



MINISTRY OF HEALTH

**THE KINGDOM OF CAMBODIA
NATION RELIGION KING**

**PRAKAS
ON
CORE COMPETENCY FRAMEWORK FOR
NURSES IN THE KINGDOM OF CAMBODIA**

**August 2012, Ministry of Health, Department of Human Resource
Development**



KINGDOM OF CAMBODIA
NATION RELIGION KING



MINISTRY OF HEALTH
No.: 650 **ABS.AThM**

Phnom Penh, 20 August 2012

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ON
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Minister of Health

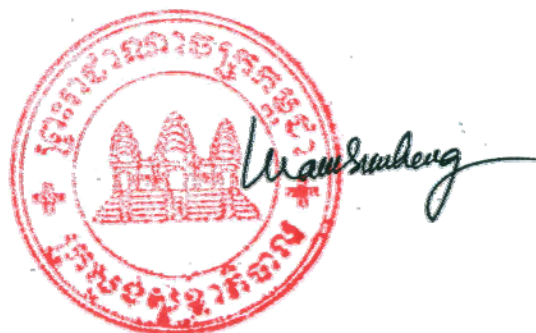
- Having seen the Constitution of the Kingdom of Cambodia;
- Having seen Royal Decree No. NS-RKT/0908/1055, dated 25 September 2008, on the Appointment of the Royal Government of the Kingdom of Cambodia;
- Having seen Royal Kram No. 02/NS/94, dated 20 July 1994, promulgating the Law on Organization and Functioning of the Council of Ministers;
- Having seen Royal Kram No. NS/RKM/0196/06, dated 24 January 1996, promulgating the Law on the Establishment of the Ministry of Health;
- Having seen Sub Decree No. 67 ANK_r-BK, dated 22 October 1997, on the Organization and Functioning of the Ministry of Health;
- Having seen Sub Decree No. 21 ANK_r-BK, dated 13 March 2007, on Health Training;
- Having seen Sub Decree No. 43 ANK_r-BK, dated 25 February 2009, on the Amendment of Article 6 of Sub Decree No. 21 ANK_r-BK, dated 13 March 2007, on Health Training;
- Having seen Decision of the Royal Government No. 20 SSR, dated 12 April 2007, on the Appointment of the Composition of National Exam Committee for Health Training;
- Having seen work order No. 05/11 NEC, dated 02 September 2011, on the Appointment of Monitoring and Coordinating Committee for Preparation of National Examination; and
- Pursuant to the request of the Ministry of Health

HEREBY DECIDE

- Article 1: Nurses must have a core competence to ensure the effectiveness and safety in providing health care service.
- Article 2: Core competency framework of nurses includes knowledge, skills, behavior related to the Scientific foundations for nursing practice, provision of nursing service, as well as professional and personal behaviors.
- Article 3: Core competency framework of nurses have been detailed in attached annex developed by one committee with representatives from the Ministry of Health, Ministry of Education, Youth and Sport, Accreditation Committee in Cambodia, relevant professional board, as well as public and private Health Training Institutes.
- Article 4: Core competency framework of nurses has been used for improving curriculum, development of exam protocol or as a reference for improving professional nursing quality.
- Article 5: Core competency framework of nurses can be improved based on the approval of the minister of health.
- Article 6: Exam protocol of national examination for nurse graduates shall respond to the core competency framework defined by the minister of health.
- Article 7: Any provisions which are contrary to this Prakas, shall be null and void.
- Article 8: Directorate General for Health, Directorate General for Administration and Finance, Relevant Professional Board and all Health Training Institutes, shall execute this Prakas effectively from the date of its signature. *(initialed)*

CC:

- Office of the Council of Ministers
- National Exam Committee for Health Training
- As stated in Article 3 and 8
- Archives-Chronicles



MAM Bun Heng

Annex

On

Core Competency Framework for New

BSN Graduates in the Kingdom of

Cambodia

August 2012

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Core Competency Framework of New BSN Graduates in Cambodia

Introduction

In Cambodia, nurses work in health posts, health centers, government referral and national hospitals, private clinics, NGO, and academic institutions.

Nurses in any setting have to comply with the country's rules and regulations, and professional standards as stipulated by the Ministry of Health (MoH) and Cambodian Nursing Council. They should possess and apply a specialized body of knowledge to appropriately fulfill their role, and to train nurse students and others. They are required to undertake research activities and continue professional development in order to maintain and improve their competence and professional practice.

Purposes of the Framework

The Core Competency Framework in this document refers to the knowledge, skills, attitudes and behaviors that an individual develops through education, training and work experience. The core competency framework for nurses (Bachelor Degree in Nursing and Associate Degree in Nursing) is a collection of essential competencies that nurses must possess to perform their daily practice across all settings.

