

**Hospital
Logo**

Insert Hospital Name



**EMERGENCY
MEDICINE**

Injury Unit Nursing Staff Orientation Competency Workbook

**Insert Photo of Hospital / Injury
Unit**



**INJURY
UNIT**

STAFF MEMBER DETAILS

Surname	First Name	Staff Number & NMBI PIN
Clinical Skills Facilitator (Print Name & Signature)		Contact Details
Preceptor/Mentor (Print Name & Signature)		Contact Details
Date of commencement of orientation programme:		
Date of completion of orientation programme:		

Table of Contents

Acknowledgement

5

Aims of the Orientation Programme	5
Objectives of the Orientation Programme	5
General Introduction	5
Code of Professional Conduct and Scope of Nursing and Midwifery Framework	6
Domains of Competence and Assessment Strategy	7
NMBI Domains of Competency 2017	8
Learning Theory, Nursing Theory and Reflective Practice	9
Signature Bank of Registered Nurses	10
Domain 1: Professional values and conduct of the nursing competencies	11
Domain 2: Nursing practice and clinical decision making competencies	12
Domain 3: Knowledge and cognitive competencies	14
Domain 4: Communication and interpersonal competencies	15
Domain 5: Management and team competencies	16
Domain 6: Leadership potential and professional scholarship competencies	17
Clinical skills	
Communication and management of clinical situations	18
Documentation	19
Infection control and health and safety	19
Governance	20
Emergencies	20
Pain management	21
Musculo-skeletal	21
Upper Limb	22
Lower limb	23
Head and Facial	23

Burns and scalds	24
Wounds	24
Bites and stings	25
Abscesses	25
Foreign bodies	26
Opportunistic learning	27
Continuous Professional development in Injury Units	28
Interview Records	29
References	35

Acknowledgement

The Orientation Programme in Injury Unit Nursing has been developed by the Injury Unit subgroup of the Emergency Nursing Interest Group (ENIG) / National Emergency Medicine Programme to support the development of a skilled and knowledgeable nursing workforce for Injury Units in Ireland.

The National Emergency Medicine Programme acknowledges the commitment of the group in designing a programme that meets the current and future needs of the nursing workforce.

Aims of the Orientation Programme

- For the Registered Nurse (RN) to gain knowledge, experience and confidence in skills specific to Injury Unit nursing.
- To provide the RN with a defined framework of expectations and standards which they will achieve and/or work within during their initial period in the Unit.
- To continue the familiarisation process of the RN with nursing practices in the Injury Unit.
- To provide a framework within which the nurse can expect to be assessed during interviews with allocated preceptor/mentor.
- To form part of continued education throughout the RNs career and serve as a platform for lifelong learning.

Objectives of the Orientation Programme

- To facilitate the nurse in identifying the skills and competencies that they need to achieve
- To complete this orientation workbook within agreed timeframe.
- To provide the RN with an Injury Unit Nursing assessment framework.
- To standardise practice.

General Introduction

This Injury Unit Orientation Programme is underpinned by the Nursing and Midwifery Board of Ireland (NMBI) *Code of Professional Conduct and Ethics for Registered Nurses and Midwives (2014)* and the *Scope of Nursing and Midwifery Framework (2015)* and these documents are considered mandatory reading for all nurses registered with NMBI. These can be accessed on www.nmbi.ie

This document is a record of the completion of the nursing orientation programme in the Injury Unit (IU)

The RN is responsible for the following;

- The maintenance of this record during his/ her period of orientation and to ensure it is completed by the relevant staff.
- The safe keeping of this document, which must be available at all times while on duty.
- Returning this completed workbook at the end of the agreed induction period to the Nurse Manager.
- This document will remain the property of the hospital
- This document will be held in the personnel file of the RN in the Human Resource Department (HR)/ Office of the Director of Nursing.
- Both the RN and the mentor/preceptor need to initial and date each section being signed off.
- A copy of this document should be retained by the RN and will form part of the RNs personal portfolio of continuing education and development.

Code of Professional Conduct and Scope of Nursing and Midwifery Framework

Regardless of the complexity of care being provided by an RN in the ED, the NMBI Code of Professional Conduct and Ethics provides a framework within which to deliver cares to patients in Irish healthcare setting.

