



HCEU competence development matrix “PROFESSIONAL CARE”

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The HCEU project

More than any other sector the healthcare sector is already today dependent on the mobility of workers from across Europe and even on an international scale in order to overcome skill shortages that are strongly influencing this sector in EU Member States. So far the mobility of skilled workers is strongly hindered by highly complex and time consuming validation and recognition processes and by missing transparency among healthcare qualifications in the European Member States. HCEU makes a major contribution towards transparency of healthcare qualifications across borders and facilitates processes to formally recognise and validate healthcare qualifications acquired abroad as well as through in- and non-formal learning within different healthcare recognition and validation systems in the European Union.

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For this purpose the HCEU consortium makes use of the highly awarded and already in many cases practically applied VQTS model. The VQTS model does not focus on the specificities of national VET systems but uses learning outcomes and work processes to enhance transparency. It provides a 'common language' to describe competence descriptions to concrete qualifications/ certificates and competence profiles of individuals. The VQTS model relates on the one hand to the work process and follows on the other hand a 'development logical' differentiation of a competence profile. This makes it an ideal and comprehensive tool to appreciate the lifelong learning of healthcare professionals in the context of formal recognition processes.

Based on this approach HCEU develops VQTS matrices, profiles, tools and instruments for the healthcare profiles 'nurse' and 'carer for

the elderly' for the national contexts of the project partners and in order to facilitate recognition praxis in between those European Member States. In addition HCEU develops transfer kits in order to facilitate the transfer of those tools also to other national (within and beyond Europe) contexts and to other fields within healthcare. Those tools are expected to make a major contribution to the work of VET providers and recognition bodies/authorities involved in transnational mobility of healthcare professionals. In this way HCEU facilitates the establishment of a European labour market that helps to overcome skill shortages and high unemployment rates through fostering mobility of healthcare professionals across the European Member States.

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(Competence Area 1) Assessment, diagnosis, care plan

Sub-areas of competence	Steps of competence development				
1.1 Data gathering	1.1.a To be able to assist in conducting the (nursing) care assessment and completing the (nursing care) anamnesis.	1.1.b To be able to conduct in-depth (nursing) care assessment under supervision.	1.1.c To be able to independently conduct in-depth (nursing) care assessment.	1.1.d To be able to guide and supervise the complete (nursing) care assessment.	
1.2 Recognising the patient's/client's resources and defining the (nursing) care diagnoses	1.2.a To be able to assist in developing the (nursing) care diagnoses with regard to perception and assessment of resources, needs and problems within nursing care.	1.2.b To be able to develop/revise the (nursing) care diagnoses with regard to perception and assessment of resources and problems within (nursing) care and to know how to document it under supervision.	1.2.c To be able to independently develop/revise the (nursing) care diagnoses with regard to perception and assessment of resources and problems within (nursing) care and to know how to document it	1.2.d To be able to guide and supervise the development and/or revision of the (nursing) care diagnoses.	
1.3. Defining the (nursing) care aims and (nursing) care plan	1.3.a To be able to implement the (nursing) care plan according to (nursing) assessment results and document changes in condition.	1.3.b To be able to assist in developing/adapting the (nursing) care plan.	1.3.c To be able to develop/adapt and implement the (nursing) care plan under supervision	1.3.d To be able to independently develop/adapt and implement the (nursing) care plan.	1.3.e To be able to guide and supervise the development of the (nursing) care plan.



