



HCEU Competence Matrix ,Professional Care‘

Matrix and Learning Outcomes

The HCEU matrix on "Professional Care" describes the steps of competence development and learning outcomes in the fields of nursing and elderly care starting with helper professions within those professional fields up to Bachelor level. Competence development is described based on work processes/ competence areas and transversal competence areas identified as representative for the overall fields of nursing and elderly care. The learning outcomes descriptions were prepared under involvement of health care professionals and experts as well as experts on the definition of EQF-based learning outcome descriptors. The matrix has been developed by the transnational expert consortium of the HCEU project including perspectives from AT, DE, HE, HU, PL and validated in the framework of two transnational validation workshops.

HCEU – Matrix with Learning Outcomes

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(Competence Area 1)

Assessment, diagnosis, planning professional care

Sub areas of competence	Steps of competence development (VQTS)/		
	Competence, Skills, Knowledge (EQF)		
1.1 Gathering data	1.1.a Is able to assist in conducting professional care assessments.	1.1.b Is able to conduct professional care assessments.	1.1.c Is able to guide and supervise the complete professional care assessment.
	1.1.a Is able to assist in conducting professional care assessments.	1.1.b Is able to conduct professional care assessments.	1.1.c Is able to guide and supervise the complete professional care assessment.
	Competence	Skills	Knowledge
	The professional caregiver is able to collect basic health care parameters/vital signs/personal abilities relating to the patient/client. This is done autonomously and independently but according to instructions.	The professional caregiver is able to: <ul style="list-style-type: none"> involve relevant others in the assessment of the patient/client (see also CA.6.1), perform measurements of basic health parameters/vital signs (e.g. height, weight, body temperature, blood pressure, heart rate, breathing rate, abdominal girth), collect information about the patient's/client's ability to self-care in daily living (e.g. eating, drinking, personal hygiene, dressing, excretion, mobility), 	The professional caregiver is able to: <ul style="list-style-type: none"> name the range of normal vital parameters (e.g. blood pressure, heart rate, body temperature), explain their own behaviour when faced with abnormal vital parameters, describe how to support patients/clients with limitations (e.g. limited mobility urination, walking with the blind), explain techniques for measuring basic vital functions (e.g. temperature, blood pressure, breathing rate), list technical equipment necessary for gathering the patient's/client's vital data,

		<ul style="list-style-type: none"> • collect information about the patient's/client's daily routine (e.g. being awake and asleep, course of the day), • collect information about the patient's/client's preferences and dislikes (e.g. regarding food and drink), • collect information about the patient's/client's cognitive ability (e.g. consciousness, mood changes, orientation, behaviour), • collect information about the patient's/client's sensory functions (e.g. visual and auditory impairment), • collect information about the patient's/client's social behaviour (e.g. contact to others, relationships, loneliness), • report results of health assessment of patient/client to relevant professionals, • document the results of measurements (see also CAA.2). 	<ul style="list-style-type: none"> • describe differences between sleep and unconsciousness, • list cognitive functions (e.g. learning, recognising, comparing, thinking, memory, consciousness, emotions, mood), • list physical functions (e.g. movement, breathing, digestion), • list sensory functions (e.g. communicative ability, speech, vision, hearing), • name different behaviours (e.g. aggressive, stable, apathetic, anxious), • describe assessment methods in nursing care (e.g. observation, simple interview with the patient/client and relevant others), • discuss possible health assessment results.
1.1.a Is able to assist in conducting professional care assessments.	1.1.b Is able to conduct professional care assessments.	1.1.c Is able to guide and supervise the complete professional care assessment.	
Competence	Skills	Knowledge	
The professional caregiver is able to autonomously and independently collect patient/client data based on regulations and draw conclusions regarding the professional care process.	The professional caregiver is able to: <ul style="list-style-type: none"> • lead a conversation on the nursing anamnesis with the patient/client and relevant others using anamnesis templates (see also CA.6.1 and CA.A.2), 	The professional caregiver is able to: <ul style="list-style-type: none"> • explain legal regulations and consequences regarding data gathering (see also CA.B.3), • repeat an anamnesis interview, • explain their own behaviour when dealing with changes in the 	

		<ul style="list-style-type: none"> • observe changes in patient's/client's symptoms (e.g. breathing, cardiovascular, fluids, altered consciousness, type and severity of pain, skin, urinary, digestive, behaviour, cognitive abilities), • use scales and tools to assess the patient's/client's health (e.g. Behavioural Pain Score, Wong-Baker Faces Pain Rating Scale, McGill Pain Questionnaire), • continuously update the nursing anamnesis, • gather data from an in-depth structured interview and combine it into the nursing care assessment, • take over initial physical examinations to gather data (e.g. regarding the patient's/client's pulmonary situation, fluid balance, sensory function, simple neurological reflexes), • complete scales based on physical examinations, • decide what type of physician needs to be involved and initiate a visit, • monitor the patient's/client's health using special equipment (e.g. surveillance monitor, pulse oximeter) (see also CA.3.5) • draw conclusions based on changes in the appearance of the patient/client (e.g. due to pharmacotherapy), • organise and record data that has been gathered (see also CA.A.2). 	<p>patient/client (e.g. breathing, cardiovascular situation),</p> <ul style="list-style-type: none"> • describe scales/indicators for patient/client assessment (e.g. Activities of Daily Life, Instrumental Activities of Daily Living scale, Norton scale, Waterlow scale, Mini Nutrition Assessment, Glasgow Coma Scale, Body Mass Index), • explain the pathophysiology of diseases (e.g. cognitive/mental and emotional disorders, role performance/social functioning disorders), • describe their own behaviour in an initial physical examination, • explain the anatomy of the human heart and lungs, • name and explain physical diseases, • explain the anatomy of the human gastrointestinal tract, • name and explain diseases of the human skin, • name and explain mental diseases that reduce the patient's/client's compliance within the nursing care assessment (e.g. depression, mania), • explain complex symptomatology of diseases and associated special care assessments (e.g. sepsis, heart attack, stroke, gastrointestinal bleeding), • explain correct cognitive functioning indicators (e.g. thinking, memory, consciousness, communicative ability, speech, vision, hearing, mood, emotions),
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		<ul style="list-style-type: none"> describe laboratory parameters and their meaning (e.g. blood coagulation, blood count, drug levels, urinary status).
1.1.a Is able to assist in conducting professional care assessments.	1.1.b Is able to conduct professional care assessments.	1.1.c Is able to guide and supervise the complete professional care assessment.
Competence	Skills	Knowledge
The professional caregiver is able to autonomously and independently guide and supervise others in data gathering and integrate scientific findings into the gathering process.	The professional caregiver is able to: <ul style="list-style-type: none"> show others the standards of data collection, complete scales based on physical examinations and draw conclusions regarding the care process (see also CA.1.3), analyse the patient's medical record to use the data for nursing care (e.g. biochemical data regarding the amount of liquids required by the patient/client, specialised examination results for improving safety procedures), show others how to operate technical equipment for care assessment (e.g. surveillance monitor, ventilator, intracranial pressure probe) (see also CA.3.5), support the development, improvement and evaluation of existing guidelines for data gathering, implement new scales used in patient/client assessment, run training sessions on data collecting and documenting (see also CA.A.2), 	The professional caregiver is able to: <ul style="list-style-type: none"> discuss ethical principles of data collection (see also CA.B.1), list general health care indicators (e.g. demographic and socioeconomic context, mortality and morbidity, health care utilisation and environment), list methods and techniques of patient/client record collection which differentiate symptomatology of various diseases (e.g. observation interview, measurement), describe additional scales/indicators for patient/client assessment (e.g. visual analogue scale, sleep apnoea clinical score, New York Heart Association, Torrence, ankle brachial index measurement, mini mental state examination, waist to hip ratio), explain the process of guiding and supervising others, explain strategies for assessing and motivating employees with regard to effective data collection.



		<ul style="list-style-type: none"> work with other professionals to improve information flows within the team (see also CA.5.2). 	
1.2 Nursing diagnosis	1.2.a Is able to assist in developing nursing diagnoses based on collected data.	1.2.b Is able to develop and revise nursing diagnoses based on collected data.	1.2.c Is able to guide and supervise others in developing and revising nursing diagnoses.
	1.2.a Is able to assist in developing nursing diagnoses based on collected data.	1.2.b Is able to develop and revise nursing diagnoses based on collected data.	1.2.c Is able to guide and supervise others in developing and revising nursing diagnoses.
	Competence	Skills	Knowledge
	The professional caregiver is able to autonomously and independently identify nursing care problems and assist in the development of nursing diagnoses.	The professional caregiver is able to: <ul style="list-style-type: none"> identify care problems (e.g. self-care deficits in eating, risk of bed sores, risk of urinary infection), involve the patient/client and relevant others in identifying care problems, recognise situations that lead to possible changes in the nursing diagnosis, recognise and report changes in the patient/client regarding care problems and the nursing diagnosis, attend and assist in the determination of the nursing diagnosis, analyse collected data regarding their relevance for nursing diagnoses, report information about the patient's/client's health status (e.g. in meetings on nursing diagnoses). 	The professional caregiver is able to: <ul style="list-style-type: none"> describe the term "care problem", describe the meaning of nursing diagnoses, explain their own behaviour regarding involving the patient/client in the detection of care problems, define the term "self-care deficit", list deviations from the patient's/client's normal health status regarding nursing care problems, name data influencing the nursing diagnosis, name frequent chronic diseases influencing the nursing diagnosis, explain the analysis of collected data regarding the nursing diagnosis, name contributing factors to various nursing diagnoses.



1.2.a Is able to assist in developing nursing diagnoses based on collected data.	1.2.b Is able to develop and revise nursing diagnoses based on collected data.	1.2.c Is able to guide and supervise others in developing and revising nursing diagnoses.
Competence	Skills	Knowledge
<p>The professional caregiver is able to autonomously and independently define and revise nursing diagnoses.</p>	<p>The professional caregiver is able to:</p> <ul style="list-style-type: none"> involve the patient/client and relevant others in developing nursing diagnoses (e.g. through questioning), apply a care diagnosis system, cluster and organise gathered data to formulate nursing diagnoses, identify high-risk and low-risk care problems regarding care diagnoses, initiate data collection and determine which data should be collected regarding carrying out the care diagnosis, recognise the patient's self-care deficits (e.g. deficits in the patient's physical condition, knowledge, skills and motivation), recognise deviations from the patient's normal physical condition and involve it in the care diagnosis (e.g. dyspnoea, oedema, tachypnoea, tachycardia, oliguria), recognise deviations from the patient's/client's mental and psychological condition and involve it in the care diagnosis (e.g. confusion, anxiety), 	<p>The professional caregiver is able to:</p> <ul style="list-style-type: none"> explain legal regulations and consequences regarding nursing diagnoses (see also CA.B.3), explain their own behaviour with regard to involving patients/clients in the development of the nursing diagnosis, describe concepts of nursing diagnoses (e.g. Nursing Interventions Classification, Nursing-Sensitive Outcomes Classification, ePAC©), name sectors of care diagnoses (e.g. excretion, liquids, social interaction), list relevant data to be gathered for nursing diagnoses, list self-care deficits in different bio-psycho-social health conditions and diseases (e.g. children, older people, chronic diseases), describe symptomatology of chronic diseases (e.g. COPD, dementia, diabetes), describe symptomatology of acute diseases (e.g. heart infarction, stroke, loss of blood after accidents, shock), list side-effects and complications of pharmacotherapy (e.g. NSAIDs),



		<ul style="list-style-type: none"> • recognise deviations from the patient's/client's social life and involve it in the care diagnosis (e.g. social isolation), • recognise complications after treatments that lead to additions and changes in the nursing diagnosis (e.g. pharmacological treatment), • define actual and potential nursing diagnoses related to physical status (e.g. weight of the patient/client), • define actual and potential nursing diagnoses related to mental and social status (e.g. poor income, living alone), • consider risk factors in the patient's/client's behaviour regarding care and therapy and the influence of the nursing diagnosis (e.g. noncompliance with pharmacological treatment, insufficient knowledge of disease), • consider changes in the patient/client that are caused by their disease and how this impacts the nursing diagnosis, • collaborate with other professions regarding the patient's/client's needs based on the nursing diagnosis (e.g. for extension of medical treatment), • define short-term and long-term objectives based on the nursing diagnosis, • revise nursing diagnoses regularly, • perform the documentation of nursing diagnoses (see also CA.A.2). 	<p>anticoagulants, blood pressure-lowering agents) (see also CA.3.2),</p> <ul style="list-style-type: none"> • name classification and forms of nursing diagnoses, • describe pathogenesis of frequently chronic diseases (e.g. COPD, dementia, diabetes), • name complications that influence nursing diagnoses (e.g. acute changes in the patient's/client's condition), • list complications of different forms of treatment (e.g. operative vs. conservative treatment for spine disorders), • explain the aetiology and risk factors related to nursing diagnoses, • name psychological and social factors influencing the client's/patient's ability to self-care (e.g. factors that influence health, adaptation to stress, defence mechanisms, ways of coping with stress, effect of culture on health, social level, family background, social problems in relation to health, attitudes and behaviour), • list classifications of nursing diagnoses and types of complex nursing diagnoses (e.g. NANDA, ICNP), • describe theories of loss, bereavement and death (e.g. five stages according to Kübler-Ross), • list and describe basic emotions (e.g. fear/panic, anger/rage, joy/ecstasy).
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1.2.a Is able to assist in developing nursing diagnoses based on collected data.	1.2.b Is able to develop and revise nursing diagnoses based on collected data.	1.2.c Is able to guide and supervise others in developing and revising nursing diagnoses.
Competence	Skills	Knowledge
<p>The professional caregiver is able to autonomously and independently guide and supervise others in defining and revising nursing diagnoses and in evaluating the nursing diagnosis process.</p>	<p>The professional caregiver is able to:</p> <ul style="list-style-type: none"> • show others how to apply a care diagnosis system, • teach others to formulate care diagnoses, • detect gaps in collected data regarding care diagnoses, • detect gaps in nursing diagnosis systems (e.g. low self-esteem regarding complex factors, ineffective coping related to unknown aetiology), • show others how to recognise deviations in various abilities (e.g. in physical, mental and psychological, social living, self-care), • set times for reviewing nursing diagnoses, • write nursing diagnosis statements, • keep a register of nursing diagnoses within the facility, • evaluate the nursing diagnosis process, • revise the guidelines for formulating nursing diagnoses, • develop and modify templates for nursing diagnoses, • train care professionals on formulating and documenting nursing diagnoses. 	<p>The professional caregiver is able to:</p> <ul style="list-style-type: none"> • discuss ethical principles of nursing diagnoses (see also CA.B.1), • explain the concept of deficit-orientation within nursing diagnoses, • explain high-risk and low-risk care problems and their analogy in care diagnoses, • explain types of nursing diagnoses (e.g. problem diagnosis, risk nursing diagnosis, wellness diagnosis, possible nursing diagnosis), • name tools and methods that are useful for modifying guidelines for nursing diagnoses, • explain the process of guiding and supervising others, • explain different strategies for training and motivating others in identifying nursing diagnoses.

1.3. Planning professional care	1.3.a Is able to assist in developing, revising and adapting the professional care plan.	1.3.b Is able to develop, revise and adapt the professional care plan.	1.3.c Is able to <ul style="list-style-type: none"> • apply and develop special care plans • guide and supervise the development, revision and adaptation of the professional care plan.
	1.3.a To be able to assist in developing, revision and adaption of the professional care plan.	1.3.b Is able to develop, revise and adapt the professional care plan.	1.3.c Is able to <ul style="list-style-type: none"> • apply and develop special care plans • guide and supervise the development, revision and adaptation of the professional care plan.
	Competence	Skills	Knowledge
	The professional caregiver is able to assist in developing professional care plans, including with regard to daily living activities. This is done autonomously and independently but according to instructions.	The professional caregiver is able to: <ul style="list-style-type: none"> • involve the patient/client and relevant others in an informal care plan (e.g. regarding daily routine), • plan interventions and methods to assist with daily living (e.g. feeding, cleaning, bathing, moving) (see also CA.6.2), • establish a trusting relationship with the patient/client, • apply pre-designed care plan templates, • define the range of help necessary for the patient/client based on the patient's self-care ability. 	The professional caregiver is able to: <ul style="list-style-type: none"> • describe elements of care plan templates, • list available care aids (e.g. bed pads, incontinence materials), • describe methods of activating care (e.g. resource-oriented care), • explain the meaning of empathy when planning professional care, • explain standards of care and procedures for caring for patients/clients who have difficulties with daily living (e.g. feeding, cleaning).
	1.3.a Is able to assist in developing, revising and adapting the professional care plan.	1.3.b Is able to develop, revise and adapt the professional care plan.	1.3.c Is able to <ul style="list-style-type: none"> • apply and develop special care plans



		<ul style="list-style-type: none"> guide and supervise the development, revision and adaptation of the professional care plan.
Competence	Skills	Knowledge
<p>The professional caregiver is able to autonomously and independently develop and modify individual plans for professional care.</p>	<p>The professional caregiver is able to:</p> <ul style="list-style-type: none"> involve the patient/client and relevant others in the development of the professional care plan, select and plan independent nursing interventions based on the nursing diagnoses, select and initiate collaborative interventions based on the nursing diagnoses, plan nursing care interventions in cooperation with the patient/client and relevant others, set priorities and the time of interventions, select the methods and resources needed to conduct care according to the professional care plan, define short-term and long-term care objectives and nursing care outcomes in cooperation with the patient/client and relevant others and implement measures to reach them, initiate changes in the professional care plan depending on the patient's/client's condition, implement care diagnoses in the development of individual care plans, 	<p>The professional caregiver is able to:</p> <ul style="list-style-type: none"> explain legal regulations and consequences regarding care plans (see also CA.B.3), explain the objectives of implementing care plans, explain diseases and their symptomatology regarding short-term and long-term objectives for the professional care plan (e.g. impaired verbal communication related to decreased circulation to brain, risk of impaired skin integrity related to impaired tissue perfusion), explain methods of therapeutic and care treatment as appropriate for the patient's/client's health condition, describe approaches to enable patient/client and relevant others to conduct self-care in chronic diseases, explain classification and outcome systems (e.g. NIC, NOC), explain methods of conducting complex care according to evidence-based practice, describe methods of individual and group training and behavioural strategies in diseases demanding