The Code is based on five principles. They govern:

- Respect for the dignity of the person
- Professional responsibility and accountability
- Quality of practice
- Trust and confidentiality
- Collaboration with others.

Each principle underpins the Code's ethical values and related standards of conduct and practice and guides the relationships between nurses, midwives, patients and colleagues. The ethical values state the primary goals and obligations of nurses and midwives. The standards of conduct and professional practice follow on from these

values and show the attitudes and behaviours that members of the public have the right to expect from nurses and midwives. The trio of principles, values and standards of conduct are of equal importance and should be considered in association with each other.” (NMBI, 2014)

The Scope of Nursing and Midwifery Framework should also be utilised as a support during the orientation period in conjunction with the aforementioned Code of Professional Conduct and Ethics. Many factors contribute to determination of scope of practice and include competence; responsibility, accountability and autonomy; continuing professional development; support for professional nursing and midwifery practice; delegation and supervision; practice setting; collaborative practice; expanded practice and emergency situations.

“Since competence is not constant, the individual practitioner is expected to continually re-evaluate their competence when faced with new practice situations. Each nurse and midwife is accountable for their professional actions and, as such, they should refuse delegated or assigned roles or activities if they judge their competence to be limited. If they identify a competence deficit, they should take appropriate measures to gain competence.” (NMBI 2015)

During your time working in the Injury Unit, continued self -assessment of competence is expected. Your mentor/preceptor and your Nurse Manager are available to discuss and/or address any skill or knowledge deficits you perceive you may have. The RN should use this orientation programme to establish areas of their practice that they identify as requiring further development.

Domains of Competence and Assessment Strategy

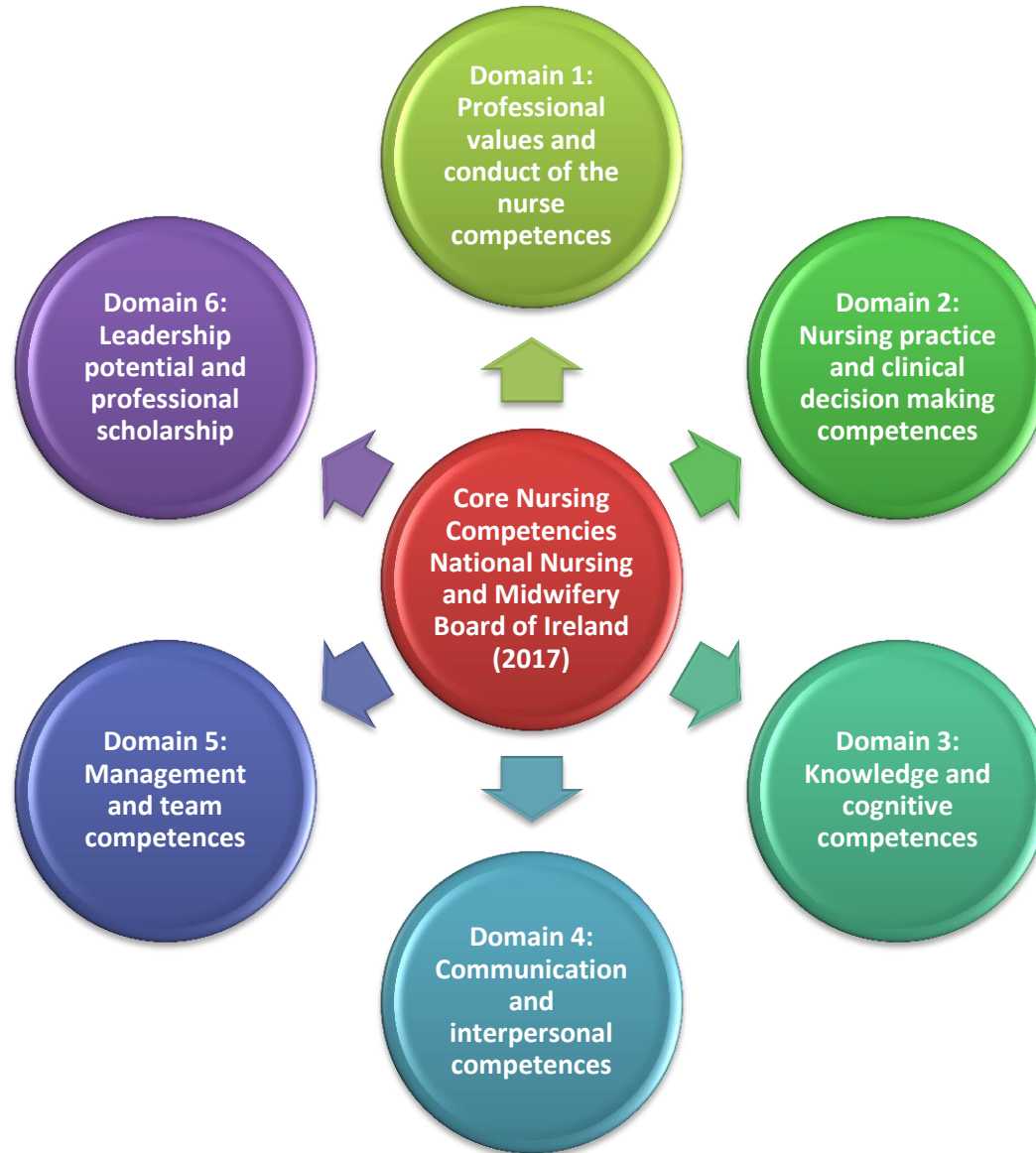
The assessment of competencies will be undertaken using the 6 Domains of Competence as set down by the National Nursing and Midwifery Board of Ireland. (2017)

