



# WHO Europe Occupational Health Nursing Curriculum

WHO European Strategy for Continuing Education for Nurses and  
Midwives

2003

## Keywords

EDUCATION, NURSING, CONTINUING  
STRATEGIC PLANNING  
CURRICULUM  
OCCUPATIONAL HEALTH  
EUROPE

Address requests about publications of the WHO Regional Office to:

- *by e-mail*
  - [publicationrequests@euro.who.int](mailto:publicationrequests@euro.who.int) (for copies of publications)
  - [permissions@euro.who.int](mailto:permissions@euro.who.int) (for permission to reproduce them)
  - [pubrights@euro.who.int](mailto:pubrights@euro.who.int) (for permission to translate them)
- *by post*
  - Publications
  - WHO Regional Office for Europe
  - Scherfigsvej 8
  - DK-2100 Copenhagen Ø, Denmark

© World Health Organization 2003

All rights reserved. The Regional Office for Europe of the World Health Organization welcomes requests for permission to reproduce or translate its publications, in part or in full.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Where the designation “country or area” appears in the headings of tables, it covers countries, territories, cities, or areas. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers’ products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

The World Health Organization does not warrant that the information contained in this publication is complete and correct and shall not be liable for any damages incurred as a result of its use. The views expressed by authors or editors do not necessarily represent the decisions or the stated policy of the World Health Organization.

## CONTENTS

	<i>Page</i>
Introduction .....	1
Context .....	1
The need for a Continuing Education Strategy .....	1
The aim and purpose of the Continuing Education Strategy .....	2
Background to the Continuing Education Strategy .....	2
The Health Care context .....	4
The Occupational Health Nursing Curriculum.....	6
1. Occupational Health Nursing.....	6
1.1 Definition of Occupational Health Nursing and the Occupational Health Nurse.....	7
2. The Occupational Health Nursing course .....	7
2.1 Aims .....	7
2.2 Structure, length and mode of delivery.....	8
2.3 Entry requirements .....	8
2.4 Competencies or learning outcomes.....	9
2.5 Curriculum Content .....	9
2.6 Teaching/learning and assessment strategies.....	10
2.7 Supervision of practice .....	11
2.8 Optimum student intake and teacher/student ratio .....	11
2.9 Accreditation with ECTS points.....	11
2.10 Quality control and evaluation .....	12
3. Teachers and mentors.....	12
4. Location of the course.....	13
5. Qualification on successful completion of the course.....	13
6. Course content – Modules One to Seven .....	13
MODULE ONE .....	16
MODULE TWO .....	18
MODULE THREE.....	21
MODULE FOUR.....	23
MODULE FIVE.....	26
MODULE SIX .....	28

MODULE SEVEN.....	30
References .....	33
Bibliography.....	34
Glossary.....	35
Acknowledgements .....	39

## Introduction

This Occupational Health Nursing curriculum has been prepared for WHO Europe as one of several post-qualifying curricula, requested by some Member States, to assist them in their progress towards implementation of the WHO European Region Continuing Education Strategy for Nurses and Midwives (WHO 2003). The Occupational Health Nursing curriculum document therefore commences with a description of the context for the Continuing Education Strategy.

## Context

The WHO European Region Continuing Education Strategy for Nurses and Midwives is set firmly within the context of the Second WHO Ministerial Conference on Nursing and Midwifery in Europe, which addressed the unique roles and contributions of Europe's nurses and midwives in health development and health service delivery (WHO 2001). At that Conference of Ministers of Health of Member States in the European Region, the Munich Declaration "Nurses and Midwives: A Force for Health" (WHO 2000a) was signed, and this key document, together with the WHO European Strategy for Nursing and Midwifery Education (WHO 2000) form the context for the Continuing Education Strategy.

## The need for a Continuing Education Strategy

Nurses and midwives together constitute the largest proportion of the health care workforce in all Member States of the WHO European Region, numbering approximately six million at the start of this new century. The service they provide covers 24 hours of every day of the year. It is imperative that they are competent to provide the highest quality of nursing and/or of midwifery care. In order to do this, their initial nursing and midwifery education must be such that the people of their nation can be assured of their competence to practise on entry to their professions of nursing and midwifery, and that the foundation has been laid for them to continue to learn throughout their professional lives. Maintenance and further development of competence is essential to the ongoing provision of high quality nursing and midwifery care. In the rapidly changing health care services of today, with the knowledge explosion and the impact of technology upon health care, many nurses and midwives are increasingly called upon to work in expanded, specialist and/or advanced practice roles. The WHO European Strategy for Continuing Education for nurses and midwives has been developed in order to assist Member States to ensure the continuing competence of their nursing and midwifery workforce. In some cases this will be by developing new knowledge for specialist fields of clinical nursing and midwifery practice, in others by deepening their knowledge of an existing field of practice, and in yet others by gaining new competencies in the field of nursing and/or midwifery education, management or research.

The Continuing Education Strategy does not stand alone. Firstly, it builds upon the firm foundation provided by the WHO European Strategy for Nursing and Midwifery Education (WHO 2000), in which the link between initial and continuing education is clearly stated.

The initial programme of education must prepare nurses and midwives who are not only competent to practise in today's health services, but who value and are committed to maintaining that competence. This they will achieve through continuing to update their knowledge, skills and

attitudes, in order that they can continue to meet the changing health priorities and needs of the people of the Member States (WHO 2000).

Secondly, its principles are in harmony with continuing education developments in nursing more generally in Europe and worldwide and with the growth of specialization in nursing. The International Council of Nurses (ICN) considered specialization as implying a deeper level of knowledge and skill in a specific aspect of nursing than would be acquired in initial nursing education (International Council of Nurses 1987 and 1992). The European Commission's Advisory Committee on Nursing (Commission of the European Communities 1994) recommended that specialist educational preparation was necessary in order to prepare qualified nurses to continue to meet the changing and increasingly complex needs of patients for whom advanced technology was enabling new treatment regimes, with resulting advanced practice roles for nurses. ENNO, the European Network of Nursing Organizations (2000) advocates a European Framework for Specialist Nursing Education, in recognition of the reality that the field of nursing knowledge and skills has become too vast and complex for any one individual to master in full. If quality of care is to be ensured, then specialization within nursing is essential, and they cite European Directives 89/48/CEE and 92/51/EEC, as amended in 1997, as the directives which are appropriate for specialist nurses (European Network of Nursing Organizations 2000).

## **The aim and purpose of the Continuing Education Strategy**

The key aim of the strategy is to ensure fitness for purpose of each Member State's nursing and midwifery workforce. Ongoing competence to practise can only be achieved by a commitment to lifelong learning on the part of all nurses and midwives. However, that personal and professional commitment can only be realized if each Member State accepts its obligation to ensure, or set in place plans to ensure that opportunities for continuing education are provided, and that the requirement for nurses and midwives to maintain their competence is regulated under legislation, in order to support safe, up-to-date and evidence-based practice.

The purpose of the Continuing Education Strategy is therefore twofold; it is both visionary and pragmatic. It provides the vision that will help shape the philosophy of continuing education in nursing and in midwifery, often termed continuing professional development, and it outlines and/or confirms some fundamental guiding principles. If followed, these principles should enable Member States to set up, or further develop existing systems of continuing education. In turn, this will enable nurses and midwives to maintain their competence and so feel confident that their knowledge, skills and attitudes are "fit for purpose" in the multiprofessional team in the health care services of which they are an essential part.

## **Background to the Continuing Education Strategy**

Of crucial importance to the implementation of the Continuing Education Strategy is the implementation by Member States of the WHO Education Strategy for initial nursing and midwifery education. Of equal importance is the belief, which underpins both strategies, that education and practice are very closely related. Education and practice must move ahead together, in mutual respect and partnership, with shared values and goals. This is essential to the provision of an appropriate quality of cost-effective and efficient nursing and midwifery care and of health promotion for all the people of the Member States of the WHO European Region. This progress and partnership must be achieved within the changing structures of health care priorities

and provision in the different Member States, many of which are undergoing major political, economic, social and demographic change and are in the midst of health care reforms. Although some of these differences can be significant, the shared values were clearly demonstrated at the Second WHO Ministerial Conference on Nursing and Midwifery in Europe (WHO 2001) when, in The Munich Declaration (WHO 2000a), Ministers of Health stated their belief that:

Nurses and midwives have **key and increasingly important roles** to play in society's efforts to tackle the public health challenges of our time, as well as in ensuring the provision of high quality, accessible, equitable, efficient and sensitive health services which ensure continuity of care and address people's rights and changing needs (WHO 2000a).