	<ul style="list-style-type: none"> • revise professional care plans based on gathered data and nursing diagnoses, • implement ambient assistant systems. 	<ul style="list-style-type: none"> • complex treatments and long-term care planning (e.g. stomata, mastectomy, organ transplantation, mechanical ventilation at home, diabetes mellitus) (see also CA.6.2), • explain the influence of care diagnoses on the care plan, • explain the term “nursing care outcome”, • name rules regarding revisions of care plans (e.g. weekly, monthly).
1.3.a Is able to assist in developing, revising and adapting the professional care plan.	1.3.b Is able to develop, revise and adapt the professional care plan.	1.3.c Is able to <ul style="list-style-type: none"> • apply and develop special care plans • guide and supervise the development, revision and adaptation of the professional care plan.
Competence	Skills	Knowledge
The professional caregiver is able to autonomously and independently apply and develop care plans for special diseases and to guide and supervise others in determining professional care plans.	The professional caregiver is able to: <ul style="list-style-type: none"> • apply neurological care plans (e.g. for Alzheimer’s disease, multiple sclerosis, Parkinson’s disease) and show others how to implement them, • apply mental health and psychiatric care plans (e.g. for anxiety and panic disorders, major depression, schizophrenia, suicide behaviours) and show others how to implement them, • apply respiratory care plans (e.g. for asthma, COPD, mechanical ventilation, 	The professional caregiver is able to: <ul style="list-style-type: none"> • discuss ethical principles of care planning (see also CA.B.1), • name and explain care plans for specific areas and diseases (e.g. neurological, cardiovascular, paediatric, endocrine care plans), • explain various nursing theories and care models (e.g. Nightingale, Henderson, Orem, Roy, Neuman), • explain the process of guiding and supervising others,

		<p>pneumonia, tracheotomy) and show others how to implement them,</p> <ul style="list-style-type: none"> • apply cardiovascular care plans (e.g. for angina pectoris, cardiogenic shock, hypovolemic shock, myocardial infarction, aortic aneurysm) and show others how to implement them, • apply gastrointestinal care plans (e.g. for appendectomy, hepatitis, liver cirrhosis) and show others how to implement them, • apply maternal and new-born care plans (e.g. for perinatal loss, postpartum haemorrhage, prenatal infection, gestational diabetes mellitus) and show others how to implement them, • apply paediatric care plans (e.g. for cystic fibrosis, hydrocephalus) and show others how to implement them, • apply care plans for infectious diseases (e.g. for acquired immunodeficiency syndrome, influenza, tuberculosis) and show others how to implement them, • apply genitourinary care plans (e.g. for chronic renal failure, prostatectomy, urolithiasis) and care plans for the female reproductive system (e.g. for hysterectomy, mastectomy) and show others how to implement them, • apply endocrine and metabolic care plans (e.g. for diabetes mellitus, eating disorders, hyperthyroidism) and care plans for the acid-base balance (e.g. respiratory alkalosis, metabolic 	<ul style="list-style-type: none"> • explain different strategies of training and motivating others to improve care planning, • describe the development of care plans and care plan templates.
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		<p>acidosis) and show others how to implement them,</p> <ul style="list-style-type: none"> • apply hematologic and lymphatic care plans (e.g. for anaphylactic shock, leukaemia) and show others how to implement them, • apply ophthalmic care plans (e.g. for cataracts, glaucoma) and show others how to implement them, • apply musculoskeletal care plans (e.g. for amputation, osteoporosis, total joint replacement) and show others how to implement them, • apply surgical and perioperative care plans (e.g. for ileostomy, fracture) and show others how to implement them, • apply integumentary and miscellaneous care plans (e.g. for burn injury, pressure ulcer, cancer nursing, total parenteral nutrition) and show others how to implement them, • develop care plans for special diseases, • propose a model of care and apply selected nursing theories in practice, • assess the correct application of interventions and measures regarding the care plan, • supervise modifications to the care plan, • motivate others to improve nursing care planning, • perform current and final evaluation of the patient's/client's health assessment and nursing outcomes, • prepare and revise care plan templates, 	
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		<ul style="list-style-type: none"> recognise the scope of their own competences and those of others when planning professional care. 	
(Competence Area 2)			
Nursing Care			
Sub areas of competence	Steps of competence development (VQTS)/		
	Competence, Skills, Knowledge (EQF)		
2.1 Basic care and personal hygiene	2.1.a Is able to help the patient/client to perform basic care.	2.1.b Is able to perform basic care in all care cases.	2.1.c Is able to guide and supervise others in performing basic care in all care cases.
	2.1.a Is able to help the patient/client to perform basic care.	2.1.b Is able to perform basic care in all care cases.	2.1.c Is able to guide and supervise others in performing basic care in all care cases.
	Competence	Skills	Knowledge
	The professional caregiver is able to support the patient/client in performing resource-oriented basic care and assist others in performing basic care. This is done autonomously and independently but according to instructions.	The professional caregiver is able to: <ul style="list-style-type: none"> involve the patient/client and relevant others in assisting with basic care, assist the patient/client with skin care and prophylactic measures with regard to their skin, assist the patient/client with personal hygiene (e.g. oral care, hair care, nose care, ear hygiene, shaving), assist the patient/client with bathing and showering, 	The professional caregiver is able to: <ul style="list-style-type: none"> describe the elements of personal hygiene and full body wash, explain patient/client expectations regarding privacy in personal hygiene, describe the anatomy of the skin, describe the principles and goals of skin care, name different cleansing agents and care products and their impacts, describe skin care in the case of particular disorders (e.g. ulcers,



		<ul style="list-style-type: none"> • help the patient/client to dress and undress, • make beds, • assist others in to put the patient/client to bed, • implement care aids when carrying out personal hygiene procedures, • apply special care measures when assisting with patient's/client's with special diseases and needs (e.g. external fixator, difficulty in breathing), • empower the patient/client to act independently through resource-orientated care, • apply professional personal hygiene plans to the patient/client, • recognise and report acute changes in the patient's/client's condition (see also CA.A.1), • call for support when dealing with complications and difficult situations, • apply measures to protect patient/client from noise, radiation, unpleasant lighting, • apply measures to protect patient's/client's with specific diseases from exposure (e.g. avoid exposing patients/clients with neurodermitis to creams containing lanolin, avoid giving alcoholics access to solutions containing alcohol). 	<p>pressure ulcers, skin aging, skin diseases),</p> <ul style="list-style-type: none"> • describe their own behaviour regarding personal hygiene when dealing with patient's/client's pain, • explain methods of pain control, • explain diseases relevant for skin care and personal hygiene (e.g. ulcers, pressure ulcers, skin aging, skin diseases), • explain use of prevention equipment for ulcers (e.g. pillows, antidecubitus mattress, water-filled glove), • distinguish and explain various stages of pressure ulcers (e.g. stages I to IV), • describe the methods of skin prophylaxis (e.g. intertrigoprophyllaxis, pressure ulcers prophylaxis), • describe the anatomy of the mouth, ear, eye and nose, • explain prophylactic measures relating to the mouth, ears, eyes, nose, • describe techniques for helping patient/client to dress and undress, • describe techniques for changing the bed linen with/without patient/client in bed, • describe the principles of resource-oriented care (e.g. empowering patient/client to act independently), • describe development and prevention of burns and frostbites, • explain the special requirements for protecting patients/clients with specific
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		diseases (e.g. recrudescence in case of alcoholism).
2.1.a Is able to help the patient/client to perform basic care.	2.1.b Is able to perform basic care in all care cases.	2.1.c Is able to guide and supervise others in performing basic care in all care cases.
Competence	Skills	Knowledge
The professional caregiver autonomously and independently performs resource-oriented basic care in all care cases.	The professional caregiver is able to: <ul style="list-style-type: none"> perform skin care and prophylactic measures relating to the patient's/client's skin, perform body washing and other personal hygiene measures for the patient/client in various situations and places (e.g. full body wash, intimate body wash, in bed, at the washbasin), dress and undress the patient/client, shave the patient/client (e.g. face, body for preparing for operations), perform nose and mouth hygiene for patient/client with nasally or orally inserted tubes (e.g. stomach tube, endotracheal tube), consider relevance of patient's/client's clinical pictures for personal hygiene, recognise and manage risk situations and changes in the patient's/client's condition during the care act (e.g. recognise circulatory collapses) (see also CA.A.1), 	The professional caregiver is able to: <ul style="list-style-type: none"> explain legal regulations and consequences regarding basic care (see also CA.B.3), describe and distinguish between relevant clinical pictures and the related risks and potential complications in the context of personal hygiene, name basic elements of human anatomy relevant for body washes (e.g. muscles, bones, blood circulation), explain the Bobath concept, explain the concept of basal stimulation, explain special methods of full body wash related to special diseases (e.g. Bobath, basal stimulation, kinesthetics), explain their own behaviour when dealing with patients/clients who are in pain, explain techniques for performing a body wash (e.g. in bed, showering), name psychological diseases that can lead to defensive behaviour (e.g. anxiety disorders, burnout, depression, dementia, schizophrenia),



	<ul style="list-style-type: none"> perform basic care appropriate to specific risks of patient/client (e.g. seriously ill patient's/client's), implement special concepts in basic care (e.g. Bobath), perform basal stimulation (e.g. for revitalising, soothing), recognise if the patient/client is in pain and apply pain scales (see also CA.1.1). 	<ul style="list-style-type: none"> name neurological diseases that can lead to restrictions in personal hygiene (e.g. Parkinson's disease, encephalitis, stroke), name and describe diseases of the cardiovascular system that lead to restrictions in self-care (e.g. chronic ischemic heart disease, myocardial infarction, cardiac insufficiency), name and describe diseases of the motion apparatus that lead to restrictions in self-sufficiency (e.g. ankylosing spondylitis, disc prolapse), describe the depth of sedation based on scales (e.g. GCS or RS) and their influence regarding personal hygiene, explain risk situations for personal hygiene caused by too low/high depth of sedation of patient/client (see also CA.3.2).
2.1.a Is able to help the patient/client to perform basic care.	2.1.b Is able to perform basic care in all care cases.	2.1.c Is able to guide and supervise others in performing basic care in all care cases.
Competence	Skills	Knowledge
The professional caregiver is able to autonomously and independently guide and supervise others in performing resource-oriented basic care in all care cases.	The professional caregiver is able to: <ul style="list-style-type: none"> hand over personal hygiene tasks to relevant others (e.g. relatives, in line with the wishes and needs of the patient/client), 	The professional caregiver is able to: <ul style="list-style-type: none"> discuss ethical principles of basic care (see also CA.B.1), explain the integration of relevant others (e.g. patient's/client's relatives) in the care process,



		<ul style="list-style-type: none"> • teach others how to look after the patient's/client's personal hygiene needs • teach others about the methods and processes of basic care in different care situations, • evaluate the work and abilities of others with regard to taking over basic care, • coach others in conducting basic care, • motivate others to achieve the goals of basic care. 	<ul style="list-style-type: none"> • explain their own behaviour when dealing with risky situations and changes in the patient's/client's condition, • name methods for transferring knowledge and experience, • explain different coaching/training techniques, • describe techniques for increasing motivation, • explain the implementation of quality control regarding basic care (see also CA.A.3). 	
2.2 Nutrition	2.2.a Is able to order and distribute meals and, if necessary, support patients/clients without specific dietary restrictions or functional limitations according to nutrition plans.	2.2.b Is able to assist in <ul style="list-style-type: none"> • preparing and adapting a nutrition plan according to the patient's/client's individual condition and functional limitations, • handle enteral nutrition and place and handle feeding tubes. 	2.2.c Is able to independently <ul style="list-style-type: none"> • prepare and adapt a nutrition plan according to the patient's/client's individual condition and functional limitations, • place and handle feeding tubes. 	2.2.d Is able to guide and supervise the handling of enteral nutrition and placing and handling of feeding tubes.
	2.2.a Is able to order and distribute meals and, if necessary, support patients/clients without specific dietary restrictions or functional limitations according to nutrition plans.	2.2.b Is able to assist in <ul style="list-style-type: none"> • preparing and adapting a nutrition plan according to the patient's/client's individual condition and functional limitations, • handle enteral nutrition and place and handle feeding tubes. 	2.2.c Is able to independently <ul style="list-style-type: none"> • prepare and adapt a nutrition plan according to the patient's/client's individual condition and functional limitations, • place and handle feeding tubes. 	2.2.d Is able to guide and supervise the handling of enteral nutrition and placing and handling of feeding tubes.



Competence		Skills	Knowledge
<p>The professional caregiver is able to order and distribute meals and assist patient's/client's without specific dietary restrictions (apart from diabetes mellitus) or functional limitations in eating and drinking according to nutrition plans. This is done autonomously and independently but according to instructions.</p>		<p>The professional caregiver is able to:</p> <ul style="list-style-type: none"> involve the patient/client and relevant others in nutrition, implement the prescribed nutrition plan and drinking protocol, order meals and drinks according to in-house rules, prepare patients/clients for eating and drinking (e.g. correct position in bed), support patients/clients without specific needs in eating and drinking, set tables and serve meals (e.g. while respecting patient's/client's rituals), distinguish and use different dishes according to the patient's/client's needs (e.g. feeding cup), monitor the patient's/client's liquid and calorie intake and react according to nutrition plans and the patient's/client's needs, recognise potential rituals and habits of patients/clients, recognise risk situations regarding nutrition and feeding and call for assistance. 	<p>The professional caregiver is able to:</p> <ul style="list-style-type: none"> describe the procedures of ordering meals/drinks according to in-house rules, list potential dietary restrictions and functional limitations and their impacts on nutrition, explain the volume of liquids and feed quantities, describe support for the patient/client in eating and drinking, name the regular volume of liquids and calories a patient/client should ingest on a daily basis, explain the impact of aspiration and their prophylaxis, describe values and beliefs of different cultural, ethnological and religious groups and how this may affect patients/clients with regard to nutrition (see also CA.B.2), list interactions between medicines and nutrients (e.g. diabetes-related nutrition and the amount of insulin).
2.2.a	Is able to order and distribute meals and, if necessary, support patients/clients without specific dietary restrictions or functional	2.2.b Is able to assist in	2.2.c Is able to independently
	Is able to order and distribute meals and, if necessary, support patients/clients without specific dietary restrictions or functional	<ul style="list-style-type: none"> preparing and adapting a nutrition plan according to the patient's/client's 	<ul style="list-style-type: none"> prepare and adapt a nutrition plan according to the patient's/client's individual
			2.2.d Is able to guide and supervise the handling of enteral nutrition and placing and handling of feeding tubes.

limitations according to nutrition plans.	individual condition and functional limitations, <ul style="list-style-type: none"> • handle enteral nutrition and place and handle feeding tubes. 	condition and functional limitations, <ul style="list-style-type: none"> • place and handle feeding tubes. 	
Competence	Skills	Knowledge	
The professional caregiver is able to prepare and adapt nutrition plans according to patients'/clients' individual needs, handle special forms of enteral nutrition and place and handle (nasal/oral) feeding tubes. This is done under supervision.	The professional caregiver is able to: <ul style="list-style-type: none"> • assist in preparing and adapting nutrition plans, • derive relevant information from patient/client observation and react accordingly (see also CA.A.1), • assist in preparing and serving the enteral nutrition according to the nutrition plan, • assist in preparing the material for placing and handling feeding tubes, • assist in placing, checking and handling feeding tubes (e.g. flush regularly, control feeding tube position), • assist in checking and handling different feeding pumps (see also CA.3.5), • assist in the evaluation of the patient's/client's swallowing process while carrying out dysphagia tests, • distinguish between various kinds of liquids and meals according to patient's/client's needs, • document the patient's/client's eating and drinking (see also CA.A.2), • apply methods of basal stimulation in nutrition and feeding of patients/clients, 	The professional caregiver is able to: <ul style="list-style-type: none"> • explain legal regulations and consequences regarding nutrition (see also CA.B.3), • explain various types of meals suitable for different clinical pictures (e.g. swallowing disorders, pre- and postoperative care in relation to nutrition), • identify patient's/client's abilities and risks according to specific clinical pictures (e.g. lack of nutrition due to physical or psychological limitations, surgical interventions), • explain differences in various types of enteral nutrition, • name the necessary materials and equipment for placing and handling feeding tubes, • describe the functions of different feeding pumps (see also CA.3.5), • name conditions that necessitate swallowing investigations (e.g. regarding the patient's/client's vigilance and compliance), 	

		<ul style="list-style-type: none"> assist in using appropriate application systems (e.g. use appropriate syringes and systems for enteral nutrition only). 	<ul style="list-style-type: none"> describe methods of dysphagia screening (e.g. Gugging Swallowing Screen, dysphagia test according to Daniels), explain methods of basal stimulation regarding nutrition, explain special diets (e.g. for patients/clients with ulcerative colitis, Crohn's disease, postoperative).
2.2.a Is able to order and distribute meals and, if necessary, support patients/clients without specific dietary restrictions or functional limitations according to nutrition plans.	2.2.b Is able to assist in <ul style="list-style-type: none"> preparing and adapting a nutrition plan according to the patient's/client's individual condition and functional limitations, handle enteral nutrition and place and handle feeding tubes. 	2.2.c Is able to independently <ul style="list-style-type: none"> prepare and adapt a nutrition plan according to the patient's/client's individual condition and functional limitations, place and handle feeding tubes. 	2.2.d Is able to guide and supervise the handling of enteral nutrition and placing and handling of feeding tubes.
Competence		Skills	Knowledge
The professional caregiver is able to autonomously and independently prepare and adapt nutrition plans according to patients'/clients' individual needs, handle special forms of enteral nutrition and place and handle (nasal/oral) feeding tubes.	The professional caregiver is able to: <ul style="list-style-type: none"> prepare and adapt nutrition plans, prepare and serve the enteral nutrition according to the nutrition plan, prepare the material for placing and handling feeding tubes, place, check and handle feeding tubes (e.g. flush regularly, control feeding tube position), check and handle different feeding pumps (see also CA.3.5), 	The professional caregiver is able to: <ul style="list-style-type: none"> explain legal regulations and consequences regarding parenteral nutrition (see also CA.B.3), explain the anatomy of air passages and the digestive tract, explain the procedure and potential risks of placing and handling feeding tubes, name the indications and explain the limitations for placing a feeding tube, 	