While continued self-assessment will be at the core of this process the NMBI also endorse a completion of a learning log and assessment meetings. Evidence of competence may be gathered in many ways

- By direct observation of the Candidate Nurse’s performance throughout the period of adaptation
- By question and answer sessions to assess underpinning knowledge
- By reflective discussions between the Candidate Nurse and the Preceptor/Assessor regarding professional progress
- By testimony from other key qualified nursing staff
- By product evidence, e.g. documented nursing care
- By learning log evidence

(NMBI, 2015)

NMBI Domains of Competency 2017



Learning Theory, Nursing Theory and Reflective Practice

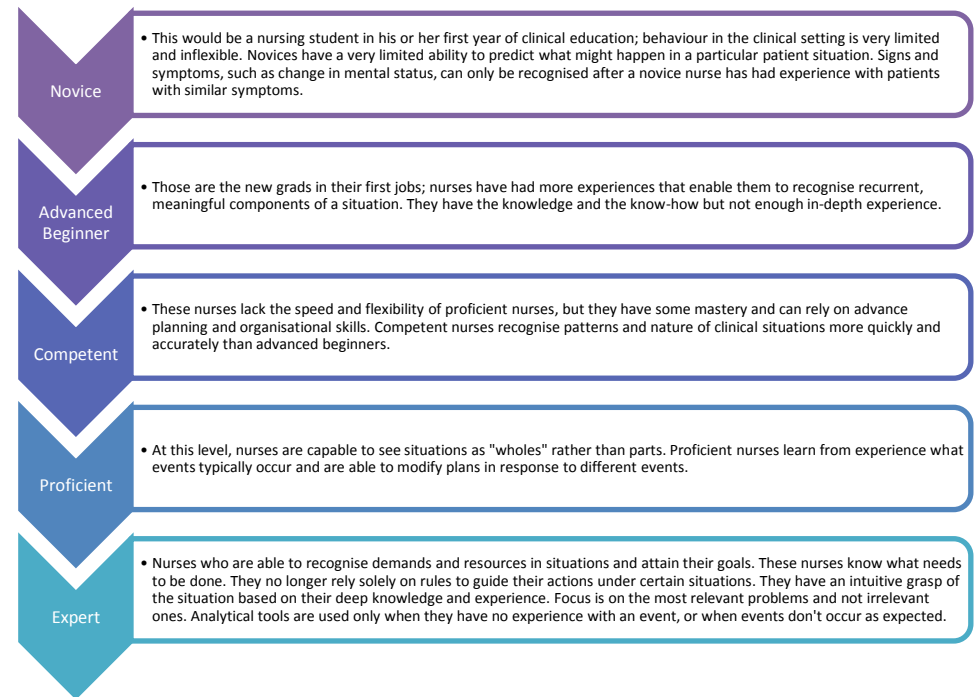
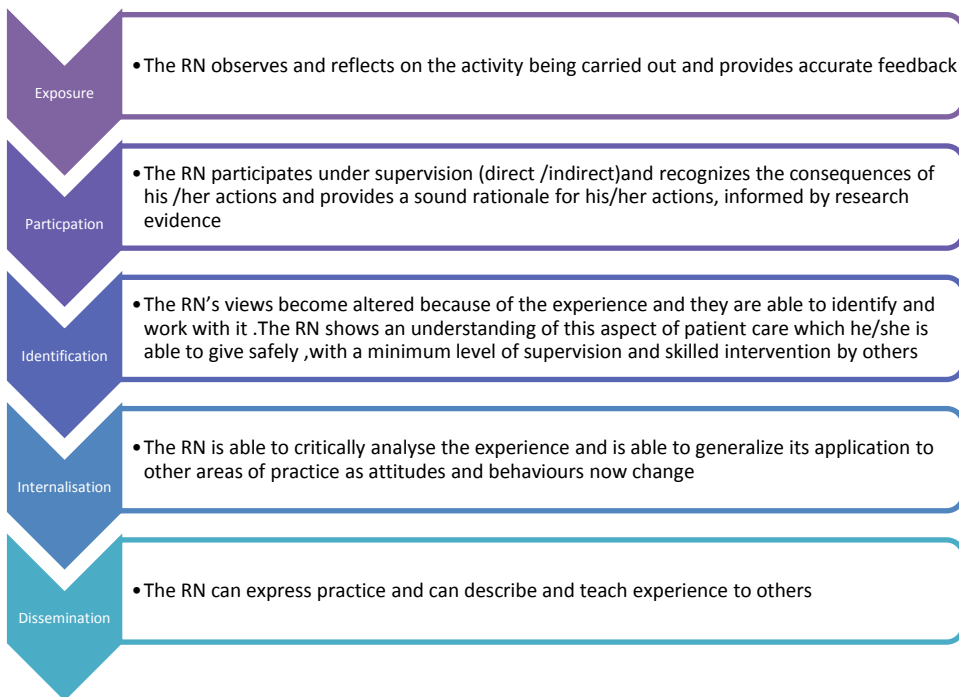
Similar to what you may have experienced in your undergraduate nursing studies, our Injury Unit nursing orientation programme is underpinned by values such as reflective practice and self-assessment. For the purposes of learning and reflective practice in this orientation workbook, the Steinaker and Bell (1979) and Benner (1984) frame works have been adopted and are described below.

