

From 1990, nursing career in Viet Nam has received the support from the government and MOH to develop significantly in management, training, practice and research. In the trend of regional and international integrate, Viet Nam government has signed the agreement of mutual recognition among 10 ASEAN countries about nursing care service in the region. In order to raise the quality of nursing human resource which makes foundation for the curriculum development and uses the nursing human resource effectively to meet the needs of integration, MOH cooperate with VNA to build the competency standards for nurses in Viet Nam with the support from Canada Nurses Association and QUT-Australia. This document is written based on regional and international nursing competency standards by national nursing experts, health managers and nursing. Based on the assessment result given by the professional council established following decision 3602/QĐ-MOH on 4/10/2011, MOH issued the competency standards for Viet Nam Nurses in order to inform to other countries in the region and over the world and it will be applied in all nursing schools and employers in Viet Nam.

1.1 GENERAL CONTEXT OF NURSING PROFESSION

1.1.1 International context

Nursing profession has been growing into a multi scientific discipline, with many graduate programs. Its development is in parallel with the development of specialized Medical, Pharmacy, Public Health in health sector. Nursing profession is coming to a necessary public service for man, for families. In many developed countries, the population is growing old. It requires

an increasingly high need of home care and nursing care in health centre.

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

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

Nursing migration is happening on a global scale. Nurses migrate from less developed countries to developed countries, and from developing countries to developed countries. Mutual Recognition Agreements (MRA) are supporting for the nursing migration in the regional level and worldwide level. Many nations are considering MRA the important concerning and make it the governmental commitment and indispensable in the integration process. The Asian South East Nations (10 countries) signed the ASEAN Mutual Recognition Arrangement on Medical, Nursing and Dental Services. This Arrangement allows people in ASEAN countries who hold a legal Medical/Nursing/Dental registration and/or license having right to work in others countries within the regional. ASEAN Coordinating Committee on Nursing Service is discussing core competency standards of registered nurses as the basis for the recognition nursing staffs

among the countries. They are building the ASEAN Nursing Web page to track Persons who move abroad to practice nursing in each country.

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

1.1.2 Vietnam Nursing profession in the general context of health care

At present, there are 75,891 nurses through out the country, accounting for 45% of labor workforce of the health sector (Health Statistics 2009). Care provided by nurses is one of the pillars of the health service system, plays a very important role in improving the quality of health services. With the attention of the Ministry of Health, the Nursing profession had a breakthrough development in the areas of nursing management system through out MOH to health care system and VNA system in all levels that have supported each other to promote Nursing training system enhanced to three levels of training (college, university, master); some nursing policies are enforced and improving. Vitenam Governemnt has certified the best title to many nurses and midwives Vietnam Nurses Association has played an important role to cooperate with the Ministry of Health for the development of nursing profession.

The quality of health care has lots of improvements through nursing care, holistic care, standardizing nursing skills. Nurses's roles and positions has However, the nursing profession is facing many challenges of development: accounting to 70% of nursing teachers are the doctors because we lack of qualified nursing teachers and experts; nursing science has not kept pace

with the development progress of the world in Nursing training; nurses haven't been educate to be more active and professional in delivering care; structure of nursing profession is imbalance leading training levels, skills and techniques of nurses haven't been clearly distinguished; position and image of nurses in society is changed but not much.

2. The necessary of developing the competency standards for bachelor of

2.1 For Nursing schools and training centres:

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

2.2 For the health centres / nurse workforce users

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

2.3 For Nursing management agencies

- Is the basis for countries to recognize the equivalence of nursing qualifications between countries;
- Is the basis for the cooperation and exchange nurses between countries;
- Is the basis for formulating programs for foreign nursing training;
- Is the basis for determining capacity, nursing standards in each country

3. Development process of competency standards for bachelor of nurses.

- Medical law, decision 40/QH 12 on 23/11/2009 Parliament congress XII
- Decision no 41/2005/QĐ-BNV, date April 22, 2007 of Ministry of Interior on Standards of professional state servants;
- ASEAN Mutual Recognition Arrangement on Medical, Nursing and Dental Services that Vietnam government signed with ASEAN nations in December 8, 2006;
- Competency standards for Paediatrics nurses;
- Competency standards for registered nurses recommended by World Health Organization Western Pacific Regional;
- Competency standards for Professional Nurse by International Nursing Council (2003);
- Competency standards for Nurses of Philippines.