In the "Munich Declaration" which was issued by Ministers at the Conference all relevant authorities were urged to "step up their action" in order to strengthen nursing and midwifery by:

- ensuring a nursing and midwifery contribution to decision-making at all levels of **policy** development and implementation;
- addressing the **obstacles**, in particular recruitment policies, gender and status issues, and medical dominance;
- providing financial incentives and opportunities for **career advancement**;
- improving initial and continuing **education** and access to higher nursing and midwifery education;
- creating **opportunities for nurses, midwives and physicians to learn together** at undergraduate and postgraduate levels, to ensure more cooperative and interdisciplinary working in the interests of better patient care;
- supporting research and dissemination of information to develop the **knowledge and evidence base** for practice in nursing and midwifery;
- seeking opportunities to establish and support **family-focused community nursing and midwifery** programmes and services, including, where appropriate, the Family Health Nurse;
- enhancing the roles of nurses and midwives in **public health, health promotion and community development** (WHO 2000a).

Of the above actions, those of direct relevance to the Continuing Education Strategy are the need to improve continuing education and access to higher nursing and midwifery education; to create opportunities for nurses, midwives and physicians to learn together at both undergraduate and postgraduate levels in order to ensure more cooperative and interdisciplinary working in the interests of better patient care; to support research and dissemination of information in order to develop the knowledge and evidence base for practice; to provide financial incentives and opportunities for career advancement; and to ensure nurses and midwives contribute to decision-making at all levels of policy development and implementation.

On a worldwide basis, at the Fifty-fourth World Health Assembly in May 2001, delegates from the 191 countries present stressed the crucial and cost-effective role of nurses and midwives in reducing mortality, morbidity and disability in populations, in caring for those who are ill and in promoting healthier lifestyles (WHO 2001a).

If nurses and midwives are to fulfil these key roles to their maximum potential, if they are to work effectively in partnership with others in the health care team, then it is imperative that they build systematically upon their initial nursing and midwifery education, continuing their professional education in ways which ensure they maintain competence to meet the needs of the people of their nations for health care.

## **The Health Care context**

As the Continuing Education Strategy was being prepared, all governments across Europe continued to face a wide range of complex health problems. Although in each Member State the existence and the severity of these problems varies, they include environmental pollution; the increasing gap between the rich and the poor; unacceptable levels of maternal and child morbidity and mortality; and a resurgence of diseases thought to have been conquered such as, for example, tuberculosis, cholera, typhoid fever and malaria. There are increases in the level of chronic illness, including cancer, cardiovascular diseases and mental health disorders; in lifestyle-related problems such as unhealthy diet, lack of exercise, smoking, alcohol and substance misuse and in sexually transmitted diseases. In some parts of the Region, wars and ethnic conflict continue to cause intense suffering, increasing numbers of refugees and homeless people and disruption to society's essential infrastructures. There are also the major challenges for health care systems which are inherent in the changing demography, i.e. the steady increase in the proportion of elderly people in the population which, in some Member States, is compounded by a gradual decrease in the proportion of those who normally contribute to the gross domestic product through working.

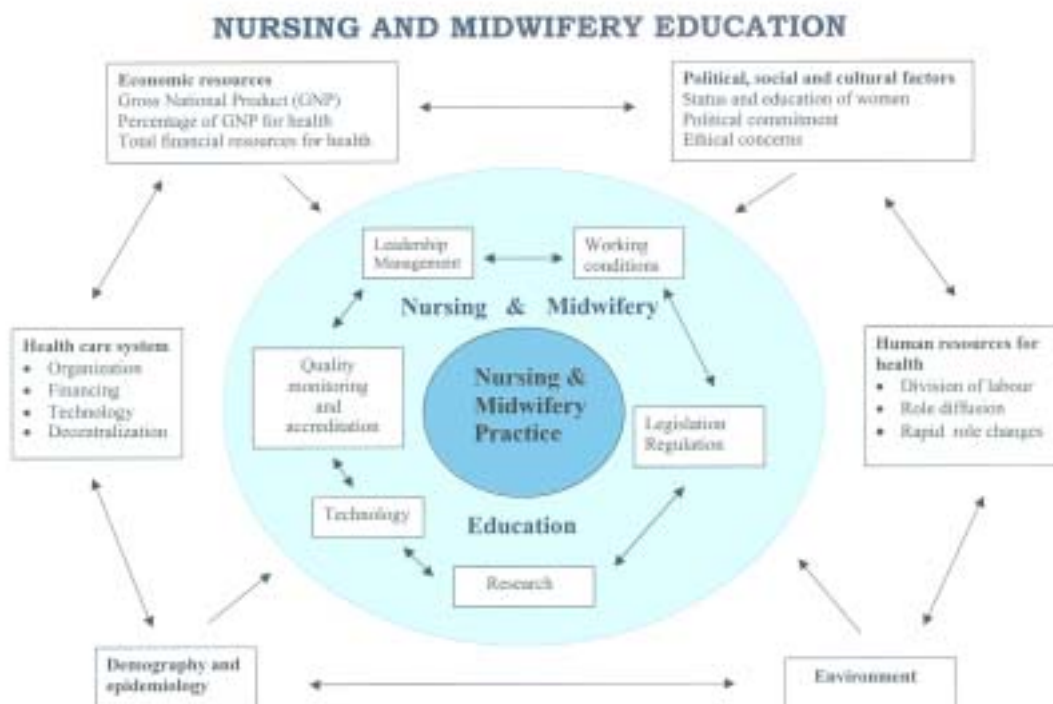
The future is likely to see continuing reforms of the health sector. These include a greater involvement of citizens and the community in decision-making about care; more people cared for at home and therefore a growing demand for community-based health services; a steady increase in the availability of new treatments and therapies; increasing costs of providing care; and more and more ethical challenges. However, whatever the reforms and changes, care which is centred upon the individual will remain the starting point of the health care organization and of the work of all nurses and midwives.

Continuing advances in practice, in the evidence base and in the quality of care required make it imperative that the capabilities of the nursing and midwifery workforce are regularly updated, and that there is a commitment by Member States to ensure provision of appropriate continuing education. Effective implementation of the role of the nurse and of the midwife as outlined in the Strategy for Nursing and Midwifery Education is the essential first step. Effective implementation, or setting in place of plans to achieve implementation of the Strategy for Continuing Education is also essential if the workforce is to be prepared for the necessary specialist and advanced practice roles which the developments outlined above demand. Member States will be required to regularly evaluate and, if necessary, update their existing continuing education provision, to keep pace with the priority of maintaining a nursing and midwifery workforce which is fit for purpose, and which remains fit for purpose.

Just as "health care does not take place in isolation from political, economic and cultural realities" (WHO 1996), so nursing and midwifery education and practice do not take place in isolation from the political, social, economic, environmental and cultural realities of the Member States; neither must they be seen in isolation from the various stages of health care reform and the dynamic nature, or otherwise, of progress. Figure 1 depicts that complexity.



Figure 1. The dynamic context of nursing and midwifery education  
Adapted from WHO 1996



Likewise, nurses and midwives do not practise in isolation from their colleagues in the other health care professions. Although each profession contributes unique knowledge and skills to health promotion, the care of patients and to the health care system as a whole, there is a need for much more multidisciplinary and interdisciplinary work, in a spirit of recognition and respect for each other's authority, responsibility, ability and unique contribution. Thus, nurses and midwives must continue to build upon their initial professional education so as to continue to take their full part as members of the multiprofessional health care team, sharing both in decision-making and, when appropriate, in taking responsibility for leadership of the team and for the outcomes of the work of the team.

The Member States of the WHO European Region need well prepared, up-to-date, competent nurses and midwives, who participate in lifelong learning and who are able to work confidently, maintaining professional standards of care as the sound basis for multiprofessional collaboration and partnership with patients, healthy individuals, families and communities.

# The Occupational Health Nursing Curriculum

All Member States are reminded that this is a sample curriculum. It should be used as guidance and be adapted as necessary to meet the Member State's specific priorities and needs for Occupational Health Nursing.

