BACHELOR OF NURSING 2020
A FUTURE-PROOF PROGRAMME PROFILE 4.0
The Netherlands
To our esteemed international partners,

This document contains a summary of the program profile for the Bachelor's degree program in Nursing: 'BN2020'. Due to an increasing complex, multicultural and turbulent environment, considerable demands are placed on nurses educated to Bachelor level. Therefore, a review of the nursing curriculum was necessary.

We are pleased that we can offer you this profile and thus share the educational requirements of the School of Nursing with you. The profile is a national profile, followed by all bachelor programs in the Netherlands. However, the various universities are free to shape components of the profile, depending on expertise and focus areas connected to the University.

In 2020, we expect that all our students will be trained to Bachelor of Nursing according to the BN2020 profile.

Our students, lecturers and members of the management like to talk about the profile and the nursing competences. So, feel free to discuss with us everything that has to do with nursing. Our aim is to support future professionals who are capable of conceiving innovative solutions to various situations and complex problems. In doing so, they will enrich people as individuals and society in general; share your talent, move the world

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Foreword: an innovative and dynamic partnership

The future – and to a large extent the present – places considerable demands on nurses educated to Bachelor level. Social changes, technological developments and e-health facilities place different requirements on health care. Current care reforms provide an intersectoral perspective on participation, health and professional care for citizens. The distinction that previously developed between prevention, care and well-being has now become counter-productive.

There is now an increasing focus on the ability of sick patients to function rather than on their disorders; the ability of the individual to adapt appears to be a crucial factor in ‘healthy’ functioning. Greater emphasis is therefore being placed on the importance of self-care and informal care. Likewise, greater attention will be paid to prevention-focused research and application of the results. Community nurses educated to Bachelor level are taking on a connecting role in this new type of care. In addition, ambulatory nursing care will replace some components of clinical care within elderly care, mental and physical health care and care of those with a disability. Although these components will continue to exist, they will become even more specialised than at present. Another factor that must be remembered is the transfer of responsibility for youth care and long-term care to municipal authorities.

All in all, there is sufficient reason to ensure that the national programme profile is future-proof, as a framework for all generalist nursing programmes at Bachelor level. The National Consultative Committee on Nursing Programmes (LOOV) commissioned this new programme profile, which is based on the Professional Profile for Nursing (Schuurmans et al. 2012) and on the recommendations made in the final report Voortrekkers in verandering (Pioneers of change) released by the Fact-finding committee for higher professional health-care programmes (Netherlands Association of Universities of Applied Sciences 2013). A couple of NIVEL reports and numerous other relevant sources were also added to this solid foundation.

As a rule, sustainable changes are not achieved by recording them as a programme profile in written documents and adopting them in a policy, no matter how indispensable that process is in itself. This is all the more true for a sizeable project such as Bachelor of Nursing 2020 in which so many stakeholders are involved. In order to effect changes in practice, we need movement and dynamism. We have witnessed plenty of movement over the last year within and between the universities of applied sciences, and also between these universities and their local partners – the local and regional care providers involved in the study programmes. Hundreds of nurses and lecturers have contributed their knowledge, experience and vision to the regional consultative groups and to the central focus groups. This innovation-oriented dynamism has proven to be particularly fruitful. I firmly believe that this innovative and dynamic partnership will continue to last even after this programme profile has been adopted. All those involved will benefit from this partnership in the interest of providing the best possible nursing care to the citizens of the Netherlands.

Although the universities of applied sciences collaborate productively in the LOOV, they also rightly attach great importance to their autonomy. The new programme profile guarantees that all students with a Bachelor’s degree in nursing who graduate from 2020 onwards will have received comprehensive training and be able to provide nursing care to those who need it. At the same time, it gives the universities and students space in their curricula to make their own choices, depending in part on local context.

This framework programme profile ‘Bachelor of Nursing 2020’ enables the LOOV to lay a firm foundation for the future. This profile has been developed in close collaboration with numerous
partners from the universities of applied sciences and the professional field, working together in focus groups and consultative groups. I would like to thank them sincerely for their efforts and commitment.

Peter Koopman
Chair of the steering group for Bachelor of Nursing 2020
Bachelor of Nursing 2020 to boost quality

The quality boost provided by Bachelor of Nursing 2020 to higher professional nursing education in the Netherlands is of great importance to society, as each year around 3000 nurses embark upon their health-care training. Demographic and political-social developments, as well as developments in health care, science and technology, bring with them radical changes to the environment in which these nurses start work. The new national programme profile provides a response to these dynamics. It assumes a new definition of health, in which the focus no longer lies on the disorder itself but on the skills to deal with health-related problems. This focus is fully in keeping with the role of the nurse. In future, Bachelor nurses will, to an increasing extent, be more visibly active in the community. While complex care in the community will place increasing demands on these nurses, many future graduates will also work in intramural care, such as in hospitals, mental health care, care for the disabled and care for the elderly.

On 20 November 2014, the first 3 chapters of Bachelor of Nursing 2020 were handed over by the steering group to the LOOV, who approved it unanimously. This new profile has been structured according to the advice given by the Westerlaken Committee.

Bachelor of Nursing 2020 has created a lot of movement and energy within the 17 participating universities of applied sciences. Not only has there been a positive response from all 3 focus groups, but the consultative groups have also shown great enthusiasm, as it appears that universities of applied sciences and health-care providers can greatly benefit from one another. The project has therefore laid a solid foundation for future collaboration at a local level, to allow the dynamism in education and the professional field to be reflected in the programme curricula. This is all the while in the interest of providing the best possible care for the citizens of the Netherlands.

The LOOV has direct access to the universities, lecturers, students and alumni and, as client and owner of the process, also monitors its continuity. The entire Bachelor of Nursing 2020 process makes it patently clear for the LOOV how important it is for the universities to operate collectively in the same direction as, and together with, the professional field, sector associations and government. In this respect, Bachelor of Nursing 2020 has clearly whetted our appetite for more.

With so many stakeholders involved, the realisation of the programme profile has been an exceptional achievement. I would like to express my sincere thanks to all those who have helped bring about this success. In particular, I would like to thank Peter Koopman, chair of the steering group, and Johan Lambregts, project leader, for their efforts.

On 26 June 2015, the programme profile was approved by the Sectoral Advisory Board for Higher Health Care Education of the Netherlands Association of Universities of Applied Sciences.

Caroline van Mierlo
Chair of National Consultative Committee on Nursing Programmes
Introduction: pioneers of change

In November 2013, under the motto 'pioneers of change', the LOOV initiated a comprehensive change process concerning the development of a future-proof programme profile for nursing. The project was given the title ‘Bachelor of Nursing 2020’.

A triptych of profiles
The professional profile, job profile and programme profile form a triptych in which each of the 3 components influences the other 2. The primary responsibility for the profiles rests with the professional organisation, care institutions and universities of applied sciences respectively. This distribution of responsibilities was confirmed by Edith Schippers, Dutch Minister of Health, Welfare and Sport, in a letter she submitted on 15 October 2014 concerning the profession and training of nurses. From the very beginning, Bachelor of Nursing 2020 has focused on intensive collaboration with the professional field. This is evident from the composition of the steering group and focus groups as well as from the input of several hundred officials from health care practice and education via the consultative groups. Bilateral consultations were held with sector organisations and other stakeholders. In addition, they were given the opportunity during 2 invitational conferences to express their opinions on the project plan and the interim report. They were also sent a written invitation to respond to the interim report. See Appendix 6 for a list of stakeholders.

Basic documents
In developing the new programme profile, the 3 focus groups based their work on the Professional Profile for Nursing (Schuurmans et al. 2012) and the final report by the Fact-finding committee for higher professional health-care study programmes: Voortrekkers in verandering (Pioneers of change) (Netherlands Association of Universities of Applied Sciences 2013). Given the crucial role of community nurses in primary care, the programme profile also included the competences set out in Expertisegebied wijkverpleegkundige (Area of expertise for community nurses) (Bont et al. 2012) at the request of the Dutch Ministry of Health, Welfare and Sport, in collaboration with ZonMw (The Netherlands Organisation for Health Research and Development). Furthermore, many documents were studied that were submitted by experts from the educational and professional fields. All these documents have been incorporated in the digital library (www.loov2020.nl). Lastly, the reactions to the interim report given by the sector organisations were processed by the focus groups.

Foresight study by TNO: a shift towards functional care
In the autumn of 2014, the results were published of a study by TNO (Chorus et al. 2014) into the future need for care in 4 regions of the Netherlands (Amsterdam, Amstelveen, Friesland and Rotterdam). This study was commissioned by the Innovation Care Professions & Study Programmes committee of the Dutch National Health Care Institute. The main focus of the study was the increase in 'functioning problems'. In comparison with 2012, these problems in the 4 regions will rise by 60, 40, 60 and 29 percent respectively by 2030. The relatively lower increase in Rotterdam is due to the bombing of the city in the second world war and the Dutch famine of 1944 which led to fewer births in 1945. It is the opinion of the committee that future care will need to focus more on the patient's ability to function and less so on the disorder itself. This is very much in keeping with the definition of health as set out in the Professional Profile for Nursing and the Bachelor of Nursing 2020 programme profile. The findings are also entirely in line with the choice of the LOOV for a broadly trained nurse with a strong focus on prevention and self-management.
Overview
The Bachelor of Nursing 2020 programme profile is a dynamic profile. This means that although there may be set frameworks, the universities are given sufficient opportunity when developing their programme curricula to make their own choices, depending on local and regional context. These dynamics are mainly determined by the permanent contacts with the professional field (such as via consultative groups, work placements, research groups and apprenticeships) that may lead to updating of the curricula.
1. Robust curriculum

In this chapter, the CanMEDS roles described in the Professional Profile for Nursing are translated into competences and core concepts and developed further in terms of knowledge, skills and attitudes. The critical professional situations are set out in Appendix 1, and the accompanying Body of Knowledge and Skills in Appendix 2. The final level described for Bachelor nurses has been carefully calibrated to the Dutch Qualification Framework (NLQF) of the National Coordination Point.

Please note: The critical professional situations have been included in a separate appendix for purposes of accessibility and readability. Nonetheless, they form an integral part of Chapter 1.

1.1. Introduction: working method

Focus group 1 started by making an inventory of topics that will be relevant within nursing in the year 2020. This was based on the Professional Profile for Nursing (Schuurmans et al. 2012) and the advice from the Westerlaken Committee entitled Voortrekkers in verandering (Pioneers in change) (2013). An outline was then created of the robust curriculum, which produced a first impression of the final level of the Bachelor of Nursing programme. Considerable importance was attached to the input and opinions of people from the professional field and the lecturers from the different programmes, represented in the consultative groups.

Based on the input from the consultative groups and the letters and documents received, the CanMEDS roles, competences and core concepts were further elaborated into knowledge, skills and attitudes. These were then illustrated and made more concrete with the description of a number of critical professional situations. Adjustments and improvements were then made following discussions, specific literature research and a second consultation with the consultative groups. Furthermore, the same input was used to draft the Body of Knowledge and Skills (BoKS). The interim report produced new feedback which was carefully considered and processed. During the entire process, the contribution of all those involved has been indispensable and of great value.

1.2. Based on the Professional Profile for Nursing

The Bachelor of Nursing programme profile was developed on the basis of the Professional Profile for Nursing. The starting points chosen in the professional profile, such as changing health care in the 21st century, the support of self-management, clinical reasoning and prevention are also the central themes of the new programme profile. The focus lies on promoting health, recovery, growth and development and preventing illnesses, disorders and disabilities from occurring or worsening. This is based on a core set of patient problems. “These problems are not associated with a particular illness; they can occur among people with an acute or chronic illness, in both children and the elderly, and in people with a wide range of disorders” (Schuurmans et al. 2012).

Also incorporated were recent letters submitted to the Lower House of the Dutch Parliament by Edith Schippers (Dutch Minister of Health, Welfare and Sport), the new health care legislation that came into force on 1 January 2015, and the Normenkader indiceren en organiseren van verpleging en verzorging in de eigen omgeving (Set of standards for indicating
and organising nursing and care in one’s own region), developed by V&VN (Dutch Nurses’ Association) (2014).

**Ability to perform in all contexts**
The Bachelor of Nursing programme trains nurses to perform a wide variety of duties in different settings. Given the demographic, social and care-related developments taking place – including transmuralisation and extramuralisation – there will be an increase in demand for well-trained community nurses in the near future. See also the programme of the Netherlands Organisation for Health Research and Development (ZonMw) entitled *Zichtbare Schakel De wijkverpleegkundige voor een gezonde buurt.* (Visible link. The community nurse for a healthy neighbourhood.)

The programme profile also includes competences from the *Expertisegebied wijkverpleegkundige* (Area of expertise for community nurses) (Bont et al. 2012). The aim is to add emphasis to certain aspects in the profile without losing sight of the knowledge and skills needed in intramural care. The result is a description of the roles and competences of future nurses that enable them to provide the best possible care, whatever the position of the care user in the care chain.

**Increase in the number of elderly people and chronic illnesses**
We are seeing an increase in the number of elderly people living in the Netherlands. These people are living longer, and many of them are having to cope with chronic illnesses. This development is associated with limitations in their day-to-day functioning, loss of self-reliance and autonomy and a growing need for professional care and assistance (Hoogerduijn en Schuurmans 2014). Under the leadership of Anton Westerlaken, the Fact-finding committee for higher professional health-care programmes also concluded in its report ‘Pioneers of change’ that the ageing population presents one of the biggest health care challenges in the Netherlands. More than three quarters of nurses will be required to deal with elderly people (Dutch National Programme Geriatric Care 2014). Particular attention must therefore be paid in educational curricula to this growing group. The CanMEDS roles and competences in the programme profile are applicable for all care users within all contexts, including ageing care users at risk of gerontological and geriatric problems. Special attention is given to this group in the BoKS.

**Post-initial schooling remains necessary**
Various bodies submitted requests to look into the possibility of including competences required for specific (primary care) nursing duties in the programme profile. With the help of the analysis made by Ans Grotendorst, Focus group 1 came to the conclusion that the knowledge required for the role of health-care provider (CanMEDS 1) is too extensive to be included in the 4-year Bachelor programme. Post-initial schooling in the form of additional job-related training, courses and programmes will remain necessary.

**Final level**
The description of the final level of the Bachelor of Nursing is based on the Dutch qualification framework (NLQF level 6). It also incorporates the higher professional key qualifications that should be acquired during the programme. Appendix 3 provides an overview of the relationship between the NLQF criteria, the competences from the new Bachelor of Nursing programme profile and the higher professional key qualifications.
Areas of competence and CanMEDS roles
The Professional Profile for Nursing follows the classification into 7 roles and competence areas that is based on the system used by CanMEDS (Canadian Medical Education Directions for Specialists). See Table 1.1

<table>
<thead>
<tr>
<th>CanMEDS roles</th>
<th>Areas of competence</th>
</tr>
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<tbody>
<tr>
<td>1. Health care provider</td>
<td>Professional actions</td>
</tr>
<tr>
<td>2. Communicator</td>
<td>Communication</td>
</tr>
<tr>
<td>3. Collaborator</td>
<td>Collaboration</td>
</tr>
<tr>
<td>4. Reflective professional who acts in accordance with the latest scientific knowledge; the reflective EBP professional.</td>
<td>Knowledge and science</td>
</tr>
<tr>
<td>5. Health advocate</td>
<td>Social actions</td>
</tr>
<tr>
<td>6. Organiser</td>
<td>Organisation</td>
</tr>
<tr>
<td>7. Professional and quality enhancer</td>
<td>Professionalism and quality</td>
</tr>
</tbody>
</table>

Table 1.1: CanMEDS roles and competence areas in the new programme profile

This is an organisational principle for the purpose of describing the complex competences in greater detail. Although individual descriptions are given for each role, they are inextricably connected to one another, with the role of health-care provider at the core of professional practice (Figure 1.1). The other 6 CanMEDS role support the central role of health-care provider.

Example
A nurse performs interventions to prevent a delirium in an older care user. These interventions aim to strengthen the self-management of the care user and his spouse. She identifies the wishes and preferences of the care user and his spouse, consults guidelines, searches for recent scientific literature and asks his/her colleagues for their experiences (reflective ECP professional). The nurse talks to the care user and his spouse to explain the situation (health advocate) and to discuss with them the actions to be undertaken to prevent a delirium from occurring (communicator). The role of health-care provider takes centre stage with the other competences necessary to be able to fulfil this role to the best of his/her ability.

Comparison between ‘old and new’
Table 1.2 provides an overview of the competence areas as described in the new Professional Profile for Nursing, compared to the professional roles described in the previous professional profile (Leistra 1999).
<table>
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<tbody>
<tr>
<td>Health care provider</td>
<td>Healthcare provider</td>
</tr>
<tr>
<td>Communicator</td>
<td></td>
</tr>
<tr>
<td>Health advocate</td>
<td></td>
</tr>
<tr>
<td>Organiser, collaborator, health advocate</td>
<td>Director</td>
</tr>
<tr>
<td>Reflective EBP professional and quality enhancer</td>
<td>Designer</td>
</tr>
<tr>
<td>Reflective EBP professional</td>
<td>Coach</td>
</tr>
<tr>
<td>Reflective EBP professional and quality enhancer</td>
<td>Professional</td>
</tr>
</tbody>
</table>

Table 1.2: comparison of competence areas (2012) and professional roles (1999)

1.3. Competences and core concepts
In the programme profile, each competence area (CanMEDS role) is described separately. In order to clarify the link with the professional profile and provide context, the description of the relevant competence area has been taken from the professional profile to start with. Each competence area has been elaborated into several competences and core concepts, which then form the core of the programme profile. They provide a description of the newly qualified professional. Core concepts indicate the important aspects of a particular competence area. These, too, have been obtained from the text of the professional profile. They do not provide a definition of the terms from the competences but have the purpose of differentiating between the required knowledge, skills and attitudes and placing them in a nursing context. The core concepts represent the core of the overall role and should therefore not be ascribed to just 1 competence. Some core concepts may be relevant for several competence areas. However, they will only be explained once, where they are most pronounced in the description of the competence area.

Body of Knowledge and Skills (BoKS)
The required knowledge and skills of the core concepts are operationalised in a BoKS (Appendix 2). The outline of the BoKS has been developed so that programmes are given the professional freedom to provide further content, regional or otherwise. It is not intended to be complete, but rather to serve as a guide in choosing teaching content that can be further developed and supplemented. The disadvantage of the BoKS is that it does not describe the level of the content to be learned nor the relationship between the knowledge and skills specified within it (Adriaansen 2012). This is partly the reason why critical professional situations were used when drafting the programme profile.

Critical professional situations
Critical professional situations are situations in which the professional is faced with a professional problem or dilemma (Grotendorst, Rondeel, Wijngaarden 2005). In this programme profile, critical professional situations have been included for illustration purposes, to place the competences within a context and to clarify the desired level to be attained. Via the consultative groups, Focus group 1 invited members of the professional field to describe critical situations from their day-to-day practice. Based on this information and their own expertise, the professionals in the focus group provided a description of nursing practice. They looked at differences in context, age and care-user category as well as the core set of patient problems from the professional profile. The first critical professional situation is a detailed case to illustrate how the different CanMEDS roles relate to one another and strengthen the pivotal role of health-care provider. In the subsequent situations, the emphasis is placed on different
roles each time. The professional field and different contexts are presented as broadly as possible, with particular focus on community nursing and care for the elderly.

