organized by qualified hospitals/facilities; or they request Provincial Department of Health, Provincial VNA and any qualified hospital to support the implementation of training for preceptor in that facility itself. Appropriate number of trainees is not exceeding 30 per course. Trainers and trainees must satisfy all criteria mentioned in the training program. Each course requires a coordinator to ensure the training schedule and logistics arrangement of the class. For each lesson, there should be 1-2 trainers and 01 facilitator to replaced/assist when in need.

Training schedule should be flexible depending on the circumstances and conditions (trainers, trainees, infrastructure...). The order of lessons may change but must secure logicality and the objectives of the whole course. For any reason, if trainee cannot finish the whole training program (not qualify to receive certificate), he/she can continue joining in next course for missing parts, but no later than 36 months after the first day of his/her initial training course.
3. TRAINING FOR MANAGEMENT LEVEL

3.1. Targeted trainee

- Person assigned by hospital leader to be in charge of training management in the hospital;
- Head nurse in Provincial Department of Health

3.2. Competency requirements: Person in charge of training management needs to have competencies of plan development, training implementation and evaluation of clinical training for new nurses with following detail:

- Clearly understand clinical training for new nurses;
- Make clinical training plan for new nurses in line with actual condition;
- Implement, monitor and evaluate clinical training for new nurses; participate in training for preceptor;

In order to obtain mentioned-above competencies, the person in charge of training management needs to be trained during 1.5 days with 8 units per day. After completing the training course with qualified result, certificate for completion of training course for “training manager in clinical training for new nurses” in accordance with regulations of Circular on continuous training for medical staff issued by Ministry of Health. Content of training for management level includes 3 parts:

- Overview of clinical training for new nurses: 4 units
- Plan on clinical training for new nurses: 4 units
- Implementation, monitoring and evaluation of training activity: 4 units.

Depending on actual demand, provincial department of health (DOH) can actively propose ASTT to organize training for person in charge of training management in DOH and affiliated hospitals. VNA, local experts and oversea experts in the field of training implementation and management at central and local organizations will coordinate to undertake this activity.

Training can be conducted by 1 of 2 following forms:

- Separated training for person in charge of training management only in DOH and hospitals during 1.5 days to complete 3 training parts mentioned above.
- Combined training for 2 types of trainees: (1) person who will become preceptor and (2) person in charge of training management. In this case, both types will complete 6 parts of preceptor training curriculum and 2 specific parts for management level only within 1 additional day. This form is applied when person in charge of training management expects to become a preceptor and willing to learn more about competencies and works of preceptors.

4. COORDINATION AMONG HOSPITALS ON CLINICAL TRAINING IMPLEMENTATION

When organizing clinical training for new nurses, hospital needs to select suitable method and in line with actual situation. In all cases, it is better to well prepare the training system in the hospital so that it clearly mentions role of each person in the system. The role of an individual and cooperation among people within training system play an important key to decide the training quality and results.
- In the hospital where does not have many trainees or has small-scale, it cannot deliver all content of training program. So, they can consider coordinating with other hospital or capable Nursing school to conduct clinical training.

- During the implementation of clinical training for new nurses, hospital can recognize their difficulties or drawback and then actively send the supporting request to governing body in order to receive support from experts or other agencies.

5. TRAINING FEE

The expenses of clinical training for new nurses will take from those below sources:

- Contribution of trainees;
- State budget;
- Other lawful revenues.

Training fee is calculated basing on actual costs of training course. It goes in line with revenue-expenses’ principle and in accordance with the Law. The hospital needs to make detailed estimation training cost and shows publically to trainees for their selection.

Under the direction of Hospital director, training manager coordinates with functional divisions/departments to develop training cost estimation for each training course and for whole year.
1. OVERVIEW OF SUPPORTING, MONITORING, EVALUATION

In order to assess the quality, achievement level of clinical training for new nurses and what improvements need to be made, we should conduct the monitoring and evaluation. Not only hospitals need to actively conduct those activities but also MoH, DoH/Sectorial of Health must also take into account the clinical training implementation progress of hospitals and then give feedback to hospitals. In the meantime, MoH and DoHs provide support to hospitals for improving quality of clinical training for new nurses across the country.

<table>
<thead>
<tr>
<th>Supervision/Supporting</th>
<th>Monitoring</th>
<th>Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objective</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support to help hospital:</td>
<td>Follow-up to:</td>
<td>Evaluation aims at:</td>
</tr>
<tr>
<td>- Be able to conduct clinical training;</td>
<td>- Find out issues and adjust plans to minimize risks;</td>
<td>- Determine the effectiveness of training program;</td>
</tr>
<tr>
<td>- Obtain the objectives of clinical training;</td>
<td>- Improve the quality of clinical training.</td>
<td>- Determine the strengths, weaknesses to adjust next steps;</td>
</tr>
<tr>
<td>- Human resources development to implement training.</td>
<td></td>
<td>- Ensure the quality of clinical training.</td>
</tr>
<tr>
<td><strong>Frequency of implementation</strong></td>
<td>3 months/time</td>
<td>Once a year at the time of annual activity review in the facility.</td>
</tr>
<tr>
<td>When facilities in needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Implementation unit</strong></td>
<td>Hospital; DoH; Sectorial of Health; MoH</td>
<td>Hospital: self-evaluation DoH, Sectorial of Health: evaluate hospitals which under their management MoH: training evaluation at nationwide</td>
</tr>
<tr>
<td>Experts or professionals selected by the DoH.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Implementations/activities</strong></td>
<td>- Keep track implementation progress according to plan;</td>
<td>- Evaluate the relevance of activities according to plan;</td>
</tr>
<tr>
<td>- Depending on the needs of the hospital;</td>
<td>- Evaluate outputs, results;</td>
<td></td>
</tr>
<tr>
<td>- Or based on the results of monitoring and evaluation;</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
1.1. Principle of supporting, monitoring and evaluation
- Must be associated with the implementation process of specific plan in the health facility.
- Not only concern about inputs and outputs, it must conduct continuously and regularly during training time.
- Evaluate the implementation process in order to have effective management for better outputs.
- Early warning must be given to make appropriate adjustment in order to achieve the best results.