## 1. Occupational Health Nursing

Health and safety at work, the socioeconomic status of a country and the quality of life and general wellbeing of working people are closely linked. Maintenance of positive health at work and of healthy work environments not only make a major contribution to productivity, and thus to a country's gross national product, but also to individual worker's motivation and job satisfaction. At the Second Meeting of WHO Collaborating Centres in Occupational Health (WHO 1994) it was estimated that the formal workforce of most countries constitutes approximately 50% to 60% of their population, and when informal work and work at home is included, that the major part of a population is involved in work. Effective occupational health and safety programmes, with accompanying legislation, have led to improved working conditions in many countries, but in spite of this, for all countries, occupational injuries and work-related diseases remain major health and economic challenges. In addition, the transfer of hazardous industries, technologies, substances and materials to developing countries has caused a disproportionate amount of occupation-related diseases and accidents in workers in these countries. The aim of occupational health care is to create a healthy and safe working environment and a functional working community, prevent work related diseases and accidents and promote working ability (FOHNEU 1995). In the Declaration on Occupational Health for All (WHO 1994) governments are encouraged to develop national policies and programmes which ensure occupational health services are available for all workers. Such services should include the education of health care professionals in occupational health.

This curriculum deals with the education of one of these professional groups, i.e. Occupational Health Nurses. In some of the Member States of WHO's European Region an occupational health nursing service is relatively well developed, whereas in others it is either nonexistent or at a very early stage of development.

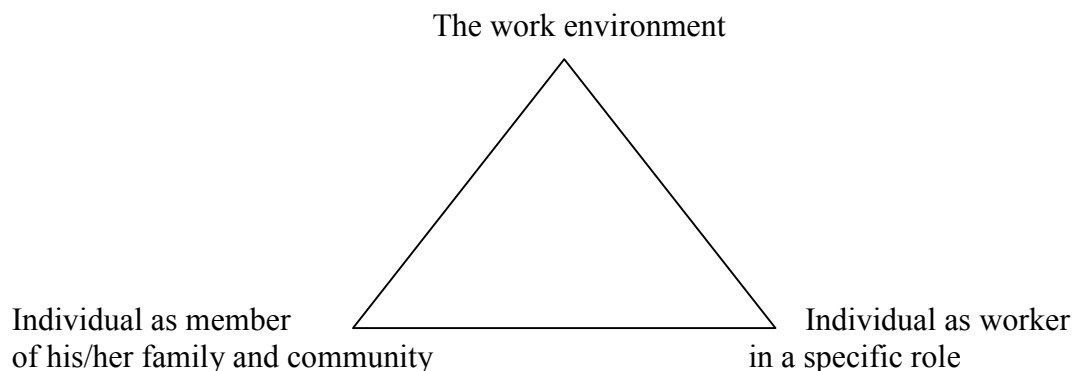
In meeting the wide-ranging and often complex occupation-related health care needs of workers in any one of the variety of settings in which occupational health nurses work, the occupational health nurse requires a well-developed knowledge base, along with specialist skills in risk assessment and health promotion related to the particular type of work in that setting, and in the technological and caring dimensions of occupational health nursing. Occupational health nurses must be equipped with the expertise to make sound clinical judgements within the work setting where they may be the sole health professional responsible for the workers' health care and health education. In such situations, the occupational health nurse must be able to adopt an independent and autonomous role, but of equal importance is that the occupational health nurse must be able to work effectively as a full member of a multidisciplinary team within the work setting, as well as in close collaboration with nurses and other health professionals in hospitals, health centres, rehabilitation centres, public health and community nursing services.

## 1.1 Definition of Occupational Health Nursing and the Occupational Health Nurse

Occupational health nursing “aims to ensure the health, safety, optimum working capacity and wellbeing of the working population (and) considers not only the individual but also the individual in his/her working environment” (Federation of Occupational Health Nurses of the European Union 1995).

Occupational health nursing is therefore primarily concerned with the health and nursing care, including health education, of all members of the workforce of a country, and specifically, in the case of an individual occupational health nurse, with the health and nursing care of workers in the work setting in which s/he is employed. Each worker will however also have a life outside the work setting, and be a member of a family group and community and the occupational health nurse will be aware of how the individual worker’s occupation, and any injury or disease may impact on the family and how family circumstances and/or the community environment may impact on the worker’s daily work and take this into account in her nursing care and health education. Figure 2 below portrays this holistic role of the occupational health nurse which includes regularly monitoring the work environment and where necessary recommending change to ensure it remains safe and healthy for all workers.

Figure 2. The holistic role of the Occupational Health Nurse



The occupational health nurse liaises with the acute hospital and primary health care services hospital services, other institutions like rehabilitation centres, making referrals where necessary either independently, where s/he is the sole health professional in the work setting, or in collaboration with the occupational health team members.

## 2. The Occupational Health Nursing course

### 2.1 Aims

The aims of the course and of the curriculum are to:

- provide an advanced educational experience which will develop the student’s intellectual and imaginative abilities in order to facilitate the development of independent judgement and problem-solving skills;

- provide an educational framework that will encourage the student to develop skills of analysis and critical awareness in order to stimulate an enquiring and creative approach to both the theory and practice of occupational health nursing;
- develop the student's knowledge and understanding of government legislation and policies in relation to the health and safety of workers in the range of work settings in the country and the impact of these on the workers in her/his particular work setting;
- develop the student's ability to be proactive in responding to changing circumstances and national needs in occupational health and safety;
- practise in a manner which recognizes the need for concerted and coordinated action to improve occupational health and safety and incorporate environmental, biomedical and social action perspectives;
- provide a high standard of care so that workers can aspire to and be assisted to achieve their full health potential;
- develop the student's critical awareness of relevant research findings, ability to utilize research findings in practice and to adopt strategies for systematic investigation which will promote evidence-based occupational health nursing practice;
- seek out and collect, collate and analyse information to ascertain the health and safety needs of workers and contribute to the consequent development of the occupational health nursing service;
- contribute to the evaluation of the occupational health nursing services of the country.

## **2.2 Structure, length and mode of delivery**

The curriculum is structured in modules or units of study, several of which combine both theory and practice elements. The length of the course must be sufficient to enable the student, on successful completion, to achieve the specified competencies or learning outcomes, the academic award and the specialist nurse qualification relevant to the course, and is normally of 40 weeks. Each week of the course is calculated as comprising 30 hours, which gives a total of 1200 hours. The preferred mode of delivery is full-time. Flexibility to deliver the course in a part-time mode or by distance/on-line learning should be open to negotiation, depending upon each Member State's resources.

The course is based on the philosophy of the occupational health nurse as a reflective, lifelong learner (Figure 3, Section 2.6). It emphasizes the importance of the integration of theory and practice, which should be, wherever possible, evidence-based.

## **2.3 Entry requirements**

Course participants will be nurses who have successfully completed an initial nursing education programme, as described in the WHO European Strategy for Nursing and Midwifery Education entitled "Nurses and midwives for health: A WHO European strategy for nursing and midwifery education" (WHO 2000) or its equivalent. They should have a minimum of two years post-qualifying experience.

## 2.4 Competencies or learning outcomes

The competencies or learning outcomes of the course have been developed to demonstrate achievement of both theoretical and clinical learning in the following areas:

- Specialist clinical practice
- Care and programme management
- Clinical practice leadership
- Clinical practice development.

These are detailed in the Continuing Education Strategy (WHO 2003) and are based upon the United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC 1998) standards for specialist education and practice, as adapted to dispensary nursing. Underpinning knowledge will be delivered in the theoretical component of the course and the students will be expected to integrate and apply this knowledge in occupational health nursing practice.

On successful completion of the course, the student will be able to:

- contribute positively and effectively to the development, delivery, management and evaluation of all aspects of occupational health nursing, including:
  - occupation-related health and safety promotion and health education;
  - health and safety surveillance and screening;
  - risk assessment and accident prevention;
  - first aid for injuries and treatment of minor ailments;
  - advice and nursing care for workers with specific occupation-related injuries and/or diseases;
  - rehabilitation for ill or injured workers;
- maintain accurate and punctual completion of nursing documentation;
- maintain an accurate and up-to-date database of all national legislation and policies of specific relevance to the work setting in which s/he is employed;
- recognize and support the rights of all those employed in her/his work setting to work in a healthy and safe environment; and
- provide leadership which is appropriate in the context of occupational health nursing within the country, and which is underpinned by knowledge and understanding of the occupational health and safety risks inherent in the variety of industries, commercial enterprises and/or services on which the country's economy and productivity depends.

## 2.5 Curriculum Content

The curriculum will be delivered in a series of seven modules. In order to complete the course, the student must successfully complete all modules. While all of the modules offer the knowledge needed to develop a reflective and competent occupational health nurse, modules one, three, five and six specifically focus on generic transferable knowledge and skills which are applicable for all nurses working in a specialist role. These modules form the "core curriculum" and feature as part of all the other WHO European Specialist Nursing curricula.