This framework had been developed primarily for the national exit examination protocol of students who earn their Bachelor Degree in Nursing and Associate Degree in Nursing from both public and private institutions in which national exit examination shall be basically applied in licensing medical practice in the Kingdom of Cambodia. It can also be used to develop curriculum for nursing and/or to identify any gaps in current curriculum being implemented at other institutions and to provide a basis for the development of advanced training or specialized skill in nursing care.

Procedures in developing Core Competency Framework

The core competency framework for nurses in Cambodia has been developed through a series of consultative meetings of a Technical Working Group at the beginning of the development of National Exit Examination commencing in the mid-2011. The technical working group is created by the National Examination Committee (NEC) and is composed of nurses and faculties representing both public and private universities in Cambodia chaired by a representative of the MoH (See [Appendix 1: List of BSN WG Participants](#)).

The framework had been approved by a Steering Committee (SC), created by the NEC and chaired by a MoH State Secretary (See [Appendix 2: List of SC members](#)) whose roles are to coordinate and provide advice to technical working group.

The development of the framework is based on the followings:

- Review of competency framework of nurses from the competency frameworks in place in countries like Australia, Canada, the Philippines, and countries in Asia and Pacific region
- Roles and functions of nurses, as defined by the MoH (See [Appendix 3](#))
- WG participants' knowledge and practical experience, and
- National curriculum for Bachelor degree in Nursing and Associate degree in Nursing

An initial document was drafted in the 3rd quarter of 2011, and was subsequently reviewed and modified by the BSN WG after consultation with the Cambodian Nursing Council and Health Development Partners. The core competency framework for BSN was streamlined with that of General Practitioners, Pharmacist and Dental practitioners that were concomitantly developed for the same purposes and also shared a common format.

This document outlines core competencies required of BSN at the completion of a bachelor degree in Nursing and Associate degree in Nursing in providing safe and effective nursing practice.

Structure of the framework

The core competency framework defines what knowledge BSN working in out-patient and in-patient hospitals/clinics in Cambodia need to master, what skills they must possess and what behaviors they have to adopt in their daily practice.

The framework in this document is composed of three main domains namely (1) scientific foundations for nursing practice, (2) provision of nursing care, and (3) professional and personal behaviors.

The document should be considered as a living-document and therefore expected to evolve over time. Accordingly, it should be reviewed and updated periodically to effectively solve any problem arising during implementation, preferably after every three years, so as to be in line the development of nursing practice and professional standards in the country.

All the domains and competency standards indicated above are proposed to constitute the requirements for Bachelor degree in Nursing and Associate degree in Nursing graduates who are preparing for national exit examination to ensure quality of training across Cambodia.

I. Scientific Foundations for Nursing Practices

A BSN Practitioner demonstrates knowledge of relevant concepts of the (a) biomedical sciences, (b) behavioral sciences, and (c) nursing sciences.

A-Biomedical Sciences

A BSN Practitioner is able to:

1. Explain the role of the cell in metabolic activities of the body;
2. Demonstrate knowledge of homeostasis;
3. Discuss the principles underlying good body mechanics;
4. Demonstrate knowledge of neural and hormonal regulation of body activities;
5. Describe the immunological response of the body and relate the role of immunity in body defense;

6. Demonstrate knowledge of cardiac and circulatory dynamics;
7. Discuss the process of metabolism;
8. Explain the process of reproduction;
9. Demonstrate knowledge of mechanisms of inherited characteristics;
10. Explain the conditions, which predispose the individuals to the invasion and multiplication of microbes and parasites;
11. Discuss measures used in prevention and control of microbes and parasites;
12. Discuss the concepts and principles of nutrition and related diet therapy;
13. Demonstrate knowledge of the categories and effects of select drugs; and
14. Demonstrate knowledge of ecological factors and their relationships to health

B. Behavioral Sciences

A BSN Practitioner is able to:

1. Demonstrate knowledge of Cambodia family structure and functions;
2. Analyze the effects of social organizations and institutions on family life in the Cambodia;
3. Demonstrate knowledge of community dynamics and its effects on the health status of man;
4. Recognize normal patterns of growth and development at all stages of the life cycle;
5. Demonstrate understanding of the interrelationships of the basic needs of man;
6. Describe the developmental tasks of individuals at different stages of the life cycle;
7. Explain dynamics of human behavior;
8. Understand theories of personality development;
9. Discuss principles and theories of learning;
10. Describe methods and techniques of behavior modification; and
11. Describe the principles of interviewing and counseling.