1.2. Characteristic of supporting, monitoring and evaluation
Supporting, monitoring and evaluation are important management tools for monitoring progress and supporting implementation process of clinical training for new nurses.

Towards the training results it tend to be evaluated based on the monitoring results throughout training process rather than traditional method of monitoring inputs and outputs.

Supporting and monitoring results use as basis for evaluation.

2. SUPPORTING

Supporting model of DoH to affiliated hospitals

Support based on specific needs
By: assign expert and consulting team…

Support others on same issues
By: exchange & sharing, preceptor training…

Supporting model of DoH to affiliated hospitals

- Support individual hospital or focus on many hospitals.
- Keep track of outputs, results and achievement levels.
- Hospital submits result report to governing body;
  - DoH organizes meeting to share experience.
2.1. Implementation procedure

<table>
<thead>
<tr>
<th>Activity</th>
<th>Implementation unit</th>
<th>Frequency of implementation</th>
<th>Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supporting contents related to clinical training for new nurses, figure out hindering issues of training implementation. The hospital sends supporting request to governing body.</td>
<td>Hospital</td>
<td>Anytime</td>
<td>Form 1</td>
</tr>
<tr>
<td>Implement the support activities</td>
<td>Expert or supporting unit</td>
<td>Start when receiving request: maybe 1-2 times/ month x 9 months</td>
<td>Form 2</td>
</tr>
</tbody>
</table>

2.2. Supporting content and application method

2.2.1. Hospital requests the support (if any)

Hospitals actively collect information, submit supporting request to governing body (DoH, Sectorial of Health or MoH) in case they want to receive support.

Content of hospital’s supporting request form includes (*Form 1)*:

- Full name of hospital
- Name and address of contact person
- Overview of hospital: ranking, number of beds, number of clinical departments, number of para-clinical departments, number of nurses etc.
- Facilities for clinical training
- Ability to conduct all training content in clinical departments
- Human resources of training system
- Results of clinical training for new nurses (if any)
- Difficulties encountered or expect to have
- Contents request for support

When governing body receives supporting request from hospital, they will ask agency or individual (referred to as expert) who has training experience, nursing management to come and support. When experts visit hospital for supporting, they can deal with additional issues that do not include in supporting request if they think necessary.

2.2.2. Supporting expert

- Expert receives request from governing body or from hospital directly, he/she discusses with hospital’s director in charge of training and PIC of clinical training management on contents of hospital’s supporting request.
- Expert reviews current situation related to training, clarifies encountered problem of hospital and their expected supporting content.
Expert provides support on the basis of respecting for hospital’s expectations.

Supporting time: from the time of receiving request to the end of training course. During this time, discussion with hospital will organize 1-2 times per month in order to give appropriate support.

Content of supporting result from expert (Form 2):

- Full name of expert/expert team
- Name of supported hospital
- According to the request of (name of required governing body)
- Support period: from… to….
- Support method
- Result: before, during and after support
- Findings, recommendations to improve the training quality

Support results will submit to governing body of supported hospital and hospital which receives expert assistance.

2.3. Feedback support results and application method

Governing body refers summarized support result, conducts meeting with affiliated hospitals where organized clinical training. The meeting aims to share experiences on how to handle problems that figured out by expert. It can give good and effective model during meeting.

3. MONITORING

3.1. Implementation procedure

<table>
<thead>
<tr>
<th>Activity</th>
<th>Implementation unit</th>
<th>Frequency of implementation</th>
<th>Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monitor each training course</td>
<td>Hospital</td>
<td>3 months/time</td>
<td>Form 3</td>
</tr>
<tr>
<td>DoH, Sectorial of Health summary actual situation from affiliated hospitals and submit to MoH.</td>
<td>DoH or Sectorial of Health</td>
<td>At the time of year-end evaluation</td>
<td>Form 4</td>
</tr>
<tr>
<td>Organize information sharing meeting on training situation of affiliated hospitals; discuss on how to improve training; share experience.</td>
<td>DoH or Sectorial of Health</td>
<td>1 time/year</td>
<td>Meeting</td>
</tr>
<tr>
<td>Receive meeting results from governing body; discuss on how to improve; training orientation of the hospital.</td>
<td>Hospital</td>
<td>1 time/year</td>
<td>Meeting</td>
</tr>
</tbody>
</table>
3.2. Monitoring content and application method

3.2.1. For the hospital

Conduct monitoring for each training course. The frequency of monitoring is 1 time per 3 months; the last time (9th month) will summary, evaluate the training progress.

Monitoring content for each training course of hospital (Form 3) includes:
- General information of the training course: from….to….; changes in number of trainees; number of preceptors.
- Result: training progress in according to training plan; evaluation result of trainee based on level of achievement etc.
- Challenges, recommendations.