The professional situations are for illustrative purposes only and do not cover the entire range of activities in professional practice. It is up to the various study programmes to further expand on and update the case histories. See Appendix 1 for the critical professional situations.

By specifying the competence areas in the manner described and using critical professional situations to illustrate the final level to be attained, it is possible to present a clear interpretation of the Bachelor of Nursing 2020 programme profile and achieve the desired objective of providing a basis with which each university of applied sciences can work out the further details of its teaching.

CanMEDS role 1: health-care provider
CanMEDS role 2: communicator
CanMEDS role 3: collaborator
CanMEDS role 4: reflective EBP professional
CanMEDS role 5: health advocate
CanMEDS role 6: organiser
CanMEDS role 7: professional and quality enhancer

1. CanMEDS role 1: health-care provider

As health-care provider, the nurse focuses on strengthening the self-management of people in their social context wherever possible. Nursing entails determining the need for nursing care through clinical reasoning; providing therapeutic interventions and personal care; providing information, education, advice and advocacy; and providing physical, emotional and mental support.

Clinical reasoning is the continuous process of collecting and analysing data that focuses on the questions and problems of the patient. In this process, the nurse focuses on risk assessment, early detection, problem recognition, intervention and monitoring. As each person displays a different physical, psychological, functional and social reaction to illness – or potential illness – and treatment, the nurse makes use of a broad range of information. This is first and foremost information from the person themselves, information from his/her environment and information from other health-care providers. It could be verbal information, information gained from observations and physical examinations, as well as information from transfers and records.

The patient problems that nurses come across in all these contexts relate to 4 areas of human functioning: physical, psychological, functional and social. In addition to these ‘generic’ problems, there are always specific problems as well.

As health-care providers, nurses are independently authorised to perform the following reserved procedures that are specified in the Dutch Individual Health Care Professions Act (BIG): injections, catheterisations and prescribing medicines available exclusively on prescription. This independent authority applies to the extent that the nurse acts within the boundaries set out in regulations. Other reserved procedures are subject to an independent executive competence (operational autonomy) as described in the Health Care (Unsupervised Activities) Decree.
Competences

• The nurse uses clinical reasoning to determine the need for nursing care for physical, psychological, functional and social issues, and indicates and provides this care in complex situations – in accordance with the nursing process – on the basis of evidence-based practice.

• Where possible, the nurse helps people strengthen their ability to self-manage within their social context. In doing so, he/she focuses on joint decision-making with the care user and their loved ones, taking into consideration diversity in personal characteristics, ethnic, cultural and religious backgrounds and ideological beliefs.

• The nurse indicates and performs nursing procedures – reserved and otherwise – based on independent competence or operational autonomy as set out in the Dutch Individual Health Care Professions Act (BIG).

1.1. Core concept: clinical reasoning

The continuous process of collecting and analysing data for the purpose of determining the questions and problems of the care user and deciding upon appropriate care results and interventions.

Knowledge

1. familiar with the principles of clinical reasoning, nursing knowledge and nursing and other classifications
2. familiar with the underlying basic principles from disciplines such as anatomy, physiology, psychology, pathology and pharmacology
3. familiar with the key concepts and theory related to current topics such as ageing population, influence of lifestyle on health, comorbidity and multimorbidity in care users, and use of the care user’s informal network
4. familiar with the theoretical models on validated or other care that underlie his/her activities and interventions
5. familiar with sources of nursing procedures, current guidelines and professional standards
6. familiar with methods for risk assessment, early detection, problem recognition, intervention and monitoring
7. familiar with the starting points and principles of palliative care
8. familiar with the personal experiences of the care user with regard to the problem

Skills

1. able to collect and combine information from various sources during the different phases of the nursing process
2. able to determine the care issues, care results and interventions based on the information collected
3. able to monitor progress and evaluate results in relation to health-care problems in the 4 areas of human functioning
4. able to apply classifications of nursing knowledge

Attitude

1. takes responsibility for his/her own actions
2. takes into account the wishes and needs of the care user and their loved ones in his/her actions
3. sees the care user as a partner in determining the care needed
4. adopts an inquisitive attitude towards the care user when analysing care issues
1.2. Core concept: implementing care
Providing integrated care by independently performing all nursing procedures (including reserved and risky procedures) that occur in complex care situations with due observance of current legislation and regulations and from a holistic point of view.

Knowledge
1. familiar with relevant nursing interventions, including their operation, effects and side-effects, as a parameter for nursing duties
2. familiar with the theoretical models on validated care that underlie her activities and interventions

Skills
1. able to assist the care user with personal care and take over from them where necessary
2. able to perform all reserved and risky procedures that occur, subject to his/her own ability and competence
3. able to follow standards, guidelines and protocols that form part of his/her functional responsibility and able to depart from them in a responsible manner if there is sufficient cause to do so based on professional or moral considerations or if requested by the care user

Attitude
1. considers himself/herself responsible for working within the limits of his/her own expertise
2. encourages the care user to be self-reliant where possible
3. is attentive and assumes responsibility for taking over care where required due to the care user’s vulnerability
4. makes decisions concerning the care provided to the care user in accordance with the principles of informed consent
5. respects the care user as an individual and provides care within a context of cohesion between living, well-being, care and meaningfulness for the care user as a person

1.3. Core concept: strengthening self-management
Supporting the self-management of people, their loved ones and their social network, with the aim of enabling them to maintain or improve their daily functioning in relation to health and illness and quality of life.

Knowledge
1. familiar with development psychology, principles of self-management, coping styles and system approaches (system: the care user in relation to others of importance to him or her)
2. familiar with approaches to care that promote self-management
3. familiar with the different phases of strengthening self-management and able to apply them
4. familiar with chronic or other syndromes and the consequences of these for the lives of care users

Skills
1. able to support the care user in achieving or maintaining the highest possible degree of autonomy with regard to day-to-day functioning
2. able to use suitable conversation skills
**Attitude**
1. adopts an open and respectful attitude towards the care user and their system
2. adopts a motivational attitude in helping the care user determine and make use of the possibilities available

**1.4. Core concept: indicating care**
Establishing and describing the nature, duration, scope and purpose of the required care and arranging for the care to be provided, in conjunction with the care user, on the basis of patient problems that have been diagnosed or potential problems that require further examination and diagnosis.

**Knowledge**
1. familiar with the care user, their loved ones and informal network and their diagnosed or potential patient problems
2. familiar with the social map of the care user and the social facilities available in the allocated area
3. knows and applies the core set of patient problems
4. familiar with the factors that determine and influence complex care and the concepts of case complexity and patient complexity
5. familiar with the principles of triage
6. familiar with the levels of expertise and job content of nursing and other care professions
7. familiar with the expertise and functioning of the health-care providers in his/her own allocated area

**Skills**
1. able to identify the need for care based on clinical reasoning, taking into consideration all aspects of human functioning (physical, psychological, functional and social)
2. able to make an accurate assessment of the complexity of the care needed
3. able to allocate and prioritise care based on triage and complexity of care to care providers with the appropriate level of expertise
4. able to organise care effectively and efficiently, ensuring that resources are distributed fairly, and with the aim of optimising the quality of the care provided
5. able to describe and monitor the indicated care in a transparent manner within the usual reporting systems

**Attitude**
1. adopts an inquisitive, humanitarian and confidence-building attitude in his/her contact with the care user and their informal network
2. appreciates the different – sometimes conflicting – interests in relation to the limited financial frameworks and the impact of these on the care to be provided and the care user

**Core concepts that are also relevant for this role**
- investigative ability
- use of EBP
- joint decision-making
- individual-focused communication
2. CanMEDS role 2: communicator

Patients retain control over and are responsible for their own lives and health, within the possibilities and circumstances of each separate individual. This requires the nurse to have a good ability to judge the information that the patient needs. In his/her communication, he/she takes into account the personal factors of the patient and their loved ones, such as age, ethnic/cultural background, fluency in the language, knowledge and level of understanding, emotion, coping style and financial standing. Communication is tailored to the individual, demonstrates a great deal of empathy and is given in an open and respectful manner. The nurse is aware of the impact of his/her verbal and non-verbal communication. He/she verifies how his/her communication is received by the patient and their loved ones.

Communicating with patients who find it difficult to express themselves verbally or non-verbally is complex and requires particular attention. Difficulty in interpreting care issues due to the lack of possibilities for verification with the patient can lead to additional complications.

The nurse may also have to deal with highly articulate patients who have collected a lot of information beforehand (often from the Internet). Together with the patient, the nurse checks which information is reliable and applicable and which is not.

Technological capabilities make it possible for the nurse to communicate not only face-to-face with patients but also remotely. ICT supports personal contact but does not replace it. The nurse is active and proficient in using the Internet and uses social media with integrity and professionalism.

Competence

- The nurse communicates with the care user and their informal network in a personal and professional manner, ensuring an optimum exchange of information.

2.1. Core concept: individual-focused communication

Actively listening to the care user, asking them for information and helping them make care-related decisions, and treating the care user as a unique person; acting as a natural guide, coach, expert or advisor, depending on the time and circumstances.

Knowledge

1. familiar with conversation techniques and communication levels (content, procedure, process) in relation to different theories and models of communication
2. familiar with the principles and various theories related to individual-focused care

Skills

1. able to communicate at content, procedure and process level and switch effortlessly between them
2. able to empathise with the care user and their loved ones
3. able to apply conversation techniques suitable for the care user and the phase of the nursing process
4. able to recognise problems in communication and cope with difficult situations such as resistance, strong emotions and difficult patterns of interaction
5. able to convert professional jargon into ordinary language and express himself/herself effectively, both verbally and in writing
6. able to provide advice and instruct and motivate the care user
Attitude
1. acts as a point of contact, advisor and walking encyclopaedia for the care user and their social network regarding the treatment or assistance that has been planned or carried out
2. is aware of the effects of his/her own verbal and non-verbal expressions
3. adopts an open and respectful attitude in conversations with care users and their loved ones
4. is open in his/her communication regarding care objectives

2.2. Core concept: use of information and communication technology (ICT)
Using the latest information and communication technologies and providing remote care (e-health) to supplement personal contact with the care user.

Knowledge
1. familiar with the latest IT applications geared towards improving and supporting communication in health care
2. familiar with the latest information and communication technologies used for organising and implementing care

Skills
1. able to use digital skills and available ICT facilities to support professional and individual-focused communication
2. able to make adequate use of ICT and e-health tools such as remote care
3. able to handle electronic nursing and multidisciplinary patient records (EPD)
4. able to find information on the Internet and in professional nursing databases (national and international) quickly and expertly
5. able to use social media and e-health programs

Attitude
1. uses ICT facilities with integrity and professionalism
2. adopts an open attitude towards ICT innovations in health care

Core concepts that are also relevant for this role
• professional conduct
• joint decision-making
3. CanMEDS role 3: collaborator

The nurse applies his/her own expertise and collaborates on an equal basis with the patient and their loved ones, with people in his/her own discipline and other disciplines, and with managers. He/she shares knowledge and information and is focused on cooperation and transfer of information in the chain. This requires permanent coordination to prevent fragmentation of care. In conjunction with others, he/she shapes policy development with regard to individual patient care beyond the boundaries of the individual care organisation. He/she does with a focus on the continuity of care for the individual patient.

In addition, the nurse works with other organisations outside health care such as housing associations, police forces, social clubs for the elderly, community centres, churches and mosques, community liaison officers, schools, nurseries and artists. Through this collaboration, she can also track down care avoiders and those with existing or potential health problems. The community nurse helps all those in need of care, not only those for whom care has been indicated.

In terms of supporting self-management, the nurse is focused, in the first instance, on collaborating with the patient and their loved ones. He/she is aware of the importance of this relationship as a basic condition for providing nursing care. The nurse assists and supports informal carers or, in their absence, the care user’s social network.

As part of this collaboration, the nurse records – either digitally or in writing – the information needed to provide the appropriate care and maintains adequate records. He/she also transfers the care verbally to colleagues working in his/her own discipline and in others.

Competences
• The nurse enters into a relationship of confidence, collaborates effectively with the care user and their loved ones based on the principle of joint decision-making and supports them with self-management.

• The nurse collaborates with other professionals or bodies within and beyond his/her own organisation, helping to contribute to the quality and continuity of care as an autonomous professional.

3.1. Core concept: professional relationship
Establishing and maintaining contact with the care user, their loved ones and their social network, maintaining long-term care relationships and carefully scaling back these relationships where necessary.

Knowledge
1. familiar with approaches and theories related to care and the ethics of care that describe what is included in the care relationship
2. familiar with concepts that play a role in shaping the professional care relationship

Skills
1. able to use suitable communicative skills
2. able to take on a coordinating role within the assistance process in which he/she looks after the interests of the care user
3. able to apply his/her own expertise and presents himself/herself as an expert professional
**Attitude**
1. adopts an open and respectful attitude towards care users and puts himself/herself and his/her personality to use as a care instrument
2. takes into account the norms and values, wishes and habits, feelings, personal circumstances and the capabilities of the care user and their loved ones
3. demonstrates maximum professional proximity without losing sight of appropriate relationships and while taking into consideration the care user's vulnerability

**3.2. Core concept: joint decision-making**
Systematically engaging in dialogue with the care user and their loved ones regarding the nursing care to be provided and making sure that clear consideration is taken of different sources of knowledge and the values held by the care user during the decision-making process.

**Knowledge**
1. familiar with various methods of influencing behaviour and empowerment
2. familiar with decision aids and uses them where possible in the decision-making process
3. familiar with diversity, ethnic, cultural and religious backgrounds and ideological beliefs

**Skills**
1. able to handle the different phases within the joint decision-making process and use appropriate conversation techniques

**Attitude**
1. treats the care user as an equal partner in discussions
2. recognises the care user as an autonomous and independent individual who is in control of their own life

**3.3. Core concept: multidisciplinary collaboration**
Applying one's own nursing expertise and collaborating on an equal basis with people from one's own discipline and other disciplines within and beyond the health care sector in relation to multidisciplinary and other care as well as treatment goals.

**Knowledge**
1. familiar with visions on collaboration and familiar with current standards and guidelines associated with them
2. familiar with methods used in collaborative processes
3. familiar with collaborators (roles, expertise and competences)

**Skills**
1. able to collaborate with care users, their loved ones and informal carers
2. able to support care users, their loved ones and informal carers and refer them where necessary
3. able to formulate and put forward his/her vision on collaboration
4. able to play his/her part and find his/her position in teams and collaborative processes, without shying away from confrontations and differences of opinion
5. able to take account in the collaborative process of the different perspectives of colleagues, care users and their loved ones, as well as of other professionals, such as those working for municipal authorities and housing associations, and the different disciplines in care organisations
6. able to use the appropriate jargon for a particular setting, in both a monodisciplinary and multidisciplinary context
**Attitude**
1. deals with different perspectives in collaboration with others in a professional and respectful manner
2. behaves like a good colleague to other professionals

**3.4. Core concept: continuity of care**
Sharing knowledge and information with a view to guaranteeing the continuous involvement of the required care providers in providing care to the care user over time.

**Knowledge**
1. familiar with chain processes and how care is organised in his/her own region
2. familiar with current and potential collaborators within and beyond the care sector
3. familiar with logistics processes and bottlenecks in the care process
4. familiar with methods for efficient and effective reporting and transfer, and the relevant legislation and regulations

**Skills**
1. able to promote communication between the different care providers
2. able to influence logistics processes in care to facilitate a smooth-running care process
3. able to produce reports, consult with others and transfer information efficiently and effectively and informs colleagues and other relevant health-care providers of the outcomes of (multidisciplinary) meetings

**Attitude**
1. adopts an open attitude towards the care user and their loved ones, his/her colleagues, others in the multidisciplinary team and other collaborators and treats them on an equal basis
2. ensures that the request for care, the interests of the care user and an uninterrupted care process remain the central focus

**Core concepts that are also relevant for this role**
- promoting self-management
4. CanMEDS role 4: reflective EBP professional

The actions performed by the nurse in practice are increasingly supported by the results obtained through research (Evidence Based Practice, EBP). The nurse endeavours to use instruments and interventions likely to produce efficient and effective results.

He/she takes note of the results of scientific research and applies them in professional practice where possible. He/she participates in research conducted by specialists and researchers (nursing, medical, psychosocial and/or paramedical).

The nurse constantly strives to develop his/her expertise and contribute to the expertise of his/her colleagues. The nurse learns via formal learning tracks as well as through everyday practice at his/her workplace, e.g. through case discussions, peer assessments, clinical lessons and intercollegial assessment. Lifelong learning is a constant objective throughout his/her career. He/she adopts a transparent attitude with regard to his/her personal and professional development, and keeps a record of it (quality register, portfolio). The nurse provides coaching to current and prospective nurses and acts as a role model. He/she identifies shortcomings in relation to knowledge in the profession and undertakes action.

The nurse adopts a reflective attitude towards his/her profession, which means that he/she carefully contemplates the choices that he/she makes and the decisions that he/she takes in terms of content, process and moral ethics. Nowadays, the possibilities in medical care are immense, and include early intervention and long-term treatment. The nurse plays an important part in finding answers to the ethical questions that this raises, such as how treatment or continued treatment relates to the quality of life. Nurses are aware of the fact that it is impossible to view the choices made in health care in isolation from a moral and ethical context. He/she is aware of his/her own moral framework on which his/her actions are based and the impact this has on the care provided.

Competences

• The nurse constantly demonstrates investigative ability that leads to reflection, evidence-based practice (EBP) and innovation of the profession.

• The nurse constantly strives to promote and develop the nursing profession, his/her own expertise and that of his/her current and prospective colleagues by constantly searching for and sharing various forms of knowledge and, if applicable, by participating in practice-oriented research.

• The nurse reflects constantly and methodically on his/her own actions in his/her collaboration with the care user and other care providers and contemplates the choices and decisions he/she makes in terms of content, process and moral ethics.

4.1. Core concept: investigative ability

Demonstrating a critical investigative and reflective attitude in care situations and with care-related and organisational issues, justifying one’s actions based on various knowledge sources, adopting a methodical approach based on a thorough problem analysis and completing the research cycle with a view to improving a specific professional situation.
Knowledge
1. familiar with elementary methods of practice-oriented quantitative and qualitative research that ties in with research aimed at improving the immediate care of care users and/or a group of care users
2. familiar with the research cycle and methodical working procedures
3. familiar with methods of analysis

Skills
1. able to perform a research cycle in which there is a common thread from question to answer
2. able to participate in practical research
3. able to formulate and prioritise critical questions regarding case histories of individual care users and target groups and regarding care-related and organisational issues at micro level
4. able to justify the approach taken and the results of the research he/she conducted
5. able to reflect on the approach chosen and implemented and the ensuing results
6. able to apply models, theories and the results of others’ research
7. able to achieve innovation in a specific situation
8. able to conduct a critical dialogue and discussion orally (listening, summarising and asking further questions) and in writing (putting forward arguments)

Attitude
1. demonstrates proactive behaviour (wanting to understand, share, know and reinvent) when researching practical issues in immediate care
2. adopts an understanding and inquisitive attitude when exchanging opinions and different insights
3. adopts a critical attitude towards the models, theories and research results of others

Core concept: use of EBP
In conjunction with the care user (and/or their network), colleagues and other disciplines, assessing (1) recent nursing knowledge actively sought in scientific literature, guidelines or protocols, (2) professional expertise and (3) the personal knowledge, wishes and preferences of the care user and/or their network.