C. Nursing Sciences

A BSN Practitioner is able to:

1. Demonstrate knowledge of concepts of health;
2. Determine factors that affect health of individuals, families and communities;

3. Assess the health status of the individual, groups and community, using the epidemiological approach;
4. Describe disease surveillance including sources of surveillance information and its utilization in the planning and evaluation of health programs;
5. Use appropriate community resources in the provision of health care at primary, secondary and tertiary levels.
6. Apply knowledge of growth and development in the provision of health care;
7. Describe the assessment of clients who have interferences of physiological and psychosocial needs;
8. Discuss factors which alter the capacity of clients to satisfy physiological and psychosocial needs (e.g., lifestyle, environmental, psychosocial, biological);
9. Discuss effects of alterations in needs satisfaction to client's health status (e.g., fluid and electrolyte imbalance, shock, malnutrition, disturbed behavior patterns);
10. Discuss the most common types of disturbed behavior patterns evidence among Cambodia peoples;
11. Discuss measures which will assist clients to cope with alterations meeting physiological and psychosocial needs;
12. Explain the several treatment modalities used to correct needs interferences;
13. Interpret values of selected diagnostic tests in relation to specific health problems;
14. Collaborate with other team members, sectors and agencies in providing care for individuals, families and communities;
15. Coordinate with other team members, sectors and agencies in establishing appropriate referrals of clients;
16. Explain the dynamics in a community, which facilitate or hinder community participation;
17. Establish priorities and plans for intervention with individuals, families and communities based on analysis, community expectations, accepted standards of practice and available resources;

18. Determine priority care for high-risk individuals and vulnerable groups;
19. Design health programs for special groups (e.g., workers, aging and disabled);
20. Plan health education programs, which will assist individuals, families and communities to assume responsibility for their health;
21. Demonstrate knowledge of causes and effects of disequilibrium between individuals and their environment;
22. Integrate knowledge of bio-physical and behavioral sciences in the nursing care of clients with health problems;
23. Demonstrate knowledge of the responsibilities of the nurse in disaster management;
24. Demonstrate ability to prioritize in emergency situations;
25. Assist individuals, families and communities to develop skills to cope with and to take responsibility for their health care;
26. Execute health and family life education programs for individuals, families and communities;
27. Design education programs which emphasize promotion of health prevention of illness, restoration and rehabilitation;
28. Demonstrate beginning skills in developing, implementing and evaluating **teaching** plans for individuals, families and communities;
29. Describe roles and functions of health, health-related and social organizations and agencies in the region;
30. Demonstrate **professionalism** in the practice of nursing;
31. Adhere to the legal and ethical standards in the practice of nursing;
32. Explain implications of health laws in relation to health care individuals, families and communities;
33. Demonstrate knowledge of manifestations of pregnancy and of assessment and care of the woman, neonate and family throughout the **maternity** cycle;

34. Explain physiological and psychosocial changes in individuals and families in relation to pregnancy;
35. Discuss measures that will foster parental bonding;
36. Discuss the developmental tasks of families in relation to child-bearing and child-rearing practices;
37. Identify actual and potential problems that may occur in the pre-natal, intra-natal and post-natal periods and their related management;
38. Discuss the nurses' role in the management of patients with specific health problems;
39. Apply basic principles and techniques of administration/management nursing situations;
40. Use **communication skills** in recording and reporting **patient's** information;
41. Apply basic **research** methodology in solving health problems;
42. Examine results of health care for individuals, families and communities in terms of achievement of expected outcomes; and
43. Demonstrate the ability to perform safe **nursing care**.

A **list of competency contents on scientific foundations for nursing practice** is provided in [Appendix 3](#).

II. Provision of Nursing Care Services

Core competencies for nursing practice are related roles and responsibilities of nurses are defined by the Ministry of Health.

A BSN Practitioner applies systematic nursing process and performs appropriate clinical nursing procedures in order to provide patient care safely and effectively.

In this document, BSN Competency Statements are grouped into three inter-related components: (a) patient care, (b) nursing process, and (c) nursing procedures.

A. Patient Care

Nurses provide a range of care to patients and clients of all age groups, including mothers and children, and adults and aged persons.

1-Mothers and Children

A BSN Practitioner provides nursing care of:

- Women during pregnancy and after delivery;
- Women with complications of pregnancy, labor, delivery and post-partum period (high-risk conditions);
- The newborn (apgar scoring; newborn screening; maintenance of body processes such as oxygenation, temperature, etc.);
- High-risk newborn (prematurity; congenital defects; infections); and
- Women with disturbances in reproduction and gynecology

2- Adults and Aged Persons

A BSN Practitioner provides nursing care to adults and aged persons, including:

- Care of clients in pain;
- Perioperative care;
- Alterations in human functioning (Disturbances in Oxygenation; Metabolic and Endocrine Functioning, Elimination; Fluids and Electrolytes; Inflammation and Infection; Immunologic Functioning; Cellular Functioning; Client in Biologic Crisis; Emergency and Disaster Nursing);
- Disturbances in perception and coordination (Neurologic; Sensory; musculoskeletal; and Degenerative disorders); and
- Maladaptive patterns of behavior (Anxiety response and anxiety related disorders; psycho physiological responses; somatoform and sleep disorders; abuse and violence; emotional responses and mood disorders; schizophrenia and other psychotic and mood disorders; Social responses and personality disorders; Substance related disorders; Eating disorders; Sexual Disorders)

B: Nursing Process

Nursing Process is a tool or method for orderly and systematically organizing and delivering care or intervention. It is a scientific and clinical reasoning approach to client care.