		<ul style="list-style-type: none"> • evaluate the patient's/client's swallowing process while carrying out dysphagia tests, • use appropriate application systems (e.g. use appropriate syringes and systems for enteral nutrition only) • anticipate risk situations and emergency cases early on and prevent such situations by adapting their own actions, • deal with non-compliant patient's/client's regarding feeding tubes (e.g. secure and fix feeding tubes properly). 	<ul style="list-style-type: none"> • explain their own behaviour when dealing with non-compliant patients/clients.
2.2.a Is able to order and distribute meals and, if necessary, support patients/clients without specific dietary restrictions or functional limitations according to nutrition plans.	2.2.b Is able to assist in <ul style="list-style-type: none"> • preparing and adapting a nutrition plan according to the patient's/client's individual condition and functional limitations, • handle enteral nutrition and place and handle feeding tubes. 	2.2.c Is able to independently <ul style="list-style-type: none"> • prepare and adapt a nutrition plan according to the patient's/client's individual condition and functional limitations, • place and handle feeding tubes. 	2.2.d Is able to guide and supervise the handling of enteral nutrition and placing and handling of feeding tubes.
Competence	Skills		Knowledge
The professional caregiver is able to autonomously and independently guide and supervise the handling of enteral nutrition and the placing and handling of (nasal/oral) feeding tubes.	The professional caregiver is able to: <ul style="list-style-type: none"> • teach others how to conduct enteral nutrition and tube nutrition, • teach others how to place and handle feeding tubes, • transfer to others methods and processes of nutrition in different situations, 	The professional caregiver is able to: <ul style="list-style-type: none"> • discuss ethical principles of nutrition (see also CA.B.1), • explain strategies of assessment and motivation of employees for effective enteral nutrition, • explain the process of guiding and supervising others, 	

		<ul style="list-style-type: none"> • evaluate the work and abilities of others with respect to handling enteral nutrition, • motivate others to achieve the goals of nutrition. 	<ul style="list-style-type: none"> • name methods for transferring knowledge and experience, • explain different coaching and training techniques.
2.3 Mobility, movement, positioning	2.3.a Is able to assist in mobility measures including patient/client activation according to patient's/client's treatment plan and individual condition.	2.3.b Is able to implement mobility measures including patient/client activation according to patient's/client's treatment plan and individual condition.	2.3.c Is able to guide and supervise the implementation of mobility measures.
	2.3.a Is able to assist in mobility measures including patient/client activation according to patient's/client's treatment plan and individual condition.	2.3.b Is able to implement mobility measures including patient/client activation according to patient's/client's treatment plan and individual condition.	2.3.c Is able to guide and supervise the implementation of mobility measures.
	Competence	Skills	Knowledge
	The professional caregiver is able to carry out mobility measures including patient/client activation according to the treatment plan and individual condition and resources. This is done autonomously and independently but according to instructions.	The professional caregiver is able to: <ul style="list-style-type: none"> • involve the patient/client and relevant others in mobility measures, • accept the need for movement and mobility (e.g. restless patient/client), • assist in changing the patient's/client's position (e.g. in wheelchair, in bed) • assist in helping the patient/client to stand up (e.g. from bed), • assist in transferring the patient/client (e.g. into and out of bed, into and out of wheelchair), • assist in performing passive and active mobilisation, 	The professional caregiver is able to: <ul style="list-style-type: none"> • explain legal regulations and consequences regarding movement and mobilisation (see also CA.B.3), • describe the importance of mobility and movement, • explain techniques for involving patient's/client's resources regarding the mobility, • describe different bed positions and their meaning, • describe the safe transfer of patients/clients (e.g. from bed to wheelchair by means of bed lifters,



	<ul style="list-style-type: none"> recognise and support patient's/client's resources regarding mobility, assist in using different equipment to assist the positioning, mobility and transfer of patient/client (e.g. standing-up aids, positioning aids), assist in applying prophylactic measures to prevent consequences of immobility (e.g. pressure ulcers, thrombosis, pneumonia, contractures), change the patient's/client's position while taking care of their own health and safety (e.g. Bobath-oriented, kinesthetics), prevent risks related to patient's/client's environment and mobilisation (e.g. falling, strangulation) (see also CA.A.3). 	<ul style="list-style-type: none"> manually from the wheelchair to the toilet), explain differences regarding active and passive mobilisation, name risks of immobility (e.g. thrombosis, pressure ulcers, contracture), describe prophylactic measures regarding potential risks resulting from immobility (e.g. thrombosis, pressure ulcers, contracture, pneumonia), list different equipment for mobility and transfer of patient/client and describe how it works (e.g. walking frame, wheelchair), describe techniques for ensuring their own safety (e.g. kinesthetics) (see also CA.A.3), describe the risks of immobility and patient/client mobilisation regarding the patient's/client's environment (e.g. amount of storage aids, risk of pulling on infusion lines and strangulation), name reasons for restrictive measures (e.g. self-endangerment, danger to others).
2.3.a Is able to assist in mobility measures including patient/client activation according to patient's/client's treatment plan and individual condition.	2.3.b Is able to implement mobility measures including patient/client activation according to patient's/client's treatment plan and individual condition.	2.3.c Is able to guide and supervise the implementation of mobility measures.
Competence	Skills	Knowledge

	<p>The professional caregiver is able to autonomously and independently perform mobility measures including patient/client activation according to the treatment plan and individual conditions in all care cases.</p>	<p>The professional caregiver is able to:</p> <ul style="list-style-type: none"> • change the patient's/client's position (e.g. in bed, in wheelchair), • help the patient/client to stand up (e.g. from bed), • transfer the patient/client (e.g. into and out of bed, into and out of wheelchair), • perform passive and active mobilisation, • implement specific methods of positioning and mobilising patient/client according to clinical pictures, • recognise the patient's/client's needs regarding mobility and transfer aids, • develop a mobility and movement plan according to clinical pictures and patient's/client's needs (see also CA.1.3), • bring the patient/client into a position that is necessary for interventions and examinations, • recognise and manage risk situations and changes in the patient's/client's condition during a care procedure (e.g. recognise circulatory collapses), • assess the patient's/client's sedation state and determine whether adequate sedatives have been administered (see also CA.3.2), • collaborate with other professionals regarding mobility and movement and activation of the patient/client, • document mobility measures used (see also CA.A.2). 	<p>The professional caregiver is able to:</p> <ul style="list-style-type: none"> • name mental disorders and diseases that influence the mobility of the patient/client (e.g. delirium, psychosis, epileptic attack, dementia), • describe the influence of mental disorders and diseases that influence the mobility of the patient/client, • describe the Bobath concept related to special diseases that affect mobility (e.g. stroke, restless patient/client), • describe physical diseases that lead to movement restrictions and their influence on mobility/transfer of the patient/client (e.g. spinal surgery, pulmonary oedema), • describe special positions for surgical interventions (e.g. spine surgery), • name and describe diseases of the motion apparatus that lead to restrictions in self-sufficiency (e.g. ankylosing spondylitis, disc prolapse), • explain the limitations to mobility measures if patient/client has circulatory problems (e.g. shock, life-threatening condition), • describe the physiology of pain and differentiate between individual pain experiences, • describe special positions for examinations (e.g. lumbar puncture, colonoscopy),
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		<ul style="list-style-type: none"> differentiate the patient's/client's mobility needs according to clinical picture, describe the impact of sedation on mobility, name risks of too low/high depth of sedation regarding mobility (see also CA.3.1), describe the development of mobility and movement plans and their reasoning (see also CA.1.3), list necessary steps to prepare the patient/client for transportation (e.g. securing drains, use of straps).
2.3.a Is able to assist in mobility measures including patient/client activation according to patient's/client's treatment plan and individual condition.	2.3.b Is able to implement mobility measures including patient/client activation according to patient's/client's treatment plan and individual condition.	2.3.c Is able to guide and supervise the implementation of mobility measures.
Competence	Skills	Knowledge
The professional caregiver is able to autonomously and independently supervise and guide others and reflect all aspects of mobility.	<p>The professional caregiver is able to:</p> <ul style="list-style-type: none"> show others methods and techniques for implementing mobility measures, run training sessions on how to mobilise and activate the patient/client, teach others how to mobilise and activate the patient/client, demonstrate methods for transferring the patient/client, recognise the scope of their own competences and those of others, 	<p>The professional caregiver is able to:</p> <ul style="list-style-type: none"> discuss ethical principles of mobility and mobilisation (see also CA.B.1), explain the tasks of other professions involved in mobility and movement (e.g. volunteers, everyday helpers, physiotherapists), name methods for transferring knowledge and experience, explain different training techniques,



		<ul style="list-style-type: none"> • evaluate how others apply mobility measures, • motivate others to achieve the goals of mobility. 	<ul style="list-style-type: none"> • explain the development of training with regard to mobility and movement, • describe techniques for increasing motivation, • explain the process of guiding and supervising others, • explain the implementation of quality control regarding mobility (see also CA.A.3). 	
2.4 Excretion	2.4.a Is able to assist patients/clients with excretion.	2.4.b Is able to assist in <ul style="list-style-type: none"> • placing and maintaining catheters, • placing and handling enemas and bowel catheter systems. 	2.4.c Is able to <ul style="list-style-type: none"> • place and maintain urinary catheters, • place and handle enemas and bowel catheter systems. 	2.4.d Is able to guide and supervise all measures related to excretion.
	2.4.a Is able to assist patients/clients with excretion.	2.4.b Is able to assist in <ul style="list-style-type: none"> • placing and maintaining catheters, • placing and handling enemas and bowel catheter systems. 	2.4.c Is able to <ul style="list-style-type: none"> • place and maintain urinary catheters, • place and handle enemas and bowel catheter systems. 	2.4.d Is able to guide and supervise all measures related to excretion.
	Competence	Skills	Knowledge	
	The professional caregiver is able to assist patients/clients with excretion. This is done autonomously and independently but according to instructions.	The professional caregiver is able to: <ul style="list-style-type: none"> • involve and support the patient/client and relevant others in excretion, • accept excretion as a normal part of life, • accompany patients/clients to the toilet and night commode, 	The professional caregiver is able to: <ul style="list-style-type: none"> • explain legal regulations and consequences regarding excretion (see also CA.B.3), • describe the patient's/client's needs relating to excretion, 	

	<ul style="list-style-type: none"> • care for patients/clients who excrete in bed (e.g. incontinent patients/clients), • provide adequate support for and during excretion (e.g. enable sitting position in bed, explain the use of bed pans and urine bottles), • assist patients/clients after excretion (e.g. administer intimate body wash, provide incontinence materials) (see also CA.2.1), • conduct prophylactic measures to prevent constipation (e.g. allow mobility, offer food that promotes excretion), • quantify urine and defecation, • clean used materials and discard waste (see also CA.4.1), • empty catheter and drainage and stoma bags (see also CA.3.4), • document excretions (see also CA.A.2). 	<ul style="list-style-type: none"> • describe the patient's/client's habits and movement possibilities relating to excretion (e.g. needs support to go to the toilet, uses a night commode), • distinguish different types of excretion, • name different medical products to assist excretion, • explain prophylactic measures to prevent constipation, • explain the meaning of continence and incontinence, • explain the function of incontinence materials (e.g. nappies, incontinence pads), • describe values and beliefs of different cultural, ethnological and religious groups and how this may affect patients/clients with regard to excretion (see also CA.B.1 and CA.B.2), • describe their own behaviour regarding excretion (e.g. understand excretion as a natural condition and allow the need for it) • explain their own behaviour when emptying catheters and drainage and stoma bags (see also CA.4.1). 	
<p>2.4.a Is able to assist patients/clients with excretion.</p>	<p>2.4.b Is able to assist in</p> <ul style="list-style-type: none"> • placing and maintaining catheters, • placing and handling enemas and bowel catheter systems. 	<p>2.4.c Is able to</p> <ul style="list-style-type: none"> • place and maintain urinary catheters, • place and handle enemas and bowel catheter systems. 	<p>2.4.d Is able to guide and supervise all measures related to excretion.</p>



Competence	Skills	Knowledge
<p>The professional caregiver is able to assist in maintaining catheters and stomata for excretion and in administering and handling catheters, enemas and bowel catheter systems.</p>	<p>The professional caregiver is able to:</p> <ul style="list-style-type: none"> • assist in preparing materials for administering urinary catheters (e.g. the right kind and size of catheter, anaesthesia gel, blocking liquid), • assist in placing urinary catheters, • assist in preparing materials for administering suprapubic catheters, • assist in placing suprapubic catheters, • assist in preparing the correct drainage system for specific diseases and the patient's/client's needs (e.g. hourly urometer, leg pouch), • assist in performing bladder irrigation (e.g. single dose, continuous), • assist in preparing materials for administering faecal collectors, • assist in applying faecal collectors, • assist in preparing materials for administering rectal tubes and enemas, • assist in performing rectal enemas, • assist in performing enemas into stomata and providing stoma care (see also CA.3.4), • assist in preparing materials for administering bowel catheter systems, • assist in applying bowel catheter systems, • assist in performing irrigation of bowel catheter systems, 	<p>The professional caregiver is able to:</p> <ul style="list-style-type: none"> • describe how urinary and suprapubic catheters work, • list standard and abnormal excretion characteristics (e.g. Bristol stool chart), • name different types of stoma and assign them to the corresponding system (e.g. ileostomy and urostomy – urogenital system, colostomy – gastrointestinal system) (see also CA.3.4), • name different medications for regulating excretion (e.g. different enemas, medications to increase urine excretion) (see also CA.3.2), • name various materials used in maintaining urinary catheters and stomata, • explain their own behaviour when helping to place urinary catheters, • explain their own behaviour when helping to place suprapubic catheters, • explain their own behaviour when helping to perform bladder irrigation, • explain their own behaviour when helping to place faecal collectors, • explain their own behaviour when helping to administer rectal tubes and enemas, • explain their own behaviour when helping to administer enemas into stomata,



		<ul style="list-style-type: none"> assist in preparing and administering medication regulating excretion according to prescription (e.g. oral medications, bowel enema, fleet enema, enema to infants) (see also CA.3.2), assist in preparing materials for the care of catheters and stomata, assist in administering suppositories and enemas, recognise abnormal characteristics of excretion according to clinical picture and inform attendant physician, assist in the care of urinary catheters and stomata (see also CA.3.4). 	<ul style="list-style-type: none"> explain their own behaviour when helping to place bowel catheter systems, explain diseases and conditions that lead to differences in the appearance of the stool.
2.4.a Is able to assist patients/clients with excretion.	2.4.b Is able to assist in <ul style="list-style-type: none"> placing and maintaining catheters, placing and handling enemas and bowel catheter systems. 	2.4.c Is able to <ul style="list-style-type: none"> place and maintain urinary catheters, place and handle enemas and bowel catheter systems. 	2.4.d Is able to guide and supervise all measures related to excretion.
Competence		Skills	
The professional caregiver is able to autonomously and independently maintain urinary and bowel catheters, place and handle urinary and bowel catheters and administer irrigations and enemas into catheter systems.		The professional caregiver is able to: <ul style="list-style-type: none"> inform the patient/client about administering catheters and the procedure, choose the right kind and size of urinary catheters (e.g. for male or female patients/clients, 14 Charrière), 	
		The professional caregiver is able to: <ul style="list-style-type: none"> describe the anatomy of the genitourinary system, name various kinds of urinary catheters (e.g. Tiemann, Foley, Nelaton), explain the meaning of the size of catheters (e.g. 12 Charrière regarding 	



		<ul style="list-style-type: none"> • choose and prepare materials for administering urinary catheters (e.g. anaesthesia gel, blocking liquid), • apply sterile working methods in administering catheter systems, • place urinary catheters, • choose and prepare materials for administering suprapubic catheters, • place suprapubic catheters, • choose the correct drainage system for specific diseases and the patient's/client's needs (e.g. hourly urometer, leg pouch), • perform bladder irrigation (e.g. single dose, continuous), • choose material for administering faecal collectors, • apply faecal collectors, • choose material for administering rectal tubes and enemas, • perform rectal enemas, • perform enemas into stomata and provide stoma care (see also CA.3.4), • choose material for administering bowel catheter systems, • apply bowel catheter systems, • perform irrigation of bowel catheter systems, • prepare and administer medication regulating excretion according to prescription (e.g. oral medications, bowel enema, fleet enema, enema to infants) (see also CA.3.2), • remove all kinds of urinary catheters, 	<p>the size of the urethra of the patient/client),</p> <ul style="list-style-type: none"> • name materials needed for administering urinary catheters, • explain indications and contraindications for urinary catheterisation, • explain the technique of administering urinary catheters (e.g. washing patient/client, sterile working method), • explain risks of urinary catheters (e.g. urethritis), • explain indications and contraindications for suprapubic catheters, • describe the technique of administering suprapubic catheters, • name various kinds of urometers and their applications, • explain reasons and diseases behind bladder irrigations (e.g. single dose bladder irrigation, continuous bladder irrigation), • discuss the use of urinary catheters and suprapubic catheters, • name durations of catheterisation with different catheters (e.g. silicon urinary catheter, bowel catheter systems), • describe the anatomy of the gastrointestinal tract, • explain diseases of the gastrointestinal tract (e.g. Crohn's disease, ulcerative colitis),
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		<ul style="list-style-type: none"> remove all kinds of stool catheters. 	<ul style="list-style-type: none"> name reasons for administering medication to regulate excretion, name requirements for administering faecal collectors (relating to skin, patient's/client's condition), name necessary materials and explain the technique of administering faecal collectors, name materials and describe technique of administering rectal tubes and enemas, name and describe diseases that lead to restrictions in self-sufficiency regarding excretion (e.g. ankylosing spondylitis, disc prolapse), explain deviations in the body's osmole regulation regarding enemas and bowels (e.g. high/low osmolality, changes in sodium level and body fluids), explain their own behaviour when removing all kinds of urinary catheters. explain their own behaviour when removing all kinds of stool catheters.
2.4.a Is able to assist patients/clients with excretion.	2.4.b Is able to assist in <ul style="list-style-type: none"> placing and maintaining catheters, placing and handling enemas and bowel catheter systems. 	2.4.c Is able to <ul style="list-style-type: none"> place and maintain urinary catheters, place and handle enemas and bowel catheter systems. 	2.4.d Is able to guide and supervise all measures related to excretion.
Competence		Skills	
		Knowledge	