Knowledge
1. familiar with the principles, views and definition of Evidence Based Nursing practice (EBNP)
2. familiar with current topics and developments in nursing
3. familiar with the principles of joint decision-making

Skills
1. able to complete the steps relating to use of scientific research (asking a question, conducting an efficient and effective search for information, and assessing, applying and evaluating the information)
2. able to translate the significance of the latest scientific insights from scientific and specialist literature into meaningful information for the individual care user or target group
3. able to support care users and their loved ones when making decisions relating to treatment and care (joint decision-making)
4. able to apply professional and personal knowledge to find out the wishes and preferences of the care user (listens actively and shares information and knowledge)
Attitude
1. keeps on top of specialist literature
2. constantly questions whether his/her own actions are compatible with the latest knowledge and insights
3. consults colleagues and other care providers
4. empathises with the care user by showing genuine interest in the wishes and preferences of the care user
5. has the courage to depart from professional guidelines, standards and protocols, giving reasons, if, after considering the different forms of knowledge, this is found to be necessary in the interest of the care user

4.2. Core concept: professional development
Demonstrating active and critical behaviour in order to improve and maintain one’s nursing expertise and that of others, and making an active contribution to searching for, developing and sharing knowledge and new forms of knowledge.

Knowledge
1. familiar with the discipline of nursing
2. familiar with professional guidelines, standards and protocols
3. familiar with applications relating to the development and sharing of knowledge
4. familiar with suitable communication techniques used to search for, share and distribute new and existing knowledge
5. familiar with methods for coaching and supervising students, trainees and new employees

Skills
1. able to obtain feedback from colleagues and managers and incorporate it in his/her actions
2. able to provide colleagues and students with feedback about their actions and professional conduct
3. acts as a role model for current and prospective nurses
4. able to supervise a student, trainee or new employee
5. able to understand the significance of recent and historical developments in the professionalisation of nursing and use this knowledge in representing the interests of the professional group
6. able to apply professional guidelines, standards and protocols with supporting arguments
7. able to use different forms of communication and social media
8. able to apply knowledge at a local level

Attitude
• is aware of the importance of taking part in professional associations and networks
• is aware of the importance of supervising students, trainees and new employees
• shows expertise in nursing or particular areas of nursing
• is constantly curious about new knowledge that could strengthen the discipline
• is aware of the importance of sharing knowledge to benefit care users and the profession

4.3. Core concept: professional reflection
Performing a critical assessment of one’s own nursing performance in relation to the professional code and values and putting forward carefully considered arguments during monodisciplinary and multidisciplinary discussions on care users, taking into account the emotions and interests of the care user based on the understanding of care as a moral and ethical practice.
Knowledge
1. familiar with the principles of reflective practice
2. familiar with recent national and international professional codes in nursing
3. familiar with general professional values and familiar with his/her own values in life and in his/her professional duties
4. familiar with religious and ideological opinions and movements
5. familiar with the moral and ethical context of care provision
6. familiar with the significance of intuition as a subconscious competence

Skills
1. able to recognise and critically examine his/her own performance, motives, standards and emotions and bring them up for discussion
2. able to promote the professional code and professional values by translating them into concrete behaviour
3. able to recognise, identify and handle ethical questions and philosophical issues, discuss them with colleagues and care users and provide appropriate support
4. able to support the care user and their loved ones in making decisions about care
5. able to act in accordance with national and international professional codes in nursing
6. participates in ethics committees
7. applies decision models where necessary

Attitude
1. able to relate to professional values based on his/her own values and knows how to internalise them and act accordingly with appropriate care at all times with regard to ethical questions and dilemmas
2. develops his/her skills through self-reflection and self-assessment of his/her own results
3. behaves in accordance with the professional code and general professional values
4. shows commitment and concern towards care users based on his/her heartfelt sympathy

4.4. Core concept: moral sensitivity
Demonstrating continuous sensitivity based on compassion for the wishes, needs and accompanying emotions of the care user and responding to them with appropriate, individual-focused behaviour in which the care user feels heard and understood.

Knowledge
1. familiar with the moral and ethical context of care provision
2. familiar with individual-focused approaches to care based on care ethics
3. knows how his/her own behaviour affects the care user’s emotional well-being

Skills
1. able to use suitable conversation techniques to help the care user and their loved ones express their emotions
2. able to react appropriately to the care user’s emotions with exploratory and acknowledging responses

Attitude
1. is aware of his/her own moral and ethical values
2. is constantly attentive to the care user’s emotions
3. shows understanding for the care user’s emotions
4. expresses his/her own emotions in an appropriate manner and is aware of the risk of projecting his/her own emotions
5. sees and recognises professional care as a moral practice
Core concepts that are also relevant for this role

- individual-focused communication
- professional conduct
5. CanMEDS role 5: health advocate

The nurse operates in a society and care sector in which there is a shift from thinking in terms of care and illness towards thinking in terms of health and behaviour. The nurse helps promote the health of people by supporting their self-management. Where possible, the nurse actively involves the care user’s loved ones and/or informal carers. In the absence of informal care, he/she contacts the patient’s social network or sets one up. He/she takes into account the care user’s physical living environment, social relationships, culture and lifestyle. In addition, he/she focuses on the patient’s environment, on groups of patients and on other professionals, bodies or municipal authorities.

The nurse actively approaches people with a high risk of health problems. He/she influences the lifestyle and healthy behaviour of citizens and patients, in the context in which he/she works.

**Competence**

- The nurse promotes the health of the care user or groups of care users by organising and employing suitable methods of prevention that also focus on promoting self-management and engaging the patient’s own network.

**5.1. Core concept: preventative analysis**

Analysing the care user’s behaviour and environment that lead to health-related problems for the care user and target groups.

**Knowledge**

1. familiar with epidemiological theory concerning relevant health-related problems and the underlying behaviour of care users
2. familiar with methods that focus on analysing health-related problems and the associated lifestyle choices
3. familiar with the relationship between lifestyle choices and health-related problems

**Skills**

1. able to collect data within a broad context, with a focus on early detection and risk assessment, and able to implement and assess screening methods
2. able to methodically track down individuals and groups whose lifestyle presents a risk to their health and their participation in society
3. able to methodically analyse the behaviour behind a high-risk lifestyle using common models used in health promotion and prevention, and monitors coordination and continuity

**Attitude**

1. takes into account the personal factors, wishes and needs of groups of people, care users and their loved ones
2. shows empathy and interest in the care user and their loved ones and their opinions on health and illness
5.2. Core concept: promoting a healthy lifestyle
Offering support in achieving a health lifestyle in relation to potential and existing health problems.

Knowledge
1. familiar with ways in which to encourage a healthy lifestyle
2. familiar with diversity in cultures and culture-related opinions on health and culture-related health problems
3. familiar with the principles of a comprehensive health policy
4. familiar with methods for lifestyle counselling and for influencing behaviour and the phases of behavioural change
5. familiar with methods for prevention and health-care education, health-related and behavioural determinants and factors that affect the health situation and the participation in society of target groups, including those who are vulnerable

Skills
1. able to perform interventions relating to individual and collective prevention and health-care education
2. able to develop, implement and evaluate health-promoting interventions in a methodical manner
3. able to select suitable and proven lifestyle interventions for the purpose of enhancing health-related knowledge and skills from databases
4. able to provide support in making decisions that lead to health-promoting behaviour
5. able to support the care user in making behavioural changes with the help of information, conversation and support methods aimed at individuals and groups
6. able to apply health promotion strategies aimed at the community (community approach, assertive outreach)

Attitude
1. treats the care user and/or group of care users as equal partners when developing and/or applying interventions
2. respects the autonomy and self-determination of care users and their informal network when this concerns making choices about their behaviour in relation to their health
3. performs outreach work and tries to persuade or advise vulnerable care users to accept care in alarming health situations
4. shows respect for the opinions on health and illness expressed by the target group

Core concepts that are also relevant for this role
• individual-focused communication
• professional reflection
• inquisitive attitude
• promoting self-management
6. CanMEDS role 6: organiser

The nurse works as a professional in various sectors of health care. He/she is enterprising and shows initiative, working in a large organisation or in a small self-managing team or as a self-employed professional.

Within the different contexts, he/she oversees and understands the financial-economic and business interests associated with patient care. He/she feels jointly responsible for keeping health care affordable. He/she handles materials and resources in a responsible manner. He/she makes decisions in his/her daily work concerning tasks, policy (prioritising) and resources for individual patient care.

The nurse plays a coordinating role in relation to the patient or groups of patients: between disciplines and 24 hours a day, 7 days a week. He/she keeps track of all developments concerning the patient and tries to find solutions in conjunction with him or her. This prevents fragmentation of care, leads to an accurate assessment of complexity and ensures that the right professional is called in. He/she also has an influence on how care is indicated.

It would not be possible to organise and coordinate care without the benefits of ICT. The nurse uses the latest information and communication technologies and offers remote care (e-health) to supplement the personal contact with the patient. The nurse takes responsibility to the organisation in which or with which he/she works. He/she monitors patient safety, reports faults and incidents, and identifies and reports on opportunities to improve the care provided. The nurse plays an active role in setting up an attractive working environment.

Competences

- The nurse demonstrates leadership in his/her nursing duties and in his/her collaboration with others and weighs up the different interests, prioritising the interests of the care user.
- The nurse plans and coordinates the care provided to the care user/group of care users.
- The nurse assumes responsibility for the safety of care users and employees within the organisation.

6.1. Core concept: leadership in nursing

Taking the initiative in managing one’s own area of expertise based on an enterprising, coaching and results-oriented attitude.

Knowledge

1. familiar with the characteristics of professional and personal leadership
2. familiar with theory and models relating to effective coaching
3. familiar with theories on influencing the policy of an organisation

Skills

1. able to place the nursing discipline in the current timeframe and represent the interests of the profession
2. able to protect the individuality of the nursing profession in collaborative partnerships
3. able to point out where the responsibility of nursing care lies based on expertise
4. able to play an active role in setting up an attractive working environment
5. able to make decisions about policy (prioritising) and resources for individual care users in which the interests of the nursing profession, the organisation and the care user are carefully considered
Attitude
1. feels responsible for maintaining the high standard of the nursing profession
2. speaks up for the care user and their informal network where necessary at all times
3. acts as a role model for current and prospective nurses and manages colleagues
4. is an assertive and self-confident professional and an ambassador for the profession

6.2. Core concept: coordination of care
Taking the initiative in organising care so that it proceeds smoothly according to the care plan in conjunction with the care user and in coordination between the various care providers and care organisations.

Knowledge
1. familiar, within the context of integrated care, with the different organisations and forms of organisation currently in the health care sector
2. familiar with the organisation and funding of health care at micro, meso and macro level

Skills
1. able to organise the provision of formal and informal support for the care user and their system
2. able to coordinate the care relating to care users, between disciplines, and between organisations and safeguard continuity of care, using suitable aids for this purpose
3. able to make decisions on policy (prioritise) and resources for individual care users
4. able to handle materials and resources responsibly
5. able to advise residents, care users, informal carers and care providers on an integrated approach

Attitude
1. prioritises the interest of the care user but is able to reconcile the different interests of stakeholders in coordination activities
2. adopts a proactive attitude in his/her aim to ensure continuity of care

6.3. Core concept: promoting safety
Making a continuous and methodical contribution to promoting and ensuring the safety of care users and employees.

Knowledge
1. familiar with safety policy (both national and within one’s own organisation) and legislation and regulations concerning the safety of employees and care users
2. familiar with the somatic, psychological, social and contextual factors that affect the safety of care users and employees
3. familiar with and consider the consequences of his/her own actions in relation to the development of unsafe situations

Skills
1. able to apply the relevant screening methods that can be used to identify risk factors
2. complies with the standards of the safety policy within day-to-day practice
3. able to deal with the emotions of care users and provide soothing responses
4. able to recognise incidents and near incidents and respond adequately in order to limit damage for the care user, provide openness and prevent a reoccurrence
5. able to work in accordance with the guidelines of the safety policy and infection prevention, privacy, ergonomics, economy and ecology
**Attitude**
- shows initiative and responsibility for resolving bottlenecks in the working and therapeutic environments that lead to unsafe situations
- is aware of his/her own exemplary behaviour so that he/she adheres to safety standards

**6.4. Core concept: entrepreneurship in nursing**
Considering and acting in accordance with financial-economic and organisational interests within the different contexts of care.

**Knowledge**
1. familiar with and understands the financial-economic and business interests of care organisations
2. familiar with various organisational forms and principles from organisational science and change management
3. familiar with business and commercial principles and has knowledge of care funding

**Skills**
1. able to handle materials and resources responsibly
2. able to make short and long-term decisions regarding tasks, policy (prioritising) and resources for individual patient care, taking into consideration organisational interests

**Attitude**
1. feels jointly responsible for keeping health care affordable and acts accordingly
2. adopts a positive and proactive attitude in representing the interests of the organisation without losing sight of the care user’s perspective
3. displays organisational sensitivity

**Core concepts that are also relevant for this role**
- continuity of care
- multidisciplinary collaboration
- professional conduct
7. CanMEDS role 7: professional and quality enhancer

The nurse provides care that is appropriate in the context of current legislation and regulations. The nurse systematically monitors, measures and screens the care he/she provides with a view to improving quality. Where possible, the nurse is engaged in evidence-based practice and monitors what works with a critical eye. He/she monitors results, both at the level of individual care as well as at the level of the unit in which he/she works, and makes adjustments where necessary. He/she can weigh up price and quality considerations in order to make cost-conscious decisions at work. He/she makes a contribution to quality systems within the organisation.

Protocols and standards have been established for much of the care that is provided. The nurse is involved in applying and implementing standards at local level. He/she detects the absence of standards and protocols in relevant areas and brings this to the attention of his/her own organisation and the professional association of nurses.

As a member of the professional group/professional organisation, the nurse – together with his/her colleagues – influences the positive image and reputation of the profession, shows what the profession stands for and how nursing contributes to care. The nurse displays vision, enthusiasm and commitment. He/she enjoys the challenge of working with people, shows respect and genuine interest in others and pays attention to the individuality of every person.

The nurse demonstrates a responsible and assertive professional attitude. Nurses speak to one another about their professional behaviour, compliment and appreciate one another, give one another feedback and engage in joint reflection.

Competences

• The nurse monitors, measures and screens the care provided at the level of both individual care and at the level of the unit in which he/she works, in order to safeguard and even improve the high quality of care provided.

• The nurse contributes to the quality systems within the organisation and is involved in applying and implementing standards, guidelines, protocols and health-care technology at a local level. He/she detects any absences and helps to remedy these.

• The nurse makes an active and positive contribution to the image and development of nursing from a historical, institutional and social perspective.

7.1. Core concept: providing quality of care

Monitoring, implementing and safeguarding the quality of nursing care in a methodical and critical manner.

Knowledge

1. familiar with the legislation and regulations relevant to quality of care that apply to the nursing profession and the context in which he/she is employed
2. knows the difference between quality of care and quality assurance
3. familiar with current quality frameworks and knows how to influence the policy of an organisation
Skills
1. able to put forward his/her vision on quality of care in a language that is readily understandable
2. able to make systematic and critical use of relevant measuring instruments for quality of care

Attitude
1. continually endeavours to provide high-quality care and encourages colleagues to do the same

7.2. Core concept: participating in quality assurance process
Making a proactive contribution to quality assurance within the care organisation.

Knowledge
1. familiar with legislation and regulations relevant to quality assurance that apply to the nursing profession and the context in which he/she is employed
2. familiar with various methods and models for quality of care and quality assurance
3. familiar with methods for improving, safeguarding and monitoring the results of care

Skills
1. able to work efficiently and effectively, with a focus on results
2. able to work in a transparent manner in line with the quality cycle used in the organisation, such as the PDCA cycle
3. able to shape projects together with people from other disciplines and institutions in order to improve quality, such as projects to promote health in the community or projects related to specific themes such as preventing falls or aggression
4. able to think along with policymakers and put forward proposals for necessary programmes

Attitude
1. adopts a positive approach and attitude towards change and improvement processes

7.3. Core concept: professional conduct
Acting and behaving in accordance with the professional standard and professional code, taking responsibility for all one’s actions and demonstrating professional pride.

Knowledge
1. familiar with his/her own standards and values and those of the professional group (professional code)
2. familiar with the limits of his/her personal and professional actions (personal and professional responsibility)
3. familiar with legislation and regulations that apply to the nursing profession and the context in which he/she is employed
4. able to position his/her nursing expertise and responsibility within the development of the nursing profession over time
5. familiar with the developments of the profession based on the history of modern nursing as well as recent developments relating to the professionalisation of nursing and its significance
6. familiar with current developments and expected developments, social and otherwise
7. familiar with the consequences of political and social developments on care
Skills
1. able to respond to recent political and social developments in care
2. able to cope with areas of tension
3. able to indicate the limits of his/her ability and competence to colleagues and care users

Attitude
1. as a member of the profession, complies with the professional code for nursing, the rules of the organisation and relevant legislation
2. takes an active attitude to promoting professional values and professional behaviour as a standard for his/her professional work
3. speaks to colleagues and prospective nurses about their professional or unprofessional behaviour

Core concepts that are also relevant for this role
• inquisitive attitude
• use of EBP
### 1. Health care provider

1. On the basis of clinical reasoning, the nurse determines the need for nursing care for physical, psychological, functional and social issues, and indicates and provides this care in complex situations – in accordance with the nursing process – on the basis of evidence-based practice.

2. Where possible, the nurse helps people improve their self-management within their social context. In doing so, he/she focuses on joint decision-making with the care user and their loved ones, taking into consideration diversity in personal characteristics, ethnic, cultural and religious backgrounds and ideological beliefs.

3. The nurse indicates and performs reserved and non-reserved nursing procedures based on independent competence or functional autonomy as set out in the Dutch Individual Health Care Professions Act (BIG).

### Core concepts

**Clinical reasoning:**
The continuous process of collecting and analysing data in order to determine the questions and problems of the care user and deciding upon appropriate care results and interventions.

**Implementation of care:**
Providing integrated care by independently performing all nursing procedures (including reserved and risky procedures) that occur in complex care situations with due observance of current legislation and regulations and from a holistic point of view.

**Strengthening self-management:**
Supporting the self-management of people, their loved ones and their social network, with the aim of enabling them to maintain or improve their daily functioning in relation to health and illness and quality of life.

**Indicating care:**
Establishing and describing the nature, duration, scope and purpose of the required care and arranging for the care to be provided, in conjunction with the care user, on the basis of diagnosed or potential patient problems that require further examination and diagnosis.