## **2.6 Teaching/learning and assessment strategies**

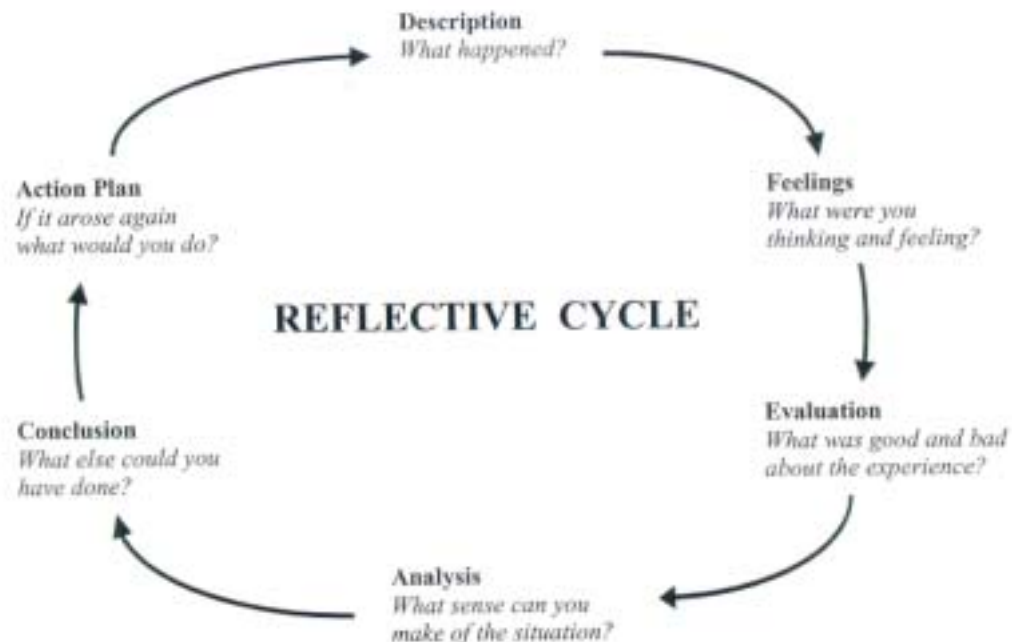
These strategies will stimulate learning at all six levels of cognitive skills, as described by Bloom (1956) in his seminal text. The teaching/learning and assessment strategies employed in the course should be congruent with the principles of androgogy, the rationale for which is that teachers and students will bring to the course existing competencies – relevant knowledge, skills and attitudes – to contribute to a mutually educative process. Overall, emphasis will be placed on interactive approaches. Active student participation, facilitated by nurse teachers (who have a role both in the university setting and in occupational health nursing practice) and by mentors (in practice areas) is considered to be the optimum way of achieving learning outcomes. There will continue to be a place for the didactic lecture, but it is envisaged that this will constitute a relatively minor proportion of the curriculum. The latest educational technology available in the particular Member State, including where feasible on-line or E-learning and video-conferencing, should be used to enhance teaching and learning.

A key objective will be the use of “reflection” as a means of learning from and developing expert practice (Figure 3). This will require the student to maintain a reflective diary/journal for the duration of the course. Case studies, critical incidents and care scenarios will form the focus for a reflective, problem-solving approach to learning.

Assessment methods should be supportive of the adult learning approach, should promote the integration of theory and practice, be research/evidence based and include a variety of methods. Assessment will enable the measurement of the student’s progress and achievement in relation to the prescribed competencies/learning outcomes of the occupational health nursing course.

The success of the teaching/learning and assessment strategies will depend critically on the availability and deployment of appropriately qualified and prepared nurse educators who are committed to the philosophy of adult learning approaches. In addition, such interactive and problem-solving approaches must be supported by an environment which is conducive to learning. This must include attention to the provision of adequate space, library facilities and other technological resources, all of which should be borne in mind at the planning stage.

Figure 3. The Reflective Cycle  
Gibbs 1988



## 2.7 Supervision of practice

Occupational health nursing practice should be undertaken under the auspices of a suitably experienced occupational health nurse, who will ensure that the students gain the relevant experience during the periods of practice. The practice assessment should be designed to demonstrate achievement of the practice learning outcomes.

Supervisors are responsible for guiding students through practice periods as well as making an assessment of the student's competence to practise by the end of the each occupational health practice experience. The course leader should retain responsibility for the student throughout this period and should liaise with the student and supervisor as appropriate.

## 2.8 Optimum student intake and teacher/student ratio

As interactive adult teaching/learning and assessment strategies will be used throughout the course, which will include the requirement for practice supervision, the optimum intake per course is likely to be 30 students. The ideal teacher-student ratio should not exceed 1:10, i.e. one teacher per ten students.

## 2.9 Accreditation with ECTS points

Each module is assigned credit points using the European Credit Transfer System (ECTS). The ECTS system has been chosen because the European Community Directives guide nursing and midwifery education for all European Union (EU) countries and those accession countries which become members of EU (European Commission 1989). Credits are "a numerical value allocated



to course units (modules) to describe the student workload required to complete them” (European Commission 1995). In other words the number of points does not reflect only the direct contact hours, e.g. while the student is attending a lecture, seminar, practical skills demonstration or tutorial and is in direct contact with the teacher, but also includes the number of hours which the student is expected to devote to independent study or practising of skills. Credit points take into account the learning in both the university, i.e. the theory component of a module, and in practice placements. The total number of ECTS credits for an academic year is 60. Their apportionment per module reflects the length of that module, calculated in weeks and number of hours. A week is taken as comprising 30 hours, and 20 hours equates to one ECTS credit point. Thus, a two-week, 60-hour module earns three credit points and a 16-week, 480-hour module earns 24 credit points. The overall length of the course is 40 weeks or 1200 hours which equate to 60 ECTS credit points. Further information on this system and its application to nursing education can be found in Section 8 of the Guidelines prepared to assist Member States with implementation of the initial Education Strategy (WHO 2001b).

## **2.10 Quality control and evaluation**

External audit will be essential to evaluate the quality and standards of the course, as evidenced by the curriculum design, the teaching/learning strategies, the marking of student assessments and the results in both academic work and in practice learning outcomes. Curriculum evaluation should be carried out by teachers, students and also by those providing the service, i.e. occupational health nursing managers and existing occupational health nurses.

## **3. Teachers and mentors**

The types of teaching/learning and assessment strategies considered essential for this curriculum are challenging for teachers, mentors and students. It is therefore important, if they are to be effectively delivered, that only qualified nurse teachers and mentors are involved. The setting up of structures to ensure peer group support and close liaison between teachers and mentors will be particularly important in the early years, as there may be no role models either in education or in practice.

Teachers of the occupational health nursing course must:

- hold a degree at an academic level equivalent to the requirements for university or equivalent institute teachers in the country;
- hold a teaching qualification in order to apply appropriately the full range of research-based teaching, learning and assessment strategies within the theory and practice components of the curriculum;
- hold the qualification to which the programme leads, or be able to provide evidence of updating of knowledge, skills and attitudes relevant to occupational health nursing;
- teach and/or work within occupational health nursing;
- take responsibility for the clinical supervision of the nurse on practice placement, and share this responsibility with their clinical mentor.

The occupational health nurse who is acting as mentor must be experienced in occupational health nursing and must hold the appropriate academic qualification.



## **4. Location of the course**

The theoretical component of the course should be delivered in a university or equivalent institute. Practice elements will take place in the variety of different work settings in the country, for example in factories, businesses and service settings such as transport, health and education.

## **5. Qualification on successful completion of the course**

On successful completion of the curriculum the nurse will receive the specialist qualification and postgraduate academic award of Occupational Health Nurse. The specialist qualification will be formally recorded in accordance with the country's legislative and regulatory system for nursing and nurses.

## **6. Course content – Modules One to Seven**

An overview of the curriculum, and descriptions of the modules which comprise the curriculum are given in the following pages. It should be noted that a number of concepts and subjects introduced in one module are revisited and further developed in another. As knowledge and experience are gained, students will be able to view these concepts and subjects from different aspects and build upon their earlier learning and experience.