HCEU – Matrix with Learning Outcomes



<p>The professional caregiver is able to autonomously and independently guide and supervise others in all measures regarding excretion including placing and handling all kinds of excretion catheters.</p>	<p>The professional caregiver is able to:</p> <ul style="list-style-type: none"> • transfer to others methods and processes for taking care of excretion in different situations, • run training sessions and instruct others in using, placing and applying various kinds of catheters, • recognise the scope of their own competences with regard to patient/client excretion and the competences of others, • evaluate the use, placing and maintenance of catheters by others, • show others how to assist patients/clients with excretion, • teach others how to apply prophylactic measures to prevent obstipation, • teach others how to prepare materials for placing and maintaining all kinds of catheters and drains, • teach others techniques for irrigating all kinds of catheters, • teach others how to administer all kinds of enemas, • reflect on and analyse their own knowledge and skills for training purposes, • motivate others to achieve the goal of regular excretion for the patient/client, • show and help the patient/client to do exercises that promote continence. 	<p>The professional caregiver is able to:</p> <ul style="list-style-type: none"> • discuss ethical principles regarding excretion (see also CA.B.1), • name methods of transferring knowledge and experience, • explain different coaching/training techniques, • describe techniques for increasing motivation, • explain techniques for promoting the patient's/client's continence, • explain the process of guiding and supervising others.
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(Competence Area 3)

Nursing Intervention

Sub areas of competence	Steps of competence development (VQTS)/		
	Competence, Skills, Knowledge (EQF)		
3.1 Participating in medical and diagnostic procedures	3.1.a Is able to	3.1.b Is able to	3.1.c Is able to guide and supervise others in participating in treatments and diagnostic procedures.
	<ul style="list-style-type: none"> prepare and support patients/clients for medical treatments and diagnostic tests according to prescription, assist in preparing of medical devices and materials, collect and assist in collecting patient's/client's specimens for treatments. 	<ul style="list-style-type: none"> prepare and support patients/clients for medical treatments and diagnostic tests according to prescription, collect all kinds of patient's/client's biological specimens for treatments, assist other professionals in medical and laboratory treatments. 	
	3.1.a Is able to	3.1.b Is able to	3.1.c Is able to guide and supervise others in participating in treatments and diagnostic procedures.
	<ul style="list-style-type: none"> prepare and support patients/clients for medical treatments and diagnostic tests according to prescription, assist in preparing of medical devices and materials, collect and assist in collecting patient's/client's specimens for treatments. 	<ul style="list-style-type: none"> prepare and support patients/clients for medical treatments and diagnostic tests according to prescription, collect all kinds of patient's/client's biological specimens for treatments, assist other professionals in medical and laboratory treatments. 	
	Competence	Skills	Knowledge
	The professional caregiver is able to prepare the patient/client for medical treatments and diagnostic tests, assist	The professional caregiver is able to: <ul style="list-style-type: none"> involve the patient/client and relevant others in the procedure, 	The professional caregiver is able to: <ul style="list-style-type: none"> explain legal regulations and consequences regarding diagnostic

	<p>caregivers in the preparation of treatments, and handle specimens. This is done autonomously and independently but according to instructions.</p>	<ul style="list-style-type: none"> • identify the patient/client uniquely, • perform patient/client assessments (see also CA.1.1), • prepare the patient/client for treatments according to guidelines and individual treatment plan, • handle and apply all equipment for a physical treatment (e.g. stethoscope with bell and diaphragm, wristwatch with second hand, blood pressure cuff, ophthalmoscope, otoscope set, eye chart, pocket flashlight, tongue blades, percussion hammer, tuning fork, bivalve vaginal speculum), • implement basic medical treatments and diagnostic tests (e.g. physical treatment, measurement of vital parameters), • collect biological specimens according to guidelines (e.g. midstream urine, stool, sputum), • clean working areas and prepare for the next treatment (see also CA.4.1), • take safety into account when considering the department's daily schedule and making changes, • prepare work places for follow-up treatments with regard to the treatment (e.g. sterilised materials), • label specimens correctly and safely store and transport them to the appropriate laboratories, • assist other caregivers in diagnostic tests, 	<p>procedures and medical treatments (see also CA.B.3),</p> <ul style="list-style-type: none"> • explain procedures for basic medical treatments and diagnostic tests (e.g. physical treatment, measurement of blood pressure, endoscopic treatment, ultrasound, X-ray), • name basic structures and functions of the human organs (e.g. lungs, heart, liver, intestinal tract), • list normal values of basic treatments and diagnostic tests (e.g. arterial blood pressure, full blood count, urine analysis), • identify, list and describe the correct use of equipment for a physical treatment (e.g. stethoscope, reflex hammer), • describe appropriate techniques of a physical treatment (e.g. inspection, palpation, percussion, auscultation), • name principles of infection control and explain methods of germ-free working and cleaning methods for reusable equipment (see also CA.4.1), • describe principles of communicating with and teaching patients/clients (see also CA.6.1 and CA.6.2), • describe the physiology of pain and differentiate between different pain experiences, • describe verbal and non-verbal behaviours on the part of patients/clients that indicate anxiety (see also CA.6.1),
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		<ul style="list-style-type: none"> • perform BLS (see also CA.3.6), • prepare patients/clients for special treatments (e.g. endoscopic treatments) and for medical diagnostic tests (e.g. ultrasound, X-ray), • recognise if the patient/client is in pain and apply pain scales (e.g. numerical pain scale, Wong-Baker Faces pain rating scale, McGill Pain Questionnaire), • monitor and care for patients/clients during and after basic procedures and document the process (see also CA.A.1), • assist attending physician in a physical treatment of patient/client (e.g. inspection, palpation, percussion, auscultation, gastric fluid analysis), • perform urine treatments (e.g. dipstick for protein, blood, sugar). 	<ul style="list-style-type: none"> • describe techniques for relieving anxiety in patients/clients, • list techniques for promoting cooperation and participation of patients/clients, • name treatments involving special dietary requirements (e.g. colonoscopy), • name necessary medications used during physical treatment and basic diagnostic procedures (e.g. iodine-based agents and their risks and side effects), • describe techniques for carrying out physical treatments on patients/clients with special needs (e.g. elderly or young patients/clients), • recognise age-related changes in the systems (e.g. urinary system, muscular system, circulatory system, nervous system, skin, homeostasis system), • describe principles to prevent contamination of specimens (e.g. smear, blood collection), • describe rules on correct labelling, safe storage and transportation for all kind of specimens, • describe techniques for collecting patient's/client's specimens and list legislation and policies for collecting patient's/client's specimens (e.g. patient's/client's agreement to HIV test), • describe symptoms of allergic reactions to anaesthetics and/or antiseptic agents,
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		<ul style="list-style-type: none"> • list principles to protect oneself and others from irradiation exposure, • explain different positions adopted by patient/client for basic examinations and diagnostic procedures (e.g. sitting, lying), • explain and recognise possible complications arising for patient/client during basic examinations and diagnostic procedures (e.g. shock, loss of blood), • explain measures to prevent and handle complications (e.g. elevate patient's/client's legs in case of shock, place patient in the recovery position), • explain positioning and activity restrictions after basic procedures (e.g. bed rest, driving restrictions after special medication), • describe the technique for performing an ECG (see also CA.3.4), • explain how to prepare patient/client for radiological imaging methods (e.g. ingestion of contrast agents, physical basis for non-invasive and invasive radiological imaging methods), • list different methods of radiological diagnostics (e.g. computer tomography, magnetic resonance imaging).
<p>3.1.a Is able to</p> <ul style="list-style-type: none"> • prepare and support patients/clients for medical treatments and diagnostic tests according to prescription, 	<p>3.1.b Is able to</p> <ul style="list-style-type: none"> • prepare and support patients/clients for medical treatments and diagnostic tests according to prescription, 	<p>3.1.c Is able to guide and supervise others in participating in treatments and diagnostic procedures.</p>



<ul style="list-style-type: none"> assist in preparing of medical devices and materials, collect and assist in collecting patient's/client's specimens for treatments. 	<ul style="list-style-type: none"> collect all kinds of patient's/client's biological specimens for treatments, assist other professionals in medical and laboratory treatments. 	
Competence	Skills	Knowledge
<p>The professional caregiver autonomously and independently assists the attendant physician during advanced medical treatments and prepares medical devices and materials. The caregiver provides patient/client support in advanced medical treatments and diagnostic tests and collects all kinds of biological specimens for diagnostics.</p>	<p>The professional caregiver is able to:</p> <ul style="list-style-type: none"> assess the patient/client and evaluate their ability to participate in the procedure, implement advanced competences in the assessment of patients/clients (see also CA.1.1), prepare patients/clients for operations according to guidelines (e.g. surgery, orthopaedics), document the preparation process (see also CA.A.2), assist at all treatments and diagnostic tests in health care (e.g., biopsies, paracentesis, computer tomography, magnetic resonance imaging), perform in ALS (see also CA.3.6), explain advanced medical treatment and diagnostic tests to patient/client (e.g. thoracentesis/insertion of chest tubes), prepare patient/client for advanced treatments and diagnostic tests and assist attending physician in advanced medical procedures (e.g. bone marrow aspiration, angiography, lumbar 	<p>The professional caregiver is able to:</p> <ul style="list-style-type: none"> explain all performed treatments and diagnostic tests (e.g. biopsies, paracentesis, computer tomography, magnetic resonance imaging), describe procedures for advanced medical treatments and diagnostic tests (e.g. angiography, thoracentesis, bronchoscopy), explain normal values of advanced treatments and diagnostic tests, describe coagulation factors that may affect diagnostic procedures (e.g. Quick, PTT, INR), describe proper positioning of patient/client for various advanced examinations and diagnostic procedures (e.g. sitting on the edge of the bed, lying on the stomach), explain and recognise possible complications following advanced procedures and describe appropriate responses (e.g. internal bleeding, pulmonary emboli, correct compression, special bandaging, preventive medications),



		<p>puncture, lymph node biopsy, bronchoscopy, liver biopsy, abdominal paracentesis, fine needle aspirations, skin tests),</p> <ul style="list-style-type: none"> • handle and apply all necessary equipment for advanced medical procedures and treatments (e.g. EEG, nuclear scans, sterile medical equipment), • monitor and care for patient/client during and after the end of advanced/specialised treatment and diagnostic procedures and document the process (e.g. computer tomography, magnetic resonance imaging, angiography, positron emission tomography) (see also CA.A.1), • prepare unstable and seriously ill patients/clients for treatments and diagnostic tests including providing emotional and physical support (e.g. patients/clients with life-threatening conditions), • inform unstable and seriously ill patients/clients about the basic and advanced treatment and diagnostic test procedure, • collect blood samples for all kinds of tests (e.g. complete blood count clotting studies, biochemistry, blood cultures), • apply an ambulatory ECG device for heart rhythm (e.g. 24 hours – Holter device), • perform measurements with diagnostic medical dipsticks (e.g. perform a gastric 	<ul style="list-style-type: none"> • explain restrictions on patient's/client's position and activity after advanced procedures (e.g. after surgical treatments), • name treatments involving special diets and necessary medications used during physical treatment and advanced diagnostic procedures (e.g. colonoscopy, gastroscopy), • name medications used during advanced physical treatment and diagnostic procedures (e.g. radiocontrast agents, sedation agents, topical anaesthetic agents), • explain developmental considerations in relation to diagnostic treatments and tests across human life span (e.g. changes in diagnostics and tests compared to the patient's/client's age), • describe special operating procedures (e.g. surgical, cardiac, renal, neuro, orthopaedic), • describe blood sample collection systems (e.g. vacuum collection system).
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		<p>fluid aspiration and pH-test, Haemocult® test),</p> <ul style="list-style-type: none"> • administer venous access to the patient/client, • obtain capillary blood specimen (e.g. test on glucose), • collect arterial blood sample (e.g. from an arterial line), • perform arterial blood gases analysis, • obtain urine specimens (e.g. with sterile disposable catheter), • obtain specimens for microbiological tests (e.g. nasal swab, throat swab, wound drainage), • select resources to contact and consult when encountering questions about preparation of patient/client (e.g. European Medicines Agency, European Society of Radiology, Center for Disease Control and Prevention). 		
3.1.a Is able to	<ul style="list-style-type: none"> • prepare and support patients/clients for medical treatments and diagnostic tests according to prescription, • assist in preparing of medical devices and materials, • collect and assist in collecting patient's/client's specimens for treatments. 	3.1.b Is able to	<ul style="list-style-type: none"> • prepare and support patients/clients for medical treatments and diagnostic tests according to prescription, • collect all kinds of patient's/client's biological specimens for treatments, • assist other professionals in medical and laboratory treatments. 	3.1.c Is able to guide and supervise others in participating in treatments and diagnostic procedures.
Competence		Skills		Knowledge

HCEU – Matrix with Learning Outcomes

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	<p>The professional caregiver autonomously and independently assists the attendant physician during advanced medical treatments and prepares medical devices and materials. The caregiver provides patient/client support in advanced medical treatments and diagnostic tests and collects all kinds of biological specimens for diagnostics.</p>	<p>The professional caregiver is able to:</p> <ul style="list-style-type: none"> • evaluate the work and abilities of others regarding participation in medical and diagnostic procedures, • integrate ethical and legal aspects of advanced treatments and medical diagnostic tests, • teach others how to prepare patients/clients for examinations and diagnostic tests, • show others the process of assisting attending physicians in diagnostic tests, • instruct others in how to prepare and apply materials for diagnostic tests and treatments, • instruct others in the collection of patient/client specimens, • recognise the scope of their own competences and those of others, • reflect on and analyse their own knowledge and skills for training purposes, • motivate others to apply current guidelines when preparing patients/clients, applying materials for diagnostic tests and collecting patient's/client's biological specimens for treatment, • establish guidelines for the preparation of patients/clients for treatments and for the preparation of materials and equipment for treatment purposes and the collection of samples, 	<p>The professional caregiver is able to:</p> <ul style="list-style-type: none"> • discuss ethical principles of carrying out diagnostic tests and treatments (see also CA.B.1) • explain tasks connected to the involvement of other professions in the process, • name methods for transferring knowledge and experience, • explain different training techniques, • describe techniques for increasing motivation, • name tools and methods for developing and modifying guidelines, • explain the implementation of quality control regarding treatments and diagnostic tests (see also CA.A.3).
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		<ul style="list-style-type: none"> implement the latest scientific findings in the organisation of diagnostics and treatment. 	
3.2 Preparing and administering medication	3.2.a Is able to administer oral and subcutaneous medication according to prescription.	3.2.b Is able to prepare and administer all medication (apart from intra-arterial and intrathecal applications) according to prescription.	3.2.c Is able to guide and supervise the medication process.
	3.2.a Is able to administer oral and subcutaneous medication according to prescription.	3.2.b Is able to prepare and administer all medication (apart from intra-arterial and intrathecal applications) according to prescription.	3.2.c Is able to guide and supervise the medication process.
	Competence	Skills	Knowledge
	The professional caregiver autonomously and independently prepares and administers oral and subcutaneous medications according to medical prescription.	The professional caregiver is able to: <ul style="list-style-type: none"> involve the patient/client and relevant others in administering medications, access the medication administration system according to local protocols, order and distribute medications through the local supply system, choose the appropriate medications to administer to the right patient/client according to prescription, perform calculations and convert medicine measurement units and calculate volume and strength of doses, apply safety procedures in administering medications (e.g. storage, hygiene, self-protective equipment as appropriate, disposing appropriately of waste such as 	The professional caregiver is able to: <ul style="list-style-type: none"> explain legal regulations and consequences of medications (see also CA.B.3), explain the meaning of quality regarding medication (see also CA.A.3), describe principles of medication administration (e.g. storage, order, ensure the right patient/client is given the right medicine), name and distinguish between different qualities of medications (e.g. pharmacokinetics, pharmacodynamics, classifications and actions, contraindications, interactions, side effects, precautions, adverse effects,



		<p>needles and drug waste) (see also CA.4.3),</p> <ul style="list-style-type: none"> • administer and document medications that require special documentation, • prepare and administer various kinds of medication (e.g. for eye/ear/nose, oral, rectal, vaginal, inhalation, transdermal, intradermal, subcutaneous), • determine that a gastric tube is in the right position and administer medications through gastric tubes and use the right amount of fluids (see also CA.2.2), • identify, gather, and prepare equipment and supplies for injectable medication, • check prepared medications for correctness (e.g. correct medicine, correct dosage), • recognise patient's/client's response to medication, most common adverse drug reactions/side effects -and react accordingly (e.g. anaphylaxis, allergic shock), • recognise the right of the patient to refuse to receive medications and emphasise respect for dignity and privacy of patient/client, • identify patient's/client's techniques for avoiding taking medication (e.g. concealing pills under tongue), • determine that medications were taken, • determine patient/client problems with swallowing (see also CA.1.1), • ensure the right patient/client is given the right medicine, 	<p>types of orders, generic and trade names of drugs),</p> <ul style="list-style-type: none"> • explain the indications of different oral and subcutaneous medications (e.g. blood pressure medications, anticoagulants, medicines for heart rhythm), • describe their own behaviour when encountering questions about medication (e.g. dosage, preparation, administration techniques), • name methods for converting units and calculating doses and describe principles of proper and safe preparation of medications, • list normal and abnormal appearance of patient/client (e.g. skin, sublingual, buccal area, eye, outer ear, ear canal, nose canal), • describe their own behaviour when dealing with side effects and adverse reactions, • describe the right position for patients/clients when administering medication (e.g. medications administered into eye, ear, nose, subcutaneous), • explain the administration of medications through a gastric tube and limitations, • describe anatomical locations for injections of medications as well as injection techniques (e.g. subcutaneous, intradermal),
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	<ul style="list-style-type: none"> question a medication order (e.g. consult drug guide) document according to guidelines (see also CA.A.2). 	<ul style="list-style-type: none"> explain appropriate skin disinfection techniques and procedures (see also CA.4.1), describe the documentation of medications with special documentation requirements, name reasons for patient's/client's refusal to accept medication, describe how to check medication has been taken, describe the difference between the drug name and various drug trade names (e.g. different generics with the same active agent), explain the importance of swallowing investigations regarding administering medications (see also CA.1.1).
3.2.a Is able to administer oral and subcutaneous medication according to prescription.	3.2.b Is able to prepare and administer all medication (apart from intra-arterial and intrathecal applications) according to prescription.	3.2.c Is able to guide and supervise the medication process.
Competence	Skills	Knowledge
The professional caregiver autonomously and independently prepares and administers intramuscular and intravenous medications according to medical prescription.	The professional caregiver is able to: <ul style="list-style-type: none"> report medication errors according to policy and to prevent recurrence, label medications correctly, prepare injections, administer intramuscular injections, administer intravenous injections, 	The professional caregiver is able to: <ul style="list-style-type: none"> explain developmental considerations in relation to medications across human life span (e.g. changes in amount compared to the patient's/client's age), name reasons for correct labelling of medications,