**Core concepts that are also relevant for this role:**
- investigative ability
- use of EBP
- joint decision-making
- individual-focused communication
<table>
<thead>
<tr>
<th>CanMEDS role 2</th>
<th>Competences</th>
<th>Core concepts</th>
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</thead>
<tbody>
<tr>
<td>2. Communicator</td>
<td>1. The nurse communicates with the care user and their informal network in a personal and professional manner, ensuring an optimum exchange of information.</td>
<td>Individually tailored communication: Actively listening to the care user, asking them for information and helping them make care-related decisions, and treating the care user as a unique person; acting as a natural guide, coach, expert or advisor, depending on the occasion and circumstances. Use of information and communication technology (ICT): Using the latest information and communication technologies and offering remote care (e-health) to supplement personal contact with the care user. Core concepts that are also relevant for this role: • professional conduct • joint decision-making</td>
</tr>
<tr>
<td>CanMEDS role 3</td>
<td>Competences</td>
<td>Core concepts</td>
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<tr>
<td>3. Collaborator</td>
<td>1. The nurse enters into a relationship of confidence and collaborates effectively with the care user and their loved ones based on the principle of joint decision-making and supports them with self-management.</td>
<td><strong>Professional relationship:</strong> Establishing and maintaining contact with the care user, their loved ones and their social network, maintaining long-term care relationships and carefully scaling back these relationships where necessary. <strong>Joint decision-making:</strong> Systematically engaging in dialogue with the care user and their loved ones regarding the nursing care to be provided and making sure that clear consideration is taken of different sources of knowledge and the values held by the care user during the decision-making process. <strong>Multidisciplinary collaboration:</strong> Applying one's own nursing expertise and collaborating on an equal basis with people from one’s own discipline and other disciplines within and beyond the health care sector in relation to multidisciplinary and other care as well as treatment goals. <strong>Continuity of care:</strong> Sharing knowledge and information with a view to guaranteeing the continuous involvement of the required care providers in providing care to the care user over time. <strong>Core concepts that are also relevant for this role:</strong></td>
</tr>
<tr>
<td>2. The nurse collaborates with other professionals or bodies within and beyond his/her own organisation, in which he/she contributes to the quality and continuity of care in his/her capacity as autonomous professional.</td>
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<tr>
<td>CanMEDS role 4</td>
<td>Competences</td>
<td>Core concepts</td>
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| 4. Reflective EBP professional | 1. The nurse constantly demonstrates investigative ability that leads to reflection, evidence-based practice (EBP) and innovation of the profession.  
2. The nurse constantly strives to promote and develop the nursing profession, his/her own expertise and that of his/her current and prospective colleagues by constantly searching for and sharing various forms of knowledge and, if applicable, taking part in practice-oriented research.  
3. The nurse reflects constantly and methodically on his/her own actions in his/her collaboration with the care user and other care providers and contemplates the choices and decisions he/she makes in terms of content, process and moral ethics. | Investigative ability:  
Demonstrating a critical investigative and reflective attitude in care situations and with care-related and organisational issues, justifying his/her actions based on various knowledge sources, adopting a methodical approach based on a thorough problem analysis and completing the research cycle with a view to improving a specific professional situation.  
Use of EBP:  
In conjunction with the care user (and/or their network), colleagues and other disciplines, assessing (1) recent nursing knowledge actively sought in scientific literature, guidelines or protocols, (2) professional expertise and (3) the personal knowledge, wishes and preferences of the care user and/or their network.  
Professional development:  
Demonstrating active and critical behaviour in order to improve and maintain one’s nursing expertise and that of others, and making an active contribution to the search for, development of and sharing of knowledge and new forms of knowledge.  
Professional reflection:  
Performing a critical assessment of one’s own nursing performance in relation to the professional code and professional values and putting forward carefully considered arguments during monodisciplinary and multidisciplinary discussions on care users, taking into consideration the emotions and interests of the care user based on the understanding of care as a moral and ethical practice.  
Moral sensitivity:  
Demonstrating continuous sensitivity based on compassion for the wishes, needs and accompanying emotions of the care user and responding to them with appropriate, individual-focused behaviour in which the care user feels heard and understood.  
Core concepts that are also relevant for this role:  
- individual-focused communication  
- professional conduct |
<table>
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<tr>
<th>CanMEDS role 5</th>
<th>Competences</th>
<th>Core concepts</th>
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<tbody>
<tr>
<td>5. Health advocate</td>
<td>1. The nurse promotes the health of the care user or groups of care users by organising and employing suitable methods of prevention that also focus on promoting self-management and use of the care user's own network.</td>
<td>Preventative analysis: Analysing the care user's behaviour and environment that leads to health problems for care users and target groups. Promoting a healthy lifestyle: Offering support in developing a healthy lifestyle in relation to potential and existing health problems. Core concepts that are also relevant for this role: • individual-focused communication • professional reflection • inquisitive attitude • promoting self-management</td>
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<tr>
<th>CanMEDS role 6</th>
<th>Competences</th>
<th>Core concepts</th>
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</table>
| 6. Organiser | 1. The nurse displays leadership in his/her nursing duties and in collaboration with others and weighs up different interests with the interest of the care user taking priority.  
2. The nurse plans and coordinates the care provided to the care user/group of care users.  
3. The nurse assumes responsibility for the safety of care users and employees within the organisation. | Leadership in nursing: Taking the initiative in managing his/her own area of expertise based on an enterprising, coaching and results-oriented attitude. Coordination of care: Taking the initiative in organising care so that care proceeds smoothly according to the care plan in conjunction with the care user and in coordination between the various care providers and care organisations. Promoting safety: Making a continuous and methodical contribution to promoting and safeguarding the safety of care users and employees. Entrepreneurship in nursing: Considering and acting in accordance with financial-economic and organisational interests within the different contexts of care. Core concepts that are also relevant for this role: • continuity of care: • multidisciplinary collaboration • professional conduct |
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<tr>
<th>CanMEDS role 7</th>
<th>Competences</th>
<th>Core concepts</th>
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| 7. Professional and quality enhancer | 1. The nurse monitors, measures and screens the care provided at the level of individual care as well as at the level of the unit in which he/she works in order to safeguard or improve the high quality of care provided.  
2. The nurse contributes to the quality systems within the organisation and is involved in applying and implementing standards, guidelines, protocols and health-care technology at a local level. He/she detects any absences and helps to remedy these.  
3. The nurse makes an active and positive contribution to the image and development of nursing from a historical, institutional and social perspective. | Providing quality of care:  
Monitoring, implementing and safeguarding the quality of nursing care in a methodical and critical manner.  
Participating in quality assurance process:  
Making a proactive contribution to quality assurance within the care organisation.  
Professional conduct:  
Acting and behaving in accordance with the professional standard and professional code, taking responsibility for all his/her actions and demonstrating professional pride.  
Core concepts that are also relevant for this role:  
• inquisitive attitude  
• use of EBP |
2. Focus and differentiation

This chapter explains why reference is made to electives from now on. The term ‘differentiation’ is too closely associated with the current – but outdated – classification into fields of work. The Bachelor of Nursing offers universities of applied sciences the opportunity to choose options within the set frameworks of the curricula, depending on local context. The argument for electives is supported from various perspectives: the perspectives of the care users, the professional field and sector associations, the students and the universities of applied sciences.

"We have noticed that chronic multimorbidity, home care and the vulnerable elderly are becoming key words in health care. Take, for example, the diabetes specialist nurse. You’d be hard pressed to find anyone nowadays who only has diabetes. In light of this, it is much better to train people to have knowledge of more types of disorders." (Quote in the July 2014 edition of Skipr magazine from Marian Kaljouw, Chair of the Innovation Care Professions & Study Programmes Advisory Committee, Dutch National Health Care Institute)

2.1. Introduction

Although demand for care is basically the same throughout the Netherlands, each region may place greater emphasis on particular aspects. The question is whether focus and differentiation are desirable and, if so, in what manner. This chapter provides answers to the following questions:

1. Where should the focus lie, taking into account future social developments in elderly care and developments in primary care?
2. Do the current differentiations of general health care, social health care and mental health care suffice or should a different classification be chosen?
3. What form should be taken by these differentiations in the programme profile or curriculum design?

This chapter explains the focus on generalist training within the Bachelor of Nursing programme profile. In the following sections, we discuss how we investigated demand for opportunities to differentiate: should differentiation be possible and, if so, at what point in the study programme? The chapter ends with a summary and a number of considerations.

2.2. Focus: generalist training

The demand for focus is a strategic one and called for a reorientation of the position of the Bachelor of Nursing in the professional field. Students are trained to the level of newly qualified professional. They acquire the competences that have been developed using the CanMEDS model (see Chapter 1). Focus group 2 examined the relationship between the Bachelor of Nursing programme and subsequent professional and job-related training. With their broad skills, Bachelor nurses can find their way within the different contexts of the profession and are also able to gain further qualifications.

In the innermost circle is the Bachelor of Nursing programme in which nursing students develop the competences set out in the programme profile. In the second circle, students continue to acquire generalist skills and can also choose to study a specific topic in greater depth.
Together, circle 1 and circle 2 form the initial Bachelor programme. The outermost circle shows the options that the nurse has to acquire further skills for their job or profession or scientific practice.

After completing the Bachelor programme, the newly qualified nurse can apply the core set of patient problems to any professional context, from complex to highly complex. An inventory was made among members of the focus and consultative groups and during the invitational conference to find out which developments were important for inclusion in the programme profile focus. The following social developments were mentioned which require particular attention in the care provided by nurses:

- **Shifting accents in care**: prevention and information, support of self-management, informal care, lifestyle and nutrition, practice support and nursing, Evidence Based Practice, public health, technology (home automation, e-health, biotechnology), urban problems
- **Transitions in care**: extramuralisation and outpatient care, transmural care, well-being and living, youth care, elderly care and care for chronic illnesses
- **Multicultural society and care**: global health, global nursing, multiculturalism
- **Organisation of care**: self-management and personal leadership, coaching within a self-managing or other team, entrepreneurship, integrated care and interdisciplinary collaboration

During the course of the project, it emerged that many of these topics had already been logically included in the design of the robust curriculum.

**Quotations from consultative groups**

“Due to the change in acute care services (development towards specialist centres with a high turnover of patients generally staying for a short period), it is important that the nurses employed here are also able to deal with care users with a psychiatric or mental disability.”

“Demand for assistance in home care is changing under the influence of transitions in care. More and more people requiring psychiatric care or elderly care are once more living at home. Not only will somatic support be needed but also support for psychosocial issues.”

“In the new professional profile, considerable emphasis is placed on prevention – preventing health-related problems in healthy people, care users and informal carers.”

“Abolish the separation between theory and practice and set up a co-creation process together with the professional field and universities. Training in the field and at university should be of equal standing.”

The inclusion of these developments in the curriculum is closely linked to the emphatic demand from education and practice for a Bachelor of Nursing programme that focuses on generalist training. A clear preference for this was expressed by all the consultative groups: “There is a demand for nurses who are able to work in any situation and who can deal professionally with care users, regardless of whether they require somatic, psychosocial, functional or social assistance.”
2.3. Generalist training with room for electives

Based on the reports from the Westerlaken Committee (2013) and Veerman Committee (2010), as well as the input produced by the consultative groups, it has been concluded that the programme leading to generalist Bachelor nurse should last 4 years and include room for 6 months of electives (30 ETCS). Electives are defined as follows: 1 or more units of in-depth study, in which students can choose from subjects or projects that are offered by the programme in conjunction with other universities of applied sciences, research universities and professional practices in the region.

The term ‘differentiation’ is no longer used, even though it was used in the original wording of the assignment. From now on, we will refer to electives, in line with the authoritative reports mentioned above. Furthermore, the term ‘differentiation’ is too closely associated with the existing classification into fields of work, which no longer fits in with the transitions of today and tomorrow.

The argument for electives is supported by various perspectives; the perspectives of the care users, the professional field, the students and the universities of applied sciences.

**Perspective of care users**

In the consultative group meetings (in which several care users took part), it was noted that care users prefer meeting nurses who are passionate about and interested in the work that they do. Electives may further boost students’ enthusiasm during the work placement and facilitate access to specific contexts and patient groups.

**Perspective of the professional field/sector associations**

In addition to the representatives of the professional field in the focus groups and consultative groups, reactions to the draft documents were also given by the sector associations. These stakeholders were concerned about what they considered to be the relatively short time made available for the electives and whether they provide nurses with sufficient preparation for a specific context. Both the generalist training and electives meet the requirements expressed by those in the professional field, which can be summarised as follows:

- the desire for a robust curriculum which was expressed by almost everyone
- establishment of continuous learning trajectories from intermediate to higher vocational education, and within the Bachelor-Master degree structure
- presorting for further training in nursing (job-related)
- the design of a short route to recognised specialisms
- sector-specific aspects can be given a place in the Bachelor programme by offering specific context
- customisation between regional care providers/regional labour market and regional study programmes

**Perspective of the students**

Electives contribute to the personal and professional development of students. When universities of applied sciences develop and offer electives as a joint process, a wide range of possibilities are made available and students can also follow electives of interest to them at other universities. This stimulates the development of their talents and boosts their career prospects. Students could also be given the opportunity, for example, to complete further training at an accelerated pace (Westerlaken Committee 2013).

**Perspective of the universities of applied sciences**

In 2002-2003, the Bachelor-Master (BaMa) degree structure was introduced by the research universities and universities of applied sciences in the Netherlands. On the one hand,
universities of applied sciences can seek alignment in their programmes with research universities in order to establish continuous learning trajectories and facilitate the transition of students moving on to research education. On the other hand, the universities of applied sciences, research groups and members of the professional field can join forces in order to share knowledge and form networks. In doing so, they aim to promote innovation in professional practice and education. Research groups contribute to generating knowledge and act as a link between professional practice and the study programmes. By setting up communities of practice, the universities of applied sciences can create a platform for intensive knowledge exchange between the 3 parties. According to the Westerlaken Committee, the purpose of topical impulses, such as RAAK projects (Regional Action and Attention for Knowledge Innovation), is to support joint-decision making on topics that focus on specific knowledge and innovations. Examples include healthy ageing and living technology.

We believe that electives should only be made available in the programme when students are already able to master a substantial proportion of the generalist competences. We would therefore recommend positioning the electives from the second semester of the third year and in the fourth year.

2.4. Electives: pros and cons

Health care organisations, educational institutions and students have expressed a desire for opportunities to be created so that emphasis can be placed on certain aspects of the study programme. The Bachelor of Nursing 2020 programme profile provides a national framework for all higher professional programmes in nursing. The desire to include electives in the programme is intended to make it easier for students to prepare for specific positions and care settings. A start can be made on this preparation during the programme. The majority of graduates will enter paid employment in patient care and follow post-initial training courses if desired. In order to clarify the difference between the current settings in health care, frequent use is made of the differentiations: general health care, mental health care and social health care. However, due to the social developments and transitions in care, this classification is no longer adequate.

Focus group 2 conducted a study into the various classifications that could be used for the electives, listing the various pros and cons. Table 2.1 provides the options in detail, as presented to the students, lecturers and those working in the field.

<table>
<thead>
<tr>
<th>Electives</th>
<th>+/- Considerations</th>
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<tbody>
<tr>
<td>Based on general health care, mental health care and social health care</td>
<td>+ Familiar from how care is currently organised.</td>
</tr>
<tr>
<td></td>
<td>- Not compatible with the approach to care users that is required to enable organisation of complete and integrated nursing care. Does not guarantee unity and cohesion in nursing care; fragmentation of care remains possible. Not in line with the transitions in care.</td>
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<tr>
<td>Focused on the sectors NVZ (Dutch Hospitals Association), NFU (Dutch Federation of University Medical Centres), GGZ (Dutch Mental Health Care Association), VGN (Dutch Association for Care and Support for People with a Handicap), ACTIZ (Dutch association for residential and</td>
<td>+ Corresponds to the wishes of the sector organisations and is familiar from the way health care is currently organised.</td>
</tr>
<tr>
<td></td>
<td>- Corresponds to a limited extent to the transitions in health care and the demand for thinking in terms of integrated care. Unity and cohesion in nursing care become dependent upon the quality of collaboration between sectors.</td>
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home care organisations and infant and child health clinics), and GGD (Regional Health Services)  

| Divided into intramural and extramural care | + | Corresponds to the classic way of organising health care.  
- | This classification is not adequate as more and more care is being organised transmurally in an intensive collaboration between intramural care and extramural care. Nurses will be providing more and more transmural care in future.  

| According to function: social, psychiatric and somatic nursing | + | Corresponds to the current classification of nursing specialisms, with focus placed on work content.  
- | Care users often have problems that affect more than 1 functional area (multimorbidity). No matter how well nurses work together, this classification does not resolve fragmentation in nursing care.  

| According to age category: mother-child, youth, adults, elderly | + | Corresponds to the focus on target groups, such as care for the elderly.  
- | In the new curriculum, knowledge of these patient groups belongs to the competence of the generalist. Many health-related problems cross age boundaries, so there is a risk of creating new partitions in health care.  

| In line with the classification for medical specialisms. | + | Corresponds to the current organisation of care in institutions and results in specialist knowledge of particular areas of the human body.  
- | This lacks the broad nursing perspective that considers each human being to be a unit of interrelated systems. Does not correspond to the functional limitations of care users/citizens. Not enough focus on behaviour and health.  

| Based on the CanMEDS framework for the Professional Profile for Nursing (V&VN, 2012) | + | Corresponds to the classification taken from the Professional Profile for Nursing and is used in the BN 2010 Programme Profile.  
- | Each of the 7 roles and corresponding competences could make up an elective module. This is undesirable, as CanMEDS areas form part of a whole and are inextricably linked to one another.  

| Based on Bachelor graduates entering professional practice and:  
• Advancement to job-related further training  
• Advancement to nursing specialisms  
• Preparation for research university education | + | Provides a clear framework for curriculum design and lifelong learning. Corresponds to the current classification of programme structures: the Bachelor-Master degree structure and the desire to establish continuous learning trajectories. Corresponds to the perspective of the student, study programme and professional practice. This classification provides a framework and does not aim to be prescriptive.  

Table 2.1: Electives: advantages and disadvantages

The classification based on the Bachelor-Master degree structure seems to be the most promising one for organising electives. On the one hand, it offers prospects for linking up with secondary education (senior general secondary and pre-university education) and enrolment
from related intermediate vocational programmes. On the other hand, it can strengthen links with professional practice at Master’s level.

2.5. Form and content of electives: scenarios

The third question in the assignment given to Focus group 2 was: what position and form should electives take within the programme profile? At the end of the programme, students are assessed on how well they master the skills of the profession as set out in the programme profile. What would be the best place in the programme to create room for electives?

In order to answer this question, 6 scenarios were designed, visualised and studied (see Appendix 4). Visualisation turned out to be a powerful tool for identifying preferences. After processing the results of the first consultative group meeting, the 3 most popular scenarios were chosen and amended and then presented in the second meeting. Although some members of the focus group maintained a strong preference for 4 years of generalist training, the majority of care users, care organisations, students and universities of applied sciences opted for space to be created within the programme for further specialisation via electives.

The majority of the students will be employed in the professional field as nurses and may or may not follow subsequent training. A smaller group will progress to 1 of the 5 nursing specialisms and a limited number will opt for a research university education. This method of classifying the electives creates a clear perspective and orientation with regard to the different contexts in which the profession can be practised.

Particular emphasis can be given to certain aspects in the electives according to the specific requirements of the region, students and university of applied sciences. Students can prepare for sector-specific aspects within a particular context. It is even possible for students to combine work placements, electives and graduation projects in such a way that they can spend 1.5 years studying a specific topic, group of care users or sector in depth.