A BSN Practitioner applies nursing process to provide consistent and continuous holistic quality of care, by identifying patients' health care needs, establishing nursing care plan so as to meet those needs, implementing the nursing intervention designed to meet the needs, and providing individualized care.

The nursing process has **five steps**, namely (1) assessment, (2) nursing diagnosis, (3) health care plans, (4) nursing care and (5) evaluation of patient care.

1: Assessment

The first step in nursing process is systematic collection of data to determine patients' health status and to identify any actual or potential health problems. In nursing assessment main sources of information about patients are patients, their family, and their previous medical records.

A BSN Practitioner:

- 1.1. Engages patients in a systematic and comprehensive assessment of physical, emotional, spiritual, cultural, cognitive, developmental, environmental, and social needs;
- 1.2. Uses appropriate assessment tools and techniques in consultation with patients and other health care team members; and
- 1.3. Collects information on patient status using assessment skills of observation, interview, history taking; interpretation of laboratory data; mental status assessment; and physical assessment, including inspection, palpation, auscultation, and percussion.

2: Nursing Diagnosis

The second step in nursing process is identification of problems that can be managed by independent nursing interventions. It serves mainly to identify nursing priorities and direct nursing interventions to meet the client's high priority needs.

A BSN Practitioner:

- 2.1. Analyzes and interprets data obtained in patient assessments to draw conclusions;
- 2.2. Identifies patients' health problems (or signs and symptoms) and underlying causes, based on systematic critical inquiries; and
- 2.3. Collaborates with patients and the health care team to identify actual and potential patient health care needs.

3: Nursing Care Plan

The third step in nursing process is the development of goals and a plan of care designed to assist the patient in resolving the diagnosed problems. Plan of nursing care consists of (1) setting priorities, (2) establishing expected outcomes, and (3) selecting nursing interventions.

A BSN Practitioner:

- 3.1. Uses critical inquiry to support professional judgment and reasoned decision-making to develop health care plans;
- 3.2. Uses principles of primary health care in developing health care plans;
- 3.3. Engage patient and his/her family in developing patient health care plan;
- 3.4. Consult other members of the health care team in developing patient health care plan; and
- 3.5. Develops an appropriate patient health care plan.

4: Implementation of Nursing Care Plans

The fourth step in nursing process is implementation of the plan of care through nursing interventions.

A BSN Practitioner:

- 4.1. Implements nursing care according to defined patient health care plan by performing nursing interventions (Clinical Nursing Procedures) effectively and timely;
- 4.2. Recognizes, seeks immediate assistance, and then helps others in a rapidly changing situation that could affect patient health or safety (such as myocardial infarction, surgical complications, acute neurological event, shock, acute respiratory event etc.);
- 4.3. Provides supportive care to patients with chronic and persistent health challenges (e.g., mental health issues, problematic substance use, cardiovascular conditions, and diabetes);
- 4.4. Applies knowledge consistently when providing care for physiological and psychological needs to prevent development of complications (such as optimal ventilation and respiration; circulation; fluid and electrolyte balance; pain management; adverse medication effects etc.)
- 4.5. Applies safety principles, evidence informed practices, infection control measures and appropriate protective devices when providing nursing care to prevent injury to patients, self, health care team, other workers and the public;
- 4.6. Implements strategies for safe and appropriate administration and use of medications;
- 4.7. Demonstrates environmentally responsible practice (such as safe waste disposal, efficient energy and recycling);
- 4.8. Manages therapeutic interventions safely (e.g., positioning; intravenous therapy; drainage tubes; skin and wound care; and psychosocial interaction);
- 4.9. Applies evidence informed practices of pain prevention and management with patients using pharmacological and non-pharmacological measures;
- 4.10. Prepares the patient for diagnostic procedures and treatments; provides post-diagnostic care; performs procedures; interprets findings; and provides follow-up care where appropriate;

- 4.11. Provides nursing care to meet hospice, palliative or end-of-life care needs (e.g., pain and symptom control; spiritual support; and advocacy);
- 4.12. Collaborates with other health team members in implementing strategies to prevent illness and injury (e.g., communicable diseases, violence, abuse, neglect, problematic substance use, mental health issues, community disasters, and emergencies);and
- 4.13. Provide health education to patients and families to promote health and prevent diseases.

5: Evaluation of Patient Care

The last step in nursing process is determination of the patient's responses to the nursing intervention and the extent to which the goals have been achieved.

A BSN Practitioner:

- 5.1. Uses critical inquiry to timely evaluate patient care;
- 5.2. Monitors the effectiveness of patient care in collaboration and consultation with individuals, families, groups and communities, and other members of the health care team;
- 5.3. Modifies and individualizes patient care based on the emerging priorities of the health situation, in collaboration with patients and other members of the health care team;
- 5.4. Verifies that patients have received and understand essential information and skills to be active participants in their own care; and
- 5.5. Reports and documents accurately and timely patient care and its ongoing evaluation.