The monitoring will conduct periodically by 3months/time, report to Hospital director in order to have solutions, receive timely direction to solve problems; enhance training activity.

3.2.2. For governing body (DoH; Sectorial of Health; MoH)

Governing body shall sum up the monitoring reports from hospitals, evaluate general situation of clinical training for new nurses in affiliated hospitals. DoH and Sectorial of Health report the results to MoH (ASTT).

Content of annual monitoring of DoH/Sectorial of Health/MoH (Form 4) as follows:
- Name of governing body
- Full name, address and contact of reporter
- Monitoring content: Name of hospital/DoH/Sectorial of Health
- Actual training result
- Pros and cons of training activity
- Reasons of hospital which has not conducted training even it has new nurses;
- Next supporting plan for the hospital.

At the time of annual review, the agency assigned by MoH (ASTT or other agency) shall collect monitoring reports from DoHs, Sectorial of Health and central hospitals in order to grasp information, assess actual situation of clinical training for new nurses in the country (by using Form 4).

3.3. Feedback monitoring results and application method

3.3.1. For MoH

The agency assigned by MoH, in-charge to summary monitoring results (reports) from DoHs, Sectorial of Health and central hospitals. General information on implementation of clinical training for new nurses in the country is posted on the website of that assigned agency. Feedback content should provide information; good example of training organizations; use training budget or solutions for training quality improvement.
3.3.2. *For DoH, Sectorial of Health*

By collect monitoring results from affiliated hospitals and feedbacks from MoH, DoH/Sectorial of Health holds meeting with affiliated hospitals in order to share information on training situation between the affiliated hospitals and nationwide. After that, they will discuss about how to implement training or policy, future improvement, training plan for next year. It can be organized as thematic meeting or combined content with other relevant meeting.

3.3.3. *For hospital*

Hospital receives results from meeting that organized by DoH, Sectorial of Health. Through meeting between hospital leader, relevant functional departments and clinical departments, they will discuss and give direction for hospital’s training; and how to improve training activity.

4. EVALUATION

4.1. Implementation procedure

<table>
<thead>
<tr>
<th>Activity</th>
<th>Implementation unit</th>
<th>Frequency of implementation</th>
<th>Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training evaluation report of hospital in this year will submit to governing body.</td>
<td>Hospital conducts self-evaluation or other agency will evaluate the hospital.</td>
<td>Once a year at the time of annual activity review in the facility</td>
<td>Form 5</td>
</tr>
</tbody>
</table>

4.2. Evaluation content and application method

Once a year, the hospital reports result of clinical training for new nurses to governing body at the time of year-end review. That clinical training held from 1 October of last year to 30 Sept of this year.

Content of form “Hospital reports clinical training for new nurses” (*Form 5*) as following:

* Contents of evaluation
  - Items related to training requirements.
  - Items related to training system:
    + Hospital’s leader in charge of training: Full name, position.
    + PIC of training management: Full name, position, professional degree, academic degree, and years of clinical experience (including management activity); does he/she attend in training for training management?
    + Number of head nurses who are in charge of training.
    + Number of preceptors.
  - Items related to trainees.
  - Management and implementation.
* Evaluation result

Good points, challenges and recommendations of clinical training for new nurses during reporting period are listed out.

- Some improved points;
- Some points need to be improved.

DoH, Sectorial of Health or MoH will also use form 5 to evaluate clinical training for new nurses in affiliated hospitals.

4.3. Feedback the evaluation and application method

4.3.1. For MoH

We assign a governing body (ASTT or other agency) to work as focal point. They will give feedback on evaluation results to health sector at nationwide level by posting such information on their website.

4.3.2. For DoH

DoH and/or Sectorial of Health shares evaluation results of affiliated hospitals to each hospital. The result can post on website of DoH or Sectorial of Health. They can get further feedbacks from MoH so that they have enough information to discuss about clinical training for new nurses in affiliated hospitals. Besides, they can assign staff to hospital in order to evaluate its training system and training implementation.

4.3.3. For hospital

Basing on feedbacks from DoH, Sectorial of Health or MoH, hospitals discuss about how to improve their training system, training implementation and enhance quality of clinical training for new nurses.

5. MODEL OF SUPPORTING, MONITORING AND EVALUATION
Basing on monitoring results and periodic evaluation, MoH and DoH instructs and coordinates different resources to support the hospital. When conduct self-evaluation, the hospital can seek for support from higher level or relevant organization by sending supporting request to them.

External support: Hospital can have support from other project/program, international organization etc. It provides good technical support and capacity building for better implementing the training system.

6. GUIDELINE FOR USING FORMS

According to supervision/supporting, monitoring and evaluation of clinical training for new nurses, we have 05 forms. It depends on the roles, functions and tasks of each agency, they shall complete different form.

Form 1 - Request for supporting: it uses for hospitals when they want to get support from other agencies in order to conduct training or improve training activities.

Form 2 - Supporting result: expert or supporting team will use it for their record. The result shows as improvement evidence during training implementation of hospital.

Form 3 - Monitoring training course: hospital uses it for periodic monitoring for first 3 months, next 3 months and last 3 months. This monitoring record will help hospital to assess their periodic training result so that they can timely provide solution to overcome weakness and improve quality of training.

Form 4 - Summary of annual monitoring and evaluation: the form will be used by DoH, Sectorial of Health or MoH. The form collects information from affiliated hospitals. It will present general situation of training activities throughout the year of DoH/Sectorial of Health or MoH.