(Competence Area 2) Nursing Care

Sub-areas of competence	Steps of competence development				
2.1 Basic care/ personal hygiene	2.1.a To be able to assist in performing basic care.	2.1.b To be able to perform and support the client/patient in basic care.	2.1.c To be able to provide basic care including resource-oriented support under supervision.	2.1.d To be able to independently provide basic care including resource-oriented support.	2.1.e To be able to guide and supervise others in performing resource oriented basic care.
2.2 Nutrition	2.2.a To be able to order and distribute meals according to nutrition plans of patients/clients who are not restricted with regard to nutrition.	2.2.b To be able to _prepare/adapt a nutrition plan according to patients'/clients' individual conditions and functional limitations under supervision. _handle special forms of enteral nutrition and to place/handle feeding tubes under supervision.	2.2.c To be able to independently _prepare/adapt a nutrition plan according to patients'/clients' individual conditions and functional limitations _handle special forms of enteral nutrition and place/handle feeding tubes.	2.2.d To be able to guide and supervise the handling of enteral nutrition and placing/handling of feeding tubes.	
2.3 Mobilisation and rehabilitation	2.3.a To be able to carry out mobilisation/rehabilitation measures including patient/client activation according to the patient's/client's treatment plan and individual condition under supervision.	2.3.b To be able to independently carry out mobilisation/ rehabilitation measures including patient/client activation according to the patient's/client's treatment plan and individual condition .	2.3.c To be able to use special forms of mobilisation and rehabilitation measures according to the patient's/client's treatment plan and individual condition.	2.3.d To be able to guide and supervise others in using special forms of mobilisation and rehabilitation measures.	



(Competence Area 3) Nursing intervention

Sub-areas of competence	Steps of competence development				
3.1 Participating in medical diagnostic procedures	3.1.a To be able to assist _in the preparation of patients/clients for examinations and diagnostic tests. _in the preparation of medical devices and materials for medical/laboratory examinations. _in collecting patients'/clients' biological specimens for examinations.	3.1.b To be able to independently _prepare patients/clients and apply materials for diagnostic tests _prepare medical devices and materials for medical/laboratory examinations _collect patient's/client's biological specimens for examination.	3.1.c To be able to guide and supervise others in preparing patients/clients, applying materials for diagnostic tests and collecting patients'/clients' biological specimens for examination.		
3.2 Preparing and administering medication	3.2.a To be able to assist in preparing and administering medication according to medical prescription.	3.2.b To be able to prepare and administer medication according to medical prescription under supervision.	3.2.c To be able to independently prepare and administer medication according to medical prescription.	3.2.d To be able to guide and supervise others in the preparation and administration/application of medication according to medical prescription.	
3.3 Wound/stoma management	3.3.a To be able to assist in assessing and applying dressings and in assessing wounds and stomas.	3.3.b To be able to apply and change wound dressings under supervision.	3.3.c To be able to independently perform all kinds of wound care.	3.3.d To be able to guide and supervise others in performing all kinds of wound care.	3.3.e To be able to contribute to research on wound care.

Sub-areas of competence	Steps of competence development			
3.4 Managing medical devices	3.4.a To be able to assist in placing and/or managing medical devices for medical applications according to medical treatment plan.	3.4.b To be able to insert and maintain medical applications according to medical treatment plan under supervision.	3.4.c To be able to independently insert and care for medical applications according to medical treatment plan.	3.4.d To be able to guide and supervise others in the placement and care for medical applications according to medical treatment plan.
3.5 Basic and advanced life support – BLS/ALS	3.5.a To be able to provide BLS in an emergency case according to resuscitation guidelines.	3.5.b To be able to assist in applying ALS according to resuscitation guidelines under supervision.	3.5.c To be able to independently apply ALS according to resuscitation guidelines in cooperation with physician.	3.5.d To be able to train and supervise others in providing first aid (BLS and ALS) according to resuscitation guidelines.



(Competence Area 4)

Creating & maintaining a health-promoting and safe environment

Sub-areas of competence	Steps of competence development			
4.1 Ensuring hygienical conditions and preventing the transfer of infections	4.1.a To be able to apply relevant (legal and employer specific) procedures and guidelines regarding asepsis, sterility, physical safety, hygiene as well as handling of medical equipment and contaminated waste.	4.1.b To be able to _contribute to evaluating, developing and revising procedures and guidelines regarding asepsis, sterility, physical safety, hygiene, the handling of medical equipment and contaminated waste. _monitor the compliance with procedures/guidelines of hygienical standards.	4.1.c To be able to contribute to research on hygienical standards and guidelines.	
4.2 Promoting a safe environment	4.2.a To be able to apply measures to ensure a health-promoting and safe environment	4.2.b To be able to use assessment tools for identifying safety risks under supervision.	4.2.c To be able to independently use assessment tools for identifying safety risks.	4.2.d To be able to _contribute to the development of instruments of preventive measures/assessment tools for identifying safety risks. _contribute to risk and fault management.