C. Clinical Nursing Procedures

A BSN Practitioner performs skillfully appropriate clinical nursing procedures in order to provide safe and effective nursing care to patients.

Competencies for clinical nursing procedures include the followings:

- Admission, Transfer, and Discharge of patient;
- Observation and Recording Signs and Symptoms of the Patient;
- Specimen Collection;
- Bed Making;
- Personal Hygiene and Skin Care;
- Cold and Heat Application;
- Patient Positioning;
- Nutrition and Metabolism;
- Elimination of Gastro Intestinal and Urinary Outputs;
- Medication Administration;
- Wound Cares;
- Pre and Post-operative Nursing Cares; and
- Care of the Dying and Post-mortem Care.

When performing any nursing procedures, a BSN Practitioner takes the following measures:

1. Performs medical or surgical asepsis as appropriate, including hand washing before and after any procedure; use of effective sterile technique when changing dressings, administering parental medications, and performing surgical and other procedures such as urinary catheterization;
2. Explains procedure to patients before starting any procedure and observes patients' reaction during the procedure;
3. Gives privacy to patients according to the procedure;
4. Assembles necessary equipment before starting the procedure, takes care of all used equipment and returns to their proper place; and
5. Records the procedure at the end.

A list of **competency contents** for **clinical nursing procedures** is provided in Appendix 5.

III. Professional and Personal Behaviors

A BSN Practitioner displays **behaviour**, which reflects the accepted criteria for the profession, and recognizes the practice of nursing as an intellectual discipline, which requires commitment to service and a positive attitude towards learning as a lifelong responsibility.

A. Attitudes, Ethical and Legal Responsibilities

1. Professional Attitudes:

A BSN Practitioner respects patients' autonomy and rights, without any discrimination, and treat them with care and compassion; and shows due respect to colleagues and professional bodies, and health authorities.

2. Ethical Principles and Standards:

A BSN Practitioner complies with contemporary medical ethics and the main ethical principles of autonomy, beneficence, non-maleficence and justice; and applies principles of confidentiality, truthfulness and integrity in daily practice.

A BSN Practitioner demonstrates appropriate patients caring behaviours, respects and preserves patients' rights based on professional codes of ethics (e.g., safe, compassionate, competent and ethical care; informed decision making; dignity; privacy and confidentiality; and accountability), and maintains patient confidentiality in all forms of communication.

3. Legal Responsibilities:

A BSN Practitioner complies with Cambodia's law and regulation, and participates in a variety of professional activities related to the practice of registered nurses as required by MoH and other relevant health authorities.

4. Patient Consent:

A BSN Practitioner puts in practice the principles of informed consent for patient care, diagnostic and therapeutic procedures (including consent for care, refusal of treatment, and release of health information), screening and research (by giving clear explanations about their purposes, benefits, risks, and alternatives).

B. Communication

A BSN Practitioner communicates effectively with:

1. patients (and relatives) by:

- giving explicit explanations and/or instructions, and obtaining informed consent;
- dealing effectively with complaints and other difficult circumstance including breaking bad news, discussing sensitive issues, and discussing with difficult/ violent patients; and
- providing education in health promotion and disease prevention

2. colleagues by passing on and sharing information as appropriate.

C. Service to the Public

A BSN Practitioner:

1. Practices within the boundaries of nursing profession of the healthcare system in Cambodia, and fulfills the duties of a nurse as defined by the moh and Cambodian Nursing Council, including primary, secondary and tertiary care;

2. Appreciates the value of research in nursing practice and takes opportunities to undertake research projects in collaboration with colleagues and researchers;

3. Provides training to nursing students and health education to patients and the community;

4. Manages people and resources; and

5. Works with other healthcare professionals in the context of patient care in order to better develop team-working, leadership and facilitative skills.

D. Professional development

A BSN Practitioner is required to develop and be responsible for their continuous education (life long learning) with purpose to improve their skills and capacities as a means to promote profession and vocational skill in their community. It is expected that this requirement will become obligations of BSN practitioners in Cambodia.

Curriculum and measures for continuous training will be organized and implemented by Cambodian Nursing Council. A BSN practitioner listed will be allowed to implement this request and submit any evidence of continuous training to Cambodian Nursing Council so as to keep their names in nursing council list.

A BSN practitioner shall:

- Commit to life long learning;
- Define basic needs for learning and capacity development;
- Involve in continuous capacity development;
- Effectively study to achieve defined need of training; and
- Update knowledge and skill.