Employment, further training and post-graduate training

A large proportion of the students will enter employment immediately after graduation. Many of them will follow further training, post-graduate training or job-related courses based on their own interests or the strategic choices of health care institutions. It is therefore advisable to search for collaboration with further education providers within the electives. The professional field, sector organisations and universities of applied sciences can jointly search for an optimum match between initial and post-initial training without losing sight of the objective of the Bachelor of Nursing which is to train nurses as generalists.

Orientation for professional courses leading to nursing specialist

In addition, universities of applied sciences can offer electives in which students can explore areas of care such as those incorporated in programmes leading to nursing specialist:

- acute care for somatic disorders
- intensive care for somatic disorders
- chronic care for somatic disorders
- mental health care
- preventative care for somatic disorders

Electives could, for example, consist of a programme that introduces the Master of Advanced Nursing Practice (MANP) courses, which requires coordination between the universities themselves, and with the sector organisations and professional field.
Orientation for research university education

During the electives, students could follow a pre-master programme (or part of one) that provides admission to the nursing science programme or to other programmes at research universities. They could also choose to participate in research with a research group or at a research university. The content of this elective is determined in conjunction with the research group and/or research universities.

A number of students choose to follow part of their Bachelor programme at foreign universities, usually in preparation for a research university education. It is advisable to examine the content of this type of programme critically and consider how it fits in with the Bachelor of Nursing 2020 profile.

2.6. Summary and considerations

Focus group 2 concluded its research and formed its opinion after considering:

• the findings from the recent policy reports as regards modernisation of higher professional education and, in particular, higher health care education
• consultations and opinions in the 17 regions of the universities of applied sciences (lecturers, students, several care users, representatives of care organisations and representatives of the professional group
• the assignment given to the focus group by the steering group in July 2014
• the educational experience of the focus group members from 2001 to the present day.

1. As part of their curriculum, universities of applied sciences offer the opportunity to take electives for in-depth study of the profession. This is done in cooperation with the relevant care organisations and care providers in the region. In addition to the demand for care which should, in principle, be the same everywhere, each region may place greater emphasis on particular aspects and have different care needs. Placing greater emphasis on certain aspects (and possibly concentrating them in a limited number of locations) will further enhance the quality and innovative strength of the Bachelor of Nursing programme. These options should be subject to regular discussion and review. The collaboration with the regional care providers involved in the programme must be made clear in accreditation.

2. In their curricula, universities of applied sciences can opt to place emphasis on aspects relating to opportunities for students to progress to other programmes in coordination with parties involved in this educational continuum. Specialisation can be offered in areas of care incorporated in 1 of the nursing specialisms or in nursing science.

3. In order to retain the generalist character of the nursing programme, options relating to professional specialisation should not be made available until the second half of the programme (third and/or fourth academic year). This specialisation can be combined with work placements or work experience. The total length of the study programme is 4 years (240 ECTS credits) which is needed to master all the competences of the BN 2020 programme profile. Within the total study duration, 30 ECTS credits are earmarked for profession-oriented electives. When the purpose of the electives is to deepen and/or broaden knowledge of patients, their content will be determined in conjunction with regional care providers. This will be elaborated further in the local curriculum.

4. Universities of applied sciences can choose to add their own accents to their curriculum, based on aspects such as educational vision and denomination, as long as they stay within the framework of the national Bachelor of Nursing 2020 programme profile. This is consistent with the Dutch Higher Education and Scientific Research Act.

5. Electives do not take the form of ‘differentiation according to health care sector or function’ as this would be counter-productive for those starting out as newly qualified Bachelor nurses. It may be desirable during the induction period to organise a short job training course or targeted profiling via a job-related learning pathway. The employer will assess
whether additional job-related training would be advisable. To prepare specifically for employment in a particular sector, it is also possible to combine work placements, electives and graduation projects in such a way so as to create a 1.5 year trajectory.

6. Electives will not take the form of ‘differentiation according to intramural or extramural care’ as this too is counter-productive for those starting out as newly qualified Bachelor nurses. The differences between working in extramural and intramural care today are mainly related to extent of autonomy, independence and scope of application of knowledge and skills. The transition in care currently underway and the changes to care funding mean that there will be many changes for nurses working in intramural care. This also applies to the modern role of the community nurse. The CanMEDS roles do not differ fundamentally when it comes to intramural or extramural care. Furthermore, it is important from a nursing perspective to have a clear view of the entire care chain and the patient perspective within it. The Bachelor of Nursing 2020 programme profile anticipates this need for the near future.
3. Investigative ability

This chapter describes the ‘investigative ability’ referred to in the programme profile, in line with what is customary practice in higher professional education. It is important for students to understand the significance, role and scope of research, be able to apply the knowledge of others in their working practice and be able to participate in practical research. Above all, they should adopt a critical, curious and reflective attitude in their day-to-day practice; so that they not only provide expert care but always look for ways to make improvements.

According to the Bologna declaration (1999), professionals with a Bachelor degree must be able to function in the knowledge economy. On the basis of the report by the Franssen Committee (2001), which established generalist qualifications for Bachelor programmes at universities of applied sciences, the Council for Higher Professional Education decided in its memorandum Kwaliteit als opdracht (Quality as an assignment) (2009) to set 1 standard for professionals with a Bachelor degree. One of the components of this standard is investigative ability: “in modern society, it is crucial that Bachelor graduates possess an investigative ability that leads to reflection, evidence-based practice and innovation” (p. 17). This means that the Council states for the first time that Bachelor students should not only be able to apply research, but should also be able to conduct research themselves. The report Voortrekkers in verandering (Pioneers of change) makes explicit that an inquisitive attitude should be an essential quality in care professionals of the future, as this is the only way to stimulate innovations that improve quality of care (Westerlaken 2013). This is not a new opinion within nursing as the basis had already been laid by Florence Nightingale: “What you want are facts, not opinions... The most important practical lesson that can be given to nurses is to teach them what to observe, how to observe, what symptoms indicate improvement, which are of none, which are the evidence of neglect and what kind of neglect” (Nightingale 1898).

What does investigative ability encompass? Do we think that nurses should conduct research themselves? How can we incorporate investigative ability in the new programme profile? To answer these questions, we refer to the report Beoordelen is mensenwerk (Assessment is the work of man) by the Expertgroep Protocol (Protocol Expert Group) (2014). On the instructions of the Netherlands Association of Universities of Applied Sciences, the Protocol Expert Group – under the leadership of Dr Daan Andriessen – elaborated the above standard for investigative ability in a vision. This vision was presented by the Association to the universities of applied sciences by way of inspiration in May 2014.

3.1. Clarification of investigative ability

Investigative ability should lead to reflection, evidence-based practice and innovation (Council for Higher Professional Education 2009). Andriessen et al. (2014, p. 29) elaborate on this definition and interpret the terms as follows:

- **Reflection**: reviewing one’s own performance in professional practice, identifying what went wrong, trying to give reasons for this using the knowledge base and searching the same knowledge base for starting points to improve one’s approach. Reflection is only possible if actions are properly accounted for.

- **EBP**: using the knowledge base to choose the appropriate actions to take. The important thing is to properly substantiate one’s action. The knowledge base used may be varied and include literature, knowledge from the field and knowledge from the patient, customer or client.

- **Innovation**: reinventing professional practice.
There are clear similarities in this interpretation with the EBP steps used in nursing (Scholten et al. 2014):

1. Translating the clinical problem into a question that can be answered.
2. Performing an efficient search for the best evidence.
3. Assessing the evidence found on the basis of methodological quality and applicability in one’s own work situation.
5. Evaluating the quality of this process on a regular basis.

3.2. The 3 components of investigative ability
Andriessen et al. (2014) divide investigative ability into 3 components:
• an inquisitive attitude
• applying the knowledge gained from research by others
• doing your own research
The 3 components are explained individually below.

Inquisitive attitude
Investigative ability firstly means having an inquisitive attitude. To explain this term further, we refer to the work of Van der Rijst (2009) in which a distinction is made between 6 aspects:

• being critical
• wanting to understand
• wanting to achieve
• wanting to share
• wanting to reinvent
• wanting to know

We explain these aspects below (Rijst 2009; Bruggink & Harinck, 2012).

Being critical means taking a critical stance towards others, the work of others, colleagues, and patient-related problems. It also means taking a critical look at one’s own ideas and one’s own work. This can lead to ‘professional doubts’ that prompt critical questions to be asked. Being open and observant is also important, which means one should examine their own assumptions. One must be able to defer judgement. Being critical entails continuous monitoring and making sure that work is carried out neatly and accurately. It focuses on certainty and wanting to use reliable sources.

Wanting to understand means wanting to get to the bottom of underlying causes and obtain in-depth insight. It means wanting to understand the relationship between phenomena, and wanting to obtain an overview of the situation in order to see the larger context and understand the individual phenomena as part of the bigger picture. It means wanting to get to the bottom of issues. It focuses on sources and continuing to build on earlier opinions and ideas.

Wanting to achieve means having the drive and enthusiasm to get things done. It calls for drive and persistence, as well as discipline, an attitude that does not give up easily – even when things are tough – and patience. It means showing initiative, adopting a proactive attitude and working methodically and purposefully.

Wanting to share means explaining, persuading and being open to the ideas and findings of others. These people could be immediate colleagues or students. The interdisciplinary exchange of knowledge and ideas is in keeping with this. This attitude requires strong
communication and social skills, which are needed to generate support for the ideas and to also be willing and able to work together. It means wanting to share with others and wanting to participate in learning communities.

**Wanting to reinvent** concerns creativity and determining the direction to take. It means being able to display unconventional behaviour and daring to go against a group. It requires a certain degree of courage or boldness. It entails developing new concepts and putting innovative ideas into words. This also applies to associative thinking and combining different topics. It means being ahead of your time or possessing foresight, and being able to distance yourself from routines and challenging the obvious. It means having the courage to step off the beaten track.

**Wanting to know** means being inquisitive and eager to learn, seeing new things and wanting to hear about new ideas. It means being interested in things you are not yet familiar with. It means wanting to know more and enjoying this knowledge and being willing to change your perspective.

An inquisitive attitude is a prerequisite for a graduate with a Bachelor of Nursing degree. An inquisitive attitude is required for everything that a nurse does. It always starts with being critical, not accepting or assuming anything readily and not being negative or judgemental. An inquisitive attitude means asking questions although these questions do not always have to lead to research. If the answer is available immediately, this attitude prompts you to find something out, such as checking the protocol for wound care. If the answer is not available immediately, or there are doubts about the reliability of the answer, you will need to conduct research.

**Applying the knowledge gained from research by others**
The second component is being able to use the knowledge obtained by others when creating authentic professional products. This could be the results of other research or the practical knowledge of professionals in the field. When taking the critical situation of Peter (health advocate role, critical situation 13) as an example, the professional product could be a support plan for COPD patients, in which it is essential that the interventions used are based on research. In this case, the steps for EBP are applied and knowledge of research methods is indispensable.

**Doing your own research**
The third component is being able to complete the research cycle yourself, which involves formulating a question and then collecting and interpreting the data in order to subsequently provide an answer. The data that is collected can also come from secondary sources or from literature. Essentially, the student needs to be able to understand and apply the common thread that runs through the research cycle.

Andriessen et al. define research in higher professional education as ‘the methodical answering of questions that leads to relevant knowledge’. This definition supports the principle that ‘…research in higher professional education does not primarily concern contributing new knowledge to what is already known in theory but about developing knowledge that is relevant in practice.’

**3.3. Investigative ability and professional products**
Investigative ability should be integrated in the curriculum in each academic year. This will enable students to gradually develop their own investigative ability. The care needs of patients serve as a starting point for identifying the need for knowledge. It is not about the way in which research is conducted but the way in which it should be used. We do not train students to become researchers but to become nurses with investigative ability. If a decision is made to
opt for separate research modules instead, then it is important to establish the link with creating authentic professional products. Andriessen et al. distinguish between 5 professional products:
1. Advice
2. Design
3. Final product
4. Action
5. Research

Although, all of these products are relevant for Bachelor nurses, action and advice are the most important. To that end, the nurse makes decisions regarding action or advice based on the pillars of EBP: scientific research, patient preference and professional expertise:

Table 3.1 contains examples of the different professional products.

<table>
<thead>
<tr>
<th>Professional product</th>
<th>Description</th>
<th>Example of assignment</th>
<th>Example of professional method</th>
<th>Example of research question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Action</td>
<td>Professional behaviour towards patient: result achieved in practice</td>
<td>Critical Appraisal of a Topic (CAT)</td>
<td>Steps of EBP</td>
<td>What causes the least risk of phlebitis occurring in patients with an intravenous catheter: the standard procedure for replacing it or removing it at the first sign of phlebitis?</td>
</tr>
<tr>
<td>Research</td>
<td>Answers and conclusions. Results on paper</td>
<td>Find out how satisfied diabetes patients are with the information provided</td>
<td>Empirical cycle</td>
<td>To what extent are diabetes patients satisfied with the information provided?</td>
</tr>
<tr>
<td>Advice</td>
<td>Possible solution or plan. Results on paper</td>
<td>Update protocol on preventing pressure ulcers in patients with MS</td>
<td>Study sources using AGREE II</td>
<td>To what extent is the protocol on preventing pressure ulcers in patients with MS in line with current guidelines?</td>
</tr>
<tr>
<td>Design</td>
<td>Representation of a final product. Results on paper or digital</td>
<td>Improve the transfer between services</td>
<td>Steps of EBP</td>
<td>What method of nursing transfer provides the best chance of ensuring continuity and coordination of care?</td>
</tr>
<tr>
<td>Final product</td>
<td>Physical or digital elaboration of design. Results achieved in practice</td>
<td>Case study regarding an individual oncology patient in pain</td>
<td>Steps of EBP</td>
<td>What is the best way to care for this individual oncology patient in pain?</td>
</tr>
</tbody>
</table>

To develop an inquisitive attitude in education, the lecturer engages in discussions and asks critical questions about the knowledge that is available (Maten et al. 2014). The lecturer acts
as a role model who encourages students to adopt an inquisitive attitude. He or she does not put forward solutions but asks questions in order to get students thinking. Encouraging students to ask ‘why’ questions is paramount in education as a whole. Critical questions that are asked by students should always be appreciated. Being critical means that your thoughts and judgements are independent of others and that you do not immediately believe everything you read or hear.

The critical professional situation that focuses on prevention (critical situation 12) serves as an example. In this situation, the professional product is a study into the feeling of loneliness and worry among the thousand senior citizens in the neighbourhood, based on systematic investigative steps. Above all, the aspect of innovation – applying the ensuing results – shows that investigative ability is more than just being able to apply research results. Innovations for improving professional practice calls for generation of knowledge in addition to using knowledge that already exists.

What the 5 professional products have in common is that they are produced by answering questions methodically. In the professional product ‘action’, the Bachelor nurse makes use of clinical reasoning. Jüngen (2007) describes clinical reasoning as ‘the ability to connect personal observations and interpretations to medical knowledge in order to determine which follow-up steps need to be taken in nursing practice.’ Both EBP and clinical reasoning are professional methods. Professional methods consist of steps, each of which starts with questions, objectives etc. If these are questions for which no answers can be found in the knowledge base and it is important that the answers are of a high quality, then these questions will be dealt with as research questions.

3.4. Complexity and relevance of the research question

The complexity and relevance of the research question and the desired degree of autonomy determine whether it is a research question at Bachelor, Master or PhD level. Table 2 shows the distinction clearly. The complexity of the research is determined by the relevance of the results (the relevance claim) and the thoroughness and strictness of the methods (the rigour claim). Being able to conduct research autonomously at Bachelor level means that the results are relevant for a specific patient or situation being investigated. Combined with the requirement for innovation, this means that the aim of the research is to renew or improve a specific situation. The rigour claim for the Bachelor programme at a university of applied sciences entails using international literature for the purpose of theoretical substantiation, empirical data collection and knowledge of research methods used within the health care sector. A case study is an example in which the student can demonstrate how knowledge is used, focused on a specific individual situation.

<table>
<thead>
<tr>
<th>Rigour claim</th>
<th>Modest</th>
<th>More in-depth</th>
<th>Extensive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relevance claim</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relevant for the situation/client</td>
<td>BN2020</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relevant for the field</td>
<td></td>
<td>MA</td>
<td></td>
</tr>
<tr>
<td>Relevant for society and science</td>
<td></td>
<td></td>
<td>PhD</td>
</tr>
</tbody>
</table>

Table 3.2 Levels of investigative ability from Andriessen et al. 2014

At Master’s level (nursing specialist and nursing scientist), the research conducted is extended to include achieving innovation in a specific situation and reflecting on the relevance of the research for situations other than those investigated.
Level of investigative ability in the graduation phase

Bachelor nurses are expected to be able to solve complex problems systematically by using the appropriate method or combination of methods, such as clinical reasoning, the nursing process, EBP or the empirical cycle. These skills can be developed by first completing an assignment within a clearly delineated context based on fairly detailed working instructions in the foundation years and then progressing to an assignment within a complex context and without a predetermined method as graduation project.

The standard of investigative ability at graduation was formulated by Andriessen et al. (2014) on the basis of the following minimum requirements:

1. Justify the chosen approach and results.
2. Reflect on the chosen approach and results.
3. Apply models, theories and research results of others.
4. Maintain a critical attitude towards models, theories and research results of others.
5. Achieve innovation in 1 specific situation.
6. Be able to complete a research cycle in which there is a common thread from question to conclusion.

The Bachelor of Nursing programme will supplement the above requirements based on the description of the Body of Knowledge & Skills (BoKS) relating to research. To prevent too much diversity within the study programmes as regards the development of the attainment targets and graduation programmes, we recommend developing a standardised method of accountability and jointly deciding on the details of the graduation programme (Netherlands Association of Universities of Applied Sciences 2012). This is only possible if there are common views on attainment targets, assessment dimensions and authentic professional assignments in the graduation programme. It requires a great deal of time and expertise.

3.5. Lecturers, research groups, universities and professional practice

What does this mean for lecturers and what is required of them? What opportunities do research groups provide lecturers? Lecturers that teach nursing students must have specialist knowledge of the subject, educational knowledge, didactic skills, knowledge of the field for which the student is being trained and also have investigative ability so that they can keep their specialist knowledge up to date. According to Bruggink & Harinck (2012), having an inquisitive attitude is useful in many ways. The lecturer can rely on it, for example, when conducting assignments that require this skill. The lecturer can also use it in all kinds of situations, such as when he is uncertain about how to respond in a given situation, to find out more about a topic that intrigues him, when investigating the effectiveness of certain teaching activities in collaboration with students or when discussing a certain topic or conducting practical research together with colleagues.