Form 5 - Annual evaluation report: hospital will fill the form and submit it to governing body.
ANNEX 1

FORM OF SUPPORTING - MONITORING - EVALUATION
REQUEST FOR SUPPORTING
CLINICAL TRAINING FOR NEW NURSES

To: .................................................................................................................................

1. Name of hospital: ..............................................................................................................

2. Full name and address of contact person: ............................................................................

3. Overview of the hospital:

3.1. Facilities and equipment of hospital to support clinical training for new nurses:
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3.2. Ability to provide clinical content of clinical departments:
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3.3. Human resources of training system:
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3.4. Results of clinical training for new nurses (if any):
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4. Difficulties (have been faced with or expect to have) of clinical training implementation for new nurses:

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5. Supporting content to implement/improve quality of clinical training for new nurses:

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**HOSPITAL DIRECTOR**
(Signed, written in full name and stamped)

---

**Note:**
- Hospital submits the request for supporting whenever it is needed;
**GUIDELINE MANAGEMENT AND IMPLEMENTATION OF CLINICAL TRAINING FOR NEW NURSES**

**SUPPORTING RESULT**

**CLINICAL TRAINING FOR NEW NURSES**

(For expert or supporting team)

Name of expert/supporting team: .................................................................

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

Name of supported Hospital: .................................................................

According to request of (DoH; Sectorial of Health or MoH): ......................

Supporting time: ........................................................................................

Describe the supporting method: .................................................................

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

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

Results: ...........................................................................................................

<table>
<thead>
<tr>
<th>NO.</th>
<th>SUPPORTING CONTENT</th>
<th>BEFORE SUPPORT</th>
<th>DURING SUPPORT</th>
<th>AFTER SUPPORT</th>
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<tbody>
<tr>
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The findings, proposed solutions for the hospital in order to well implement the plan and improve the training quality: .................................................................

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

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________________________, date month year 20...

EXPERT

**Note:**
- This form is sent to Hospital for implementation;
- This form is submitted to governing body of the Hospital for monitoring and summary;
PERIODIC MONITORING FOR ...... (3, 6 or 9)

CLINICAL TRAINING FOR NEW NURSES

(apply for Hospital, on date ....../....../.....)

1. Information of the training course

Training duration: from date............................ to date............................

Number of trainee:
- Starting time: .......... people;
- Reporting time: .......... people;

Reason for reducing: ..........................................................................................................

Number of preceptors at the reporting time: .................................................................

2. Results

- Implementation process of training plan: .................................................................
- Evaluation result of trainee: number of trainee reaches different level of achievement.

3. Success, difficulties and recommendation

3.1. Success and Difficulties:
- About trainees: .............................................................................................................
- About preceptors: ...........................................................................................................
- About learning-teaching equipment: ...............................................................................
- About Management and Implementation: hospital/manager; training coordination, training plan, budgeting ...........................................................................................................................................

3.2. Recommendation:
........................................................................................................................................

_____________________, date month year20...

TRAINING MANAGER
ANNUAL MONITORING REPORT
CLINICAL TRAINING FOR NEW NURSES, YEAR……...
(apply for DoH, Sectorial of Health and MoH)

1. General information
Name of organization: ..................................................................................................................................................
Full name of reporter: ..................................................................................................................................................
Telephone contact: ........................................ Email: .................................................................................................

2. Content

<table>
<thead>
<tr>
<th>No.</th>
<th>Name of Hospital, DoH or Sectorial of Health</th>
<th>Actual training result</th>
</tr>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Number of trainees</td>
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<td>Completed</td>
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</tbody>
</table>

Note:
(2) Name: Each row will show a name of hospital (in case form made by DoH) or will show a name of DoH/ or Sectorial of Health (in case form made by MoH)
(3) Written down number of trainees who completed training within this year. It is also count number of trainees who started training from last year and completed in this year.
(4) Written down number of trainees on going (uncompleted courses)
(5) Written down number of trainees who drop-off and did not pass (not complete training) in this year.
(6) Written down number of preceptors who supported training courses of hospital/DoH.
(7) Written down number of training courses which started in this year.

3. Comments:
3.1. Advantages: (does hospital/DoH provide all criteria while implementing clinical training for new nurse?)
...........................................................................................................................................................
3.2. Difficulties:

Implementation and management (training system)

Financing issues:

Preceptors:

Trainees:

Training facilities, learning-teaching equipment

Others (if any)

4. The situation of the health facilities which cannot conduct CT

5. Support plan for next year (based on the situation assessed above)

5.1 Master support plan

5.2 Support plan for facilities which are conducting CT:

5.3 Support plan for facilities which have not yet conducted CT:

Note:

The report is developed and submitted in same time with year-end activity report.
1. Name of hospital: .................................................................................................................................
   Reporter: ............................................................ Telephone number: .....................................

2. Evaluation content

2.1. Hàng mục liên quan yêu cầu đào tạo

(1) Teaching hall/room:
   - Enough □
   - Not enough □
   - Do not have □

(2) Training facilities, equipment for teaching theory part:
   - Enough □
   - Not enough □
   - Do not have □

(3) Equipment, tool, medical supplies for clinical practice:
   - Enough □
   - Not enough □
   - Do not have □

(4) Number of clinical departments/rooms, medical examination room, operation room which serve clinical training:
   Total: ………………..…… number of room/departments meet criteria for clinical training:………

2.2. Items related to training system

(1) Assign PIC of training (hospital leader):
   - Yes □
   - Decision issued in year ………………………
   - No □
   - Full name and position: ……………………………………………………………………………………..