**OCCUPATIONAL HEALTH NURSING CURRICULUM**

**OVERVIEW**

**Module One**

INTRODUCTORY  
MODULE:  
Concepts, Practice and Theory

2 weeks – 60 hours  
ECTS credits – 3

**Module Two**

OCCUPATIONAL HEALTH  
NURSING I

8 weeks – 240 hours  
ECTS credits – 12

**Module Three**

INFORMATION  
MANAGEMENT AND  
RESEARCH

2 weeks – 60 hours  
ECTS credits – 3

**Module Four**

OCCUPATIONAL  
HEALTH NURSING II

10 weeks – 300 hours  
ECTS Points – 15

**Module Five**

DECISION-MAKING

2 weeks – 60 hours  
ECTS points – 3

**Module Six**

LEADERSHIP AND  
MANAGING  
RESOURCES

2 weeks – 60 hours  
ECTS points – 3

**Module Seven**

OCCUPATIONAL  
HEALTH III

14 weeks – 420 hours  
ECTS credits – 21

**WHO Regional Office for Europe  
Occupational Health Nursing Curriculum**

**MODULE ONE**

Title:                    Introductory Module  
                              Concepts, Practice and Theory

Duration:                2 weeks – 60 hours

ECTS Credit points:    3

---

*Module Content Summary*

---

This module introduces the student to the key concepts which have shaped the occupational health nursing curriculum. The approach will encourage the student to build upon, integrate and expand their existing knowledge, skills and experience using the new knowledge and experiences which will be gained as a result of studying the curriculum. The close relationship between the practice of nursing and the theoretical and research knowledge related to nursing will be explored using examples from occupational health nursing. The teaching and learning strategies will encourage the nurse to get to know her fellow students and to share professional knowledge and experiences. The value of debate about the relevance of the theoretical content to occupational health nursing practice will be explored.

This module will take place in the university or equivalent institute setting.

---

*Syllabus*

---

The Occupational Health Nurse  
Typical occupational health scenarios  
The competency-based and research-based curriculum  
Concept of competence  
Androgogy – appropriate teaching and learning strategies for students and for adult workers and/or patients  
Facilitation of learning  
Problem-solving  
Teamwork  
Debating as a form of constructive challenge  
Analytical and critical thinking and its relationship to the practice of occupational health nursing  
Continuing professional development/lifelong learning

---

*Competencies or Learning Outcomes*

---

On completion of this module, the student will be able to demonstrate:

- understanding of how previous learning and experience can inform and enrich the new knowledge and skills necessary for the practice of occupational health nursing;
  - knowledge of a variety of teaching and learning strategies which may be appropriate to the education of nurses and of workers and/or patients;
  - an understanding of competence and its relevance in nursing practice and in the team approach to care;
  - an analytic and critical approach to discussion and constructive debate about nursing issues;
  - a commitment to lifelong learning and continuing professional development.
- 

*Reading List*

---

WHO publications  
National and international literature covering the syllabus  
Literature relevant to the specific work setting  
Where accessible – on-line and distance learning materials

---

*Teaching/learning Strategies*

---

Lecture (key concepts)	Case studies
Reflective exercises	Seminars
Group work	Debate and discussion

---

*Assessment Methods*

---

Dates on which assignments are due: .....

Format of assignment:

Examination – multiple choice and short answer questions – 50% of whole

Short essay – approximately 600 words – 50% of whole

The student will choose a concept from those listed in the syllabus and discuss the relevance of the chosen concept to her personal understanding, at this early stage of the course, of what will be expected of her as a qualified Occupational Health Nurse.

Examination: Mark awarded .....%

Essay: Mark awarded .....%

Aggregate mark for module (out of 100%) .....%

**WHO Regional Office for Europe  
Occupational Health Nursing Curriculum**

**MODULE TWO**

Title: Occupational Health Nursing I

Duration: 8 weeks – 240 hours

ECTS Credit Points: 12

---

*Module Content Summary*

---

This module aims to provide the student with the opportunity to gain knowledge and understanding of their country's industrial, commercial and service structures within which the working population of the country are employed, of the impact of occupation-related accidents and diseases on the economy and on the individual, and of the development of occupational health services within the country. An overview of legislation pertaining to occupational health and safety is provided. The role of the Occupational Health Services and the Occupational Health Nurse in maintaining the health and safety of workers is introduced.

75% (6 weeks) of this module will be based in the university or equivalent institute setting.  
25% (2 weeks) of this module will constitute supervised observation in different occupational health nursing settings.

---

*Syllabus*

---

The healthy and safe working environment  
Development of occupational health services in the workplace  
Legislation governing health and safety in different types of work and work settings  
Epidemiological data on national work-related injury and disease  
Biological sciences relevant to the causation and treatment of work-related diseases.  
The impact of work-related injury and disease on the economy of the country and on the individual worker and his/her family  
General and specific health hazards at work  
Techniques for the survey of risks in the working environment  
Concepts of risk management  
Concepts of health and wellbeing at work  
An introduction to the social psychology of work  
Health promotion, health education and health surveillance in the work setting  
Different models of occupational health nursing, e.g.:  
    as a member of the multidisciplinary occupational health team

as the sole health care professional in the work setting  
Occupational health as a component of public health  
Liaison with acute hospital services, health centres, rehabilitation centres, public health and community nursing services  
Roles and functions of employers' and employees' organizations in promoting health and safety in the workplace  
Ethical and legal issues in occupational health nursing practice  
Responsibility and accountability  
Confidentiality and record keeping

---

### *Competencies or Learning Outcomes*

---

On completion of this module, the student will be able to:

- identify the social, political and economic factors which influence health and safety in the workplace and demonstrate understanding of the impact of these factors on the health of individual workers and the working population as a whole;
- demonstrate knowledge of national legislation affecting occupational health and safety and its impact on work practices;
- describe the major health hazards for workers in specific work settings and the incidence and impact of work-related injury and disease on the country's economy and on the individual worker;
- outline the role of the occupational health services in promoting healthy and safe working environments and the contribution of the occupational health nursing service within the overall service;
- describe the principles of health promotion, health education and health surveillance in work settings;
- demonstrate knowledge and understanding of the epidemiology, causation and treatment of common occupational diseases;
- demonstrate understanding of referral procedures and liaison opportunities with health care services outside the workplace;
- explain the roles and functions of employers' and employees' organizations in promoting health and safety in the workplace;
- support and empower employers and employees to influence and use available occupational health services to the full and to participate in decision-making about their development;
- recognize confidentiality, ethical and legal issues which have implications for occupational health nursing practice and take appropriate action.

---

*Reading List*

---

WHO publications  
National and international literature covering the syllabus  
Literature relevant to various work settings  
Where accessible – On-line and distance learning materials

---

*Teaching/learning Strategies*

---

Lectures	Analysis of case studies
Reflective exercises	Discussion
Tutorials	Observation visits

---

*Assessment Methods*

---

Dates on which assignments are due: .....

Format of assignments:

Examination – multiple choice and short answer format (40% of whole)

Write two short reports approximately 1000 words each (60% of whole, i.e. 30% from each report). The student will prepare a report on the first topic listed below, and choose one other from the list.

*Compulsory topic* – For a selected work setting in which the student has observed occupational health nursing practice, compile a report which highlights the current occupational hazards and incidence of work-related injury and disease, and outline steps being taken by the occupational health nurse to minimize these hazards and reduce the incidence of injury and disease.

*Select one from the following 3 options* –

Describe the development of occupational health services in the country from commencement until the present day – *or*

For one specific work setting, outline the legislation which governs health and safety of the workers and give examples of how that legislation impacts on the management and organization of work – *or*

Explore the concepts of health and wellbeing at work and describe an example observed in practice which demonstrates how health and wellbeing is promoted by the occupational health nurse.

Examination: Mark awarded.....%

Report One: Mark awarded.....%

Report Two: Mark awarded.....%

Aggregate mark for module (out of 100%) .....%



**WHO Regional Office for Europe  
Occupational Health Nursing Curriculum**

**MODULE THREE**

Title: Information Management and Research

Duration: 2 weeks – 60 hours

ECTS Credit Points: 3

---

*Module Content Summary*

---

This module will enable students to extend their knowledge in relation to applied aspects of information management and research. It will develop their understanding of approaches to information management and the research process, ethical issues in relation to obtaining informed consent from participants in research, confidentiality and security of data and the communication of results of relevance to practice. The research component will have a particular focus on studies which contribute to knowledge within the field of occupational health nursing with the aim of promoting evidence-based practice within occupational health nursing.

80% of this module will be based in the university or equivalent institute setting.  
20% of this module will be practice-based, i.e. within a work setting.