		<ul style="list-style-type: none"> • administer prepared infusion solutions according to prescription (e.g. using the correct infusion system, using continuous intravenous drip infusion), • prepare and administer infusion solutions that need to be dissolved (e.g. use the correct dissolving solution, consider the correct duration of infusion), • prepare medications that need to be given intravenously by Perfusor® syringe (e.g. Heparin), • prepare and administer intravenously administered medications effecting the circulatory system (e.g. epinephrine, norepinephrine), • prepare and administer intravenously given sedatives (e.g. midazolam, Propofol, Ketamine, AnaConDa®), • prepare and administer relaxants, • prepare antineoplastic medications safely and according to the local protocol, • handle and administer antineoplastic medications safety and according to the local protocol, • observe the administering of intravenously given medications, • control venous accesses and recognise signs of extravasation, • administer intravenous medications using different equipment and set and regulate rates of infusion by gravity and electronic devices (e.g. syringe, intravenous bag, intravenous pump, 	<ul style="list-style-type: none"> • describe anatomical locations for injections of medications as well as injection techniques (e.g. intramuscular, intravenous injections), • explain extravasation and its treatment, • explain how to administer intravenously given injections, • name risks of administering intravenous medications too quickly or too slowly (e.g. catecholamines, Furosemide, Pancuronium®), • describe the formation of catecholamines in the human body, • explain the patient's/client's condition regarding the need for catecholamines, • explain sedation concepts, • explain reasons for administering relaxants (e.g. the need for mechanical ventilation of the patient/client), • explain the anatomy and physiology of the vein system, • describe the working of technical intravenous systems and changing intervals according to the local protocol, • describe differences in the administering of intravenous medications and blood products and name issues during transfusion (e.g. shock, haemolysis), • explain their own behaviour when dealing with antineoplastic medications.
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		<p>infusion pump, gravity infusion, volume control administration set) (see also CA.3.4),</p> <ul style="list-style-type: none"> • use appropriate application systems (e.g. Luer Lock System for intravenous medication only), • check prepared and continuously administered medications for correctness (e.g. correct medicine, correct dosage), • prepare blood and blood products for administering (e.g. using special filters and systems, use warming and pressure devices for blood products) (see also CA.3.5). 	
3.2.a Is able to administer oral and subcutaneous medication according to prescription.	3.2.b Is able to prepare and administer all medication (apart from intra-arterial and intrathecal applications) according to prescription.	3.2.c Is able to guide and supervise the medication process.	
Competence	Skills	Knowledge	
The professional caregiver is able to autonomously and independently guide and supervise the ordering, storage and administering of medication and teach others about the effects of medications.	<p>The professional caregiver is able to:</p> <ul style="list-style-type: none"> • show others how to order and distribute medications through the local supply system, • teach others the desired effects of medicines, • teach others the side effects and adverse reactions to medications, 	<p>The professional caregiver is able to:</p> <ul style="list-style-type: none"> • explain the process of teaching others in different stages, • discuss ethical principles of the use of medications of medications (see also CA.B.1) • explain strategies for assessing and motivating staff to effectively administer medication, 	

		<ul style="list-style-type: none"> • instruct others in preparing, administering and managing oral and subcutaneous medications, • instruct others in preparing, administering and managing intramuscular and intravenous medications, • instruct others in the use and dosage of medications using medical devices (see also CA.3.5), • transfer to others methods and processes of medication in different situations, • evaluate the work and abilities of others regarding preparing, administering and managing medications, • motivate others to achieve the goals of taking medication. 	<ul style="list-style-type: none"> • explain development of trainings (e.g. regarding desired or side effects of medications, application of intravenous medications), • explain strategies for working medical devices (see also CA.3.5), • describe methods for transferring knowledge and experience, • explain different coaching/training techniques.
3.3 Wound management	3.3.a Is able to <ul style="list-style-type: none"> • take care of wounds, • prevent wounds, • assist in wound care. 	3.3.b Is able to <ul style="list-style-type: none"> • assess wounds, • apply and change wound dressings according to prescription. 	3.3.c Is able to guide and supervise others in wound care.
	3.3.a Is able to <ul style="list-style-type: none"> • take care of wounds, • prevent wounds, • assist in wound care. 	3.3.b Is able to <ul style="list-style-type: none"> • assess wounds, • apply and change wound dressings according to prescription. 	3.3.c Is able to guide and supervise others in wound care.
	Competence	Skills	Knowledge



	<p>The professional caregiver is able to autonomously and independently take care of wounds, prevent them according to prescription, and assist in assessing and dressing wounds.</p>	<p>The professional caregiver is able to:</p> <ul style="list-style-type: none"> • recognise if the patient/client is in pain through wound care, • distinguish between different types of wounds (e.g. pressure ulcers, ulcers, stomata, open wounds), • apply aseptic wound care techniques, • remove old dressings, classify contaminated materials and dispose appropriately (see also CA.4.1), • apply a first-time dressing of wounds, • assist in applying different types of dressings for different kinds of wounds (e.g. dry sterile dressing, hydrocolloid dressing, saline-moistened dressings), • recognise risks for pressure ulcer development and apply prophylactic measures to prevent them (see also CA.2.3), • assist in rinsing and cleaning wounds (e.g. sterile irrigation of pressure ulcers), • assist in removing sutures and surgical staples, • assist in applying different techniques of wound care (e.g. tape, bandage, wound pouching), • assist in applying special wound treatments (e.g. heat, cold, oxygen therapy), • assist in care for all kinds of wound drains (e.g. Penrose, Jackson Pratt, Hemovac, Davol, T-Tube), 	<p>The professional caregiver is able to:</p> <ul style="list-style-type: none"> • describe wound classification (e.g. open-closed, intentional-unintentional, chronic-acute), • explain causes for various kinds of wounds (e.g. incision, contusion, abrasion, laceration, puncture, penetrating, avulsion, microbial, chemical, thermal, irradiation), • describe principles of asepsis in wound care, • name the risk factors for pressure ulcer development, • describe prophylaxis of pressure ulcers, • describe age-related skin alterations, • describe their own behaviour when patient/client is in pain, • name various wound dressings and bandages, • describe treatment of pressure ulcers, • name infection control policies and procedures, • explain the psychological effects of wounds (e.g. pain, anxiety, fear, changes in body image), • describe risks related to removing sutures and surgical staples, • explain the removal of wound dressings.
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	<ul style="list-style-type: none"> work collaboratively with a multi-disciplinary team to prevent and treat wounds, prevent wounds and injuries while applying safety rules (see also CA.4.3). 	
3.3.a Is able to <ul style="list-style-type: none"> take care of wounds, prevent wounds, assist in wound care. 	3.3.b Is able to <ul style="list-style-type: none"> assess wounds, apply and change wound dressings according to prescription. 	3.3.c Is able to guide and supervise others in wound care.
Competence	Skills	Knowledge
The professional caregiver is able to autonomously and independently assess wounds and apply wound dressings according to prescription.	The professional caregiver is able to: <ul style="list-style-type: none"> assess wound parameters and collect wound swabs (e.g. size, depth, colour, drainage, smell, tunnels), apply different types of dressings for various kinds of wounds (e.g. dry sterile dressing, hydrocolloid dressing, saline-moistened dressings, Steri-Strips, Montgomery straps, abdominal binder), rinse and clean wounds (e.g. sterile irrigation of pressure ulcers), remove sutures and surgical staples, apply different techniques of wound care (e.g. tape, bandage, pouching), apply special wound treatments (e.g. heat, cold, oxygen therapy, negative pressure device), manage and maintain all kinds of wound drains (e.g. Penrose, Jackson Pratt, Hemovac, Davol, T-Tube), 	The professional caregiver is able to: <ul style="list-style-type: none"> explain legal regulations and consequences regarding wound care (see also CA.B.3), describe the anatomy and physiology of the skin and name factors that affects skin integrity, name factors that affect wound healing, describe wound healing stages (e.g. granulation, epithelisation), name the elements of assessment of wounds and pressure ulcers, name the risk assessment scales for pressure ulcers (see also CA.1.1), name products and equipment needed to care for wounds and pressure ulcers, describe the physiology of pain and differentiate between individual pain experiences,



		<ul style="list-style-type: none"> • empty and change stoma bags and perform stoma care (e.g. change the base of stoma appliances), • develop trusting professional relationship with patients/clients and their relatives in applying plans for prevention and treatment of pressure ulcers and other types of wounds, • recognise changes in wounds and react and document accordingly (see also CA.A.2), • use pressure ulcer risk assessment scales (see also CA.1.1), • perform primary care for wounds, • identify complications in wound healing and react appropriately, • care for surgical and operational wounds (e.g. burst abdomen), • handle complications to treated wounds. 	<ul style="list-style-type: none"> • describe different wounds and their development (e.g. abscesses, phlegmon, lymphangitis, lymphadenitis, folliculitis, furunculus, carbuncles, erysipelas, hidradenitis, unguis incarnates, bursitis), • describe different wound dressing techniques, • describe wound healing disorders (e.g. haematoma, seroma, wound separation, infection of wound), • name special bandages in different stages of pressure ulcers and necrotic wounds (e.g. absorbing surface, silver inlay), • describe possible complications associated with wound healing in surgical and operational wounds (e.g. burst abdomen), • name wound documentation policies and procedures (e.g. weekly description of wounds, taking pictures) (see also CA.A.2), • explain special techniques of wound care and wound treatment (e.g. taping, using warmth, using leeches), • describe the stages of pressure ulcers (see also CA.1.1), • describe types and effects of various drainages (e.g. T-Drain, Redon drainage), • describe how to change the self-adhesive base of stomas (see also CA.3.4).
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<p>3.3.a Is able to</p> <ul style="list-style-type: none"> • take care of wounds, • prevent wounds, • assist in wound care. 	<p>3.3.b Is able to</p> <ul style="list-style-type: none"> • assess wounds, • apply and change wound dressings according to prescription. 	<p>3.3.c Is able to guide and supervise others in wound care.</p>
Competence	Skills	Knowledge
<p>The professional caregiver autonomously and independently guides and supervises others in performing all kinds of wound care.</p>	<p>The professional caregiver is able to:</p> <ul style="list-style-type: none"> • teach others how to prevent wounds and pressure ulcers, • provide patient's/client's and caregivers with information on self-care, • teach others how to assess wounds, • instruct others in the application area of wound care products, • instruct others in the application of wound care products, • transfer to others methods and processes of wound care in different situations, • evaluate the work and abilities of others regarding wound care and wound management, • coach others in conducting wound care, • reflect on and analyse their own knowledge and skills for training purposes, • motivate others to achieve proper wound care management, • identify gaps in knowledge, • implement latest scientific findings in wound care. 	<p>The professional caregiver is able to:</p> <ul style="list-style-type: none"> • discuss ethical principles of wound care (see also CA.B.1), • explain strategies of assessment and motivation of employees for effective wound care, • explain the assessment of wounds, • explain different techniques and methods for all kind of wound care, • describe methods for transferring knowledge and experience, • explain different coaching/training techniques, • name associations related to wound care, • name journals related to wound care.



3.4 Stoma Management	3.4.a Is able to assist in assessing and taking care of stomas according to prescription.	3.4.b Is able to assess and take care of stomas according to prescription.	3.4.c Is able to guide and supervise others in assessing and taking care of stomas according to prescription.
	3.4.a Is able to assist in assessing and taking care of stomas according to prescription.	3.4.b Is able to assess and take care of stomas according to prescription.	3.4.c Is able to guide and supervise others in assessing and taking care of stomas according to prescription.
	Competence	Skills	Knowledge
	The professional caregiver is able to assist in assessing and caring for different kinds of stomata.	The professional caregiver is able to: <ul style="list-style-type: none"> • be aware of conditions of the patient/client that result from stoma and to support the patient/client in self-esteem and body image protection, • accept stomata and stoma care as a part of excretion (see also CA.2.4) • involve the patient/client and relevant others in the supporting of stomata, • assist in choosing, preparing and applying equipment for stoma care (e.g. one-piece kits, two-piece kits, supplementary kits), • assist in dealing with different types of stomata of the gastrointestinal tract (e.g. removing and applying stoma bags), • assist in administering nutrition through percutaneous enteral gastrostomy (see also CA.2.2), • assist in the irrigation of stomata, 	The professional caregiver is able to: <ul style="list-style-type: none"> • explain special conditions of patients/clients with stomata and their own behaviour regarding the mental condition of the patient/client, • name different stomata (e.g. percutaneous enteral gastrostomy, ileostomy, colostomy, urostomy, nephrostomy, uretero-cutaneostomy, ileal conduit, cystostomy, Kock reservoir, tracheostomy), • explain the appearance of a properly treated stoma, • describe how to irrigate stomata (see also CA.2.4), • explain techniques for involving patient's/client's resources regarding stoma care.



	<ul style="list-style-type: none"> assist in dealing with different types of stomata of the urinary system (e.g. removing and applying urostomy bags), assist in the dealing with tracheostomy, assist in tracheostomy care for mechanical ventilated patients/clients, assist in wound care for stoma care (e.g. identifying and reporting skin problems and providing adequate care), classify contaminated materials and dressings and dispose appropriately (see also CA.4.1), assist in the care of patients/clients before and after surgery, assist in the stoma documentation (see also CA.A.2), collaborate with other professionals in stoma care (e.g. stoma nurse). 	
3.4.a Is able to assist in assessing and taking care of stomas according to prescription.	3.4.b Is able to assess and take care of stomas according to prescription.	3.4.c Is able to guide and supervise others in assessing and taking care of stomas according to prescription.
Competence	Skills	Knowledge
The professional caregiver is able to autonomously and independently assess the status and provide adequate care of stomata.	The professional caregiver is able to: <ul style="list-style-type: none"> choose, prepare and apply equipment for stoma care (e.g. one-piece kits, two-piece kits, supplementary kits), deal with different types of stomata of the gastrointestinal tract (e.g. removing and applying stoma bags), 	The professional caregiver is able to: <ul style="list-style-type: none"> explain legal regulations and consequences regarding stoma care (see also CA.B.3), explain the anatomy and physiology of the gastrointestinal tract, explain diseases that can lead to stomata of the gastrointestinal tract,



		<ul style="list-style-type: none"> • administer nutrition and medications through percutaneous enteral gastrostomy (see also CA.2.2 and CA.3.2) • perform irrigation into stomata (see also CA.2.4), • deal with different types of stomata of the urinary system (e.g. removing and applying urostomy bags), • perform care of tracheostomy, • apply tracheostomy care for mechanical ventilated patient's/client's (see also CA.3.5), • apply methods of wound care in stoma care (e.g. identifying and reporting skin problems and providing adequate care), • care for patients/clients before and after surgery, • carry out a stoma documentation (see also CA.A.2), • react adequately to the patient's/client's needs, • react adequately to changes in the patient's/client's condition and decide who should be involved in the care process (e.g. attending physician), • apply stoma care templates. 	<ul style="list-style-type: none"> • describe consistency of faeces according different gastrointestinal stomata, • explain the need for special nutrition regarding different gastrointestinal stomata (see also CA.2.2), • explain the anatomy and physiology of the urinary system, • explain diseases that can lead to stomata of the urinary system, • explain the anatomy and physiology of the lungs and the pulmonary system, • explain diseases that can lead to tracheostomy, • describe airway suction through tracheostomy (see also CA.3.5), • explain preoperative care for patients/clients who are to receive a stoma, • explain postoperative care for patients/clients who have received a stoma, • describe types of stomata in childhood and their possible cause, • define proper location for different stomata, • name necessary equipment for stoma care and care products for stoma care (e.g. one-piece kits, two-piece kits, stoma caps, irrigation kit, urine collection bags, accessories such as adhesive pastes, antiseptic cloths and disinfectant, skin protection creams),
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			<ul style="list-style-type: none"> list problems associated with stomas (e.g. changes in faeces and odour, skin problems, dehydration, bleeding from stomata), designate professions to be involved in stoma care (e.g. stoma nurse, attending physician), explain their own behaviour when dealing with risky situations and changes in the patient's/client's condition.
3.4.a Is able to assist in assessing and taking care of stomas according to prescription.	3.4.b Is able to assess and take care of stomas according to prescription.	3.4.c Is able to guide and supervise others in assessing and taking care of stomas according to prescription.	
Competence	Skills	Knowledge	
The professional caregiver autonomously and independently guides and supervises others in assessing and caring for stomata.	<p>The professional caregiver is able to:</p> <ul style="list-style-type: none"> show others how to select, prepare and apply equipment for stoma care (e.g. one-piece kits, two-piece kits, supplementary kits), teach others how to deal with different types of stomata of the gastrointestinal tract (e.g. removing and applying stoma bags), show others how to irrigate stomata, teach others how to deal with different types of stomata of the urinary system (e.g. removing and applying urostomy bags), 	<p>The professional caregiver is able to:</p> <ul style="list-style-type: none"> discuss ethical principles of stomata (see also CA.B.1) explain behaviour regarding stomata and stoma care in special situations (e.g. living with stoma, doing sport with stoma), name stoma therapy aids, name organisations that support patients/clients with stomata (e.g. International Ostomy Association), explain the integration of relevant others in stoma care (e.g. relatives of the patient's/client's) (see also CA.6.2), 	



		<ul style="list-style-type: none"> • teach others how to handle tracheostomy including mechanical ventilated patients/clients, • teach others how to provide patients/clients with special pre/post-operative care, • show others the stoma documentation (see also CA.A.2), • assist attending physician in the installation of tracheostomy, • assist in surgical procedures for installing stomata, • evaluate other people's ability to carry out stoma care and identify gaps in their knowledge, • motivate others to achieve the goals of stoma care, • develop training sessions on stoma care, • develop training sessions on special nutrition for patients/clients with gastrointestinal stomata. 	<ul style="list-style-type: none"> • name methods for transferring knowledge and experience, • explain different coaching and training techniques, • describe techniques for increasing motivation, • explain the implementation of quality control regarding stoma care (see also CA.A.3). 	
3.5 Dealing with medical devices	3.5.a Is able to assist in managing and, if applicable, placing medical devices according to medical products and guidelines.	3.5.b Is able to manage and, if applicable, place medical devices according to medical products and guidelines.	3.5.c Is able to assist in and perform related medical procedures.	3.5.d Is able to guide and supervise others in the use and maintenance of medical devices and related procedures.
	3.5.a Is able to assist in managing and, if applicable, placing medical devices according to medical products and guidelines.	3.5.b Is able to manage and, if applicable, place medical devices according to medical products and guidelines.	3.5.c Is able to assist in and perform related medical procedures.	3.5.d Is able to guide and supervise others in the use and maintenance of medical devices and related procedures.