(2) Assign training manager:
   - Yes □
   - Decision issued in year ………………………
   - No □
   - Full name: ………………………………………………………………………………………………………..
   - The highest academic degree: ………. Number of year in clinical practice experience:……
   - Position: ……………………………………..Number of year in management level: ………………..
   - Management training: Year 20…………………. Training organizer:………………………………..
(3) Assign chief nurse in charge of training:

Number of chief nurses in charge of training in the Hospital: ......................... No ☐

(4) Preceptors:

Total of clinical preceptors in the hospital: .................................................................

Total of clinical preceptors involve in clinical training in reporting year: ......................

2.3. Items related to trainees

Number of training batch: ..............; Total of trainees registred training in this year: .........

Total trainees completed training course in this year: .....................................................

Total trainees did not complete training in this year: ...............reasons: .........................

Evaluate level of achievement: Level 0: ......%; Level 1: ......%; Level 2:.....%

2.4. Training implementation, management

- About training plan: approve? Training implementation process?
- Highlighted in training implementation, difficulties, and recommendations:

....................................................................................................................................................
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3. Summary of evaluation

3.1. Points to be enhanced

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

3.2. Points to be improved

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

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

HOSPITAL LEADER/ EVALUATION TEAM’S LEADER

Note:

- Hospital conducts self-evaluation and reports to governing body;

- Evaluation team of DoH, Sectorial of Health or MoH also uses this form to evaluate hospital’s training implementation.
ANNEX 2
TRAINING PLAN OF HOSPITAL
Pursuant to ............

Hospital develops annual plan of clinical training for new nurses in year............. The details come as following:

1. PRECEPTOR TRAINING

1.1. Organize new training in order to increase number of preceptors:

Training time;
Number of trainees;
Trainers: from hospital or other organizations.
Training curriculum and material.
Support from other organizations.

1.2. Organize CME courses for quality improvement: topic, when will it conduct?

2. CLINICAL TRAINING FOR NEW NURSES

2.1. Trainees: number of trainees; number of training courses;
2.2. Preceptors:
2.3. Practicing in clinical departments:
2.4. Training time:
2.5. Curriculum, material: follows issued training program and material.
2.6. How to get support and coordinate with other organization to implement clinical training?

3. TASK ASSIGNMENT AND COOPERATION

1. PIC of training and training manager:
2. Focal point of clinical training implementation:
3. Nursing Department:
4. General Planning Department:
5. Accounting – Finance Department:

6. Clinical Departments:

7. Other Divisions/Departments: Personal and Organization Department; Administrative Department; DOHA; Quality Assurance Department; IT Department etc…

4. TRAINING BUDGET

- Source of funds;
- Cost norm;
- Total annual cost estimation

**Recipients:**
- DoH (for reporting);
- PIC of training (to get instruction);
- Nursing Department (for implementation);
- Relevant Division/Department;
- Filing at Administrative Dpt.

**HOSPITAL DIRECTOR**
(Signed, written in full name and stamped)
TRAINING PLAN
OF CLINICAL TRAINING FOR NEW NURSES

Pursuant Annual training plan .............

The hospital develops clinical training plan for new nurses, as follows:

1. Overall objective
2. Specific objectives
   - Knowledge
   - Skill
   - Attitude
3. Targeted trainees: quantity, academic level, …
4. Training time and training venue:
   - Training duration: from month ..........to month.......... 
   - Training venue: - Theory: ................. - Practice: in clinical department ............
5. Trainers of theory part:
6. Preceptors in clinical department:
7. Training curriculum, material: follow issued documents
8. Tentative training schedule
   
   * M1 is 1st month; M9 is a 9th month

<table>
<thead>
<tr>
<th>Training content</th>
<th>M1</th>
<th>M2</th>
<th>M3</th>
<th>M4</th>
<th>M5</th>
<th>M6</th>
<th>M7</th>
<th>M8</th>
<th>M9</th>
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</thead>
<tbody>
<tr>
<td>1. Orientation: Introduction of training program, training plan</td>
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<td>2. Auxiliary theory: relevant legal documents to nurses, competency standards</td>
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<td>for Vietnam nurses, standards ethical for nurses, communication skills,</td>
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<td>nursing process, patient safety, health education</td>
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</table>
3. Practicing: Patient care and basic nursing techniques at a department or rotation under the guidance

4. Thematic report: Applying nursing process in care plan development and implementation – case study

5. Evaluation:
   5.1. Achievement level of competency standards for Vietnam nurses
   5.2. Patient case study

9. Training implementation
   - Teaching theory part:
   - Clinical practice: rotation among clinical departments?
   - Training evaluation and trainee’s evaluation

10. Task assignment for Departments/Divisions:

11. Training budget: sources of fund, amount.

12. Annex
   - Full name of PIC of training and training manager.
   - List of chief nurses in-charge of training in clinical departments.
   - List of preceptors in each clinical department.
   - List of clinical departments which serve clinical training.
   - List of trainees.

Recipients:
- To Deputy Directors (to get instruction);
- Relevant people, divisions, departments (for implementation);
- Filing at Administrative Dpt.