4. Development process

4.1 Arrangement process of VNA

- Established Taskforce group including educators, managers with consultation from international nursing experts
- Translated and studied materials in and out country on nursing competency
- Taskforce group compiled the drafts supported by international consultants
- Conducted workshop for receiving comments and ideas of nursing experts

from nursing schools, hospital and uploaded it into VNA website to ask for member's comments

- Submitted the final draft to the Ministry of Health in 10/2009, edited and submitted for the approval in 10/2011

4.2 Approval process

- Based on VNA suggestion, with MOH minister's guiding, the organization and personnel department played the clue role to complete the competency standards following MOH Rules.

- MOH Minister established the professional council to evaluate the competency standards for Viet Nam Nurses. This council has 15 members and it was leaded by associated professor Nguyen Viet Tien, MOH Vice
The council has evaluated and given comments to the secretary group to improve and complete the competency standard document.

The organization and personnel department has asked for last comments from other stakeholders to complete the document.

MOH minister has signed to issue the competency standards for Viet Nam Nurses as said in the decision number 1352/QD - BYT, April 24, 2012

Competency Standards for Viet Nam Nurses has followed the framework of The Asian Pacific region and ASEAN to meet the requirements of the region to to compare with the competency standards from other countries. The competency standard document has been devided in 3 domains, 25 competencies
Each domain represents a basic function of the nurse. The document is divided into three domains are: patient care, management and professional development, legal and ethical nursing.

Each standard represents a portion of the domain and covers a task of the

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

This Draft of Competency Standards for Bachelor of Nurses has been compiled meticulously, consulting many valuable resources, through multiple communication channels to obtain comments and adjust to suit the special status of Vietnam Nursing profession and the integration.

Part 2

Competency Standards for Viet Nam Nurses

DOMAIN 1: PATIENT CARE COMPETENCIES

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

1. Indicator 1: Identifies the health need of the individuals, families, population groups and/or communities (hereafter refer patients/clients).
2. Indicator 2: Explains the health status of the clients/groups.

COMPETENCY 2: PROVIDES SOUND DECISION MAKING IN THE CARE OF PATIENTS/CLIENTS CONSIDERING THEIR BELIEF AND VALUES

3. Indicator 1: Collect the information and analyse to identify health problems of the individuals, families, population groups and/or communities
4. Indicator 2: Provides sound decision making in the safe and effective care of

Indicator 3: Performs nursing interventions to support patients/clients meeting with their health problems /illness consistent with cultural beliefs of patients/clients and

COMPETENCY 3: SETS PRIORITIES IN NURSING CARE BASED ON THEIR NEED OF HEALTH CARE

5. Indicator 1: Identifies and analyses the priority needs of patients/clients.

Indicator 2: Determines appropriate nursing care to address priority needs/problems.

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

6. Indicator 1: Performs comprehensive and systematic nursing assessment.

7. Indicator 2: Collects appropriate information from patients /clients and completes it into assessment form.

8. Indicator 3: Analyses and explains the information exactly.

9. Indicator 4: Formulates a plan of care in collaboration with patients/clients, their family and other members of the health team based on the priority issues, health needs and clients' expectation.

10. Indicator 5: Performs nursing activities effectively following the plan of care in a safe, effective and timely manner.

11. Indicator 6: Provides guides to clients and their families the appropriate self-care

12. Indicator 7: Revises the care plan based on the patient's health condition and expected outcomes.

13. Indicator 8: Performs discharging for patients.

14. Indicator 9: Provides health education and inform patients on disease prevention during and after hospilitation.

COMPETENCY 5: PROMOTES SAFETY, COMFORT AND PRIVACY OF PATIENTS

15. Indicator 1: Performs age-specific safety measures in all aspects of patients/clients care.

16. Indicator 2: Performs age-specific comfort measures in all aspects of patients/clients care.

17. Indicator 3: Performs age-specific measures to ensure privacy in all aspects of patients/clients care.

COMPETENCY 6: ADMINISTER MEDICATION SAFELY AND EFFECTIVELY

18. Indicator 1: Takes a complete patient drug history.

19. Indicator 2: Applies the 5-Right rules issued by the Ministry of Health.

(Administer the right drug / right patient / right dose / right route / right time)

20. Indicator 3: Teaches the patient about the drugs he is receiving.

21. Indicator 4: Finds out and perform necessary intervention if the patient had any drug allergies/side effects and report timely to doctors and nurses in shift.

22. Indicator 5: Be aware of potential drug – drug or drug-food interactions.

23. Indicator 6: Evaluates the effects of medication.

Indicator 7: Documents and publicizes each drug you administer.