Competence	Skills	Knowledge
<p>The professional caregiver applies basic medical devices in basic nursing treatments and is able to clean all kind of medical devices under consideration of hygiene guidelines. This is done autonomously and independently but according to instructions.</p>	<p>The professional caregiver is able to:</p> <ul style="list-style-type: none"> • use disinfectant dispensers and prepare disinfectant solutions (see also CA.4.1), • clean urine bottles and bedpans (e.g. with automatic bedpan washer), • assist in applying mobilisation and transfer aids (e.g. lifter, transfer trapeze) (see also CA.2.3), • assist in applying glucometers, • clean and apply blood pressure meters (see also CA.1.1), • clean and apply clinical thermometers (e.g. in ear, rectal) (see also CA.1.1), • measure weight and height of a patient/client (e.g. with different bathroom scales), • clean and use a refrigerator (e.g. for medications, ice packs), • assist in performing suctioning of a patient/client, • report and document results of measurements (see also CA.A.2 and CA.1.1), • clean and document the cleaning of medical devices within the local protocol (see also CA.4.1), • clean beds and adjust settings on electrical and manually operated beds (see also CA.4.1), • use functioning medical devices only (see also CA.A.3). 	<p>The professional caregiver is able to:</p> <ul style="list-style-type: none"> • explain legal regulations and consequences regarding medical devices (see also CA.B.3), • name different disinfectants and their application area (e.g. hands, surfaces, devices) (see also CA.4.1), • explain importance of disinfecting near-patient/client devices, • describe the process of transferring a patient/client with aids (e.g. lifter), • describe measurement of blood glucose and the normal values (see also CA.1.1), • name normal and abnormal values of vital parameters (see also CA.1.1), • explain the measurement of vital signs using medical devices, • explain the calculation of BMI and name necessary parameters (see also CA.1.2), • explain necessity for a refrigerator for storing medication in the facility (e.g. opened drops, storage rules), • name basic rules of infection protection regarding medical devices (see also CA.4.1), • explain functional checks on medical devices.



3.5.a Is able to assist in managing and, if applicable, placing medical devices according to medical products and guidelines.	3.5.b Is able to manage and, if applicable, place medical devices according to medical products and guidelines.	3.5.c Is able to assist in and perform related medical procedures.	3.5.d Is able to guide and supervise others in the use and maintenance of medical devices and related procedures.
Competence		Skills	Knowledge
<p>The professional caregiver is able to autonomously and independently manage medical devices according to the treatment plan and if applicable to place medical devices to the patient/client.</p>	<p>The professional caregiver is able to:</p> <ul style="list-style-type: none"> • assemble a suction device (e.g. a portable for suctioning patient's/client's airways), • perform suctioning of a patient/client, • apply a chest tube suction device (e.g. one-way system, two-bottle system), • apply an automated external defibrillator (e.g. connect pads), • set up and use saline drips and syringe pumps, • apply feeding pumps (see also CA.2.2), • separate medical products and medicines (e.g. in the use of sterile goods, medications), • use blood warmers and infusion warmers, • apply mobilisation and transfer aids (e.g. lifter, transfer trapeze) (see also CA.2.3), • apply a bladder scan (see also CA.1.1), • use patient warmer systems (e.g. Bair Hugger®), • operate oxygen devices (e.g. portable) and provide oxygen to the patient/client, • apply glucometers, • perform an ECG (see also CA.1.1), 	<p>The professional caregiver is able to:</p> <ul style="list-style-type: none"> • name elements of an airway suction (e.g. wall connection, suction catheter), • describe the operation of an airway suction, • name contraindications and side effects of an airway suction, • describe the effect of a chest tube and the necessity of a vacuum connection, • explain modes to operate an automated external defibrillator, • explain necessity of continuous administering of medications (e.g. heparin, furosemide) (see also CA.3.2), • explain potential application errors within saline drips and syringe pumps (see also CA.3.2 and CA.A.3), • describe differences between enteral and intravenous given liquids and their outcome, • explain necessity of warming up blood products, • name normal and abnormal values of pulse oximetry and describe their response to deviations, 	



		<ul style="list-style-type: none"> show others how to apply glucometers. 	<ul style="list-style-type: none"> name reasons for carrying out bladder scans and explain the process, explain the need for patient warmer systems (e.g. after surgeries), name risks and safety rules while operating oxygen devices, name different wall connections in hospitals (e.g. oxygen, vacuum), explain where the electrodes for an ECG have to be installed (e.g. for chest lead).
3.5.a Is able to assist in managing and, if applicable, placing medical devices according to medical products and guidelines.	3.5.b Is able to manage and, if applicable, place medical devices according to medical products and guidelines.	3.5.c Is able to assist in and perform related medical procedures.	3.5.d Is able to guide and supervise others in the use and maintenance of medical devices and related procedures.
Competence		Skills	Knowledge
The professional caregiver autonomously and independently applies monitoring systems and invasive medical devices according to the treatment plan and if applicable places medical devices on the patient/client.	The professional caregiver is able to: <ul style="list-style-type: none"> apply vital monitoring (e.g. portable monitor), provide ultrasound devices for attendant physician, apply a manual defibrillator (e.g. connect electrodes) (see also CA.3.6), apply vacuum bandages and change waste containers (see also CA.3.3), perform a functional check before using medical technology for complex applications (e.g. hardware check for ventilation machines), 	The professional caregiver is able to: <ul style="list-style-type: none"> explain the normal values and deviations of an ECG (e.g. sinus rhythm, P wave, QRS complex) (see also CA.1.1), name situations that require monitoring of patient/client (e.g. life-threatening situation, after surgery), explain the check on medical products regarding durability and sterility (see also CA.A.3), name equipment on monitors (e.g. ECG cable, RR cable, cable for measuring various pressures), 	



		<ul style="list-style-type: none"> • check medical devices for administering medicines or gavage during use for correct function and accurate application quantities (e.g. infusion pumps, nutritional pumps) (see also CA.3.2), • apply all types of monitors for monitoring patients/clients (e.g. set and activate alarms on monitors), • connect all types of venous and/or arterial lines/sets to catheters for administering drips/medications and elevate all possible measurement (e.g. fluid-filled arterial blood pressure system onto an arterial catheter, fluid-filled manifold with infusion sets onto a central venous catheter, arterial blood pressure, Picco®, CVP), • make breathing machines ready (e.g. portable machines, fixed ventilators), • apply breathing machines and care for mechanically ventilated patients/clients (e.g. for mask CPAP, for intubated patients/clients), • set up and apply dialysis (e.g. via CVVHDF, dialysis machines), • choose different dialysis liquids (e.g. peritoneal dialysis, dialysis liquids with different potassium), • use different patient warmer/cooler systems (e.g. heating/cooling mat, special cooling systems for patients/clients after cardiac arrest), • set up and apply different invasive support systems (e.g. IABP, Impella®), 	<ul style="list-style-type: none"> • describe different sets/types of lines for invasive measurement methods (e.g. for CVP, arterial blood pressure, ICP), • describe normal and abnormal values of invasive measurements (e.g. arterial middle blood pressure, CVP), • describe the anatomy and physiology of lungs and breathing, • describe the anatomy and physiology of heart and circulatory system, • name and explain diseases that can lead to necessity of artificial respiration (e.g. pulmonary oedema, sepsis), • describe different ventilation modes (e.g. CPAP, BIPAP, SIMV), • name different parameters and settings on breathing machines and explain their meaning (e.g. PEEP, ASB, breathing rate), • describe side effects of mechanical ventilation of patient/client, • describe anatomy and physiology of the kidneys, • name diseases that can lead to need for dialysis (e.g. acute and chronic kidney failure), • describe diseases of the kidneys, • explain how dialysis works, • explain anticoagulation with citrate in dialysis (e.g. treatment with CVVH), • explain how invasive support systems work (e.g. IABP, Impella®), • explain pathophysiology of acute respiratory deficiency syndrome,
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	<ul style="list-style-type: none"> • set up and apply procedures of extra corporal oxygenation (e.g. ECMO, ECLA), • prepare and work with equipment for intubation and tracheotomy (e.g. laryngoscope, different respiratory tubes), • assist in intubation of patients/clients or perform intubation of patients/clients, • use laboratory machines (e.g. blood gas analyser), • set up and use special systems and machines for sedation of patients/clients (e.g. AnaConDa®), • set up and use contrast agent applicators, • set up and run machines for imaging procedures (e.g. for bronchoscopy, colonoscopy), • set up and apply mechanical reanimation equipment (e.g. Lifeguard®), • apply surgical tables and surgical lamps, • apply special monitoring methods (e.g. BIS®, relaxometry), • set up and apply electro coagulator, • assist in the promotion of X-ray-devices (e.g. portable, C-arm), • set up and apply a heart-lung machine, • set up and apply anaesthesia machines. 	<ul style="list-style-type: none"> • explain how extra corporal oxygenation procedures work (e.g. ECMO, ECLA), • describe the procedure of intubation (e.g. oral, nasal), • name values within blood gas analysis and describe deviations (e.g. pH shifts, increase of bicarbonate), • explain sedation regimes, • explain range of application of contrast agents and their risks and side effects, • explain special monitoring methods (e.g. BIS®, relaxometry), • explain electrocoagulation, • explain dealing with X-rays (e.g. self-protection, use of gonad protection), • explain working method and application area of heart-lung machines, • explain the necessity for contrast agent application, • explain the preparation of anaesthesia machines. 	
3.5.a Is able to assist in managing and, if applicable, placing medical devices according to medical products and guidelines.	3.5.b Is able to manage and, if applicable, place medical devices according to medical products and guidelines.	3.5.c Is able to assist in and perform related medical procedures.	3.5.d Is able to guide and supervise others in the use and maintenance of medical devices and related procedures.

Competence	Skills	Knowledge
<p>The professional caregiver is able to autonomously and independently guide and supervise others in using, placing and maintaining all kinds of medical devices.</p>	<p>The professional caregiver is able to:</p> <ul style="list-style-type: none"> • transfer to others methods and processes for using and maintaining medical devices in different situations, • run training sessions and instruct others in the use of medical devices, • recognise the scope of their own competences and those of others regarding medical devices, • evaluate other people's use of medical devices, • motivate others to achieve the goals of using medical devices, • show others how to assemble a suction device and perform suctioning of a patient/client, • show others how to apply a chest tube suction device (e.g. one-way system, two-bottle system), • teach others how to apply an automated external defibrillator and manual defibrillators, • show others how to carry out functional checks on medical technology (e.g. hardware check for ventilation machines, infusion pumps, nutritional pumps), • show others how to set the correct application rates on infusion and nutrition pumps, • teach others how to use all types of monitors for monitoring of 	<p>The professional caregiver is able to:</p> <ul style="list-style-type: none"> • discuss ethical principles of the commitment of medical devices and procedures (see also CA.B.1), • describe methods for transferring knowledge and experience, • explain different training techniques, • explain techniques for increasing motivation, • explain the development of training sessions in appliance of medical devices, • explain techniques for increasing motivation, • explain the process of guiding and supervising others, • explain the implementation of quality control regarding medical devices (see also CA.A.3), • explain how to evaluate other people's use of medical devices, • explain how to set up different medical devices, • explain how to use different medical devices, • name the steps when carrying out functional checks of medical devices, • explain how to select the correct types of venous and/or arterial lines/sets for catheters,



		<p>patients/clients (e.g. set and activate alarms on monitoring monitors),</p> <ul style="list-style-type: none"> • show others how to correctly connect all types of venous and arterial lines/sets to catheters (e.g. fluid-filled arterial blood pressure system onto an arterial catheter, fluid-filled manifold with infusion sets onto a central venous catheter) for administering drips/medications and how to collect all possible measurements (e.g. arterial blood pressure, Picco®, CVP), • show others how to apply breathing machines and care for mechanically ventilated patients/clients (e.g. mask CPAP, intubated patients/clients), • teach others how to set up and apply dialysis and different dialysis liquids (e.g. via CVVHDF, dialysis machines), • show others different patient warmer/cooler systems (e.g. heating/cooling mat, special cooling systems for patients/clients after cardiac arrest), • show others how to set up and the apply different invasive support systems (e.g. IABP, Impella®), • teach others how to set up and apply procedures of extra corporal oxygenation (e.g. ECMO, ECLA), • show others how to prepare and operate equipment for intubation and tracheotomy (e.g. laryngoscope, different respiratory tubes), 	<ul style="list-style-type: none"> • discuss the use of mechanical reanimation equipment versus manual reanimation.
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		<ul style="list-style-type: none"> • teach others to conduct endotracheal intubation of patients/clients, • show others how to use laboratory machines (e.g. blood gas analyser), • show others how to set up and use special systems and machines for sedating patients/clients (e.g. AnaConDa®), • show others how to set up and use contrast agent applicators, • teach others how to set up and operate machines for imaging procedures (e.g. for bronchoscopy, colonoscopy), • show others how to set up and apply mechanical reanimation equipment (e.g. Lifeguard®), • show others how to use surgical tables and surgical lamps, • teach others how to apply special monitoring methods (e.g. BIS®, relaxometry), • show others how to set up and apply the electro coagulator, • teach others how to set up and apply heart-lung machines, • teach others how to set up and apply anaesthesia machines, • show others how to work an ECG, • show others how to use vacuum bandages and change waste containers, • show others how to use blood warmers and infusion warmers, 	
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		<ul style="list-style-type: none"> • teach others how to apply mobilisation and transfer aids (e.g. lifter, transfer trapeze), • show others how to apply pulse oximetry (e.g. portable), • show others how to carry out bladder scans, • teach others how to use patient warmer systems (e.g. Bair Hugger®), • show others how to operate oxygen devices (e.g. portable) and provide oxygen to the patient/client. 		
3.6 Basic and Advanced life support (BLS/ALS)	3.6.a Is able to provide BLS according to resuscitation guidelines.	3.6.b Is able to assist in applying ALS according to resuscitation guidelines and in cooperation with authorised medical personnel.	3.6.c Is able to apply ALS according to resuscitation guidelines and in cooperation with authorised medical personnel.	3.6.d Is able to guide and supervise others in providing BLS and ALS according to resuscitation guidelines.
	3.6.a Is able to provide BLS according to resuscitation guidelines.	3.6.b Is able to assist in applying ALS according to resuscitation guidelines and in cooperation with authorised medical personnel.	3.6.c Is able to apply ALS according to resuscitation guidelines and in cooperation with authorised medical personnel.	3.6.d Is able to guide and supervise others in providing BLS and ALS according to resuscitation guidelines.
	Competence	Skills	Knowledge	
	The professional caregiver skillfully and safely provides Basic Life Support (BLS) in an emergency according to resuscitation guidelines. This is done autonomously and independently.	The professional caregiver is able to: <ul style="list-style-type: none"> • recognise cardiac arrest, • recognise respiratory arrest, • assess a person for responsiveness, • assess state of consciousness (e.g. Glasgow Coma Scale), 	The professional caregiver is able to: <ul style="list-style-type: none"> • explain legal regulations and consequences regarding BLS (see also CA.B.3), • explain cardiac arrest and its effects, • explain respiratory arrest and its effects, 	



	<ul style="list-style-type: none"> • assess breathing and circulation of an unconscious person, • trigger or carry out the emergency call, • recognise severe airway obstruction and bring patient/client into appropriate position, • identify and remove foreign bodies from airway, • insert oropharyngeal airway, • perform the Heimlich manoeuvre on persons, • apply sufficient cardiac massage according to the guidelines (e.g. to infants, to adults), • attach defibrillation electrodes and defibrillation electrode pads, • apply automated external defibrillation with automated external defibrillators, • apply mouth-to-nose/mouth-to-mouth ventilation, • connect the pieces of a ventilation device (e.g. Ambu® Mask), • apply device-to-mouth ventilation (e.g. Ambu® Bag), • place a person in the recovery position, • position patient/client with suspected cervical spine injury. 	<ul style="list-style-type: none"> • explain different states of awareness (e.g. unconscious, somnolent, conscious), • name emergency numbers (e.g. public, in-house), • describe how to check an airway, • describe the Heimlich manoeuvre principles, • name points at which the pulse can be determined (e.g. arteria carotis, arteria femoralis), • explain physiology of breathing, • describe the technique of mouth-to-mouth/mouth-to-nose ventilation, • describe the technique of device-to-mouth ventilation, • explain the technique of cardiac massage (e.g. amount of pressure according to the patient's/client's age), • explain the recovery position and describe the positioning of patients/clients with cardiac arrest, • explain how to operate automated external defibrillators, • name useful medical equipment, • explain precautions of cervical spine injury in emergency cases. 	
<p>3.6.a Is able to provide BLS according to resuscitation guidelines.</p>	<p>3.6.b Is able to assist in applying ALS according to resuscitation guidelines and in cooperation with authorised medical personnel.</p>	<p>3.6.c Is able to apply ALS according to resuscitation guidelines and in cooperation with authorised medical personnel.</p>	<p>3.6.d Is able to guide and supervise others in providing BLS and ALS according to resuscitation guidelines.</p>