First component: inquisitive attitude

Which of the 3 components of investigative ability lecturers use depends on their job. They all display the first component, which is an inquisitive attitude: being critical, wanting to understand, wanting to achieve, wanting to share, wanting to reinvent and wanting to know. Lecturers ask questions in order to acquire knowledge, are focused on providing insight, are critical about existing certainties and want to expose preconceptions. They take a critical look at their own teaching. They hand out specific assignments that require an inquisitive attitude and ensure that it runs through the curriculum as a central theme. Reflection, coaching and peer assessment all strengthen an inquisitive attitude, as does learning how to tap into sources, and collect, analyse and process information.
Second component: applying the knowledge gained through research by others
Where possible, lecturers base the content of their teaching on the results of scientific research; they apply knowledge that has been gained through research that has been conducted by others. It is impossible to produce an authentic professional product without it. The lecturer sets a good example. This means that lecturers keep up with specialist literature, possess research and information skills, are able to perform critical appraisal (estimate the value) of scientific articles and have up-to-date knowledge on actual practice. Lecturers who also work in the professional field, such as lecturing practitioners, nursing specialists or nursing scientists, mainly use the first 2 components of investigative ability. They ask critical questions about rituals in care and identify gaps in the substantiation for action taken. They then submit these issues to a research group or research university for further investigation. To avoid the situation in which research is carried out but no changes are made, action research is a good method to consider (Munten et al 2010; Niesen & Cox 2011). There is promising collaboration between education and professional practice within work placements (learning communities, care innovation centres) and this should be expanded further, also within the context of home care.

Third component: doing your own research
Lecturers can take part in knowledge networks in order to study research questions from the field and introduce them into standard teaching. This circulation of knowledge leads to greater awareness among lecturers and students regarding questions from practice and a clear view of the world beyond the curriculum. This recommendation follows on from the findings in ISO 2013 that the role played by readers in education is still mostly limited to indirect contact. In the exceptional case that there is direct contact between readers and students, this will be a small group of students following an honours programme or research minor. The reader will only assist those students who, for example, are following excellence programmes, which makes it difficult to implement the ideal of the reflective practitioner across higher professional education.
Lecturers attached to research groups or research universities – lecturing researchers – will put the third component of investigative ability into practice. This leads to an intense exchange of knowledge among lecturers themselves and also with students and readers and/or professors. They may also be represented by a selection of lecturing researchers, who then pass on information and knowledge to the other lecturers in turn.

3.6. Coordination and funding
It is important that there is regional and national coordination for research topics within the Bachelor of Nursing programme and other health care-related study programmes and that research funding is properly organised.

SIA and RAAK scheme
As of 2014, the Nationaal Regieorgaan Praktijkgericht Onderzoek SIA1 will be implementing the RAAK (Regional Action and Attention for Knowledge Innovation) scheme. It means that one body will be responsible for steering and stimulating the entire knowledge chain – from fundamental research to the application of knowledge in practice. The cabinet underlines this importance by making additional resources available for RAAK (Stralen 2013) from 2014 onwards.

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1 The Nationaal Regieorgaan Praktijkgericht Onderzoek SIA is a national coordinating body which promotes and finances practice-oriented research at universities of applied sciences. It is part of the Netherlands Organisation for Scientific Research (NWO). As regards universities of applied sciences, this forms the basis for a full second flow of funds for practice-oriented research.
As regards the coordination and collaboration with other institutes, it is clear from the RAAK projects implemented by SIA that many projects and research studies are carried out that cover various topics broader than health care alone. “Spread across the Dutch universities of applied sciences, there are researchers studying the same topics. The aim of SIA’s topical impulses is to promote consultation and coordination among the readers and national knowledge networks as well as with those working in professional practice.

Together, they establish the state-of-the-art, discuss the expectations they have of the future and indicate where priorities should lie as regards practice-oriented research. Topical impulses are consistent with the objective of promoting knowledge exchange and thus increasing the innovative capability of professional practice. There are topical impulses for topics such as Creative Industry, HTSM and the top tier sector Applied Life Sciences & Health” (http://www.regieorgaan-sia.nl/content/Thematische+impulsen, 26/05/2014). NWO also offers a doctoral grant for teachers.

**Centres of Expertise**

Centres of Expertise are the main instrument used by universities of applied sciences to put into practice their performance agreements in the area of research and innovation. These are public-private partnerships in which excellent and innovative practice-oriented research is combined with the training of investigative professionals.

For the purpose of coordinating and delineating their research, Bachelor nurses could benefit from and participate in the national developments in this area. This makes it possible for a higher profile to be given to nursing given the size of the professional group and the percentage of incoming nursing students compared to other health care study programmes (33.4 percent in 2012-2013; *Voortrekkers in verandering* 2013).

**Netherlands Organisation for Health Research and Development (ZonMw)**

In addition, the Netherlands Organisation for Health Research and Development (ZonMW) offers opportunities for collaboration in the area of practice-oriented research. ZonMw, which finances health research for the purpose of improving health and health care, manages around 90 subsidy programmes in the area of Science and Innovation. Examples include the programme *Zichtbare schakel. De wijkverpleegkundige voor een gezonde buurt* (Visible link. The community nurse for a healthy neighbourhood.) and the Dutch National Programme for Geriatric Care (NPO). ZonMw is funding a project within the NPO that aims to attract nursing students to the elderly care sector by getting inspirational senior citizens actively involved in the training. ZonMw also financed the development of further training for community nurses that focused on medical indications.

Success depends on effective coordination between education and the world of work. Practice shows where there are gaps in knowledge or where problems exists in relation to the implementation of the available knowledge. There is therefore a need for care providers who have learned to reflect on and further develop their own working practice and who are involved in the systematic research of the practice (Niessen & Cox 2011). Bachelor nurses trained in line with the new profile should be given the opportunity to put their investigative ability to good use and develop it further. At the moment, there are still students who experience a variety of differences between university and professional practice, with loss of knowledge as a result.

Low-threshold regional or national *learning communities* that bring together readers, lecturers, nursing students, nurses, nursing specialists and nursing scientists could play a part in resolving this issue. There is already a lot of expertise in this area in various places in the Netherlands. Students, lecturers or researchers at ROCs (regional training centres) and universities can take part in these learning communities. In addition, coordination between universities of applied sciences and research universities in the region is becoming
increasingly common in the form of collaboration in the area of transfer programmes (pre-masters) or PhD tracks.

3.7. Summary and considerations

The Bachelor of Nursing trains professionals with an investigative ability, not professional researchers. Investigative ability comprises the components of an inquisitive attitude, the ability to apply knowledge gained from research by others and doing one’s own research, and should lead to reflection, EBP and innovation. The investigative ability of the nurse focuses on the individual patient, on groups of patients or on a situation in which she provides answers to questions with the help of methodical steps such as EBP or clinical reasoning. Lecturers should maintain their investigative ability by participating in practice-oriented research and in professional practice.
4. Appendices

4.1. Body of Knowledge and Skills (BOKS)

CanMEDS role 1: health-care provider

Clinical reasoning

Nursing
- nursing methods
  - medical history
  - nursing diagnostics
  - nursing results
  - nursing interventions
  - evaluation of care
- clinical reasoning
  - performing diagnoses and making decisions about results, prognoses and interventions:
    - risk assessment
    - early detection
    - problem recognition
    - intervention
    - monitoring
- generic and specific patient problems (Professional Profile for Nursing 2012)
- nursing classification systems, such as:
  - ICF
  - Gordon’s health patterns
  - NnDA
  - NoC
  - NiC
  - OmHA
  - care/life plan method

Pharmacology
- main groups of medicines
- action, effect and interaction
- prescribing medicines
- medication safety
- pharmaceutical policy

Anatomy, physiology and pathology
- basic concepts
  - medical terminology
  - cytology and histology
  - medical diagnostics and treatment
  - blood, lymph and circulation
  - respiration system
  - digestive system
  - urinary system
  - nervous system
  - hormone system
  - sensory system
  - motor system
  - skin
  - reproduction, pregnancy and labour, puerperium and gynaecology
  - paediatrics (0-18 years)
  - palliation and death
  - physical development and change in the different phases of life
  - chronic illnesses such as COPD, diabetes, oncology, Parkinson

Psychology, psychiatry and intellectual disabilities
- development psychology
- neuropsychology
- phases of life
- personality psychology
- psychological disorders
- (medical) classification systems such as the DSM-V
  - intellectual disabilities
  - medical pedagogy

Gerontology and geriatrics
- demographic features
- biological, psychological, social and functional ageing and life path
- common illnesses and complications among the elderly
- multimorbidity and polypharmacy
- geriatric problems (geriatric giants)
CanMEDS role 1: health-care provider
Implementation of care

**Nursing**
- sources of nursing procedures and current standards, guidelines and protocols (including V&VN, CBO)
- personal care
- haptonomic transfer
- nursing interventions
- nursing skills
- reserved procedures
- resuscitation and first aid
- preventing infection and barrier nursing
- theoretical models (validated care), such as WCS wound care
- complementary care
- aids for ADL, mobility etc.
- home automation, e-health, robotics
- primary health care
- working with limited resources and physical conditions

**Pharmacology**
- provision and registration of medicines
- maths for nurses

**Legislation**
- relevant current legislation such as:
  - Dutch Individual Health Care Professions Act (BIG)
  - Medical Treatment Contracts Act

**Paramedic interventions such as:**
- physiotherapy
- occupational therapy
- dietetics

CanMEDS role 1: health-care provider
Indicating care

**Nursing**
- indication or reindication of (nursing) care
- V&VN Set of standards for indicating and organising nursing and care in one’s own region
- principles of triage
- complexity of care; case and patient complexity
- scarcity and distribution of scarcity
- allocation of care
- reporting systems
- relevant measuring instruments for screening such as risk of falling, nutritional condition, pressure ulcers, delirium
- method of collecting data such as the life spheres or Gordon's functional health patterns
- o health experiences and sustainment
- o diet and metabolism
- o excretion
- o activities
- o sleep and rest
- o cognition and observation
- o self-perception
- o roles and relationship
- o sexuality and reproduction
- o handling stress
- o values and beliefs
- integrated care; living, well-being, care and meaningfulness

**Legislation**
- relevant current legislation such as:
  - Health Insurance Act
  - Social Support Act
- Personal budget
CanMEDS role 1: health-care provider
Strengthening self-management

**Nursing**
- principles of self-management aimed at care user and their loved ones
- phases of strengthening self-management
  - assessing
  - advising
  - agreeing
  - assisting
  - arranging
- joint decision-making
- approaches to care such as theories on the ethics of care: presence approach, humane care and experience-based care
- visions and theories on nursing such as the classics: Henderson, Neumann, Orem, Peplau, Grypdonck and Van den Brink-Tjebbes
- determining workload and capabilities
- empowerment
- experiential expertise
- dealing with disabilities
- social map, possibilities and the services offered in the community, village/town or region
- funding of care and welfare services
- religious and ideological beliefs and movements

**Sociology**
- patient system, systems theoretical approach
- informal care
- interculturalisation
- health care organisation, health care system and health care insurance
- social environment (poverty, living conditions)
- vulnerable groups

**Psychology**
- psychological aspects of illness and health
- coping styles
- insight into illness

**Legislation**
- relevant current legislation such as:
  - WMO (Social Support Act)
  - AWBZ (Exceptional Medical Expenses Act)
  - Health Insurance Act
  - Long-Term Care Act
CanMEDS role 2: communicator
Individually tailored communication

**Nursing**
- principles and theories of individual-focused care such as: compassion and humanitarianism, person-centred care from McCormack & McCance, the Chronic Care model
- communicating with people who have communication problems
- aids for communication problems

**Communication**
- communication levels (content, process and procedure)
- processing information
- theories and models of communication such as listening, summarising and asking further questions and feedback
- Dutch (spoken and written)
- supported conversation
- intercultural communication
- communicating with non-Dutch speakers
- developing and monitoring the quality of one’s own communication

**Psychology**
- resistance
- communication process, forms of communication
- emotions
- patterns of interaction
- empathy
- communication disorders
- group dynamics

**Gerontology and geriatrics**
- ageism and stereotyping
- vision on elderly people and their care

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CanMEDS role 2: communicator
Use of information and communication technology (ICT)

**Nursing**
- reliability, safety and privacy of social media and the Internet
- reporting and transfers of care based on electronic patient records

**Psychology**
- advantages and disadvantages of the media used
- individually tailored media

**Communication ICT**
- communication via various types of media
- computer skills
- new developments in ICT
- communication aids
- knowledge and techniques of social media and the Internet (media code)

**Legislation**
- privacy and confidentiality (promise)
### CanMEDS role 3: collaborator

#### Professional relationship

**Nursing**
- theories on ethics of care (see above)

**Ethics**
- professional code in nursing
- demand-driven versus supply-oriented care
- moral and ethical context of the care provided
- moral and ethical values
- ethical code

**Communication**
- verbal and non-verbal communication
- listening, summarising and asking further questions
- intercultural communication
- providing reflections on feelings, paraphrasing and mirroring

**Legislation**
- relevant current legislation such as:
  - Dutch Individual Health Care Professions Act (BIG) and disciplinary law

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### CanMEDS role 3: collaborator

#### Joint decision-making

**Nursing**
- decision aids for decision-making process
- self-management of patient
- dialogue-driven care
- case management

**Sociology**
- diversity, ethnicity and cultural backgrounds
- religious and ideological beliefs
- politics/government and care
- patient role

**Communication**
- conversation techniques for joint decision-making such as Choice Talk, Option Talk, Decision Talk
- moral deliberation

**Psychology**
- power and influence
- empowerment
- decision-making processes
- interests
- positions

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### CanMEDS role 3: collaborator

#### Multidisciplinary collaboration

**Nursing**
- care pathway and processes
- transmural care
- care programming
- disease management
- mapping the network
  - forms of collaboration and agreements
  - initiation of collaboration
  - positioning in collaborations
  - fulfilling own role in collaboration
  - concluding the collaboration
- ethical aspects relating to collaboration

**Communication**
- collaboration within living environment
- collaboration with volunteers and informal carers
- knowledge of domains of collaborators

**Legislation**

- feedback
- meeting skills
- negotiating models
- conflict management
- profiling
- relevant current legislation such as:
  - WBP (Personal Data Protection Act)

Psychology
- collaborative processes such as:
  - reporting code for domestic violence
  - group and team formation, team roles, group dynamics

CanMEDS role 3: collaborator
Continuity of care

**Nursing**
- chain processes
- regional care map
- care logistics

**Communication**
- guidelines for nursing reports
- intradisciplinary and interdisciplinary transfer
- warm transfer
### CanMEDS role 4: reflective EBP professional
#### Investigative ability

**Nursing**
- practice-oriented research
- qualitative research
- quantitative research
- action research
- literature study
- research cycle including:
  - research design (quantitative, qualitative, action research)
  - measuring methods and instruments
- reporting on practical research
- descriptive statistics
- quality of research
- argumentation

**Legislation**
- relevant current legislation such as:
  - WMO (Medical Research (Human Subjects) Act)

### CanMEDS role 4: reflective EBP professional
#### Use of EBP

**Nursing**
- principles of Evidence Based Practice (EBP)
- specialist groups and specialist literature
- searching for, finding, assessing and applying scientific and other types of research
- Critical Appraisal of a Topic
- standards, guidelines and protocols (inc. V&VN, CBO)

### CanMEDS role 4: reflective EBP professional
#### Professional development

**Nursing**
- professional networks
- work supervision and coaching
- quality register V&VN

**Psychology**
- psychology of learning
- coaching

**Communication**
- social and other media
- retention and sharing of knowledge

**Didactics**
- lesson design
- didactic materials
- knowledge transfer
- coaching and supervision in the workplace

### CanMEDS role 4: reflective EBP professional
#### Professional reflection

**Nursing**
- national and international professional codes in nursing
- reflection skills include reflection techniques, peer assessment

**Moral sensitivity**

**Ethics**
- professional code in nursing
- demand-driven versus supply-oriented care
- moral and ethical context of care
- moral and ethical values
- ethical code
CanMEDS role 5: health advocate
Preventative analysis

Nursing
- epidemiology
- prevalence, incidence
- endogenous and exogenous health determinants
- screening methods
- early detection and risk assessment
- research into behavioural determinants of target group
- district analysis
- models for analysing lifestyle and health-related behaviour such as ASE model, Health Belief Model, protection motivation model, Angelo model
- involving target group in analysis (participatory methods)
- need for target-group research

- social determinants of health and differences in health such as living environment and situation
- knowledge centres

Legislation
- relevant current legislation such as:
  - Public Health Act
  - Health Insurance Act

Gerontology and geriatrics
- healthy ageing
- prevention of elder abuse
- toolkit for prevention of problems among the elderly
- analysis of health among the elderly
- common health problems among the elderly

CanMEDS role 5: health advocate
Promoting a healthy lifestyle

Nursing
- culture-related health problems and opinions on health
- health, healthy lifestyle; growing up healthily, staying healthy and becoming old healthily
- health literacy
- comprehensive health policy
- influencing behaviour; healthy choices
- lifestyle counselling (diet, exercise, smoking and alcohol)
- universal, selective, indicated and care-related prevention
- prevention; facilities, legislation and health-care education
- health-promoting interventions and guidelines
- collective preventive activities
- health approach aimed at the community (community approach, assertive outreach)
- outreach work
- providing support and counselling during changes
- knowledge about vulnerable groups

- strategies for education and information
- methodical models for information provision such as Preffi, Refka, Intervention Mapping, Precede-Proceed, Model for methodical health-care education and behavioural change
- government policy cycle (local and national)
- the social system as a form of prevention

Psychology
- behavioural determinants
- behavioural change, theoretical models such as social cognition models, changes or change model, theory or planned behaviour
- learning and conditioning
- motivation
- habits and addiction
- experience of success
- thought processes
Communication
• information, conversation and support methods aimed at individuals and groups, such as:
  o motivational discussions
  o health counselling
• providing health-care information via e-health programmes

Ethics
• paternalism
• autonomy
• nudging
• limits to/of prevention
• recruiting, targeting and approaching various (vulnerable) groups (social marketing and active approach)
• information tools
CanMEDS role 6: organiser

Leadership in nursing

Nursing
- professional and personal leadership
- forms of management
- organisation, management and monitoring of activities
- organising
- innovating
- profiling
- project management
- talent development

Organisational science
- change management such as practice development strategies, social marketing principles
- implementation phases and strategies
- job classification systems
- organisational structures such as self-managing teams
- interaction models such as Leary’s interpersonal circumplex
- financial management

CanMEDS role 6: organiser

Coordination of care

Nursing
- integrated care, care programmes
- transmural care
- clinical pathways
- transitions in care
- care models, e.g. chronic care model

Sociology/economics
- health-care systems, health-care organisations and health-care insurance
- care funding and financial insight into costs of care. Budgeting and cost estimates
- political/social policy (national, regional, local)

Gerontology and geriatrics
- policy on the elderly
- financing elderly care
- residential facilities

Legislation
- relevant current legislation such as:
  - Psychiatric Hospitals (Compulsory Admissions) Act (BOPZ)
  - Medical Expenses Act (AWZ)
  - Long-Term Care Act
- curatorship, mentorship and administration
- IBS RM TBS
- zorgzwaartepakketten (care intensity packages)

CanMEDS role 6: organiser

Promoting safety

Nursing
- safety policy
- safety management systems
- competences relating to patient safety (VMS)
- infection prevention
- workplace ergonomics

Prevention and de-escalation of and dealing with aggression
- preventing and dealing with abuse and domestic violence

Legislation
- obligation to report abuse (of children/elderly)
CanMEDS role 6: organiser
Entrepreneurship in nursing

Nursing
- attitude of independence, courage, initiative and creativity
- courage and authenticity

- own procedures
- new ideas based on less obvious elements
- own independent opinion
- reasoning, debating (justification)

CanMEDS role 7: professional and quality enhancer
Providing quality of care

Nursing
- quality of care
- current quality frameworks
- visions on quality

CanMEDS role 7: professional and quality enhancer
Participating in quality assurance process