COMPETENCY 7: PERFORMS PROPER CARE TECHNIQUES FOLLOWING NURSING CARE PROCESS

24. Indicator 1: Describes nursing process in the professional scopes.

25. Indicator 2: Implements nursing techniques fluently.

Indicator 3: Follows the rules of infection control.

COMPETENCY 8: ENSURES CONTINUITY OF CARE

26. Indicator 1: Hands over the patients status to the next care team in detailed and

27. Indicator 2: Involves patients, families and other members of health team effectively to ensure continuity of care.

Indicator 3: Establishes measures to implement continuous care for patients.

COMPETENCY 9: PERFORMS FIRST AIDS AND ACTS ON EMERGENCIES

28. Indicator 1: Finds out sudden changes in health condition of patients/clients.

29. Indicator 2: Gives decision on interventions and emergencies promptly and

30. Indicator 3: Coordinates with other health team members.

31. Indicator 4: Performs first aid for patients/clients.

COMPETENCY 10: ESTABLISHES RAPPORT WITH PATIENTS/CLIENTS,
FAMILIES AND MEMBER OF THE HEALTH TEAM.

32. Indicator 1: Creates trust and confidence with patients/clients, families and health

33. Indicator 2: Spends time with the client/significant others and members of the
health team to facilitate interaction

34. Indicator 3: Listens actively to patients/client's concerns/significant others and
members of the health team .

COMPETENCY 11: COMMUNICATES WITH THE PATIENTS/CLIENTS AND
FAMILIES

35. Indicator 1: Validates patients/client's body language and facial expressions.

36. Indicator 2: Communicates effectively with individuals, families, groups who
have communication problems due to disease, due to psychological problems.

37. Indicator 3: Express words, gestures that motivate, encourage safe treatment of

38. Indicator 4: Demonstrating an understanding of culture, belief in communication
with patients/clients, families and groups.

COMPETENCY 12: UTILIZES FORMAL AND INFORMAL CHANNELS TO
FACILITATE COMMUNICATING WITH PATIENTS/CLIENTS, FAMILIES AND

39. Indicator 1: Utilizes audio-visual facilities available to support communication
with patients/clients, families and groups.

40. Indicator 2: Utilizes effectively and appropriately communication with
patients/clients, families and groups.

41. Indicator 3: Utilizes information technology in management of care as well as
update their professional knowledge.

COMPETENCY 13: PROVIDES APPROPRIATE INFORMATION TO THE
PATIENTS/CLIENTS ON THEIR HEALTH AND FITNESS STATUS.

42. Indicator 1: Defines appropriate information.

43. Indicator 2: Performs psychological preparation for patients/clients and families before providing the information "bad."

COMPETENCY 14: DETERMINES NEEDS AND PERFORMS HEALTH EDUCATION FOR INDIVIDUALS, FAMILIES AND GROUPS.

44. Indicator 1: Collects and analyzes information on the needs of individuals, families, and groups of health.

45. Indicator 2: Identifies priority needs.

46. Indicator 3: Develops health education plan including: setting the objectives, content, time, teaching facilities, methods and indicators.

47. Indicator 4: Performs health education for individuals, families and groups.

COMPETENCY 15: ESTABLISHES COLLABORATIVE RELATIONSHIP WITH COLLEAGUES AND OTHER MEMBERS OF HEALTH TEAM.

48. Indicator 1: Contributes to decision making.

49. Indicator 2: Contributes to patients/clients care and treatment process, and performs given duties.

50. Indicator 3: Recommends appropriate intervention to improve client care.

51. Indicator 4: Respects the role and ideas of other members of the health team.

52. Indicator 5: Shares information with other members of the health teams.

53. Indicator 6: Acts as liaison / advocate of the patients/clients.

DOMAIN 2: MANAGEMENT AND ENABLING COMPETENCIES

COMPETENCY 16: MAINTAINS ACCURATE AND UPDATED DOCUMENTATION OF PATIENTS/CLIENTS CARE PRESCRIBED BY THE MINISTRY OF HEALTH.