Sub-areas of competence	Steps of competence development			
4.3 Promoting one's own wellbeing and the wellbeing of care professionals	4.3.a To be able to reflect one's abilities and limits with regard to physical, mental and social aspects of health.	4.3.b To be able to apply preventive measures against injurious health situations and conditions including physical, mental and social aspects of health according to the on-site action plan.	4.3.c To be able to intervene and support colleagues in applying preventive measures against injurious health situations and conditions including physical, mental and social aspects of health.	4.3.d To be able to contribute to the improvement of strategies and measures and to research on the maintenance of the physical, mental and social health of care professionals.
4.4 Sterilisation	4.4.a To be able to assist in operating devices for sterilisation of medical equipment.	4.4.b To be able to operate devices for sterilisation of medical equipment.	4.4.c To be able to perform complex forms of sterilisation.	4.4.d To be able to guide and supervise others in performing sterilisation.
4.5 Handling on-site disasters	4.5.a To be able to respond to emergencies/disasters with regard to legal/employer-specific guidelines.		4.5.b To be able to contribute in developing emergency plans and take over coordination in case of on-site disasters.	

(Competence Area 5) Communication & collaboration with other professionals



Sub-areas of competence	Steps of competence development			
5.1 Train & manage peers in work activities	5.1.a To be able to contribute to informing and monitoring new peers regarding daily working routines.	5.1.b To be able to _inform and monitor new peers regarding daily working routines. _make decisions in absence of the person in charge.	5.1.c To be able to _monitor tasks/activities regarding the daily working routines performed by new peers, _contribute to the development of new (nursing) care standards, instruction guidelines and protocols for new peers.	
5.2 Professional communication	5.2.a To be able to use different communication models in one's daily work within the multiprofessional team.	5.2.b. To be able to _communicate and network within the multiprofessional team and with other professionals. _advocate for the patient/client.	5.2.c To be able to participate in developing, implementing and evaluating mechanisms for optimising the processes of multiprofessional collaboration.	
5.3 Case-management	5.3.a. To be able to support the case manager in his/her work.	5.3.b To be able to handle simple cases as part of daily routine.	5.3.c To be able to handle complex cases with extended duties beyond one's institutional context.	5.3.d To be able to contribute to optimising the handling of complex cases within one's institution and in cooperation with others.



(Competence Area 6)

Communication & collaboration with patient/client and relevant others

Sub-areas of competence	Steps of competence development			
6.1 Communication with patients, clients and relevant others	6.1.a To be able to build, maintain and end verbal/non-verbal communication through empathy and appreciation.		6.1.b To be able to _assess the patients'/clients' capability of cognitive/emotional response and behaviour using professional techniques/tools. _use professional communication models/tools.	
6.2 Education & empowerment of patients, clients and relevant others	6.2.a To be able to explain basic medical information to the patient/client and relevant others.	6.2.b To be able to contribute to or assist in informing, training and counselling patients/clients/relevant others.	6.2.c To be able to _identify learning needs of patients/clients/relevant others. _inform, guide and empower patients/clients/relevant others.	6.2.d To be able to use professional methods of interpersonal communication in challenging situations.
6.3 Health promotion & prevention	6.3.a To be aware of impacts on health promotion and prevention and to be able to provide, motivate and support preventive measures in the care process.	6.3.b To be able to _implement care processes facilitating health promotion/ prevention and the independency of the patient/client _coordinate the collaboration with/within the mutlidisciplinary team in order to motivate/ support the patient's/client's health promotion and health prevention activities.		6.3.c To be able to contribute to the deveopment and the implementation of health promotion/prevention within the health system.

Sub-areas of competence	Steps of competence development	
6.4 Fostering social life & a stimulating environment	6.4.a To be able to foster health promotion with the patient/client by using creative elements/social activities/ exercises, room arrangement, etc.	6.4.b To be able to plan and carry out complex activities of daily life and to participate in arranging/ furnishing living environments.
6.5 Organising daily life & daily life activities	6.5.a To be able to support the client/patient in organising his/her daily life.	6.5.b To be able to act on behalf of the patient/client in aspects of their daily life.