Should you require it, further detail and explanation of the process will be given by the Mentor/Nurse Manager in your department.

Many skills listed in the document below can be experienced and signed off in the clinical area. However, more rarely experienced clinical scenarios or situations will be discussed with mentor/preceptor/clinical skills facilitator in order to assess knowledge.

**Steinaker and Bell Stage of Achievement (1979) The experiential taxonomy:
A new approach to teaching and learning. (2nd ed.)**

Benner's Novice to Expert Stages of Clinical Competence (1984)



Signature Bank of Registered Nurses

(To be signed by each Registered Nurse who makes an entry into this clinical skills document)

Print Name	Signature	Initials	NMBI PIN	Practice Area (if relevant)

DOMAIN 1: Professional values and conduct of the nurse competencies

Knowledge and appreciation of the virtues of caring, compassion, integrity, honesty, respect and empathy as a basis for upholding the professional values of nursing and identity as a nurse.

1.1 Practice safely		
Level	RN Initials and Date	Preceptor /Mentor Initials and Date
Exposure Novice		
Participation Advanced Beginner		
Identification Competent		
Internalisation Proficient		
Dissemination Expert		

1.2 Practice compassionately		
Exposure Novice		
Participation Advanced Beginner		
Identification Competent		
Internalisation Proficient		
Dissemination Expert		

1.3 Practice professionally, responsibly and accountably		
Exposure Novice		
Participation Advanced Beginner		
Identification Competent		
Internalisation Proficient		
Dissemination Expert		

DOMAIN 2: Nursing practice and clinical decision making competencies

Knowledge and understanding of the principles of delivering safe and effective nursing care through the adoption of a systematic and problem-solving approach to developing and delivering a person-centred plan of care based on an explicit partnership with the person and his/her primary carer.