HOSPITAL DIRECTOR
(Signed, written in full name and stamped)
ANNEX 3
EVALUATION OF TRAINEE’S LEARNING RESULT
# CHECKLIST OF COMPETENCY BASED EVALUATION FOR VIETNAMESE NURSES

(Using for trainee’s evaluation during clinical training for new nurses)

**Remark:** NN: New nurse  
**Pre:** Preceptor

---

## EVALUATION 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:
  - 15 indicators (*) are not covered by the clinical training for new nurse program.
  - 35 indicators require level 1
  - 60 indicators require level 2
  - 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 3th 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

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<th>(10)</th>
<th>(11)</th>
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<tbody>
<tr>
<td><strong>Domain</strong></td>
<td><strong>Competency standard</strong></td>
<td><strong>Competency indicator (order is in line with standard)</strong></td>
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| 1: PATIENT CARE COMPETENCIES | 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. |  
<p>| | | | NN | NN | Pre | NN | Pre | NN | Pre | |</p>
<table>
<thead>
<tr>
<th></th>
<th>PROVIDE SOUND DECISIONS OF CARE APPROPRIATELY TO PATIENTS'/CLIENTS NEEDS</th>
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<tr>
<td>2</td>
<td><strong>Indicator 1:</strong> Collect and analyze information about health issues, disease to determine health problem and illness of individuals, families and communities</td>
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<td><strong>Indicator 2:</strong> Make decisions of care for patients, families and communities safely and effectively.</td>
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<td></td>
<td><strong>Indicator 3:</strong> 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>
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<td><strong>Indicator 4:</strong> Monitor the evolution of nursing interventions performed</td>
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<td><strong>SET UP PRIORITIES IN NURSING CARE BASED ON PATIENTS'/CLIENTS NEEDS OF HEALTH CARE</strong></td>
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<td>3</td>
<td><strong>Indicator 1:</strong> Analyze and identify priority patients/clients’ needs of care</td>
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<td><strong>Indicator 2:</strong> Carry out appropriate nursing care to respond to priority needs/problems.</td>
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<td></td>
<td><strong>UTILIZE THE NURSING PROCESS AS FRAMEWORK FOR MAKING NURSING PLAN AND INTERVENTIONS.</strong></td>
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<td>4</td>
<td><strong>Indicator 1:</strong> Perform comprehensive and systematic nursing assessment</td>
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<td><strong>Indicator 2:</strong> Collect and record patients'/clients’ information appropriately</td>
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<td><strong>Indicator 3:</strong> Analyze and explain the information exactly.</td>
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<td><strong>Indicator 4:</strong> 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</td>
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<td><strong>Indicator 5:</strong> Explain nursing interventions for patients, families and implement planned nursing care in a manner that ensures safety, comfort and efficiency for patients</td>
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<td>5</td>
<td>PROMOTE SAFETY, COMFORT AND PRIVACY OF PATIENTS / CLIENTS</td>
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<td>14</td>
<td><strong>Indicator 6:</strong> Instruct patient/family to perform appropriate self-care</td>
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<td>15</td>
<td><strong>Indicator 7:</strong> Evaluate and adjust care plan based on the patient’s health condition and expected outcomes</td>
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<td>16</td>
<td><strong>Indicator 8:</strong> Perform necessary support for discharged patients</td>
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<td>17</td>
<td><strong>Indicator 9:</strong> Provide health education on disease prevention to patients</td>
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<tr>
<th>6</th>
<th>PERFORM PROPER CARE TECHNIQUES FOLLOWING NURSING CARE PROCESS</th>
</tr>
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<tbody>
<tr>
<td>18</td>
<td><strong>Indicator 1:</strong> Deploy safety measures in all aspects of patients/clients care</td>
</tr>
<tr>
<td>19</td>
<td><strong>Indicator 2:</strong> Create a convenient environment for patients</td>
</tr>
<tr>
<td>20</td>
<td><strong>Indicator 3:</strong> Ensure privacy while providing care to patients</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>7</th>
<th>ADMINISTER MEDICATION SAFELY AND EFFECTIVELY</th>
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<tbody>
<tr>
<td>21</td>
<td><strong>Indicator 1:</strong> Comply with steps of nursing process in the professional scopes</td>
</tr>
<tr>
<td>22</td>
<td><strong>Indicator 2:</strong> Implement nursing techniques skillfully</td>
</tr>
<tr>
<td>23</td>
<td><strong>Indicator 3:</strong> Follow the rules of infection control</td>
</tr>
</tbody>
</table>