Appendix 1: List of WG Participants

1. Prof. KRUY LeangSim,	Under-State Secretary, MoH	Chairman
2. Ms SOM Sopheaktry,	Dep Higher Ed., Min Ed.	Vice-chairman
3. Mr CHAU Sing,	HRD Dept., MoH	Vice-chairman
4. Ms CHHENG Chan Nary,	NEC Secretariat	Secretary
5. A/Prof. IEAM Sophal,	Dir. TSMC, UHSC	Member
6. A/Prof. TAN Ngy,	Dep Dir., TSMC, UHSC	Member
7. Mr LIM Vuthy,	TSMC, UHSC	Member
8. Mr. HUN SereyVathana,	TSMC, UHSC	Member
9. Prof. LIM Sun Ly,	IU	Member
10. Dr. NGETH Buntha,	IU	Member
11. A/Prof. CHAN Sovandy,	IU	Member
12. Mr. PHENG Chamroeun,	IU	Member
13 A/Prof. NIM Mealea,	HSI, Min Natl Def.	Member
14. A/Prof. HING Kong,	HSI, Min Natl Def.	Member
15. A/Prof. SAR Lim Khorn,	HIS, Min Natl Def.	Member
16. A/Prof. SAO Sea,	HIS, Min Natl Def.	Member
17. Mr MOUL Chantha,	Chenla U.	Member
18. Dr Y Maly,	Chenla U.	Member
19. Mr. BUN SeangKhim,	Chenla U.	Member
20. Mr. SEK Sophon,	Life U.	Member
21. Dr. SAT Mutha,	Life U.	Member

Appendix 2: List of SC Members

1. HE Prof THIR Kruey,	State Secretary, MoH	Chairman
2. HE Prof. YIT Sunnara,	Under-State Secretary, MoH	Vice-chairman
3. HE LY Somuny,	Under-State Secretary, Min. Education YS	Vice-chairman
4. HE MAO Bun Nin,	Vice General Secretary, ACC	Member
5. Prof. KEAT Phuong,	Head of NEC Secretariat	Permanent Member
6. Dr PHUM Sam Song,	Vice Head of NEC Secretariat	Member
7. Ms. MAK Nang,	NEC Secretariat	Member
8. Dr. TOUCH SokNeang	NEC Secretariat	Member
9. Dr. VENG Chhay	NEC Secretariat	Member
10. Ms CHHENG Chanary	NEC Secretariat	Member
11. Mr. UNG ChhayPor	NEC Secretariat	Member
12. Mr. KAK Rachna	NEC Secretariat	Member
13. Mr. MEAS Vantha	NEC Secretariat	Member
14. Dr BUN Sriv	NEC Secretariat	Member
15. Ms. LIM Rath Neary	NEC Secretariat	Member
16. Prof. YOUK Sophana	Rector, UHSC	Member
17. Prof. SAPHON Vathanak	Vice Rector, UHSC	Member
18. Dr SOEUN Sambath	International University	Member
19. Dr. TUN Sok Sambath	International University	Member
20. A/Prof. KEM Khatary	HIS, Min Natl Defense	Member
21. A/Prof. LUK Savang	HIS, Min Natl Defense	Member
22. Mr SRUN Chyvoan	Life University	Member
23. Mr. CHRIN Mak	Life University	Member

Appendix 3: Roles and Functions of Nurses

Roles and functions of nurses defined by the Ministry of Health in 1997:

A. A nurse who provides out-patient service:

- Keeps outpatients records;
- Provides essential care to patients and keeps record all of treatment;
- Assists physicians in management of patients;
- Follows doctors instructions on patients care;
- Provides health education to patients and families;
- Prepares patients for admission;
- Prepares equipment and assists in minor surgery carried out by doctors; and
- Resuscitates patients during emergency in absence of doctors.

B. A nurse who delivers in-patient service:

- Educates patients and family on disease prevention and control;
- Admits patients in the ward, prepares patient records and comforts patient and family;
- Informs physicians about admitted patients with acute emergency and resuscitates patients until physicians arrive;
- Assists physicians in examination of patients and helps to explain patients and family about the use of medicines or other means of treatment;
- Monitors patients in the ward;
- Reviews daily the patients' progress and reports to doctors on duty;
- Informs physicians of any major change of patient's conditions;
- Assures that all information in the patient's record are correctly written;
- Handovers all patients information to the coming on duty nurses;
- Participates in supervision of drugs in the ward;
- Prepares and explains patients before any intervention or procedure;
- Advises patients on correct diet;
- Explains patients and their family about patient's condition;
- Advises patients and their family about diet and care at home after hospital discharge; and
- Disinfects medical equipment and material for further use.

Appendix 4: Content on Skill Capacity of Scientific Foundations for Nursing Practice

A-Biomedical Sciences

1-Anatomy and Physiology

Structure and function of major body systems; integumentary, muscular skeletal, cardiovascular, lymphatic, respiratory, digestive, nervous, endocrine, urinary, reproductive and body fluid and electrolytes systems;

2-Biology, Biochemistry and Biophysics

- Cell functions;
- Concept of homeostasis;
- Cardiac and circulatory dynamics;
- Diffusion and osmosis (exchange of gases; movement of body water; fluid and electrolyte balance);
- Immunological response (immunity; hypersensitivity; auto-immunity);
- Process of reproduction
- Metabolic process (ingestion; digestion; absorption; secretion; assimilation; elimination); and
- Sensation and Integration (Neural, hormonal and sensory regulations)