---

*Syllabus*

---

Sources/types of information, knowledge and evidence  
Information management and information technology  
Analytical and critical thinking, critical appraisal and constructive questioning of practice  
Evidence-based practice  
The research process, research design and methods  
Basic statistics – interpreting demographic and statistical data, summarizing data and drawing conclusions  
Identifying and measuring outcomes  
Documentation – structure and standardization  
National and local information systems  
Literature searching  
Report writing  
Core/minimum data sets  
Ethical issues, confidentiality and security of data/records

---

*Competencies or Learning Outcomes*

---

On completion of this module, the student will be able to demonstrate the ability effectively to:

- analyse different sources of information and apply as appropriate to practice;
  - seek out and interpret relevant statistical data and research of relevance to occupational health nursing;
  - set measurable outcomes for nursing practice;
  - appraise and appropriately utilize developments in information technology;
  - maintain accurate, clear and timely records;
  - maintain confidentiality of data;
  - define possible research questions arising from day to day practice;
  - conduct a literature search and report findings;
  - utilize knowledge and information gained through the practice of nursing in an ethical manner;
  - promote evidence-based practice.
- 

*Reading List*

---

WHO publications

National and international literature covering the syllabus

Literature relevant to the particular work setting

Where accessible – On-line and distance learning materials

---

*Teaching/learning Strategies*

---

Lectures

Group work

Student-led seminars

Discussions

Case study presentations

Mentor support

---

*Assessment methods*

---

Date on which assignment is due: .....

Format of assignment:

Essay – *either* a critical review of a research study relevant to occupational health nursing *or* an analysis and critique of the data on the incidence of occupational injuries and diseases relevant to a major industry or other work setting in the country (100% of whole).

Mark awarded.....%

**WHO Regional Office for Europe  
Occupational Health Nursing Curriculum**

**MODULE FOUR**

Title: Occupational Health Nursing II

Duration: 10 weeks – 300 hours

ECTS credit points: 15

---

*Module Content Summary*

---

This module aims to provide the student with the opportunity to apply the knowledge gained in Module Two to the detailed study of occupational health nursing within the setting in which she will have her practice experience. Under supervision, the student will be encouraged to further develop her knowledge and understanding of the principles and practice of occupational health nursing practice, and to take part in risk assessment surveys, risk management and the range of preventive, treatment and rehabilitative roles of the occupational health nurse. The student will be encouraged to share in discussions about potential service developments, which are based on sound evidence.

50% of this module will be based in the university or equivalent institute setting.

50% of this module will take place within occupational health nursing work settings.

---

*Syllabus*

---

The social psychology of work and work-related stress

Effects of the environment on health

Health promotion and health education with specific reference to the work setting

Provision of health clinic service, for example in relation to alcohol or smoking addiction or obesity control

Health assessment and surveillance:

General and specific in relation to the physical and mental work capacity of the individual worker, whether employer or employee

Screening for common occupational diseases or injury, for example repetitive strain injury

Identification and minimizing health hazards at work, including biological, chemical and physical

Toxicology

Ergonomics

Environmental pollution

Identification and implementation of preventive health and safety measures

Occupational hygiene procedures and practices

Major disaster and other emergency procedures and practices

First aid in the work place

Provision of immunization and vaccination

Risk assessment and risk management

Provision of rehabilitative nursing care

Counselling and advice – with referral to specialists where necessary

Accurate and timely documentation of environmental and work surveys

Accurate and timely nursing documentation

---

### *Competencies or Learning Outcomes*

---

On completion of the module, the student will be able to:

- describe social and psychological factors which influence employers' and employees' behaviour at work, and their capacity for work;
- explain the effects of the wider environment and the specific work environment upon the workers and their health and wellbeing at work;
- conduct health promotion, health education and health clinic activities which meet the needs of the workforce, including immunization and vaccination where necessary;
- conduct health assessments and screening activities with the aim of improving the health of the workforce;
- demonstrate knowledge and understanding of various factors which constitute hazards to health in the workplace;
- demonstrate effective risk assessment and risk management strategies;
- identify and implement measures to promote health and safety for workers;
- demonstrate knowledge of emergency procedures, and provide nursing care in emergency situations and/or when first aid is required;
- ensure provision in the workplace of adequate occupational hygiene;
- accurately and punctually document all nursing interventions, ensuring appropriate confidentiality of information;
- provide referral to other members of the occupational health team or to external health care services as appropriate;
- analyse and contribute to discussions in the occupational health care team and with other employer or employee groups in the workplace about options for the development and implementation of strategies to improve the health and safety record of the workplace;
- propose evidence-based possibilities for the occupational health nursing service to further enhance the health and safety of all workers.

---

*Reading List*

---

WHO publications  
National and international literature covering the syllabus  
Literature relevant to various work settings  
Where accessible – on-line and distance learning materials

---

*Teaching/learning strategies*

---

Lectures	Problem-based learning
Group work	Seminars
Practice under supervision	Critical incident analysis

---

*Assessment Methods*

---

Date on which assignments are due: .....

Preparation of teaching plan for a health education session with a specific “at risk” group within the workforce – 30% of whole

Preparation of a learning portfolio demonstrating achievement of each of the learning outcomes of the module – 30% of whole

Occupational health nursing practice assessment demonstrating achievement of practice-based learning outcomes of the module – 40% of whole

Teaching plan: Mark awarded	.....%
Learning portfolio: Mark awarded	.....%
Practice assessment: Mark awarded	.....%

Aggregate mark for module (out of 100%) .....

**WHO Regional Office for Europe  
Occupational Health Nursing Curriculum**

**MODULE FIVE**

Title: Decision-making  
Duration: 2 weeks – 60 hours  
ECTS Credit Points: 3

---

*Module Content Summary*

---

This module will enable students to extend their knowledge of decision-making processes, typology and skills in preparation for their future role as occupational health nurses.

50% of this module will be based in the university or equivalent institute setting.  
50% of this module will be practice-based.

---

*Syllabus*

---

Decision-making – theories, processes, skills  
Diagnostic reasoning, therapeutic, clinical  
Concepts of accountability, responsibility and autonomy in decision-making  
Critical thinking in practice  
Ethical issues and involvement of the worker and/or patient in decision-making  
Strategic decision-making  
Prioritizing care  
Rationing care  
Legal aspects in relation to practice  
Decision-making in the occupational health settings

---

*Competencies or Learning Outcomes*

---

On completion of this module, the student will be able to:

- demonstrate an understanding of the complexities of clinical decision-making;
- analyse and describe examples of decision-making in relation to her/his care of workers and/or patients in the occupational health setting;
- describe the exercise of accountability and responsibility in relation to her/his care of workers and/or patients in the occupational health setting;

- differentiate between strategic and clinical/ethical decision-making in nursing;
  - discuss the rationale for involving workers and/or patients in decision-making about their health and care, ways of doing so and the implications of such involvement;
  - state the key principles which guide the rationing and the prioritization of occupational health services in the student's country;
  - outline the law in relation to nursing in her/his country and the implications for occupational health nursing.
- 

*Reading List*

---

WHO publications

National and international literature covering the syllabus

Literature relevant to the specific work setting

Where accessible – On-line and distance learning materials

---

*Teaching/learning Strategies*

---

Lectures

Group Work

Student-led seminars

Discussions

Case Study presentations

Mentor Support

---

*Assessment methods*

---

Date on which assignment is due: .....

Format of assignment:

Examination – multiple choice and short answer questions – 100% of whole

Mark awarded .....%

**WHO Regional Office for Europe  
Occupational Health Nursing Curriculum**

**MODULE SIX**

Title: Leadership and Managing Resources

Duration: 2 weeks – 60 hours

ECTS Credit Points: 3

---

*Module Content Summary*

---

This module will enable students to explore aspects of leadership and of management which have relevance in occupational health nursing practice. Key principles of referral and of effective multidisciplinary team working will be analysed and applied to occupational health nursing practice, and students will gain an understanding of the complex nature of organizational change.

50% of this module will be based in the university or equivalent institute setting.  
50% of this module will be practice-based.

---

*Syllabus*

---

The concept of leadership – theories, processes and skills  
Management – theories and processes  
Managing human resources  
The workers as a resource  
Organization and management of the occupational health nursing service  
Care management:  
    Budgetary control  
    Time management  
    Management of change  
    Working independently  
    Working as a multidisciplinary team member  
    Working with industry, business and service organizations, both state provided and private, involved in occupational health and safety provision  
    Standard setting and quality assurance systems



---

*Competencies or Learning Outcomes*

---

On completion of this module, the student will be able to:

- demonstrate an understanding of management principles and processes and their application to the organization and management of the occupational health nursing service;
  - analyse the relative merits of different methods of work load measurement, in relation to the occupational health setting;
  - utilize the occupational health nursing staffing protocols in scheduling adequate staffing cover, reporting when safe levels cannot be achieved;
  - demonstrate knowledge of different methods of care management;
  - appropriately manage her/his time both when on duty in the occupational health setting and when studying;
  - show awareness of how the occupational health nursing service budget is managed;
  - play a full part in maintaining standards and in contributing to quality assurance monitoring;
  - demonstrate in practice the team member role of the occupational health nurse.
- 

*Reading List*

---

WHO publications  
National and international literature covering the syllabus  
Literature relevant to the specific work setting  
Where accessible – On-line and distance learning materials

---

*Teaching/learning Strategies*

---

Lectures	Discussions
Practice in scheduling work rotas	Mentor support

---

*Assessment methods*

---

Date on which assignment is due: .....