Competence		Skills	Knowledge
The professional caregiver assists in applying Advanced Life Support (ALS) according to resuscitation guidelines.		<p>The professional caregiver is able to:</p> <ul style="list-style-type: none"> • prepare equipment and assist in endotracheal catheterisation, • apply capnography, • stabilise the endotracheal tube or tracheal cannula, • prepare equipment and assist with ambu mask ventilation, • insert a laryngeal mask airway, • perform manual external defibrillation, • apply an external pacemaker, • prepare and administer emergency medications, • perform cardiopulmonary resuscitation (ventilation and chest compressions), • apply mouth-to-nose or mouth-to-mouth breathing, • provide an ultrasound device. 	<p>The professional caregiver is able to:</p> <ul style="list-style-type: none"> • explain legal regulations and consequences regarding ALS (see also CA.B.3), • name general guidelines for resuscitation (e.g. from AHA, from ERC), • explain emergency codes, • name the necessary equipment for endotracheal catheterisation, • explain the course of endotracheal catheterisation, • name range of normal and abnormal capnography values, • describe principles of external defibrillating and pacemaker, • explain differences between defibrillation and cardioversion, • name emergency medications and describe the range of use, • describe principles of emergency medication administration, • explain necessity of an ultrasound device, • describe anatomy and physiology of the cardiovascular and respiratory system.
3.6.a Is able to provide BLS according to resuscitation guidelines.	3.6.b Is able to assist in applying ALS according to resuscitation guidelines and in cooperation	3.6.c Is able to apply ALS according to resuscitation guidelines and in cooperation with authorised medical personnel.	3.6.d Is able to guide and supervise others in providing BLS and ALS according to resuscitation guidelines.

		with authorised medical personnel.		
Competence		Skills		Knowledge
<p>The professional caregiver autonomously and independently applies ALS according to resuscitation guidelines in cooperation with attending physician.</p>		<p>The professional caregiver is able to:</p> <ul style="list-style-type: none"> • prepare equipment and assist in cricothyroidotomy and sternotomy, • execute laboratory parameters and patient's/client's state (e.g. hypoxia, hypo/hyperkaliaemia, hypo/hyperthermia, hypovolemia), • apply cardiopulmonary resuscitation in exceptional circumstances (e.g. in special departments of hospitals, on airplanes, sports facilities), • apply cardiopulmonary resuscitation in special patients/clients (e.g. seriously ill people, pregnant women, elderly people, children, infants), • apply cardiopulmonary resuscitation in accidents involving electricity and lightning, • provide life-saving measures in multi-casualty incidents, • apply triage systems. 		<p>The professional caregiver is able to:</p> <ul style="list-style-type: none"> • describe execution of cricothyroidotomy and sternotomy, • explain related laboratory parameters and patient's/client's possible state (e.g. potassium, intoxication), • explain diseases that can lead to the need for resuscitation (e.g. heart attack, pulmonary embolism, tension pneumothorax, subarachnoid haemorrhage), • explain the context of changes in the ECG and subarachnoid haemorrhage, • explain different ECG results (e.g. ventricular fibrillation, pulseless ventricular tachycardia), • name the latest cardiopulmonary resuscitation council's guidelines (e.g. from European Resuscitation Council, American Heart Association), • describe differences between advanced life support, paediatric life support and neonatal life support, • describe their own behaviour in multi-causality incidents, • describe execution of triage systems.
3.6.a	3.6.b	3.6.c	3.6.d	

	Is able to provide BLS according to resuscitation guidelines.	Is able to assist in applying ALS according to resuscitation guidelines and in cooperation with authorised medical personnel.	Is able to apply ALS according to resuscitation guidelines and in cooperation with authorised medical personnel.	Is able to guide and supervise others in providing BLS and ALS according to resuscitation guidelines.
	Competence	Skills		Knowledge
	The professional caregiver autonomously and independently guides and supervises others in providing first aid (BLS and ALS) according to resuscitation guidelines.	The professional caregiver is able to: <ul style="list-style-type: none"> • evaluate the work and abilities of others regarding BLS and ALS, • coach others in providing first aid (BLS and ALS) according to current resuscitation guidelines (e.g. from ERC), • reflect on and analyse own knowledge and skills for training purposes, • motivate others to adhere to current guidelines in providing first aid (BLS and ALS). 		The professional caregiver is able to: <ul style="list-style-type: none"> • discuss ethical principles of BLS and ALS (see also CA.B.1) • describe methods for transferring knowledge and experience, • explain different coaching/training techniques, • describe techniques for increasing motivation, • describe how to assess the competences of the others.

(Competence Area 4)

Creating and maintaining a healthy and safe environment

Sub areas of competence	Steps of competence development (VQTS)/		
	Competence, Skills, Knowledge (EQF)		
4.1 Hygiene	4.1.a Is able to apply relevant (legal and employer-specific) hygiene procedures and guidelines regarding <ul style="list-style-type: none"> • personal hygiene, 	4.1.b Is able to guide and supervise the correct application of hygiene regulations.	4.1.c Is able to <ul style="list-style-type: none"> • contribute to the evaluation and revision of hygiene procedures and guidelines, • execute tests regarding hygiene.

	<ul style="list-style-type: none"> working environments, medical equipment, medical waste. 		
	<p>4.1.a Is able to apply relevant (legal and employer-specific) hygiene procedures and guidelines regarding</p> <ul style="list-style-type: none"> personal hygiene, working environments, medical equipment, medical waste. 	<p>4.1.b Is able to guide and supervise the correct application of hygiene regulations.</p>	<p>4.1.c Is able to</p> <ul style="list-style-type: none"> contribute to the evaluation and revision of hygiene procedures and guidelines, execute tests regarding hygiene.
	Competence	Skills	Knowledge
	<p>The professional caregiver autonomously and independently applies relevant (legal and employer specific) hygiene procedures and guidelines regarding asepsis, sterility, physical safety within hygiene, and the handling of medical equipment and contaminated waste.</p>	<p>The professional caregiver is able to:</p> <ul style="list-style-type: none"> apply general rules of personal hygiene (e.g. hand wash, body wash), maintain principles of disinfection (e.g. use different disinfectants and cleansing agents for different applications, consider disinfecting times, use proper concentrations of disinfectants), keep the patient's/client's environment clean and tidy and perform area disinfections (e.g. carry out regular hygiene measures), determine necessary exposure times and range of application of disinfectants from manufacturer's data, carry out hygienic hand washing at the right time (e.g. use appropriate washing lotion, cold/lukewarm water, rinse hands 	<p>The professional caregiver is able to:</p> <ul style="list-style-type: none"> describe the basic principles of hygienic behaviour (e.g. personal hygiene), describe principles of the epidemiology of infections (e.g. sources, reservoirs, pathways, methods of infection control), name differences between cleaning and disinfection (e.g. for cleaning – remove visible contamination and germ reduction by 10-90%, for disinfection – killing or deactivating pathogens and germ reduction by 99.99%), name objectives of disinfectant measures and the transmission pathways of infections (e.g. objectives – avoidance and interruption of infections, transmission – direct such as smear and contact infections and droplet infections, and indirect such as transfers via work



		<p>properly, dry fingernails, at the beginning and at the end of the shift),</p> <ul style="list-style-type: none"> • use suitable skin-care products (e.g. lipid-degreasing), • use self-protective measures appropriately when dealing with disinfectants (e.g. suitable gloves, protection goggles), • carry out hygienic hand disinfection and follow the operating time of the disinfectant (e.g. disinfect the entire hand), • use disinfectant utensils correctly (e.g. do not immerse mops again in the solution, wash mops used for disinfecting, disinfect containers for disinfecting solutions and dry them before re-use), • identify and appropriately disinfect areas in need of regular disinfection (e.g. door handles, keyboards, bedside tables, toilets, bath tubes, plaster saws, areas for preparing medications, monitors, medical devices, after contamination, disinfectant dispenser for hand disinfection), • prepare instrument disinfecting tubes, clean instruments, disinfect and dry them according to the time of exposure (e.g. using compressed air to dry them), • separate waste and choose appropriate containers according to organisational protocol (e.g. waste containers for peak waste, recyclable waste, B-waste, C-waste), 	<p>surfaces, floors, toilets, door handles and handrails),</p> <ul style="list-style-type: none"> • name the scope and principles of application of different disinfectants (e.g. hands disinfectants, surface disinfections, instrument disinfections, exposure times, complete wetting of the disinfecting material), • describe the danger of under-dosing and over-dosing of disinfectants and the preparation of solutions (e.g. for under/overdosing – lack of performance during under-dosing, formation of lubrication films during over-dosing, for preparation – 0.5% solution, 1.5% solution using cold or lukewarm water), • name occasions of hand washing (e.g. beginning and end of work, visible soiling, after use of the toilet), • name areas in need of regular disinfection (e.g. door handles, keyboards, bedside tables, toilets, bath tubes, plaster saws, areas for preparing medications, monitors, medical devices, after contamination, disinfectant dispenser for hand disinfection), • name preconditions for hand disinfection (e.g. healthy skin, clean hands, short fingernails, no artificial fingernails and jewellery), • describe the technique of hand washing (e.g. the palm of the hand on the palm of the hand, the palm of the hand over the back of the hand, insert the closed
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	<ul style="list-style-type: none"> • use protective clothing appropriately (e.g. one-way gowns, gloves, mouth guards), • carry out work according to the hygiene guidelines, • choose, change and dispose of the appropriate bed linen and hospital clothing while respecting the aseptic needs of patients/clients, • instruct others in hygienic behaviour and monitor them (e.g. include visitors and relatives in protective clothing and hand disinfectants), • document cleaning and hygiene measures properly (see also CA.A.2). 	<ul style="list-style-type: none"> • fingertips in the other palm, rub both thumbs and heel of hands), • name the World Health Organisation rules and general rules in accordance with the timing for hand disinfection (e.g. before and after contact with patients/clients, before aseptic activities, after contact with infectious material, after contact with the patient's/client's environment, before putting on gloves, after removal of gloves, before contact with food, after contact with critical food such as meat, fish and eggs, after cleansing and dirty work), • name the reasons for and different forms of surface disinfection (e.g. reduction of the transmission of pathogens as a prophylaxis, removal of visible contaminations, final disinfection), • justify the use of appropriate self-protective measures (e.g. personal safety, maintaining their own eyesight), • name different types of waste (e.g. recyclable waste, medical waste, waste that must satisfy special requirements from the point of infection prevention), • explain the use of protective clothing (e.g. turning the one-way gown and gloves inside out when removing), • explain the term nosocomial infections.
<p>4.1.a Is able to apply relevant (legal and employer-specific) hygiene procedures and guidelines regarding</p>	<p>4.1.b Is able to guide and supervise the correct application of hygiene regulations.</p>	<p>4.1.c Is able to</p> <ul style="list-style-type: none"> • contribute to the evaluation and revision of hygiene procedures and guidelines,



<ul style="list-style-type: none"> personal hygiene, working environments, medical equipment, medical waste. 		<ul style="list-style-type: none"> execute tests regarding hygiene.
Competence	Skills	Knowledge
<p>The professional caregiver is autonomously and independently able to care for patients/clients with multi-resistant germs, isolate them according to hygiene rules, and advise others with regard to applying hygiene standards.</p>	<p>The professional caregiver is able to:</p> <ul style="list-style-type: none"> identify patient's/client's need for isolation and choose appropriate procedures (e.g. MRE infection), use disinfectants with special effects (e.g. with viricidal effects in patients/clients with herpes), act on principles of infection control by separating vulnerable patients/clients (e.g. move patients/clients into another room, cohort isolation), sort and arrange medical instruments according to their risk assessment, use sterile medical devices (e.g. bladder catheters) in a sterile procedure, apply sterile procedures (e.g. when performing injections and infusions), monitor and guide other professionals to ensure they comply with hygiene procedures (e.g. hand washing, using personal protective equipment), use germicidal lamps. 	<p>The professional caregiver is able to:</p> <ul style="list-style-type: none"> name different natures and kinds of germs (e.g. bacteria, viruses, fungi, salmonella, MRSA, candida albicans, Norovirus, HIV), name germ-related actions of disinfectants (e.g. bactericidal, tuberculocidal, mycobactericidal, sporicidal, fungicidal, viricidal), name risk groups for infections (e.g. patients/clients after prolonged hospitalisation, with antibiotic therapy, with invasive drains and therapies, with decubitus, new-borns and elderly people), explain the term cohort isolation, describe characteristics of infections and their development (e.g. local signs such as redness, swelling, temperature elevation), describe the concept of reverse isolation (e.g. in the case of strongly immunocompromised patients/clients in oncology), sort different medical instruments to different risk groups (e.g. uncritical for external use, semi-critical for mucous



			membrane application and critical for skin penetration), <ul style="list-style-type: none"> • explain invasive procedures for preserving sterility (e.g. install a bladder catheter), • explain the preparation of an infusion solution with regard to sterility (see also CA.3.2).
4.1.a Is able to apply relevant (legal and employer-specific) hygiene procedures and guidelines regarding <ul style="list-style-type: none"> • personal hygiene, • working environments, • medical equipment, • medical waste. 	4.1.b Is able to guide and supervise the correct application of hygiene regulations.	4.1.c Is able to <ul style="list-style-type: none"> • contribute to the evaluation and revision of hygiene procedures and guidelines, • execute tests regarding hygiene. 	
Competence	Skills	Knowledge	
The professional caregiver autonomously and independently verifies hygiene procedures and guidelines, adjusts them to newer empirical findings, tests hygiene outcomes and teaches others about hygiene procedures and behaviour.	The professional caregiver is able to: <ul style="list-style-type: none"> • apply legal regulations for the documentation of hygiene procedures (e.g. routine inspections, adapting to changes in legislation), • take over the hygiene management and carry out risk assessments for hazardous areas (e.g. monitoring laundry hygiene and food hygiene in the facility, surgical wing of the hospital), • prepare, check and adapt disinfection plans and cleaning plans, • carry out swab test according to the regulations and in case of need, 	The professional caregiver is able to: <ul style="list-style-type: none"> • explain the legal framework for behaviour in disasters (see also CA.B.3) • describe tasks of hygiene management (e.g. annual training of employees), • designate hygiene management measures and explain how it is done (e.g. monitoring food hygiene, regular blot examinations on the kitchen's work surfaces), • name essential elements of cleaning plans and disinfecting plans (e.g. what, using what, how often, by whom it has to be done), 	



		<ul style="list-style-type: none"> • monitor research activities in the field of hygiene and to apply findings to their own facility (e.g. to multi-resistant pathogens), • collaborate with other professions and, if necessary, enforce legal regulations (e.g. the housekeeping department, kitchen staff, attending physician, board of directors of the facility), • plan and implement further training sessions on hygiene, • initiate specific measures in the presence of multi-resistant pathogens, • monitor the documentation of hygiene measures carried out (see also CA.A.2), • monitor and assess epidemiological situations (e.g. in the ward, department, facility), • keep a register of adverse hygiene events, • cooperate with relevant superior institutions (e.g. national authorities, World Health Organisation). 	<ul style="list-style-type: none"> • describe the procedure of a swab test (e.g. smearing of surfaces and breeding in the incubator), • name professional journals in the field of hygiene, • name arguments for the adaptation of work processes to hygiene needs (e.g. increasing time interval between operations for the implementation of hygiene measures after increased occurrence of postoperative infections, isolation and 24-hour care of patients/clients with 4-multidrug resistant gram-negative bacteria by only one care professional), • name who should receive training in hygiene (e.g. caregivers, housekeeping, external staff such as physiotherapists, and carriers of multi-resistant pathogens), • describe the preparation of hygiene training courses (e.g. for carriers of multi-resistant pathogens after hospitalisation), • name multi-resistant pathogens (e.g. methicillin-resistant staphylococcus aureus, multi-resistant gram-negative pathogens), • explain the particular threats of multi-resistant pathogens (e.g. 3 multidrug resistant gram-negative bacteria and the absence of the effect of three different classes of antibiotics).
4.2	4.2.a	4.2.b	



Sterilisation	Is able to clean, disinfect, sterilise and store medical instruments according to sterility rules.	Is able to guide and supervise the complete sterilisation process and document quality control indicators and protocols.
	4.2.a Is able to clean, disinfect, sterilise and store medical instruments according to sterility rules.	4.2.b Is able to guide and supervise the complete sterilisation process and document quality control indicators and protocols.
	Competence	Skills
		Knowledge
	The professional caregiver autonomously and self-responsibility performs cleaning, disinfecting, sterilisation and storing of medical instruments.	<p>The professional caregiver is able to:</p> <ul style="list-style-type: none"> • clean, disinfect and sterilise medical instruments (e.g. manual and machine cleaning, disinfect, flush and dry), • clean, disinfect and if applicable sterilise medical equipment using special cleaning devices (e.g. different endoscopes, ultrasonic probe, electrophysical ablation catheter), • work with different disinfectants (see also CA.4.1), • operate sterilisers (e.g. steam steriliser), • apply hygienic working methods, • package medical instruments according to predetermined lists (e.g. soft/hard packaging, sieve carrier), • act on principles of self-protection and occupational safety (e.g. vaccinations, protective clothing and behaviour), • control the quality of reprocessed sterile goods and inventory taking and recognise proper sterilisation indicators on sterilised items (e.g. packaging, storing periods),
		<p>The professional caregiver is able to:</p> <ul style="list-style-type: none"> • describe rules of disinfection and decontamination, • describe different methods of cleaning medical instruments (e.g. manual, chemical cleaning), • name the five steps of reprocessing of medical instruments (e.g. disassembly, decontamination, cleaning and assembly of items, packaging, sterilisation and storage), • name different disinfectants and their field of application (see also CA.4.1), • name different sterilisation procedures (e.g. physical, chemical), • list various medical instruments (e.g. medical scissors, forceps, clamps, pair of pincers), • describe different classes of medical equipment (e.g. semi-critical, critical), • describe microbiology and the principle of the spread of germs, • explain the relationship between sterilisation practices and the risk of infections to the patient/client,

		<ul style="list-style-type: none"> cooperate with customers and suppliers (e.g. fill in delivery notes, order materials), store medical equipment in a dry place and avoid contamination. 	<ul style="list-style-type: none"> name underlying laws and provisions and their application within the facility, explain behaviour when dealing with injuries with infectious materials.
	4.2.a Is able to clean, disinfect, sterilise and store medical instruments according to sterility rules.		4.2.b Is able to guide and supervise the complete sterilisation process and document quality control indicators and protocols.
	Competence	Skills	Knowledge
	The professional caregiver is able to autonomously and independently guide and supervise the complete sterilisation process and to apply and document quality indicators and protocols.	The professional caregiver is able to: <ul style="list-style-type: none"> use sterilisation monitor devices, work with chemical and biological indicators for sterilisation, control the quality of reprocessed sterile goods, keep an inventory (e.g. packaging, storing periods), cooperate with customers and suppliers (e.g. fill in delivery notes, order materials). 	The professional caregiver is able to: <ul style="list-style-type: none"> describe special handling and reprocessing of medical equipment (e.g. endoscopes, ultrasonic probes and electrophysical ablation catheter), explain sterilisation process monitoring, explain necessary documentation for sterilisation, explain the quality control procedure in sterilisation, explain the special storage of medical equipment in line with hygiene regulations, explain international quality standards with regard to sterile medical goods, describe the organisation of the supply of sterile products within the facility and with external partners.
4.3 Occupational health and safety	4.3.a Is able to promote a healthy, safe environment and implement related measures.	4.3.b Is able to detect safety risks and increase safety by implementing preventive measures.	4.3.c Is able to develop assessment tools to prevent safety risks and monitor the maintenance of a safer environment.