3-Pathology/Pathophysiology

- Principles and mechanisms of disease including inflammation and repair, disturbances and hemodynamic, developmental defects, and neoplasia; and
- Pathophysiology of disease states amenable to nursing intervention

4-Microbiology

- General principles of microbial concepts;
- Principles of infectious disease;
- Host-parasite relationships;
- Pathogenic micro-organisms of man;
- Inflammatory responses to infectious agents;
- Clinical aspects of infection;
- Growth conditions;
- Modes of transmission; and
- Control measures

5-Nutrition

- Types, sources and functions of foods and nutrients;
- Nutritional needs and individuals along the life cycle; and
- Concepts of diet therapy, modifications of normal dietary needs, energy and nutrients

6-Pharmacology

- Categories of drugs;
- Drug actions;
- Indication of drugs;
- Adverse responses to drugs;
- Variables influencing drug actions;
- Storage of drugs; and
- Drug standards and legislation

7-Ecology

- Effects of Urbanization and Industrialization (Pollutants and their effects on air, water, land and space; Monitoring and control of pollutants and pollution); and
- Effects of natural and man-made Disasters

B. Behavioral Sciences

1-Sociology

- Family Structure and Functions in Cambodia
- Factors affecting Family Units (Cultural beliefs and practices; Social organizations and institutions; Socioeconomic); and
- Community dynamics

2- Psychology

- Theories of Growth and Development;
- Developmental Tasks;
- Needs Theory;
- Theories of Personality Development;
- Dynamics of Human Behavior;
- Principles and Theories of learning; and
- Principles of Interviewing and Counseling

C. Nursing Sciences

1-Health

- Concepts of health;
- Epidemiological approach;
- Level of health care; and
- Level of prevention

2-Growth and Development

- Stages in the Life Cycle; and
- Developmental Tasks

3-Needs and Their Satisfaction along the Life Cycle

- Physiological; and
- Psychosocial

4-Factors Affecting Needs Satisfaction/Health

- Biological (Physiological functions);
- Psychosocial (Coping behavior, Socio-cultural, Political, Economic, Population dynamics);
- Environmental (Ecology, Housing, Vectors, Sanitation); and
- Lifestyle (Substance abuse, Health practices, Dietary habits, Hobbies, Religious practices, Work habits)

5-Needs Alterations

- Loss, Stress, Changes in body image;
- Pain, Sensory deprivation, Immobility;
- Fluid and electrolyte imbalance; and
- Disturbed patterns of behavior

6-Indicators of Community Health

- Socio-politico-cultural environment;
- Economy;
- Ecological and environmental conditions;
- Disease prevalence;
- Groups at risk;
- Lifestyle of groups;
- Community resources;
- Health legislation; and
- Availability, accessibility and utilization of health-related services

7-Health Programs for Special Groups

- School health;
- Occupational health; and
- Services for the elderly, the disabled and others

8-Role of the Nurse in Disaster Preparedness and Management

- Pre-disaster planning;
- Mobilization of resources; and
- Management of mass casualties (First aid, Triage, Crisis prevention, Post-disaster planning, Record keeping, Post-disaster surveillance)

9-Teaching and Learning Process

- Principles of teaching and learning
- Principles of adult education
- Principles of health teaching and counseling

10-Communication Process

- Principles ;
- Techniques ;
- Therapeutic communication ;
- Interviewing;
- Reporting; and
- Recording

11-Health and Families Life Education

- Family relationships;
- Preparation for parenthood;
- Family spacing; and
- Sexuality

12-The Profession of Nursing

- Factors influencing the development of nursing (Political, Socio-economic, Technological, Scientific);
- Ethical and legal practice of nursing; and
- Professional organizations

13-Health and Health-Related Organizations and Agencies at National and International Levels

- Governmental, Non-governmental, Private

14-Pregnancy

- Changes in family unit due to pregnancy (Psychosocial, Physiological);
- Manifestations of pregnancy;
- Health appraisal and care throughout the maternity cycle; and
- Complications and conditions of pregnancy in the antenatal and postnatal periods

15-Administration/Management

- Principles and techniques of administration and management;
- Elements of supervision; and
- Change process

16-Application of Basic Research Methodology in Solving Health Problems

- Steps in research methodology;
- Factors affecting quality of research; and
- Application of research process to nursing practice

Appendix 5: Competency Contents on Clinical Nursing Procedures

A-Admission, Transfer, and Discharge of patient

- Orientation and admission of a new patient;
- Transfer of patients to another unit or refer patients to a higher health care facility for better diagnostic and therapeutic actions; and
- Discharge of patients

B-Observation and Recording Signs and Symptoms of the Patient

- Temperature: measuring body temperature (Oral, rectal, axillary, tympanic);
- Pulse: assessing radial pulse rate, rhythm, and volume;
- Respiration: assessing respiration rate, rhythm, and depth;
- Blood pressure: assessing blood pressure to obtain base line measure of arterial blood pressure; for subsequent evaluation; to determine patients' hemodynamic status; to identify and monitor changes in blood pressure resulting from a disease process and medical therapy; and
- Other Signs and Symptoms of the Patient as prescribed by physicians