Format of assignment:

Essay of 1000–1500 words focusing on analysis of one concept from the syllabus and its application to practice in the occupational health nursing environment – 100% of whole

Mark awarded.....%

**WHO Regional Office for Europe  
Occupational Health Nursing Curriculum**

**MODULE SEVEN**

Title : Occupational Health Nursing III

Duration: 14 weeks – 420 hours

ECTS credit points: 21

---

*Module Content Summary*

---

This module enables the student to assume increased responsibility and accountability for occupational health nursing, to further develop an analytical approach to evidence-based practice and to assist with supervision and teaching of occupational health nurses who are commencing on the course. By the end of the module the student will be able to practise autonomously in the assessment, implementation and evaluation of all aspects of occupational health nursing. The emphasis will be upon holistic practice, and on working effectively either as the sole occupational health professional within the particular work setting, or as a member of the occupational health service team.

21% (3 weeks) of this module will be based in the university or equivalent institute setting.  
79% (11 weeks) of this module will be based in an occupational health work setting.

---

*Syllabus*

---

Comprehensive risk assessment and management which focuses on the worker, the workplace and the work processes  
Planning, regular conduct and evaluation of results of special physical examinations of relevance to the specific workforce and work setting, e.g. pre-employment health assessment, during employment hearing, sight, lung function tests  
Individual risk profiles  
Protocols on safe use of new technology, chemical and other work processes  
Audit and quality assurance of the nursing and other parts of the occupational health service  
Management of the occupational health service of the workplace  
The concept of holism in occupational health nursing  
Evidence-based occupational health nursing  
Professional judgment and problem-solving skills  
Nursing models or frameworks for care of relevance in occupational health nursing  
Codes of professional conduct  
The clinical supervision and mentoring role  
Patients' rights, as applied to workers who are receiving occupational health nursing care

---

*Competencies or Learning Outcomes*

---

On completion of the module, the student will be able to:

- apply and evaluate a comprehensive risk assessment and management approach with a triple focus, i.e. on the worker, the work place and the work processes;
- plan and conduct physical examinations such as pre-employment health assessment and during employment hearing, sight and lung function tests and evaluate the results;
- prepare individual risk profiles;
- prepare protocols, in conjunction with managers and, where relevant, suppliers, on the safe use of new technological, chemical and other work processes;
- assess, plan and provide competent nursing care for employees and employers within the workplace, working independently and/or within the occupational health service team;
- accept accountability and responsibility for her/his own professional judgement and actions, working at all times within the scope of the country's Code of Professional Conduct for qualified nurses;
- conduct audit of the occupational health nursing service and contribute to quality assurance of the overall occupational health service;
- demonstrate management and leadership skills in practice, including the ability effectively to contribute to the management of change;
- utilize evidence-based judgment and problem-solving skills in the provision of health promoting activities and in nursing care, including care in emergency situations;
- analyse the concept of holism applied to occupational health nursing;
- demonstrate the use of adult learning theories in supervising and mentoring junior colleagues in occupational health nursing;
- protect at all times the rights of the workers as patients of the occupational health service; and
- give evidence of a commitment to own learning and continuing professional development.

---

*Reading list*

---

WHO publications

National and international literature covering the syllabus

Literature related to the work setting

Where accessible – on-line and distance learning materials

---

*Teaching/learning Strategies*

---

Tutorials  
Video-conferencing  
Autonomous practice

Multidisciplinary seminars  
Case study analysis  
Reflection on practice

---

*Assessment Methods*

---

Date on which assignments are due: .....

Case Study in occupational health nursing practice – 50% of whole

Assessment of competence in meeting the learning outcomes of the module in practice – 50% of whole

Mark awarded: .....%

Mark awarded: .....%

Aggregate mark for module (out of 100%) .....%

## References

- Bloom BS (1956). *Taxonomy of educational objectives. Book 1: cognitive domain*. Longman, London.
- Commission of the European Communities (1994). *Advisory Committee on Training Nursing: Recommendations in Continuing and Specialist Training* (111/F/5004/4/93), Brussels.
- European Commission (1989). *Directives 77/452/EEC (27 June 1977) and 89/595/EEC (10 October 1989) concerning the mutual recognition of diplomas, certificates and other evidence of formal qualifications of nurses responsible for general care, including measures to facilitate the effective exercise of the right of establishment and freedom to provide services, and amending Directive 77/453/EEC concerning the coordination of provisions laid down by law, regulation or administrative action in respect of the activities of nurses responsible for general care*. Official journal of the European Communities, L341:0030-0032.
- European Commission (1995). *European Credit Transfer System ECTS – users’ guide*. European Commission, Brussels.
- European Network of Nursing Organizations (ENNO) (2000). *Recommendations for a European Framework for Specialist Nursing Education*: within which are cited European Directives 89/48/CEE and 92/51/EEC as amended in 1997. European Network of Nursing Organizations, Paris.
- Federation of Occupational Health Nurses of the European Union (FOHNEU) (1995). *A core curriculum for a postbasic course in Occupational Health Nursing: The framework for discussion for FOHNEU members*, Luxembourg.
- Gibbs G (1988). *Learning by doing: A guide to teaching and learning methods*. Further Education Unit, Oxford Polytechnic, Oxford, United Kingdom.
- International Council of Nurses (1987). *Definition of nurse: Working Definition*. ICN Council of National Representatives, New Zealand.
- International Council of Nurses (1992). *Guidelines on specialization in nursing*. ICN, Geneva.
- International Council of Nurses (2000). *Code of ethics for nurses*. ICN, Geneva.
- O’Kelly D (1998). Personal communication – cited in WHO 2000.
- Rossi K and Heikkinen M (1990). *A view of occupational health nursing practice: current trends and future prospects*, in Radford J (Ed.) *Recent Advances in Nursing*.
- United Kingdom Central Council for Nursing, Midwifery and Health Visiting (1998). *Standards for specialist education and practice*. UKCC, London.
- United Kingdom Central Council for Nursing, Midwifery and Health Visiting (1999). *The UKCC Commission for Nursing and Midwifery Education “Fitness for practice”*. UKCC, London.

World Health Organization (1994). *Declaration on Occupational Health for All*. World Health Organization, Geneva.

World Health Organization (1996). *Nursing practice: report of a WHO Expert Committee*. WHO Technical Report Series No. 860 World Health Organization, Geneva.

World Health Organization (2000). *Nurses and midwives for health: A WHO European strategy for nursing and midwifery education*. World Health Organization, Copenhagen.

World Health Organization (2000a). *Munich Declaration Nurses and Midwives – a Force for Health*. World Health Organization, Copenhagen.

World Health Organization (2000b). *The Family Health Nurse: Context, conceptual framework and curriculum*. World Health Organization, Copenhagen.

World Health Organization (2001). *Second WHO Ministerial Conference on Nursing and Midwifery in Europe*. World Health Organization, Copenhagen.

World Health Organization (2001a). *Resolution on Strengthening Nursing and Midwifery* adopted at the Fifty-fourth World Health Assembly, World Health Organization, Geneva.

World Health Organization (2001b). *Nurses and Midwives for Health: WHO European Strategy for Nursing and Midwifery Education: Guidelines for Member States on the implementation of the strategy*. World Health Organization, Copenhagen.

World Health Organization (2001c). *Community nursing for countries in transition*. World Health Organization, Copenhagen.

World Health Organization (2003). *Nurses and Midwives: A Force for Health: A WHO European Strategy for Continuing Education for Nurses and Midwives*. World Health Organization, Copenhagen.

## **Bibliography**

Garcia Barbera M, Roca MTA, Mortalia MCM (1998). *How to develop educational programmes for health professionals*. World Health Organization, Copenhagen.

Guilbert JJ (1992). *Educational Handbook for Health Personnel (Revised and updated edition)* World Health Organization, Geneva.

World Health Organization (1984). *Postbasic and graduate education for nurses*. Report on a WHO meeting. World Health Organization, Copenhagen.

World Health Organization (1996). *The Ljubljana Charter on reforming health care*. World Health Organization, Copenhagen.

World Health Organization (1999). *HEALTH21: the health for all policy framework for the WHO European Region*. World Health Organization, Copenhagen.