In partnership with the person, the primary carer and other health professionals, demonstrates the capacity to:

2.1 Assess nursing and health needs		
Level	RN Initials & Date	Preceptor /Mentor Initials & Date
Exposure Novice		
Participation Advanced Beginner		
Identification Competent		
Internalisation Proficient		
Dissemination Expert		

2.2 Plan and prioritise person-centred nursing care (including selecting interventions based on best evidence and identification of desired goals with the person)		
Exposure Novice		
Participation Advanced Beginner		
Identification Competent		
Internalisation Proficient		
Dissemination Expert		

2.3 Deliver person-centred nursing skills, clinical interventions and health activities		
Level	RN Initials & Date	Preceptor /Mentor Initials & Date
Exposure Novice		
Participation Advanced Beginner		
Identification Competent		
Internalisation Proficient		
Dissemination Expert		

2.4 Evaluate person-centred nursing outcomes and undertaking a comprehensive re-assessment		
Exposure Novice		
Participation Advanced Beginner		
Identification Competent		
Internalisation Proficient		
Dissemination Expert		

2.5 Utilise clinical judgement		
Exposure Novice		
Participation Advanced Beginner		
Identification Competent		
Internalisation Proficient		
Dissemination Expert		

DOMAIN 3: Knowledge and cognitive competencies

Knowledge and understanding of the health continuum, life and behavioural sciences and their applied principles that underpin a competent knowledge base for nursing and healthcare practice.

Demonstrates the capacity to:

3.1 Practice from a competent knowledge base

Level	RN Initials & Date	Preceptor /Mentor Initials & Date
Exposure Novice		
Participation Advanced Beginner		
Identification Competent		
Internalisation Proficient		
Dissemination Expert		

3.2 Use critical thinking and reflection to inform practice

Exposure Novice		
Participation Advanced Beginner		
Identification Competent		
Internalisation Proficient		
Dissemination Expert		

DOMAIN 4: Communication and interpersonal competencies

Knowledge, appreciation and development of empathic communication skills and techniques for effective interpersonal relationships with people and other professionals in health care settings.

Demonstrates the capacity to:

4.1 Communicate in a person-centred manner

Level	RN Initials & Date	Preceptor /Mentor Initials & Date
Exposure Novice		
Participation Advanced Beginner		
Identification Competent		
Internalisation Proficient		
Dissemination Expert		

4.2 Communicate effectively with the health care team

Exposure Novice		
Participation Advanced Beginner		
Identification Competent		
Internalisation Proficient		
Dissemination Expert		

DOMAIN 5: Management and team competencies

Using management and team competences in working for the person's wellbeing, recovery, independence and safety through recognition of the collaborative partnership between the person, family and multidisciplinary health care team.

Demonstrates capacity to:

5.1 Practice collaboratively		
Level	RN Initials & Date	Preceptor /Mentor Initials & Date
Exposure Novice		
Participation Advanced Beginner		
Identification Competent		
Internalisation Proficient		
Dissemination Expert		

5.2 Manage team, others and self safely		
Exposure Novice		
Participation Advanced Beginner		
Identification Competent		
Internalisation Proficient		
Dissemination Expert		

DOMAIN 6: Leadership potential and professional scholarship competencies

Developing professional scholarship through self-directed learning skills, critical questioning/reasoning skills and decision-making skills in nursing as the foundation for lifelong professional education, maintaining competency and career development.

Demonstrates the capacity to:

6.1 Develop leadership potential

Level	RN Initials & Date	Preceptor /Mentor Initials & Date
Exposure Novice		
Participation Advanced Beginner		
Identification Competent		
Internalisation Proficient		
Dissemination Expert		

6.2 Develop professional scholarship

Exposure Novice		
Participation Advanced Beginner		
Identification Competent		
Internalisation Proficient		
Dissemination Expert		

CLINICAL SKILLS

It is assumed that your knowledge base, as taught at undergraduate level, forms the basis for your continued professional development through the orientation programme. The RN assumes ownership of the identification of areas of their own clinical practice that they may need to seek assistance/advice/supervision/further education.

Please note that skills are not listed twice in this section. It is intended that as staff members progress through the different areas within Injury Unit Nursing that they continually build on their existing skill set and further advance their knowledge and expertise.

Both the RN and the mentor must initial/date each section as relevant. The RN may initial a section in the absence of the mentor being present and then discuss learning achieved during progress interviews.

*Please be mindful that certain skills /practices require specific training in order to engage in them.