(Competence Area 7) Management



Sub-areas of
competence

Steps of competence development

Not specified in the course of the HCEU project!

(Cross-cutting Competence Area A)

Monitoring, documenting, evaluating the care process & quality assurance



Sub-areas of competence	Steps of competence development					
A.1. Monitoring	A.1.a To be able to assist in observing and monitoring relevant information on the patient/client with noninvasive measures.		A.1.b To be able to observe and monitor relevant information on the patient/client with noninvasive and invasive measures, report to the physician and to include it in the care plan.		A.1.c To be able to supervise and monitor the care process including monitoring, documenting and evaluating the care plan.	
A.2 Documentation	A.2.a To be able to report and assist in documenting the patient's/client's condition/behavior.		A.2.b To be able to independently document the patient's/client's condition/behaviour.		A.2.c To be able to supervise the monitoring and documentation process.	
A.3 Evaluation	A.3.a To be able to identify changes in the patient's/client's condition/behaviour and to initiate appropriate reporting.		A.3.b To be able to identify (relevant) changes of patient's/client's condition/behaviour and to adjust the care plan under supervision.		A.3.c To be able to independently identify and evaluate the results of the observation/monitoring process and optimise/adjust the care plan.	
A.4 Promoting quality assurance measures	A.4.a To have an understanding of quality standards/quality criteria in care.		A.4.b To be able to apply care standards with regard to on-site regulations		A.4.c To be able to verify the relevance of care standards/guidelines and identify new/ revised care standards/guidelines.	
			A.4.d To be able to participate in multidisciplinary activities for the improvement of the quality of care standards/guidelines.		A.4.e To be able to participate in composing quality reports and in the development of quality-promoting measures.	
	A.4 Promoting quality assurance measures					

(Cross-cutting Competence Area B)
Ethical , intercultural & legal competence



Sub-areas of competence	Steps of competence development		
B.1 Ethical competence	B.1.a To be able to practically apply basic concepts of ethics.	B.1.b To be able to recognise ethical challenges in care and to react appropriately.	B.1.c To be able to critically reflect ethical principles and contribute to setting/revising ethical principles within care.
B.2 Intercultural competence	B.2.a To be aware of differences between cultures/ethnicities and their influence on care tasks	B.2.b To be able to recognise potential needs or challenges of patients/clients resulting from cultural differences and to adapt one's work in order to respect a client's individual values, cultural and religious beliefs and needs within the care process..	B.2.c To be able to conciliate in case of intercultural challenges and guide peers and patients/clients through intercultural conflict situations.
B.3 Legal framework	B.3.a To be able to apply the relevant constitutional principles, general legal frameworks and organisational guidelines/professional laws.		

(Cross-cutting Competence Area C)

Continuous professional development and lifelong learning including self-reflection



Sub-areas of competence	Steps of competence development			
C.1 Identifying and addressing professional training needs	C.1.a To be able to critically reflect one's competences and identify training needs resulting from general requirements on (care) professionals.	C.1.b To be able to assess one's personal working environment regarding changes of competence requirements and initiate appropriate training measures for oneself.	C.1.c To be able to reflect one's professional development with regard to further professional development steps and initiate appropriate training measures.	C.1.d To be able to identify training needs of colleagues and support them in their professional development.
C.2 Development of the profession	C.2.a To be able to position professional care within the social and healthcare system and be able to differentiate between professional care and other health care professions.	C.2.b To be able to critically reflect one's profession and position within health care, the social system and society.	C.2.c To be able to identify trends and developments within the health care and social system and their impacts on care professions.	C.2.d To be able to participate in research on professional care.
C.3 Professional care research	C.3.a To be able to read and understand research results.	C.3.b To be able to critically interpret and evaluate research findings and to incorporate relevant findings in the daily practice.	C.3.c To be able to support others in research projects and to participate in research in the field of professional care.	

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Fostering transparency and recognition of prior learning within geographical mobility of professionals in the healthcare sector