## Glossary

*For more detail on all these terms, please refer to the Guidelines to the WHO European Strategy for initial education for Nurses and Midwives (WHO 2001b)*

### ***Academic level***

The level of difficulty of a subject. For example level one is commonly used to describe the first year studies in a baccalaureate degree, with levels two, three and four describing second, third and Honours year respectively. Masters level describes post-graduate studies at Masters degree. Doctoral level describes study at Doctor of Philosophy/Doctor of Science level. In general, the higher the level of difficulty, the more requirement there is for demonstration of analytical, critical, evaluative and innovative thinking.

### ***Accreditation (of an institution, programme or curriculum)***

A process, based on a system of external peer review, and using written standards, by which the quality of a university's activities and its educational programmes are assessed and, if satisfactory, approved.

### ***Authority***

The rightful power to take action. This subsumes the right to make decisions on what action is appropriate.

### ***Clinical Supervision***

A clinically focused professional relationship between a practitioner and appropriately prepared clinical supervisor.

### ***Competencies***

Broad composite statements, derived from nursing and midwifery practice, which describe a framework of skills reflecting knowledge, attitudes and psychomotor elements. The term "Learning Outcomes" is often used synonymously with "Competencies".

### ***Competent***

A level of performance demonstrating the effective application of knowledge, skill and judgment.

### ***Continuing education***

Education that builds on initial professional or vocational education.

### ***Credit points***

*See Accreditation of prior learning.*

### ***E-learning***

E-learning means electronic learning, (just as e-mail means electronic mail). E-learning is a form of distance learning. Course materials are on-line, students communicate with their lecturers via e-mail, lecturers give feedback via e-mail, assignments are sent in via e-mail and comments

returned to students via e-mail. Systems may be set up to enable several students and their lecturers to communicate via “chat rooms”, i.e. where questions and discussions can take place through e-mailing.

### ***Fitness for purpose***

Employers are primarily concerned about whether nurses and midwives are able to function competently in clinical practice. The speed of change in the context and content of health care makes it difficult to define fitness for purpose. Its meaning cannot be fixed. Fitness for purpose depends on the commitment of employers and of practising nursing and midwives to constant professional updating (Adapted from UKCC 1999).

### ***Health care reform***

Any intended change towards improvement of health care of the acutely and chronically ill, rehabilitation, case-finding, health promotion and maintenance, prevention of disease and disability and health education.

### ***Learning Outcomes***

*See* Competencies

### ***Licence***

*See* Registration

### ***Mentor***

An appropriately qualified and experienced person who, through example and facilitation, guides, assists and supports individuals in learning and in acquiring new attitudes. The term is particularly used in relation to supporting learning in practice settings.

### ***Multiprofessional team/Multidisciplinary team***

A team of health care professionals from different disciplines, e.g. nurses, midwives, physicians, physiotherapists, who work together towards a common goal which enables them to make the best use of their knowledge, skills and experience in providing patient care.

### ***Network***

A grouping of individuals, organizations and/or agencies organized generally on a non-hierarchical basis around some common theme or concern.

### ***On-line learning***

*See* E-learning

### ***Patient***

The real person who is the end-user in all our health systems. S/he is the human being who is meant to benefit from our efforts, but who, if reduced to a mere statistic, demonstrates that the heart has gone out of the profession (O’Kelly 1998). User(s) of health care services, whether healthy or sick.



### ***Peer review***

Scrutiny of the work, activities or output of individuals or a group by other individuals or groups who have qualifications and experience that are directly comparable to those of the people being scrutinized.

### ***Practice placement***

The clinical area to which nurses and/or midwives are allocated in order to undertake the practice components of their education. These clinical areas may be in hospital or community settings.

### ***Programme***

This term is synonymous with course, i.e. a course of study, and denotes the entire course, in all its elements. It may be a full-time or part-time programme or course, e.g. a degree, or a short course.

### ***Promote health***

The process of enabling individuals, families and communities to increase control over the determinants of health and thereby improve their health. An evolving concept that encompasses fostering lifestyles and other social, economic, environmental and personal factors conducive to health.

### ***Prospective Analysis Questionnaire***

A questionnaire, based on the Prospective Analysis Methodology (PAM), which is a process that facilitates decision-making, interchange of ideas and opinions, and recognition and development of a need to change.

### ***Resources***

Human resources, money, materials, skills, knowledge, techniques and time needed or available for the performance or support of action directed towards specified objectives.

### ***Registration***

A method of ensuring a record is maintained of those who are *bona fide* nurses and/or midwives, i.e. they have successfully completed the initial nursing and/or midwifery education programme which is required in their country. In several Member States it is necessary to regularly renew this registration. In order to do so, nurses and midwives must provide evidence of successful completion of continuing education relevant to their area of practice.

### ***Specialist Nurse***

A nurse who has successfully completed a post-qualification course of study in a specific clinical field and who applies higher levels of judgement, discretion and decision-making in clinical care in order to improve the quality of patient care, meeting the needs of patients within the specialty and in the specific area of practice.

### ***Standard***

Statement of a defined level of quality or competence which is expected in a given set of circumstances. In nursing and midwifery, the statements identify and define the criteria which influence the quality or competence of the nursing/midwifery service, and clarify what is

expected in relation to the structures, processes and outcomes. A means of measuring the degree of excellence of an educational programme and of comparing the degree of excellence of one programme with that of others.

### ***Strategies***

Broad lines of action to be taken to achieve goals and objectives incorporating the identification of suitable points of intervention, the ways of ensuring the involvement of other sectors and the range of political, social, economic, managerial and technical factors, as well as constraints and ways of dealing with them.

### ***Video-conference***

The use of video to bring groups together for discussions and a sharing of views. Groups in geographically separate areas can be connected via video link and can see and hear each other.

## Acknowledgements

This Occupational Health Nursing curriculum has been created by merging curriculum content selected from three documents: the core curriculum for a post-basic course in occupational health nursing prepared by the FOHNEU (see Reference list), the view of occupational health nursing practice conducted by Rossi and Heikkinen (see Reference list) and a module descriptor from Glasgow Caledonian University's BSc degree programme for occupational health nurses.

The final product of the Occupational Health Nursing curriculum is work of:

Professor Margaret F. Alexander, previously of WHO Collaborating Centre, Glasgow Caledonian University, Scotland, United Kingdom  
Mrs Vilborg Ingolfsdottir, Chief Nursing Officer, Directorate of Health, Iceland  
Mrs Majda Šljajmer-Japelj, WHO Collaborating Centre, Maribor, Slovenia

Members of the Expert Group which convened in Maribor, Slovenia 2001 and prepared the initial draft of the WHO European Continuing Education Strategy from which the Introduction to this curriculum is derived:

Professor Margaret F. Alexander, WHO Consultant (Chairman), Scotland, United Kingdom  
Mrs Tatjana Geč, Director, WHO Collaborating Centre, Maribor, Slovenia  
Mrs Majda Šljajmer-Japelj, WHO Consultant, WHO Collaborating Centre, Maribor, Slovenia  
Dr Valerie Fleming, WHO Collaborating Centre, Glasgow Caledonian University, Scotland, United Kingdom  
Mrs Elgin Schartau, WHO Collaborating Centre, Glasgow Caledonian University, Scotland, United Kingdom  
Mrs Klara Sovenyi, Chief Nursing Officer, Ministry of Health, Hungary  
Mr Laszlo Vizvari, Director, Institute for Continuing Education of Health Workers, Hungary  
Professor Arvydas Šeškevičius, Dean, Faculty of Nursing, Kaunas University of Medicine, Lithuania  
Mr Karl-Gustav Sodergard, Finnish Patient Union, Finland  
Secretariat: Mrs Dragica Gabrijelčič, WHO Collaborating Centre, Maribor, Slovenia

Members of the WHO Consultants' Group which prepared the final version of the Continuing Education Strategy:

Professor Margaret F. Alexander, previously of WHO Collaborating Centre, Glasgow Caledonian University, Scotland, United Kingdom  
Mrs Vilborg Ingolfsdottir, Chief Nursing Officer, Directorate of Health, Iceland  
Mrs Majda Šljajmer-Japelj, WHO Collaborating Centre, Maribor, Slovenia  
Secretariat: Mrs Dragica Gabrijelčič, WHO Collaborating Centre, Maribor, Slovenia



EUR/03/5043918h  
ORIGINAL: ENGLISH  
UNEDITED  
E81556

This curriculum is a component part of the European Continuing Education Strategy developed by the WHO Nursing and Midwifery Programme, Regional Office for Europe. Please contact the Regional Adviser, Nursing and Midwifery for further details.