COMMUNICATION and MANAGEMENT OF CLINICAL SITUATIONS										
CLINICAL SKILL	EXPOSURE NOVICE (initials/date)		PARTICIPATION ADVANCED BEGINNER (initials/date)		IDENTIFICATION COMPETENT (initials/date)		INTERNALISATION PROFICIENT (initials/date)		DISSEMINATION EXPERT (initials/date)	
	Effective communication with peers									
Effective communication with interdisciplinary team members										
Effective communication with Shift Leader										
Effective communication with patients & relatives										
Physiological monitoring and identification of deteriorating patients										
Effective escalation of care in the event of patient deterioration										

DOCUMENTATION										
CLINICAL SKILL	EXPOSURE NOVICE (initials/date)		PARTICIPATION ADVANCED BEGINNER (initials/date)		IDENTIFICATION COMPETENT (initials/date)		INTERNALISATION PROFICIENT (initials/date)		DISSEMINATION EXPERT (initials/date)	
Adherence with NMBI guidelines										
Accurate/complete record taking										

INFECTION CONTROL and HEALTH AND SAFETY										
CLINICAL SKILL	EXPOSURE NOVICE (initials/date)		PARTICIPATION ADVANCED BEGINNER (initials/date)		IDENTIFICATION COMPETENT (initials/date)		INTERNALISATION PROFICIENT (initials/date)		DISSEMINATION EXPERT (initials/date)	
Access local infection control policy										
Ability to recognise when a patient may require isolation										
Knowledge of the Personal Protective Equipment (PPE) available within the unit										
Familiarisation with current department risk assessments										
Discuss when an incident form should be completed										

GOVERNANCE										
CLINICAL SKILL	EXPOSURE NOVICE (initials/date)		PARTICIPATION ADVANCED BEGINNER (initials/date)		IDENTIFICATION COMPETENT (initials/date)		INTERNALISATION PROFICIENT (initials/date)		DISSEMINATION EXPERT (initials/date)	
Management of the “Out of Scope” presentation										
Non-Accidental Injury <ul style="list-style-type: none"> Physical Verbal Psychological 										
Reporting of Non-Accidental Injury										
Left Before Completion of Treatment										
Consent										
Safe discharge										
Transfer to another hospital										
This list is not intended to be exhaustive but rather an example of various pathways/protocols that may be in existence in your department										

EMERGENCIES										
CLINICAL SKILL	EXPOSURE NOVICE (initials/date)		PARTICIPATION ADVANCED BEGINNER (initials/date)		IDENTIFICATION COMPETENT (initials/date)		INTERNALISATION PROFICIENT (initials/date)		DISSEMINATION EXPERT (initials/date)	
Maintain certification in Basic Life Support										
Management of a choking adult patient (discussion)										
Recognition and Management of a patient with Anaphylaxis (discussion)										

PAIN MANAGEMENT										
CLINICAL SKILL	EXPOSURE NOVICE (initials/date)		PARTICIPATION ADVANCED BEGINNER (initials/date)		IDENTIFICATION COMPETENT (initials/date)		INTERNALISATION PROFICIENT (initials/date)		DISSEMINATION EXPERT (initials/date)	
Pain Assessment in Adults										
Pain Assessment in Children										
Discuss analgesia options for Adults <ul style="list-style-type: none"> • Positioning • Oral • Inhaled • intravenous 										
Discuss analgesia for options Children <ul style="list-style-type: none"> • Positioning • Oral • Inhaled • intravenous 										
Management of the patient who has received inhaled analgesia										
Management of the patient who requires sedation										
Patient advice following administration of analgesia										

MUSCULO-SKELETAL										
CLINICAL SKILL	EXPOSURE NOVICE (initials/date)		PARTICIPATION ADVANCED BEGINNER (initials/date)		IDENTIFICATION COMPETENT (initials/date)		INTERNALISATION PROFICIENT (initials/date)		DISSEMINATION EXPERT (initials/date)	
Recording injury history										
Types of fracture <ul style="list-style-type: none"> • Greenstick • Buckle • Growth Plate • Transverse • Comminuted • Oblique • Spiral • Pathological • Stress • Closed • Compound 										
Types of soft tissue injury <ul style="list-style-type: none"> • Sprain • Strain • Contusion • Tendonitis • Bursitis 										