<p>| 24 | <strong>Indicator 1:</strong> Take a complete patient’s drug history | 2 |
| 25 | <strong>Indicator 2:</strong> Comply with rules while administering medication to patients | 2 |
| 26 | <strong>Indicator 3:</strong> Explain and instruct patient about the drugs that is given to her/him | 2 |
| 27 | <strong>Indicator 4:</strong> Detect and perform necessary intervention if the patient had any drug reactions and report promptly to doctor and nurse in charge | 1 |</p>
<table>
<thead>
<tr>
<th>Indicator</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>28</td>
<td>Indicator 5: Be aware of potential drug - drug or drug-food interactions</td>
</tr>
<tr>
<td>29</td>
<td>Indicator 6: Evaluate the effects of medication</td>
</tr>
<tr>
<td>30</td>
<td>Indicator 7: Document and inform well drugs administered to patient</td>
</tr>
<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 for patients</td>
</tr>
<tr>
<td>33</td>
<td>Indicator 3: Set up necessary measures to implement continuous care for patients</td>
</tr>
<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 healthcare 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/families and significant others and team members</td>
</tr>
<tr>
<td>40</td>
<td>Indicator 3: Listen actively to patients/family's concerns, complaints</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>ENSURE CONTINUITY OF CARE</td>
</tr>
<tr>
<td>9</td>
<td>PERFORM FIRST AIDS AND ACTS ON EMERGENCIES</td>
</tr>
<tr>
<td>10</td>
<td>ESTABLISH GOOD RAPPORT WITH PATIENTS/CLIENTS, FAMILIES AND TEAM MEMBER</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>41</td>
<td>Indicator 1: Identify patients/client’s feelings and psychological needs through his/her body language and facial expressions</td>
</tr>
<tr>
<td>42</td>
<td>Indicator 2: Communicate effectively with individuals, families and communities that have limitations in communication due to disease or psychological problems</td>
</tr>
<tr>
<td>43</td>
<td>Indicator 3: Express words, gestures that motivate, encourage and comfort patients/clients.</td>
</tr>
<tr>
<td>44</td>
<td>Indicator 4: Demonstrate understanding of culture, belief of patients/clients, families and community when communicate with them.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>13</th>
<th>PROVIDE APPROPRIATE INFORMATION REGARDING HEALTH STATUS TO PATIENTS/CLIENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>47</td>
<td>Indicator 1: Define appropriate information needed to inform to patient/family</td>
</tr>
<tr>
<td>48</td>
<td>Indicator 2: Make psychological preparation for patients/clients and families before inform them the “bad” news.</td>
</tr>
<tr>
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<tr>
<td>14</td>
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<td>54</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>ESTABLISH COLLABORATIVE RELATIONSHIP WITH COLLEAGUES AND OTHER TEAM MEMBERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>55</td>
<td>Indicator 1: Maintain good relationship with other team members, consider patient as a team member</td>
</tr>
<tr>
<td></td>
<td>56</td>
<td>Indicator 2: Collaborate well with team member in order to make appropriate decisions for quality improvement</td>
</tr>
<tr>
<td></td>
<td>57</td>
<td>Indicator 3: Recommend appropriate intervention to improve client care.</td>
</tr>
<tr>
<td></td>
<td>58</td>
<td>Indicator 4: Respect the role and views/opinions of other team members</td>
</tr>
<tr>
<td></td>
<td>59</td>
<td>Indicator 5: Share information with other team members</td>
</tr>
<tr>
<td></td>
<td>60</td>
<td>Indicator 6: Act as representative and advocacy role to protect</td>
</tr>
</tbody>
</table>
### MANAGEMENT, RECORDING AND USE OF MEDICAL RECORDS ACCORDING TO REGULATIONS

<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>
</tbody>
</table>

### MANAGEMENT OF PATIENTS/CLIENTS CARE

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Description</th>
<th>Level</th>
</tr>
</thead>
<tbody>
<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>
</tbody>
</table>