Nursing
- quality of care methods and models such as screening (measuring instruments for fall prevention, nutrition, pressure ulcers, delirium)
- quality assurance methods and models such as NIAZ, HKZ, measuring instruments and indicators
- quality cycle (PDCA)

- guideline development
- care innovation
- quality in connection with patient safety such as TRIAS, reporting incidents

Legislation
- relevant current legislation such as:
  - Care Institutions Quality Act

CanMEDS role 7: organiser
Professional conduct

Nursing
- visions on nursing
- professional profile for nursing
- professional code
- professional association
- quality register for nurses
- limitation of own domain
- history of nursing
- social and political developments in care
- professionalisation of nursing
- participatory decision-making, nursing consultative council

- registration/re-registration under the Individual Health Care Professions Act
- World Health Organisation
- human rights
- sustainability
- internationalisation

Legislation
- relevant current legislation such as:
  - Dutch Individual Health Care Professions Act (BIG) and disciplinary law
# 4.2. NLQF 6, CanMEDS roles and higher professional key qualifications

<table>
<thead>
<tr>
<th>NLQF level 6</th>
<th>Description</th>
<th>CanMEDS roles</th>
<th>Higher professional key qualifications</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Context</strong></td>
<td>An unfamiliar, varied living and working environment, as well as an international working environment</td>
<td>Health-care provider, professional and quality enhancer</td>
<td>Transfer and broad applicability</td>
</tr>
<tr>
<td><strong>Knowledge</strong></td>
<td>Possesses advanced specialist knowledge and critical insight into theories and principles of a profession, knowledge domain and broad scientific area</td>
<td>All areas of competence</td>
<td>Transfer and broad applicability</td>
</tr>
<tr>
<td></td>
<td>Possesses broad integrated knowledge and understanding of the scope, key areas and limits of the profession, knowledge domain and broad scientific area</td>
<td>All areas of competence</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Possesses knowledge and understanding of some important current topics and specialisms associated with the profession or knowledge domain and broad scientific area</td>
<td>All areas of competence</td>
<td></td>
</tr>
<tr>
<td><strong>Application of knowledge</strong></td>
<td>Reproduces and analyses knowledge and applies it in this and other contexts in a way that demonstrates a professional and scientific approach in both profession and knowledge domain</td>
<td>Health-care provider Health advocate Reflective EBP professional</td>
<td>Methodical and reflective thinking and acting Scientific application</td>
</tr>
<tr>
<td></td>
<td>Applies complex specialist skills to the results of research</td>
<td>Reflective EBP professional</td>
<td></td>
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<tr>
<td></td>
<td>With guidance, successfully completes practical or fundamental research using methodological knowledge</td>
<td>Reflective EBP professional</td>
<td></td>
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<tr>
<td></td>
<td>Creates and puts depth into argumentations. Critically evaluates and combines knowledge and insights from a specific domain</td>
<td>Reflective EBP professional</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Identifies limitations of existing knowledge in professional practice</td>
<td>Reflective EBP professional</td>
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<tr>
<td>and in the knowledge domain and takes action</td>
<td>Analyses complex professional and scientific tasks and executes them</td>
<td>Reflective EBP professional</td>
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<tr>
<td><strong>Problem-solving skills</strong></td>
<td>Recognises and analyses complex problems in professional practice and in the knowledge domain and solves them in a tactical, strategic and creative way by identifying and using data</td>
<td>Health-care provider Reflective EBP professional Professional and quality enhancer</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Learning and development skills</strong></th>
<th>Develops by self-reflection on and self-assessment of own learning and other results</th>
<th>Reflective EBP professional</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Information skills</strong></td>
<td>Collects and analyses broad, in-depth and detailed professional or scientific information in a responsible, critical way, about a limited range of basic theories, principles and concepts of and associated with a profession or knowledge domain, as well as limited information about some important current topics and specialisms associated with the profession and knowledge domain and conveys this information.</td>
<td>Health-care provider Reflective EBP professional Professional and quality enhancer</td>
</tr>
</tbody>
</table>

| **Communication skills** | Focused communication with peers, specialists, non-specialists, superiors and clients based on conventions that apply in the context and professional practice. | Communicator Collaborator |
| **Responsibilities and autonomy** | Works together with peers, specialists and non-specialists, superiors and clients | Collaborator Reflective EBP professional |

| | Carries responsibility for results of own work and study and the result of the work of others | Collaborator Reflective EBP professional Organiser |
| | Carries partial responsibility for the management of processes and professional development of persons and groups | Collaborator Reflective EBP professional Organiser |
| | Collects and interprets relevant data to form an opinion that is based on the assessment of relevant social, professional, scientific or ethical elements | Reflective EBP professional Organiser |

Table 4.1. Diagram illustrating the Bachelor of Nursing
4.3. Sources used

Introduction and foreword


Chapter 1

- Pater, M. de (2012): De eenzaamheid van de psychose. Amsterdam: BV Uitgeverij SWP.
- Schippers, E.: Letter submitted to the Lower House of the Dutch Parliament concerning the professional profile for nurses and carers, 17 April 2014.


Letters and documents received

- Letter: ‘Geschiedenis in Bachelor of Nursing’ written by Dr N. Wiegman, director of the Florence Nightingale Institute.
- Letter: ‘Ethiekonderwijs’ written by Dr B. Cusveller, reader in Professional ethics in nursing, Christian University of Applied Sciences Ede.
- Letter: ‘Kennis gerontologie en geriatrie in opleiding hbo-v’ written by Dr. T. Bakker, reader, chair of hbo-vvh project and drs. M. Gloudemans, project manager at Bureau G&D.
- Letter: ‘Verzoek gerontologische en geriatrie kennis in opleiding verpleegkunde’ written by Dr J. Hoogerduin, Senior Researcher at HU University of Applied Sciences Utrecht.
- Hoogerduijn, J. and Schuurmans, M. (2014): Noodzakelijke onderdelen over ouderen in de verpleegkundige opleidingen: Bachelor en mbo-niveau. A specific part of the report Noodzakelijke onderdelen over ouderen in de opleiding geneeskunde, de opleiding verpleegkunde en de opleidingen verzorgende-IG en helpende zorg en welzijn, commissioned by ZonMw, that specifically relates to nursing study programmes. This report is available from early 2015.
- V&VN (not yet published): Preventie in de verpleegkundige beroepsuitoefening. Utrecht: V&VN.

Chapter 2

- Goed verkort? Over de programmering en verantwoording van (ver)korte opleidingen in het hoger beroepsonderwijs. Consulted on 2 June 2014 at: www.onderwijsinspectie.nl/binaries/content/assets/Actueel_publicaties/2012/goed-verkort.pdf
• Care Institutions Quality Act taken from: http://www.rijksoverheid.nl/onderwerpen/kwaliteit-van-de-zorg/kwaliteitsseisen-zorginstellingen on 31 May 2014

Chapter 3
4.4. Project plan for Bachelor of Nursing 2020

Bachelor of Nursing as a pioneer of change
Health care in the Netherlands is changing rapidly. Patients are increasingly being treated as the partners of care providers, and E-health is continuously growing in importance. Health is becoming more frequently defined as the competence to deal with health-related problems and less so as the presence or absence of disorders. Care is also becoming increasingly decentralised and organised at a municipal level; at present, we can even speak of a health reform. Due to a lower number of births, a rapid increase in the number of older people, and a generally higher average age in the population, there are major challenges facing society. Health-care funding is under pressure, so it is becoming increasingly important to ensure that expenditure of the scarce resources is both transparent and cost-effective. This also means that, more and more often, nurses are being asked to explain what their contribution is to the care provided. In this respect, an important study was published in The Lancet (Heinen et al. 2013). It appears to show a link between the deployment of nurses with Bachelor degrees and a lower rate of mortality in hospitals. The developments in health care call for care professionals who are able to continuously adapt along with them.

Higher professional education in health care does not remain static either. What we see today is that the increase in the number of students opting for the Bachelor of Nursing programme is resulting in volume-related problems at these universities of applied sciences and for the care institutes providing the work placements. In addition, the number of future graduates taking on nursing jobs within the various fields calls for an updating of the situation as well as preparation for appropriate follow-up education, such as professional courses leading to the 5 nursing specialisms recently recognised by law or programmes in nursing science at research universities.

The Dutch Nurses and Carers Association (V&VN) has taken an important step with the future-oriented V&V 2020 project (Lambregts en Grotendorst 2012). In 2012, new professional profiles for nurses, care providers and nursing specialists were presented which have since been widely distributed. A new V&V beroepenhuis (‘professions house’) was also introduced showing the different professions in nursing and their corresponding levels of education.

At the presentation of the Professional Profile for Nursing, the 17 Bachelor of Nursing study programmes – which together make up the National Consultative Committee on Nursing Programmes (LOOV) – set themselves the task of developing a future-proof programme profile. A covenant was drawn up as evidence of their commitment to this goal. The signing of this covenant in November 2013 also marked the official start of the ‘Bachelor of Nursing 2020’ project. The LOOV wrote a project plan that forms the basis for this national project. After this project plan was created, an important opinion was published by the Fact-finding committee for higher professional health-care programmes under the chairmanship of Anton Westerlaken. This report, Voortrekkers in verandering (Pioneers in change), contains recommendations concerning 4 topics: a robust curriculum, incorporation with and into professional practice, practice-oriented research, and focus and differentiation. Bachelor of Nursing 2020 offers universities of applied sciences the unique opportunity to take on the challenge put forward by the Fact-finding committee and turn these recommendations directly into action. It was decided by the LOOV to incorporate the recommendations into the project.

Why was a new programme profile needed?
The periodic amendment of programme profile and programme curricula is one of the regular tasks of the educational institute. The current programme profile for nursing, which dates back to 2001, was in drastic need of an update. A new Bachelor of Nursing programme profile also
is also developed within the framework of government policy agendas and innovation programmes that are specific to nursing education and which are relevant across the universities of applied sciences.

**Making higher professional education future-proof**

The quality of higher professional education is no longer undisputed. Experts point out that the huge increase in student numbers has been a significant contributing factor. In order to make education future-proof, the Veerman Committee (2010) advised the government in its report *Kwaliteit in verscheidenheid* (Quality in diversity) to allow institutions to select students for admission to study programmes, encourage them to choose a stronger profile, reduce student-related financing, invest in research and introduce the Associate degree (Ad). The educational institutions were advised by Veerman to choose a clear profile, pay more attention to education as a core task and invest in the qualifications of its personnel.

Many of the recommendations put forward by Veerman can be found in the strategic agenda *Differentiëren in drievoud* (Differentiation in three dimensions) (Dutch Ministry of Education, Culture and Science 2010). The bar needs to be raised for students; teaching must be intensified; there must be greater selection of students; and students must pay a larger financial contribution. The quality of education is more important than quantity. There needs to be a reorganisation of the study programmes on offer, as well as a raised profile and more differentiation in education: education must take more account of the differences in the talent and abilities of students and of the needs of the labour market. There needs to be a reduction in the fragmentation of the courses being offered. There should be greater collaboration in the knowledge chain of fundamental research, practice-oriented research, applied research and innovation. There should be network organisations in which knowledge is accumulated collectively, instead of individuals with their own expertise; this would lead to more efficient use of research. Institutions need to promote themselves and specialise and strengthen their research priorities. Their quality and profile should become factors of consideration in the funding of the educational institutions.

Although the above policy documents relate to higher education in general (including the Bachelor of Nursing programme), the Westerlaken Committee wrote its advice specifically with regard to higher education in the health-care sector, of which the Bachelor of Nursing is the principal programme. Westerlaken’s approach to the problem is very much in line with the opinions and agenda put forward by Veerman and Zijlstra respectively.

In its report *Innovatie zorgberoepen en opleidingen* (Innovation of care professions and study programmes), the Care and Professions section of the Health Care Insurance Board notes that after years of a high degree of specialisation, there is a growing need for generalists. The committee makes particular reference to the nursing professions, where fragmentation has led to highly specialised positions.

**Greater focus on the community nurse**

Alongside the more general considerations mentioned above, there are specific problems that urgently require a solution. One example that particularly springs to mind is the necessary repositioning and expansion of the number of community nurses. The community nurse fits in well with the type of non-disorder-specific care that is desired by the government and other parties – close to citizens and focused on self-reliance and self-management. More nurses are also urgently needed in elderly care. The ZonMw programmes Dutch National Programme for Geriatric Care (NPO) and *Zichtbare schakel. De wijkverpleegkundige voor een gezonde buurt* (Visible Link. The community nurse for a healthy neighbourhood) have produced several valuable innovations in this area. However, as long as innovations have not yet been implemented in health-care practice and educational curricula beyond a pilot setting, it will not
be possible to benefit from these substantial investments. Experts have repeatedly pointed out that too little attention is given to primary care and elderly care in the initial nursing programmes at higher professional level (Moorsel et al. 2012). This is why the Bachelor of Nursing 2020 profile is being co-financed by the Netherlands Organisation for Health Research and Development (ZonMW). The objective is to clearly specify the nursing competences required for the new responsibilities of community nurses, as described in papers such as the Expertisegebied wijkverpleegkundige (Area of expertise for community nurses) written by the V&VN. These competences can subsequently become part of the Bachelor of Nursing programme profile.

**Autonomy in collaboration**

Needless to say, matters such as student finance and funding of the educational institutions do not fall directly within the framework of the task that the LOOV has set itself. Nevertheless, the proactive approach taken by the LOOV will indeed help the Executive Boards of the 17 universities of applied sciences in making a positive contribution to the strategic agenda of the Dutch Ministry of Education, Culture and Science. Although the individual universities enjoy a fruitful collaboration within the LOOV, they rightly value the autonomy they have that is laid down in the Dutch Higher Education and Scientific Research Act.

**Assignment and working method**

The purpose of the project is to develop a future-proof Bachelor of Nursing programme profile that clearly explains to all those involved what might be expected from graduate nurses. The programme profile is based on the Professional Profile for Nursing (2012), the NLQF framework and the CanMEDS competencies.

Professional profiles, programme profiles and job profiles have a continuous influence on one another. It therefore makes sense to also include the partners in health care when creating a new programme profile. This is why Bachelor of Nursing 2020 decided to ask mixed focus groups to develop the details of the 4 topics put forward by the Fact-finding committee for higher professional health-care programmes – a robust curriculum, incorporation with and into professional practice, practice-oriented research and focus and differentiation. Quick results can be achieved and enthusiasm and inspiration generated in an intensive collaboration with the professional field.

For practical purposes – the universities of applied sciences must be able to start designing the curricula in October 2014 – the 4 topics have been partially combined and the component ‘incorporation with and into professional practice’ has been given more time to be implemented. Priority has therefore been assigned to the topics ‘robust curriculum’ and ‘focus and differentiation’. The topic ‘curriculum’ will be expanded to include the competences component from the topic ‘practice-oriented research’. The other components of practice-oriented research will come under the topic ‘incorporation with and into professional practice,’ which has a longer lead time.

The italicised extracts are taken from the report by the Fact-finding committee. It goes without saying that the topics are not autonomous but, on the contrary, closely related to one another. They will be linked together intrinsically, also within the Bachelor of Nursing 2020 profile.

**Robust curriculum**

It is essential that the quality of the programmes remains at a very high standard, as this forms the basis. Graduates are professionals who are fully proficient and knowledgeable when they achieve all their attainment targets. These attainment targets evolve on the basis of the developments in the field and the professional profile. The universities of applied sciences take into account the demand for fully competent generalists and professionals at expert level.
Health-care professionals of the future with a Bachelor’s degree are reflective practitioners who can properly assess specialist literature, who contribute to practical research and who have been properly introduced to the technological aspects of health care. He or she is also able to maintain an overview of multi-problem situations and is able to coordinate activities with colleagues from other disciplines.

The care professional is able to set priorities with the patient, discuss what an appropriate goal could be and which paths lead to achieving that goal. The challenge and the assignment for higher health-care education is to incorporate these ‘new’ requirements into the study programmes now. With this view of the future, there is a need to tighten the curriculum, paying attention to communicative skills concerning the relationship with the patient and in relation to colleagues from other disciplines. There is also a need for more knowledge and skills relating to prevention and lifestyle, and knowledge about elderly care, technology and entrepreneurship.

Assignment for Focus group I:
Describe and advise on:
• how, for the benefit of the Bachelor of Nursing programme, the Professional Profile for Nursing can be translated into a national Bachelor of Nursing Programme Profile within the limits of Art. 3 of the Dutch Individual Health Care Professions Act (BIG) and at level 6 NLQF, also taking into account the BIG evaluation report by the lead organisation, the Netherlands Organisation for Health Research and Development (ZonMW), which will be published during the course of 2013. The main practical objective of the national professional programme profile Bachelor of Nursing is to provide a foundation for the development of the relevant teaching for each university of applied sciences;
• what the final level of the Bachelor of Nursing will be, with details provided for each CanMEDS competence and NLQF area;
• the best way to implement the transition from intermediate to higher vocational education;
• how subsequent training fits in with the Bachelor of Nursing programme and NLQF 4, 5 and 7;
• the desired BoKS per competence;
• which spearheads are needed in the programme, taking into account future social developments in elderly care and developments in primary care (management of self-reliance, prevention and changing perspective of the care user).

Focus and differentiation
The committee notes that care institutes in the vicinity of universities of applied sciences tend to differentiate and place greater focus on certain aspects. In addition, alongside the demand for care that will basically be the same throughout the Netherlands, each region may place greater emphasis on particular care needs. The committee recommends that the topic of focus and differentiation be placed on the agenda of higher health-care education. Defining the spearheads and adding emphasis to certain aspects, concentrated in a limited number of locations, will further enhance the quality and innovative strength of the sector. The choices made by the universities of applied sciences now will provide good opportunities later for talent in terms of education and the professional field. After all, quality is better than quantity!
Assignment for Focus group II:
Describe and advise on:

• which spearheads are needed in the differentiations, taking into account future social developments in elderly care and developments in primary care (management of self-reliance, prevention and changing perspective of the care user);

• whether the current differentiations of general health care, mental health care and social health care are sufficient for the future and whether a different classification (e.g. intramural/extramural care) needs to be chosen.

Incorporating the programme profile in practice
The rapid developments taking place in health care call for more lasting collaboration between higher health-care education and the professional field that leads to an innovative partnership. This is crucial in order to truly keep pace with the developments in health care. What matters is that learning and working are linked in such a way so as to benefit the students, study programmes and care institutions. This calls for extra efforts to ensure that we are ready for the future. The committee advises the universities of applied sciences to aim for more work placements, the formation of learning communities and more lecturers with up-to-date knowledge and experience of professional practice. The latter can be achieved with lecturers actually working in the field and through the exchange of personnel. This interaction creates a congruence between what students learn in the study programme and the developments in the working environment.

At the same time, professional practice learns from the insights provided by the study programmes, particularly where practice-oriented research is organised in a sustainable manner. In order to work towards a desirable situation of sustainable cooperation that stimulates continual change, the committee also advises transforming the current professional field and work field advisory committees. This can take the form of a new structure with a flexible layer of leading health-care experts, to discuss topical developments at a strategic level, and, additionally, with a group of representatives from the work and professional fields (with a maximum period of office) who advise on the curricula and programme profiles.