UPPER LIMB										
CLINICAL SKILL	EXPOSURE NOVICE (initials/date)		PARTICIPATION ADVANCED BEGINNER (initials/date)		IDENTIFICATION COMPETENT (initials/date)		INTERNALISATION PROFICIENT (initials/date)		DISSEMINATION EXPERT (initials/date)	
Upper limb assessment										
Types of upper limb immobilisation										

<ul style="list-style-type: none"> • Tubigrip • Slings • Shoulder immobilisers • Casts • Splints 										
Removal of rings/bracelets										
Patient advice										

LOWER LIMB										
CLINICAL SKILL	EXPOSURE NOVICE (initials/date)		PARTICIPATION ADVANCED BEGINNER (initials/date)		IDENTIFICATION COMPETENT (initials/date)		INTERNALISATION PROFICIENT (initials/date)		DISSEMINATION EXPERT (initials/date)	
Lower limb assessment										
Types of lower limb immobilisation <ul style="list-style-type: none"> • Tubigrip • Casts • Splints/braces 										
Fitting of walking aids <ul style="list-style-type: none"> • Walking stick • Crutches • Zimmer Frame 										
Patient advice										

HEAD and FACIAL										
CLINICAL SKILL	EXPOSURE NOVICE (initials/date)		PARTICIPATION ADVANCED BEGINNER (initials/date)		IDENTIFICATION COMPETENT (initials/date)		INTERNALISATION PROFICIENT (initials/date)		DISSEMINATION EXPERT (initials/date)	
Head Injury assessment										
Recording of Glasgow Coma Scale Score										
Assessment of minor facial injuries										
Assessment of dental injuries										
Preservation of the avulsed tooth										
Assessment of nasal injuries										
Patient advice										

BURNS and SCALDS										
CLINICAL SKILL	EXPOSURE NOVICE (initials/date)		PARTICIPATION ADVANCED BEGINNER (initials/date)		IDENTIFICATION COMPETENT (initials/date)		INTERNALISATION PROFICIENT (initials/date)		DISSEMINATION EXPERT (initials/date)	
Types of burn <ul style="list-style-type: none"> • Superficial epidermal burn • Superficial dermal burn • Deep dermal burn • Full thickness burn 										
Burn assessment										
Burn dressings										
Patient advice										

WOUNDS										
CLINICAL SKILL	EXPOSURE		PARTICIPATION		IDENTIFICATION		INTERNALISATION		DISSEMINATION	
	NOVICE (initials/date)		ADVANCED BEGINNER		COMPETENT (initials/date)		PROFICIENT (initials/date)		EXPERT (initials/date)	
Types of wound <ul style="list-style-type: none"> • Incisional • Laceration • Contusion/ crush • Puncture wounds • Abrasion • Burns (see section above) 										
Wound Assessment										
Tetanus prophylaxis										
Management of amputated digit										
Types of wound closure <ul style="list-style-type: none"> • Wound closure strips • Wound adhesive • Sutures 										
Types of dressing - general										
Types of dressing – fingers/hands										
Patient advice										

BITES and STINGS										
CLINICAL SKILL	EXPOSURE NOVICE (initials/date)		PARTICIPATION ADVANCED BEGINNER (initials/date)		IDENTIFICATION COMPETENT (initials/date)		INTERNALISATION PROFICIENT (initials/date)		DISSEMINATION EXPERT (initials/date)	
Types of bites <ul style="list-style-type: none"> • Human • Animal 										
Special precaution with bites										
Post bite/sting anaphylaxis										
Post Exposure Prophylaxis (PEP)										
Wound/puncture site assessment										
Patient advice										

ABSCESSSES										
CLINICAL SKILL	EXPOSURE NOVICE (initials/date)		PARTICIPATION ADVANCED BEGINNER (initials/date)		IDENTIFICATION COMPETENT (initials/date)		INTERNALISATION PROFICIENT (initials/date)		DISSEMINATION EXPERT (initials/date)	
Types of abscesses										
Treatment options										
Types of dressings										
Patient advice										