### ESTABLISHES MECHANISM TO ENSURE PROPER FUNCTIONING OF EQUIPMENT

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Description</th>
<th>Level</th>
</tr>
</thead>
<tbody>
<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>
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<tr>
<td>-----------</td>
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<td></td>
</tr>
<tr>
<td><strong>Utilize Financial Resources to Support Patients/Client Care</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>73</td>
<td><strong>Indicator 1:</strong> Identify the cost-effectiveness in the utilization of resources</td>
<td></td>
</tr>
<tr>
<td>74</td>
<td><strong>Indicator 2:</strong> Develop budget proposal and deploy the plan to use resources for patient’s care needs effectively.</td>
<td></td>
</tr>
<tr>
<td><strong>Maintains the Safe Environment</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>75</td>
<td><strong>Indicator 1:</strong> Comply with standards and safety codes prescribed by laws</td>
<td></td>
</tr>
<tr>
<td>76</td>
<td><strong>Indicator 2:</strong> Adhere to policies, procedures and protocols on prevention and control of infection.</td>
<td></td>
</tr>
<tr>
<td>77</td>
<td><strong>Indicator 3:</strong> Comply to rules and regulations regarding care environment (water, air and noise)</td>
<td></td>
</tr>
<tr>
<td>78</td>
<td><strong>Indicator 4:</strong> Comply with regulations regarding management and treatment of wastes.</td>
<td></td>
</tr>
<tr>
<td>79</td>
<td><strong>Indicator 5:</strong> Define steps to follow in case of fire, earthquake and other emergency situations.</td>
<td></td>
</tr>
<tr>
<td>80</td>
<td><strong>Indicator 6:</strong> Demonstrate understanding on areas related to occupational health and legal documents on safe working environment</td>
<td></td>
</tr>
<tr>
<td><strong>Improves the Quality of Care and Risk Management in Care Environment</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>81</td>
<td><strong>Indicator 1:</strong> 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><strong>Indicator 2:</strong> Detect and reports environmental risks in patient care and make appropriate corrective action</td>
<td></td>
</tr>
<tr>
<td>83</td>
<td><strong>Indicator 3:</strong> Solicits feedback from patients/clients and significant others regarding care rendered</td>
<td></td>
</tr>
<tr>
<td>84</td>
<td><strong>Indicator 4:</strong> Apply proper methods to improve quality of care</td>
<td></td>
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<tr>
<td></td>
<td><strong>Indicator 5:</strong> Participate in quality improvement activities in health care centre</td>
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<tr>
<td></td>
<td><strong>Indicator 6:</strong> Share with the team member relevant information regarding patients/clients’ condition and significant changes in patients/clients’ environment</td>
<td></td>
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<tr>
<td></td>
<td><strong>Indicator 7:</strong> Review nursing care plan to improve quality of care as well as minimize potential shortcomings</td>
<td></td>
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<tr>
<td></td>
<td><strong>Indicator 8:</strong> Make appropriate proposals of means for care and preventions</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Indicator 9:</strong> Apply scientific evidences in nursing care to improve safety for patients.</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>CONDUCT NURSING RESEARCH AND IMPLEMENT EVIDENCE BASED PRACTICE</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Indicator 1:</strong> Define and select research areas or research questions that are necessary, reasonable and feasible</td>
<td></td>
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<tr>
<td></td>
<td><strong>Indicator 2:</strong> Apply appropriate methods to conduct selected research issues</td>
<td></td>
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<tr>
<td></td>
<td><strong>Indicator 3:</strong> Apply appropriate statistical methods to analyze and interpret collected</td>
<td></td>
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<tr>
<td></td>
<td><strong>Indicator 4:</strong> Recommend appropriate research result based solutions</td>
<td></td>
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<tr>
<td></td>
<td><strong>Indicator 5:</strong> Present research findings to colleagues, patients and related persons</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Indicator 6:</strong> Utilize research findings in nursing practice to improve quality of nursing practice</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>MAINTAIN PERSONAL AND PROFESSIONAL DEVELOPMENT</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Indicator 1:</strong> Identify own learning needs, strengths, weaknesses/limitations</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Indicator 2:</strong> Pursue continuing education, participates in formal and non-formal education; Apply learned information for the improvement of care</td>
<td></td>
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<tr>
<td>Page</td>
<td>Indicator 3: Get involved in professional organizations and civic activities</td>
<td>1</td>
</tr>
<tr>
<td>------</td>
<td>------------------------------------------------------------------------</td>
<td>---</td>
</tr>
<tr>
<td>98</td>
<td>Indicator 4: Project a professional image of the nurse, demonstrate good manners and right conduct at all times</td>
<td>2</td>
</tr>
<tr>
<td>99</td>
<td>Indicator 5: 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>100</td>
<td>Indicator 6: Perform function according to professional standards</td>
<td>2</td>
</tr>
<tr>
<td>101</td>
<td>Indicator 7: Contribute to improve training and professional development for colleagues</td>
<td>*</td>
</tr>
<tr>
<td>102</td>
<td>Indicator 8: Contribute to improve the role and status of nursing profession in the health sector and in society</td>
<td>*</td>
</tr>
<tr>
<td>103</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Indicator 1: Practice in accordance with the laws related to health, regulations of the Health Ministry and nursing practice | 2 |
| Indicator 2: Compliance with the provisions of the work base | 2 |
| Indicator 3: Implement codes of conduct of the unit/organization and law | 2 |
| 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 | 2 |

| Indicator 1: Accept responsibility and accountability for own decision and care interventions. | 2 |
| Indicator 2: Compliance with national and international standards of professional ethics in nursing practice. | 2 |
| Indicator 3: Report the violation to the competent agencies and take responsible for that report | 2 |
# 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>
</table>
| **Preceptor discusses and agrees with new nurse** | List of indicators which achieve level 2 over total 60 acquired indicators in level 2: ………………………………………………………………………………….. = ?/60  
List of indicators which achieve level 1 over total 35 acquired indicators in level 1: ………………………………………………………………………………….. = ?/35  
List of indicators reach level 0: …………………………………………………………………………………..= ? |
| **Trainee’s self-assessment** | *Comment of trainee: (trainee writes down clearly about reach or unreachable result, and action for next step)* |
| **Preceptor assessment and gives comment** | *Comment of preceptor: (preceptor writes down clearly about reach or unreachable result, and recommendation for next step)* |

*Signature:*

---

**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>Learning result, comment and confirm signature</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Preceptor discusses and agrees with new nurse</strong></td>
</tr>
</tbody>
</table>
| List of indicators which achieve level 2 over total 60 acquired indicators in level 2:  
………………………………………………………………………………………….. = ?/60  
List of indicators which achieve level 1 over total 35 acquired indicators in level 1:  
………………………………………………………………………………………….. = ?/35  
List of indicators reach level 0: ……………………………………...= ?  |
| **Trainee’s self-assessment** |
| Comment of trainee: *(trainee writes down clearly about reach or unreachable result, and action for next step)* |
| Signature: |
| **Preceptor assessment and gives comment** |
| Comment of preceptor: *(preceptor writes down clearly about reach or unreachable result, and recommendation for next step)* |
| Signature: |

*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>
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</tbody>
</table>
| List of indicators which achieve level 2 over total 60 acquired indicators in level 2:  
…………………………………………………………………….. = ?/60 |
| List of indicators which achieve level 1 over total 35 acquired indicators in level 1:  
…………………………………………………………………….. = ?/35 |
| List of indicators reach level 0:  
……………………………………………………………………..= ? |

| **Trainee’s self-assessment** |
| Comment of trainee: (trainee writes down clearly about reach or unreachable result) |

| **Signature:** |

| **Preceptor assessment and gives comment** |
| Comment of preceptor: (preceptor writes down clearly about reach or unreachable result) |

| **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 where conducted training in order to issue “Practice Certificate” for new nurse after completed training.