C-Specimen collection

- Stool specimen;
- Urine specimen: clean voided urine specimen (also called clean catch or midstream urine specimen); sterile urine specimen using a catheter in aseptic technique; timed urine specimen;
- Sputum and other fluid secretion; and
- Blood specimen (veins, capillaries and arteries)

D-Bed making

- Bed making for a patient unable to get out of bed (to provide comfort and to facilitate movement of the patient);
- Bed making for a patient recovering from anaesthesia (to facilitate transfer from stretcher to bed); and
- Bed making for a patient with amputation, fracture and heart problem

E-Personal hygiene and skin care

- Mouth care;
- Bathing: Cleansing or therapeutic;
- Perineal care/ hygiene; and
- Hair cares: Hair washing and pediculosis treatment

F-Cold & heat application

- Heat application; tepid sponging i.e. skin sponging with alcohol and cool water (to relieve pain, muscles spasm, and swelling); and
- Cold application (to relieve pain; reduce swelling/ inflammation/ fever)

G-Patient Positioning

- Positions for promoting comfort, restoring body function, preventing deformities, relieving pressure, preventing muscle strain, restoring proper respiration and circulation;
- Positions for examination; and
- Positions for treatment/ nursing care (e.g. to maximize the drainage of secretions)

H-Nutrition and metabolism

- Procedures to maintain fluid electrolyte balance;
- Procedures for ensuring nutritional maintenance;
- Nasogastric tube insertion and feeding; and
- Assistance in total parenteral alimentation

I-Elimination of Gastro Intestinal and Urinary Outputs

- Procedures to eliminate gastro-intestinal and urinary outputs for cleansing, therapeutic, and diagnostic purposes:
- Gastric lavage and aspiration;
- Enema (introduction of fluid into rectum and sigmoid colon); and
- Urinary catheterization (introduction of a catheter through the urethra into the urinary bladder)

J-Medication Administration

- Oral drug administration;
- Suppository;
- Topical applications;
- Single-dose ampoule: powder & solution preparation;
- Subcutaneous injection;
- Intramuscular injection;
- Intravenous injection;
- Continuous/intermittent infusion of intravenous drugs;
- Blood transfusion;
- Dissection of a vein for inserting I.V cannula or needle;
- Administration of vaginal medications;
- Administration of ophthalmic medication;
- Ear drop administration;
- Administration of oxygen by: mask, nasal catheter, tent;
- Inhalation: Steam, inhaler;
- Administration of nasal drop; and
- Administration by inhalation using a metered dose inhaler

K-Wound cares

- Dressing of clean and septic wounds;
- Care for the patient with draining wound;
- Wound suturing and irrigation; and
- Clip application and removal

L-Pre and post-operative nursing cares

Pre-operative care:

- Physical and psychological preparation the day before surgery, in order to prepare the patient emotionally, mentally and physically for surgery, and to prevent any complication before, during and after surgery.

Post- operative care:

- General postoperative measures such as: obtaining vital sings, assessing level of consciousness, assessing surgical pain;
- Reporting and documenting post-operative complication; and
- Assessing for patient air way

M-Care of the dying and Post-mortem care

Care of the dying:

- Minimizing the client's discomfort including assistance in moving, bathing and personal hygiene, and
- Administering appropriate pain medications

Care after death:

- Reassuring relatives of the dying patient;
- Providing care for the dead body with respect;
- Transferring the dead body to morgue or his house; and
- Preventing spread of infection

Appendix 6: List of Reviewed Documents

- Australian Nursing Federation (2005): Competency standards for registered and enrolled nurses in general practice

- Canadian Nurse Practitioner Core Competency Framework (2010)
(http://www.cna-nurses.ca/CNA/documents/pdf/publications/Competency_Framework_2010_e.pdf)

- Competencies in the Context of Entry-level Registered Nurse Practice in British Columbia
(<https://www.crnbc.ca/Registration/Lists/RegistrationResources/375CompetenciesEntrylevelRN.pdf>)

- Professional Regulation Commission-Board of Nursing: Nursing Licensure Examination Test Plan and Scope of Examination
(<http://nurseslabs.com/nursing-board-exams/nursing-licensure-examination-philippines-test-plan-scope-of-examination/>)

- National Core Competency Standards for Filipino Nurses, Revised May 2009

- Commission on Higher Education, CMO 2009: Policy and Standard for Bachelor of Science in Nursing (BSN) Program

- WHO Western Pacific and South East Asia Regions: Common Competencies for Registered Nurses

- Western Pacific and South East Asian Region Common Competencies for Registered Nurses
(<http://www.anmc.org.au/docs/WPSEAR/Publications/Competency%20standards%20WPSEAR.pdf>)