FOREIGN BODIES										
CLINICAL SKILL	EXPOSURE NOVICE (initials/date)		PARTICIPATION ADVANCED BEGINNER (initials/date)		IDENTIFICATION COMPETENT (initials/date)		INTERNALISATION PROFICIENT (initials/date)		DISSEMINATION EXPERT (initials/date)	
Eye										
Type of foreign body										
Recording & documenting Visual Acuity										
Eye irrigation										
Discuss removal of foreign bodies										
Instillation of eye drops										
Application of ointments										
Application of eye patches										
Patient advice										
Ear										
Types of foreign body										
Hearing assessment										
Discuss removal of foreign bodies										
Instillation of ear drops										
Patient advice										
Nasal										
Types of foreign body										
Discuss removal of foreign body										
Patient advice										

OPPORTUNISTIC LEARNING – INJURY UNIT NURSING

CLINICAL SKILL	EXPOSURE NOVICE (initials/date)		PARTICIPATION ADVANCED BEGINNER (initials/date)		IDENTIFICATION COMPETENT (initials/date)		INTERNALISATION PROFICIENT (initials/date)		DISSEMINATION EXPERT (initials/date)	

CONTINUOUS PROFESSIONAL DEVELOPMENT IN INJURY UNITS

- In-service Education opportunities will be communicated to you in numerous ways. Please review your “Careware” messages/emails/texts from the Mentor/Nurse Manager regularly. Notifications will also be posted on the staff notice board.
- It is imperative that you ass the practitioner maintain your competency and assume ownership of your own professional development. You should maintain your own accurate and up-to-date CPD portfolio for your own records.

“Since competence is not constant, the individual practitioner is expected to continually re-evaluate their competence when faced with new practice situations. Each nurse and midwife is accountable for their professional actions and, as such, they should refuse delegated or assigned roles or activities if they judge their competence to be limited. If they identify a competence deficit, they should take appropriate measures to gain competence. Each nurse or midwife is responsible for identifying concerns about their competence and, under the Nurses and Midwives Act, 2011, they must maintain their “professional competence on an on-going basis” (Government of Ireland 2011, Part II 87(1) yet to be enacted as at date of publication September 2015). Competence can be achieved by engaging in continuing professional development” (p16, NBMI, 2015).

INTERVIEW RECORDS

Using the Domains of Competence, discuss and record clinical progress to date recording the reference number for the applicable domains of competence. Entries may be recorded by RN on orientation, CNM or experienced RN colleague following discussion. All entries to be signed by RN on orientation and CNM/experienced RN (as decided locally).

Commencement Interview

This is a record of the initial interview in the Injury Unit. Both the Preceptor and the RN need to sign this document at the interview. The RN is welcome to maintain a copy for their portfolio.

Signed : _____ (Preceptor)

Signed : _____ (RN)

Date: _____

3 Monthly Interview

This is a record of the initial interview in the Injury Unit. Both the Preceptor and the RN need to sign this document at the interview. The RN is welcome to maintain a copy for their portfolio.

Signed : _____ (Preceptor)

Signed : _____ (RN)

Date: _____

3 Monthly interview

This is a record of the initial interview in the Injury Unit. Both the Preceptor and the RN need to sign this document at the interview. The RN is welcome to maintain a copy for their portfolio.

Signed : _____ (Preceptor)

Signed : _____ (RN)

Date: _____

3 Monthly interview

This is a record of the initial interview in the Injury Unit. Both the Preceptor and the RN need to sign this document at the interview. The RN is welcome to maintain a copy for their portfolio.

Signed : _____ (Preceptor)

Signed : _____ (RN)

Date: _____

3 Monthly interview

This is a record of the initial interview in the Injury Unit. Both the Preceptor and the RN need to sign this document at the interview. The RN is

welcome to maintain a copy for their portfolio.

Signed : _____ (Preceptor)

Signed : _____ (RN)

Date: _____

Final interview

This is a record of the initial interview in the Injury Unit. Both the Preceptor and the RN need to sign this document at the interview. The RN is welcome to maintain a copy for their portfolio.

Signed : _____ (Preceptor)

Signed : _____ (RN)

Date: _____

REFERENCES

- Nursing and Midwifery Board of Ireland (NMBI)
- Code of Professional Conduct and Ethics for Registered Nurses and Midwives (2014)
 - Scope of Nursing and Midwifery Framework (2015)

Health Service Executive (2017) Induction Guidelines and Checklists

Benner (1984) From Novice to Expert: Excellence and power in clinical nursing practice. Addison-Wesley

Steineker and Bell (1979) Stages of achievement. The experiential taxonomy: A new approach to teaching and learning (2nd Ed)