54. Indicator 1: Applies principles of record management prescribed by the MOH.

55. Indicator 2: Maintains the patients/clients records in confident and privacy.

56. Indicator 3: Monitors and improves accuracy, completeness and reliability of

57. Indicator 4: Makes record readily accessible to facilitate patients/clients care and health policy making.

COMPETENCY 17: MANAGES PATIENTS/CLIENTS CARE

58. Indicator 1: Manages individual tasks and time effectively.

59. Indicator 2: Plans the performance of tasks or activities based on priorities.

60. Indicator 3: Verifies the competency of the staff prior to delegating tasks.

61. Indicator 4: Demonstrates understanding of the relationship between management and utilization of resources effectively to ensure quality and safe care for

COMPETENCY 18: ESTABLISHES MECHANISM TO ENSURE PROPER FUNCTIONING OF EQUIPMENT

62. Indicator 1: Establishes mechanism to manage and function equipments used for patients/clients care and treatment.

63. Indicator 2: Plans for preventive maintenance program.

64. Indicator 3: Checks proper functioning of equipment considering the: intended use, cost benefits, safety, infection control, waste creation and disposal storage.

65. Indicator 4: Knows how to operate equipment assigned.

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

66. Indicator 1: Identifies the cost-effectiveness in the utilization of resources.

67. Indicator 2: Develops budget considering existing resources for nursing care within assigned duty.

COMPETENCY 20: MAINTAINS THE SAFE ENVIRONMENT

68. Indicator 1: Complies with standards and safety codes prescribed by laws.

69. Indicator 2: Adheres to policies, procedures and protocols on prevention and control of infection.

70. Indicator 3: Observes protocols on pollution-control (water, air and noise)

71. Indicator 4: Observes proper disposal of wastes.

72. Indicator 5: Defines steps to follow in case of fire, earthquake and other emergency situations.

73. Indicator 6: Demonstrates understanding on areas related to occupational health and legal documents on safe working environment.

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

74. Indicator 1: Be aware of the necessity of quality assurance activities, quality improvement through feedback and evaluation of regular practice.

75. Indicator 2: Detects and reports environmental risks in patient care and make appropriate corrective action.

76. Indicator 3: Solicits feedback from patients/clients and significant others regarding care rendered.

77. Indicator 4: Applies proper methods.

78. Indicator 5: Participates in quality improvement activities in health care centre

79. Indicator 6: Shares with the team relevant information regarding patients/clients' condition and significant changes in patients/clients' environment.

80. Indicator 7: Makes appropriate changes when existing technical and administrative procedure problems emerge.

81. Indicator 8: Makes appropriate recommendations on the treatment and

82. Indicator 9: Knows how to combine nursing consultants and available evidents to improve safety in patients/clients care.

COMPETENCY 22: PERFORMS NURSING RESEARCH AND EVIDENT-

83. Indicator 1. Specifies researchable problems regarding patient/client care.

84. Indicator 2: Identifies appropriate methods of research on specific health problems of individuals, families, groups.

85. Indicator 3: Analyses and interprets data gathered using appropriate statistic

86. Indicator 4: Recommends practical solutions appropriate to the problem based on the interpretation of significant findings.

87. Indicator 5: Presents results of findings to colleagues/ patients/ clients/ family

Indicator 6: Utilizes the results of findings in the provision of nursing care to individuals/groups/ communities.

COMPETENCY 23: MAINTAINS PERSONAL AND PROFESSIONAL

88. Indicator 1: Identifies own learning needs, strengths, weaknesses/ limitations.

89. Indicator 2: Pursues continuing education, participates in formal and non-formal education; Applies learned information for the improvement of care.

90. Indicator 3: Gets involved in professional organizations and civic activities.

91. Indicator 4: Projects a professional image of the nurse , demonstrates good manners and right conduct at all times.

92. Indicator 5: Possesses positive attitude towards change and criticism, listens to suggestions and recommendations, tries new strategies or approaches and adapts to changes willingly.

93. Indicator 6: Performs function according to professional standards.

94. Indicator 7: Contributes to improve training and professional development for

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

DOMAIN 3: LEGAL AND ETHICS COMPETENCIES

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

96. Indicator 1: Holds a current professional registration / license.

97. Indicator 2: Fulfills legal requirements, rules prescribed by the MOH in nursing

98. Indicator 3: Complies with required continuing professional education.

99. Indicator 4: Acts in accordance with the terms of contract of employment and other rules and regulations.

100. Indicator 5: Implements code of conduct set by the units / organizations / health

101. Indicator 6: Records and preserves care records and documents related to the patient, the health problems of patients in accordance with the standard practice of

COMPETENCY 25: ADHERES TO PRACTICE IN ACCORDANCE WITH ETHICO-MORAL RESPONSIBILITIES

102. Indicator 1. Accepts responsibility and accountability for own decision and

103. Indicator 2: Adheres to the code of ethics for nurses in nursing practice.

104. Indicator 3: Reports unethical and immoral incidents to proper authorities and be responsible for that report.

VIETNAM NURSES ASSOCIATION