Future-oriented higher health-care education should be intertwined with practice-oriented research. This is needed in order to create innovations that continuously improve the quality of health care. In order to fulfil this aim, the universities of applied sciences will need to invest more in developing their focus on research. After all, practice-oriented research produces innovative impulses both for professional practice and for education. It is essential for this knowledge base to become interwoven with education. More coherence between the cross-programme topics and better access to the results of the practice-oriented research will increase the effectiveness. Practice-oriented research requires a sound financial basis. This requires investments to be made, not only by the government, but also by educational institutions, care institutions, health-insurance companies and the business world.

Assignment for Focus group III:
Describe and advise on how the Bachelor of Nursing:

• creates lasting support at a national level for the national programme profile with a corresponding consultation structure containing stakeholders such as ACTIZ (Dutch association for residential and home-care organizations and infant and child health clinics), NVZ (Dutch Hospitals Association), NFU (Dutch Federation of University Medical Centres), GGZ (Dutch Mental Health Care Association), GGD (Regional Health Services), VGN (Dutch Association for Care and Support for People with a Handicap) and V&VN (Dutch Nurses and Carers Association);

• works together with the professional fields in an optimum and sustainable collaboration;
achieves optimum interaction and movement with nursing practice in all fields of health care;
ensures that training capacity is properly tailored to the needs of the work field and that there are sufficient places available for work experience
provides up-to-date teaching in nursing;
inspires lecturers to acquire leadership skills for their work in change activities;
ensures optimum organisation and use of work placements in all fields of health care;
involves leading experts in nursing education and the development and updating of the curriculum;
efficiently incorporates the related research groups in education and research;
performs practice-oriented research and makes use of research results (evidence-based practice) in patient care;
achieves efficient task division, delineation and collaboration with the accredited programmes that train students for the 5 nursing specialisms;
achieves efficient task division, delineation and collaboration with university faculties and research institutes with related tasks regarding education and/or research in nursing science;
makes research results accessible and incorporates them in education;
invests in patient-focused research relevant for nurses;
formulates and reaches the desired level for this research and demarcates it from MANP and academic research competences.

Although the principle of intensive collaboration with the work fields applies to all the universities of applied sciences, it is only logical that the details will vary locally, depending on factors such as the demographic structure of the population and the associated demand for care and the local partnerships that exist.
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drs. R. van Graas-Hofman, InHolland UAS, secretary
Dr M. van der Cingel, Windesheim University of Applied Sciences
drs. J.H. Dikkers, NHL University of Applied Sciences
M.E. Havekes, University of Applied Sciences Leiden
M. Jansen Schuiling, ZZG Zorggroep
drs. K.L.M. de Kleine, Rotterdam University of Applied Sciences
Dr S.M. van der Lyke, ISZ De Brug
drs. A.G. Rutgers, HAN University of Applied Sciences
drs. C. Vilroox, Amphia Hospital
J.P.J. van Zaanen, GGZ Breburg

Chapter 2

drs. R. den Hertog, Christian University of Applied Sciences Ede, chair
drs. J.C.M. van Loon, De Wever, secretary
J.S. Boonstra, Saxion
drs. M. Hanegraaf, Reinier van Arkel group
drs. J.E.M. Kolk, HU University of Applied Sciences Utrecht
H.J.C.A. Pantaleão-van den Broek, Cordaan Thuiszorg
drs. J. Pennings-Duits, Fontys Universities of Applied Sciences
R. Sell, ErasmusMC
D.M.J. Verstappen, Zuyd University of Applied Sciences

Chapter 3
Dr C. Sino, HU University of Applied Sciences Utrecht, chair
drs. M.B. Nieweg, Hanze University of Applied Sciences, Groningen, secretary
E.G. van Eijkeren-de Keizer, Rivas Zorggroep Gorinchem
drs. J. Ellenbroek, Icare
drs. E. Hoekman, Reformed University of Applied Sciences (Viaa)
W. Jackson MBA, TweeSteden hospital, Tilburg
Dr M. de Rijke, HZ University of Applied Sciences
Dr M.T. Slager, The Hague University of Applied Sciences
drs. G. Wallinga, Icare
Project structure

Client
Steering group
Project leader
Focus groups
Working groups
Local consultative groups from professional field/education

Consultation structure

Role and competences

LOOV
The LOOV is the client and appoints the members of the steering group, the project leader and the members of the focus groups. The LOOV authorises the Executive Board to steer the project. The LOOV coordinates with the Sector Advisory Committee for Health Care within the Netherlands Association of Universities of Applied Sciences. The LOOV asks the steering group to provide interim accountability via its authorised representatives and ultimate accountability regarding the final result. The LOOV submits the final result of the Bachelor of Nursing 2020 programme profile to the board of the Netherlands Association of Universities of Applied Sciences for adoption.

The LOOV makes funds available in line with the set budget for executing the project and asks the steering group and project leader to provide a periodic account of the associated expenditure. The HAN is the lead organisation and financial controller for the project and is directly accountable to the client.

Steering group
Bachelor of Nursing 2020 is a strategic project with political aspects. The steering group is therefore put together from authoritative experts from education, health care, government and research.

The steering group holds 5 plenary meetings and is responsible for carrying out the assignment and determining the project results. The steering group or a delegation thereof consults with external parties together with the project leader.

The steering group is accountable to the LOOV. The plenary meetings held by the steering group are attended by 4 mandated members of the LOOV. The steering group decides on the spending of the budget that is made available. The steering group steers the project, makes adjustments where necessary and holds interim consultations with the mandated members of the LOOV. The steering group puts forward the results to the LOOV for approval.
**Project leader**  
The project leader has experience of managing complex projects of a strategic and political nature. The project leader is responsible for organising and implementing the project and manages the activities. He/she acts as secretary of the steering group, organises the meetings of the steering group in consultation with the chair and is responsible for implementing the decisions of the steering group. Together with the chairs of the focus groups, the project leader prepares the meetings and ensures that results are achieved in time. The project leader is responsible for organising the invitational conferences, mini-conference and national congress and the consultations with the organisations involved. The project leader is the holder of the available budget and is accountable to the steering group and, through them, to the LOOV for the administration and spending of resources.  

**Focus groups**  
The 3 focus groups are composed of 4 experts from education and 4 experts from the professional field. On the basis of predefined profiles, members are chosen from the universities of applied sciences and appointed in the focus groups, with their relevant experience the main determining factor in this decision. Prominent seats are held by the main partners from mental health care, elderly care, hospitals, care for the disabled, primary care and home care. Each of the focus groups has a chair, secretary and members, all appointed by the LOOV. The activities are coordinated in close collaboration with the project leader.  

**Working groups**  
The focus groups may set up local or national working groups to work on the development of specific issues.  

**Local consultative groups**  
Each university of applied sciences puts together a consultative group consisting of members from the professional field and education as well as students for the purpose of discussing and reflecting on national developments. A contact person from each of the universities of applied sciences forms a link to the project management of Bachelor of Nursing 2020.  

**Financing**  
The Bachelor of Nursing 2020 profile is jointly implemented by all the nursing programmes, which are supported by a professional project organisation. The development of the programme profile falls under the responsibility of the study programmes, who are also responsible for the basic funding of the project. The project is co-financed by ZonMw. Bachelor of Nursing 2020 fits in with the various agendas, policy plans and programmes of the government and institutions. To ensure this is implemented as effectively as possible, subsidies will be requested from the Ministry of Health, Welfare and Sport, the Ministry of Education, Culture and Science, and the Council for Higher Professional Education. These subsidies will be used to further optimise the project implementation in order to do justice to the significance and scope of Bachelor of Nursing 2020.  

**Project planning**  
The aim is to enable the first nurses to graduate in accordance with the new programme profile by 2020. This means that the new profile must be implemented in 2016. As the universities of applied sciences will need to bring their curricula in line with the programme profile during the period 2014-2016, the programme profile will need to be ready by January 2014. The decision-making process, including approval and advisory processes, can be completed in October 2014. There is then sufficient time to make adjustments to the developed parts of the curriculum. The component relating to collaboration with the work field will continue on until October 2015.
Project organisation

National Consultative Committee on Nursing Programmes (LOOV)

drs. C. van Mierlo-Renia  HAN University of Applied Sciences, chair

drs. R. Langenberg-Klok  Reformed University of Applied Sciences (Viaa)

J.C.M. Aerts MEM  HU University of Applied Sciences Utrecht

drs. J.G.A.M. van Dael  Fontys

A.M.H. van Lange-Frutn Msc  Avans University of Applied Sciences

Ir. G. van der Heijden  Christian University of Applied Sciences Ede

Dr M.T. Slager  The Hague University of Applied Sciences

L. Oziël-Schut MSc Rn  Hanze University of Applied Sciences, Groningen

Dr C.H.M. Latour  Amsterdam University of Applied Sciences

C. Rinkel MEM  InHolland University of Applied Sciences

drs. D. Wijkstra  University of Applied Sciences Leiden

Mr. drs. E. de Bock  Rotterdam University of Applied Sciences

M. Lengton  HZ University of Applied Sciences

L. Hendriks MIM  Zuyd University of Applied Sciences

A. Oosterhof MBA  NHL University of Applied Sciences

drs. S. van Dieren  Saxion

B.M.M. Spaan MEM  Windesheim University of Applied Sciences

Steering group

J.M. Koopman  (chair)

Prof. M.J. Schuurmans  Utrecht University

drs. F. Benjamins  Zuyd University of Applied Sciences

drs. J.T.P. Dobber  Amsterdam University of Applied Sciences

drs. M.J.L.E. Weijers  Diaconessenhuis Leiden

D.C.S. Herfst  ZZG Zorggroep (care group)

drs. M.L. Vossen  GGzE Mental Health Care Eindhoven and De Kempen

Project management

drs. J.A.M. Lambregts  Bureau Lambregts

Local consultative groups

Local consultative groups for Bachelor of Nursing 2020 were set up at all the universities of applied sciences offering a nursing programme. More than 900 people from the professional field were involved, including managers, training officials, students and nurses.
Focus groups

Focus group 1 Robust curriculum

**Education**

*drs.* R. van Graas-Hofman, secretary  
*drs.* J.H. Dikkers  
*drs.* A.G. Rutgers  
M.E. Havekes  
Dr M. van der Cingel  
A.D.M. Nijst, Msc, chair  
*drs.* K.L.M. de Kleine

**Professional field**

H.J.C.A. Pantaleão-van den Broek  
R. Sell  
*drs.* M. Hanegraaf  
*drs.* J.C.M. van Loon, secretary

Focus group 2 Focus and differentiation

**Education**

*drs.* J.E.M. Kolk  
*drs.* J. Pennings-Duits  
*drs.* R. den Hertog, chair  
J.S. BoonstraD.M.J. Verstappen

**Professional field**

E.G. van Eijkeren-de Keizer  
W. Jackson MBA  
*drs.* G. Wallinga  
*drs.* J. Ellenbroek

Focus group 3 Incorporation with and into professional practice

**Education**

Dr C. Sino, Chair  
*drs.* E. Hoekman  
Dr M.T. Slager  
Dr M. de Rijke  
*drs.* M.B. Nieweg, secretary

Stakeholders

Consultative/informative interviews were held with:

**Actiz**

*drs.* M. Snellen  Policy advisor for study programmes  
*drs.* A. Mulder  Policy advisor  
*drs.* M. Gloudemans  VGG project leader

**College Zorg Opleidingen (Board of Health-Care Study Programmes)**

*drs.* K. Boonstra  Director

**GGZ Nederland (Mental Health Care)**

*Ir.* P. van Rooij  Director  
*drs.* J. Kamoschinski  Policy advisor

**Dutch Ministry of Health, Welfare and Sport**

*drs.* E. Leistra  MEVA management board  
*drs.* M.E. Egbers  Policy advisor on Professions, study programmes and labour market

**Dutch Ministry of Education, Culture and Science**

*drs.* P. Leushuis  Department of Higher Education and Student Finance

**NVZ Dutch Hospitals Association**

*drs.* N.W. Zeller  Executive committee member  
*drs.* J.A.M. Scholten  Policy advisor on Quality and labour  
*drs.* N.G.M. Oerlemans  Senior policy advisor  
*drs.* T. Alkema  Manager for quality and labour
NFU Dutch Federation of University Medical Centres

drs. M.A.P. Mens
Academic Medical Centre, Amsterdam

drs. G. van de Brink
Radboud University Medical Centre

drs. J.W. Deggens
Senior policy advisor at NFU

drs. A. van der Dussen
Erasmus MC

G.M.J. Berkhout MA
VUMC

Prof. M.P. van Dieijen-Visser
Maastricht UMC+

Stichting Topklinische Ziekenhuizen (Advanced Clinical Care Hospitals Foundation)

drs. M. Rook
Chair

drs. H. Neefs
Polic advisor, programme research

Vereniging Branche-Opleidingsinstituten Gezondheidszorg (Association of Health Care Sector Training Institutes)

drs. W. Polderman
Chair

drs. G. van den Brink
Radboud University Medical Centre

VGN (Dutch Association for Care and Support for People with a Handicap)

drs. Y. Heijnen-Kaales MBA
Care Policy Manager

drs. J.P.N. Timmermans
Policy advisor

Health Care Sectoral Organisations (BoZ)

drs. T. Alkema
Manager for quality and labour

drs. M. Snellen
Policy advisor for study programmes

Mr. J.A.M. Landman
Chair, directors’ consultative committee

drs. A. Koster
Chair, directors’ consultative committee

drs. J. van der Spek
Secretary BoZ

M. Vos
Secretarial office, BoZ

J.A.M. Scholten MaMHR
Chair, BoZ working group in study programmes

G. van der Lei
Member of AZO, consultative committee for managers of employer-related matters

Dutch Nurses and Carers Association (V&VN)

drs. H. Zijlstra
Director

drs. N. Koik
Policy advisor

 drs. C. Woudhuizen
Innovation manager

drs. M. de Bont
Policy advisor

V&VN Primary care nurses
V&VN Community nurses group
V&VN Occupational health nurses,
V&VN Public health care
V&VN Paediatric nurses
V&VN Dementia case managers,
V&VN Practice nurses & Nurse practitioners

Netherlands Organisation for Health Research and Development (ZonMw)

Ir. I. Voordouw
Programme secretary Zichtbare schakel (Visible link)

drs. J.G.M. Bouwens
Programme coordinator for prevention

D. Abels
Programme secretary Tussen Weten en doen II (In between knowing and acting II)

drs. B. Blom
Education-wide
Netherlands Association of Universities of Applied Sciences

drs. S. Hoogeveen                  Policy advisor

MANP programmes

Dr J.W.B. Peters                    Chair of national consultative committee on MANP programmes
C. de Vries-de Winter Msc.         Study programme manager MANP Fontys Universities of
                                      Applied Sciences

GGZ VS (mental health-care nursing specialists)

Dr W. Houtjes                        Head trainer, GGZ-VS

Netherlands Association of Senior Secondary Vocational Schools (Mbo raad)

Ing. J.P.C.M. van Zijl               Chair

drs. A. van den Berg                Member of sector group Care, Well-being and Sport

drs. H. Bemelmans, MBA              Member of sector group Care, Well-being and Sport

drs. H.E.H. Dahlmans MME            Policy advisor

Stichting Sociaal Fonds Huisartsenzorg (GP Care Social Fund Foundation)

drs. L. van Amsterdam                SSFH project manager
Sources for project plan

- Nationaalprogrammaouderenzorg.nl ZonMw
- zichtbareschakel.nl
### 4.5. List of definitions

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
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<tbody>
<tr>
<td>BaMa</td>
<td>Bachelor-Master structure. ‘Bachelor’ and ‘Master’ are degrees. Students are awarded a Bachelor’s degree after completing a 4-year programme at a university of applied sciences. A Bachelor’s degree enables a student to transition into a Master's programme at a research university or a university of applied sciences.</td>
</tr>
<tr>
<td>Ability</td>
<td>A combination of knowledge, skills and attitude that is needed to perform adequately in specific professional situations.</td>
</tr>
<tr>
<td>Professional education</td>
<td>Initial route to acquire formal professional qualifications.</td>
</tr>
<tr>
<td>Professional profile</td>
<td>National or international description of basic professional qualifications.</td>
</tr>
<tr>
<td>Specialist professional profile</td>
<td>National or international description of specialised professional qualifications.</td>
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<tr>
<td>Professional field of work</td>
<td>Local or regional situation in which the professional profile can be applied in practice.</td>
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<tr>
<td>Further training</td>
<td>Updating and deepening of subject knowledge after the initial route within the programme profile.</td>
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<tr>
<td>Competence</td>
<td>See ‘Ability’.</td>
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<tr>
<td>CSV</td>
<td><em>College Specialismen Verpleegkunde</em> (Board of Nursing Specialisms).</td>
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<tr>
<td>Job-related training</td>
<td>Formally defined continuing education based on a specific job profile with a professional field or care organisation.</td>
</tr>
<tr>
<td>Job description</td>
<td>Local record of tasks and competences within paid employment.</td>
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<tr>
<td>Job profile</td>
<td>Framework for remuneration based on job descriptions.</td>
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<tr>
<td>Generalist</td>
<td>Someone who is not specialised in a particular profession but who has considerable basic knowledge of a variety of subjects.</td>
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<tr>
<td>HBO (Higher professional education)</td>
<td>Higher professional education.</td>
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<tr>
<td>Electives</td>
<td>1 or more units of in-depth study, in which students can choose from subjects or projects that are offered by the Bachelor of Nursing programme in conjunction with other universities of applied sciences, research universities and professional practices in the region.</td>
</tr>
<tr>
<td>Post-graduate training</td>
<td>Expansion of the professional qualification with new or other subjects that relate to the professional profile and/or job description within the professional field.</td>
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<tr>
<td><strong>NLQF</strong></td>
<td>A framework for grading all possible qualifications, from basic education to doctorate and from company training to multi-year evening classes. NLOF makes it possible to compare government-regulated qualifications and private qualifications. An NLQF grading does not so much describe a student’s study efforts or the content of the study but more what a person knows and is capable of doing once a certain learning process has been completed.</td>
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<tr>
<td><strong>NVAO</strong></td>
<td>Accreditation Organisation of the Netherlands and Flanders</td>
</tr>
<tr>
<td><strong>92</strong></td>
<td>Study programme profile</td>
</tr>
<tr>
<td><strong>Specialist programme profile</strong></td>
<td>National or international framework for specialist programme curricula related to a recognised professional specialism.</td>
</tr>
<tr>
<td><strong>RSV</strong></td>
<td>Commission for the Registration of Nursing Specialisms.</td>
</tr>
<tr>
<td><strong>Specialism</strong></td>
<td>Nationally or internationally recognised specialism of a core profession.</td>
</tr>
<tr>
<td><strong>WHW</strong></td>
<td>Dutch Higher Education and Research Act</td>
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<tr>
<td><strong>Nurse</strong></td>
<td>Legally registered nursing professional (Art. 3 of the Dutch Nurses and Carers Association. Professional association.</td>
</tr>
<tr>
<td><strong>V&amp;VN</strong></td>
<td>Dutch Individual Health Care Professions Act (BIG)</td>
</tr>
<tr>
<td><strong>Dutch Individual Health Care Professions Act (BIG)</strong></td>
<td>Legal framework for professional activity in the area of individual health care.</td>
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</tbody>
</table>
School of Nursing

Contact
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March 2018