4.3.a Is able to promote a healthy, safe environment and implement related measures.	4.3.b Is able to detect safety risks and increase safety by implementing preventive measures.	4.3.c Is able to develop assessment tools to prevent safety risks and monitor the maintenance of a safer environment.
Competence	Skills	Knowledge
<p>The professional caregiver is able to autonomously and independently secure the occupational environment and carry out health promoting measures while recognising their own needs and those of others.</p>	<p>The professional caregiver is able to:</p> <ul style="list-style-type: none"> • orient themselves within the department and the institution, • avoid confusion with liquids (e.g. reset disinfectant agents after use to the storage location), • act on principles of own safety when transporting patients/clients (e.g. use fixing brakes, take care of own health in tight spaces), • assess whether they can care for patients/clients on their own or whether assistance from other professionals is needed (e.g. for mobilisation), • check functioning of aids used (e.g. bed lifters), • transport and store materials according to specifications (e.g. medical instruments in adjoining rooms, infusion solutions placed in a safe place), • identify and report significant risks to health and safety (e.g. in case of damaged sockets and extension cables), • apply principles of ergonomic work (e.g. to use equipment and tools), • apply principles of kinesthetics, 	<p>The professional caregiver is able to:</p> <ul style="list-style-type: none"> • describe the necessity of a safe environment and the danger of accidents, • name the national emergency number and the number within the facility, • name biological risk factors for safety (e.g. vulnerability, microbiological risk factors), • name chemical risk factors for safety (e.g. disinfection agents), • name risk factors that could lead to accidents, • name reasons for restricting patients/clients (e.g. danger to oneself and to the others), • explain safety behaviour when transporting patients/clients (e.g. using brakes, take care of own fingers in tight spaces), • describe how they pay attention to their own safety while transferring patients/clients (e.g. from bed to wheelchair by means of bed lifters, manually from the wheelchair to the toilet),



		<ul style="list-style-type: none"> • decide if a device may be used (e.g. availability of introductory instruction), • choose appropriate workwear (e.g. wear closed shoes, change contaminated professional clothes), • operate kitchen appliances safely (e.g. switch off the stove after use), • apply measures against thermal hazards (e.g. use water with appropriate temperature, do not expose ice packs to the skin unprotected), • apply measures to protect themselves from noise, radiation, unpleasant lighting, • apply measures to protect themselves from exposure if they suffer from specific diseases (e.g. avoid exposure to creams containing lanolin if they suffer from neurodermitis, use special gloves if they are allergic to latex), • identify and report changes in the condition and behaviour of patients/clients who endanger their own safety, • trigger resuscitation calls and fire alarms (see also CA.3.6), • handle open flames safely (e.g. when using candles), • support and motivate others to maintain a tidy and safe environment (e.g. patients/clients, visitors, other professionals), • apply safety regulations regarding service rooms and medicine cabinets (e.g. keep them locked), 	<ul style="list-style-type: none"> • describe the effect of rest and sleep and of the day and night rhythm on the state of health, • describe circumstances in which the care of patients/clients requires several professionals (e.g. increased safety risks in aggressive patients/clients, extremely obese patients/clients), • name requirements for transportation and storage of materials (e.g. dry and securely packaged, stored in fixed shelves), • name hazards connected to electrical wiring, • describe the principles of ergonomic working procedures, • explain the concept of kinesthetics, • name typical diseases of care professionals which can be traced back to work (e.g. disc prolapse), • describe the risks associated with the use of non-instructional equipment (e.g. legal consequences), • describe the need for adequate workwear (e.g. solid shoes), • name effects of noise (e.g. stress), • explain how to deal with accidents at work, • explain the special need to look after their own health if they suffer from specific diseases (e.g. using special gloves if they are allergic to latex), • name situations that require a call for assistance (e.g. fall by patient/client),
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	<ul style="list-style-type: none"> • secure accident scenes, • apply procedures to remove people from danger areas while ensuring their own safety, • assess whether working time regulations are being respected, • consciously accept or reject responsibility (e.g. for patients/clients, for work outside their area of responsibility), • apply relevant guidelines in the event of work accidents, • promote occupational health (e.g. participate in supervision and coaching, regular appointments with the occupational physician), • keep escape routes free, • apply necessary protective vaccinations. 	<ul style="list-style-type: none"> • describe circumstances leading to the triggering of first aid calls and fire alarms, • describe handling and hazards of open flames (e.g. near oxygen devices), • name causes of fire, • describe the effects of a safe environment on the state of health, • explain the closed storage of medicines regarding safety, • name working time rules, • explain the concept of responsibility, • explain behaviour when dealing with injuries, • name the working area of occupational physicians, • describe the effects of exercise and sport on health, • explain the contribution of protective vaccines to protecting themselves against infection.
4.3.a Is able to promote a healthy, safe environment and implement related measures.	4.3.b Is able to detect safety risks and increase safety by implementing preventive measures.	4.3.c Is able to develop assessment tools to prevent safety risks and monitor the maintenance of a safer environment.
Competence	Skills	Knowledge
The professional caregiver is able to autonomously and independently detect safety risks and implement preventive measures in cooperation with other professions.	The professional caregiver is able to: <ul style="list-style-type: none"> • detect gaps in guidelines regarding safety, • work with medical products carefully (e.g. sharp instruments), • use a critical incident reporting system, 	The professional caregiver is able to: <ul style="list-style-type: none"> • explain their own strategy when dealing with gaps in guidelines regarding safety (e.g. reporting), • explain the idea and concerns of a critical incident reporting system (e.g. report



	<ul style="list-style-type: none"> • guarantee escape possibilities in case of hazards (e.g. in closed psychiatric wards), • store highly flammable substances separately and in a safe way, • apply safety measures when dealing with cytotoxic drugs (e.g. prepare according to the guidelines, find where spill kit is stored), • restrict freedom of patient/client in order to ensure their own safety, • cooperate with the technical department of the facility to ensure safety (e.g. report defective equipment according to guidelines, instigate repairs). 	<p>injuries, prevent new injuries, report 'close shaves'),</p> <ul style="list-style-type: none"> • explain the handling of highly flammable substances regarding safety, • name safety measures when dealing with cytotoxic solutes, • describe prevention of hazards (e.g. fires), • explain their own strategy when dealing with defective equipment (e.g. reporting).
4.3.a Is able to promote a healthy, safe environment and implement related measures.	4.3.b Is able to detect safety risks and increase safety by implementing preventive measures.	4.3.c Is able to develop assessment tools to prevent safety risks and monitor the maintenance of a safer environment.
Competence	Skills	Knowledge
The professional caregiver is able to autonomously and independently increase occupational safety by monitoring safety instructions and initiating the development of standards for a safer environment.	The professional caregiver is able to: <ul style="list-style-type: none"> • carry out risk assessments within the working environment (e.g. to determine the risk of accident, to make regular inspections), • train employees regarding a safe environment (e.g. in anaesthesia, surgery, haemodialysis) (see also CA.C.1), 	The professional caregiver is able to: <ul style="list-style-type: none"> • name the legal framework for the behaviour in disasters (see also CA.B.3) • describe the design and operation of fire extinguishers, • describe the creation of checklists regarding safety, • describe the design of safety instructions, • list methods for identifying work-related safety risks.



		<ul style="list-style-type: none"> draw up safety instructions and develop procedures and processes for a safe working environment, develop checklists and tools for risk assessment, establish measures to enforce ergonomic practices (e.g. provide appropriate technical equipment), enable or encourage others to attend training courses (see also CA.C.1). 	
4.4 Handling on-site disasters	4.4.a Is able to react according to guidelines in emergencies and disasters.	4.4.b Is able to coordinate emergencies and disasters and care for victims.	4.4.c Is able to prepare guidelines and strategies for emergencies and disasters and develop and execute appropriate training sessions.
	4.4.a Is able to react according to guidelines in emergencies and disasters.	4.4.b Is able to coordinate emergencies and disasters and care for victims.	4.4.c Is able to prepare guidelines and strategies for emergencies and disasters and develop and execute appropriate training sessions.
	Competence	Skills	Knowledge
	The professional caregiver is able to autonomously and independently recognise emergencies and disasters, trigger alarms, secure the accident scene, support victims and execute Basic Life Support.	The professional caregiver is able to: <ul style="list-style-type: none"> trigger alarms (e.g. by telephone, by fire alarm systems), understand signposting of safety devices and escape routes, apply standards and procedures for emergencies and disasters (e.g. check everyone is accounted for at assembly points, accommodate the deceased), take appropriate protection and safety measures (e.g. attempt to extinguish a fire, remove vulnerable persons), 	The professional caregiver is able to: <ul style="list-style-type: none"> name emergency numbers, name the content of first aid kits, recognise the signposting of safety devices and escape routes, locate the first aid kit, first aid room, location of the nearest fire extinguisher within the facility, and the location of the assembly point, find an automated external defibrillator within the facility,

	<ul style="list-style-type: none"> insure accident locations, assess the condition of victims (e.g. regarding medical care needs), help people who are unfamiliar with the area and vulnerable people to leave the danger area, cooperate with emergency services (e.g. make place of disaster accessible, assist emergency services if applicable), apply Basic Life Support (see also CA.3.5), use rescue products (e.g. first aid material), pay attention to their own life and integrity, use safety equipment for self-protection. 	<ul style="list-style-type: none"> describe the function and application of fire extinguishers, describe specific protective and safety measures (e.g. attempting to extinguish a fire, remove endangered persons from danger), explain general and in-house standards on behaviour in emergency and disaster situations, describe the insurance of their own integrity in the event of a disaster (e.g. in case of fire), describe measures of Basic Life Support (e.g. heart massage) (see CA.3.5).
4.4.a To be able to react according to guidelines in emergencies and disasters.	4.4.b To be able to coordinate emergencies and disasters as well as care about victims.	4.4.c To be able to prepare guidelines and strategies for emergencies and disasters and to develop and execute appropriate trainings.
Competence	Skills	Knowledge
The professional caregiver is able to autonomously and independently coordinate emergencies and on-site disasters according to guidelines and care for victims.	The professional caregiver is able to: <ul style="list-style-type: none"> implement defined procedures for emergencies and disasters of the institution (e.g. initiate the rescue chain within the facility, take control of evacuated areas), ensure the proper use of protective equipment and protective features by others, 	The professional caregiver is able to: <ul style="list-style-type: none"> describe procedures for emergencies and disasters (e.g. the rescue chain within the facility), name hazardous substances in the work area and their antidotes, name the causes of burn and fire extinction, name the positions of wall hydrants,

	<ul style="list-style-type: none"> carry out organisational, preventive and defensive measures in the event of fire (e.g. delegating tasks, instigating evacuation), take over the triage of emergency patients/clients together with the attending physician and provide appropriate treatment, assist and collaborate in Advanced Life Support (see CA.3.5), collaborate with other professions (e.g. fire brigade, emergency services). 	<ul style="list-style-type: none"> describe the triage procedure for emergency patients/clients, describe Advanced Life Support (e.g. emergency medications and their use) (see CA.3.5) explain how to deal with the deceased in emergencies and disasters, explain how they handle stress in emergencies and disasters.
4.4.a Is able to react according to guidelines in emergencies and disasters.	4.4.b Is able to coordinate emergencies and disasters and care for victims.	4.4.c Is able to prepare guidelines and strategies for emergencies and disasters and develop and execute appropriate training sessions.
Competence	Skills	Knowledge
The professional caregiver is able to autonomously and independently prepare and establish measures for emergencies and on-site disasters, evaluate such events, and develop and execute training sessions for such cases.	The professional caregiver is able to: <ul style="list-style-type: none"> ensure the presence of the necessary disaster control equipment (e.g. determine how many fire extinguishers are required based on technical regulations), monitor, assess and document the course of emergency and disaster events, assist in analysis and evaluation of emergencies and disasters, establish standards and guidelines for emergencies and disasters, 	The professional caregiver is able to: <ul style="list-style-type: none"> name and classify risk factors for the emerge of emergencies, describe the creation of utility algorithms (e.g. for internal alerting in emergencies and disasters), distinguish between different categories of fire and describe the effect of different extinguishing agents, name the legal framework for behaviour in disasters (see also CA.B.3) name occupational measures to prevent accidents at work and occupational diseases.

		<ul style="list-style-type: none"> run training courses on behaviour in emergencies and disasters. 	
(Competence Area 5)			
Communication and collaboration with other professionals			
Sub areas of competence	Steps of competence development (VQTS)/		
	Competence, Skills, Knowledge (EQF)		
5.1 Train and manage other professional caregivers in work activities	5.1.a Is able to contribute to informing and monitoring other professional caregivers regarding daily working routines. (e.g. demonstrate routine daily tasks in absence of the practical instructor)	5.1.b Is able to <ul style="list-style-type: none"> inform and monitor other professional caregivers concerning daily working routines and individual tasks, make decisions in absence of the person in charge. (e.g. take over management of the ward in absence of the ward manager) 	5.1.c Is able to <ul style="list-style-type: none"> guide and supervise tasks and activities performed by other professional caregivers according to pedagogical and subject related principles, (e.g. train others as a practical instructor) contribute to the development of new care standards, instruction guidelines and protocols.
	Competence	Skills	Knowledge
	(No learning outcomes developed)		
5.2 Professional communication	5.2.a. Is able to <ul style="list-style-type: none"> communicate within the multidisciplinary team and with other staff, apply professional language. 	5.2.b Is able to <ul style="list-style-type: none"> collaborate with other health care professionals in working processes, network within the multidisciplinary team and with other professionals, advocate for the patients/clients. (e.g. represent the interests of patients/clients who are unable to do so themselves to physicians) 	5.2.c Is able to participate in developing, implementing and evaluating mechanisms for optimising the processes of multidisciplinary collaboration.



	Competence	Skills	Knowledge	
	(No learning outcomes developed)			
5.3 Integrated care	5.3.a Is able to apply the requirements of patient/client management. (e.g. discharge, intake, occupancy management)	5.3.b Is able to <ul style="list-style-type: none"> • apply disease management, • contribute to case management. 	5.3.c Is able to <ul style="list-style-type: none"> • implement disease and case management in the facility, • cooperate with internal and external partners in order to implement integrated care. 	5.3.d Is able to <ul style="list-style-type: none"> • implement and further develop integrated care within the facility, • network with external partners in order to improve integrated care.
	Competence	Skills	Knowledge	
	(No learning outcomes developed)			
(Competence Area 6)				
Communication and collaboration with patients/clients				
Sub areas of competence	Steps of competence development (VQTS)/ Competence, Skills, Knowledge (EQF)			
6.1 Communication with patients/clients and relevant others	6.1.a Is able to build, maintain and end verbal and non-verbal communication through empathy and appreciation.	6.1.b Is able to <ul style="list-style-type: none"> • assess the patient's/client's capability of cognitive/emotional response and behaviour using professional techniques/tools, • use professional communication models/tools. (e.g. RTR measurement, assessment of facial expressions, gestures) 		
	Competence	Skills	Knowledge	
	(No learning outcomes developed)			



6.2 Education and empowerment of patients/clients and relevant others	6.2.a Is able to explain treatment and care-related information to the patient/client and relevant others.	6.2.b Is able to train, counsel and empower patients/clients and relevant others regarding selfcare.	6.2.c Is able to identify learning needs of patients/clients and relevant others.	6.2.d Is able to efficiently use professional methods of interpersonal communication in challenging situations. (e.g. lip-reading, Watzlawick)
	Competence	Skills	Knowledge	
	(No learning outcomes developed)			
6.3 Health promotion and prevention	6.3.a Is aware of developments in health promotion and prevention and is able to provide, motivate and support preventive measures in the care process. (e.g. care advice, family health care, public health care)	6.3.b Is able to <ul style="list-style-type: none"> implement care processes facilitating health promotion and prevention and the independence of the patient/client, coordinate collaboration with the multidisciplinary team in order to motivate and support the patient's/client's health promotion and health prevention activities. (e.g. teaching patient/client about diabetes while linking their needs to the daily schedule, organising and offering sports activities for patients/clients with restrictions on self-care)	6.3.c Is able to contribute to the development and implementation of health promotion/prevention within the health system.	
	Competence	Skills	Knowledge	
	(No learning outcomes developed)			
6.4 Fostering social life and a	6.4.a Is able to foster health promotion with the patient/client by using creative elements, social activities and the living environment. (e.g. integration into musical activities)	6.4.b Is able to plan and carry out complex activities of daily life and participate in arranging/ furnishing living environments. (e.g. arrange celebrations)		



stimulating environment			
	Competence	Skills	Knowledge
	(No learning outcomes developed)		
6.5 Organising daily life and daily life activities	6.5.a Is able to support the patient/client in organising his/her daily life. (e.g. accompany when shopping)	6.5.b Is able to act on behalf of the patient/client in aspects of their daily life. (e.g. liaise with the social security office to receive welfare payments)	
	Competence	Skills	Knowledge
	(No learning outcomes developed)		
(Competence Area 7)			
Management			
Sub areas of competence	Steps of competence development (VQTS)/		
	Competence, Skills, Knowledge (EQF)		
	(Not elaborated)		
(Transversal Competence Area A)			
Monitoring, documentation, quality assurance			
Sub areas of competence	Steps of competence development (VQTS)/		
	Competence, Skills, Knowledge (EQF)		
A.1	A.1.a	A.1.b Is able to	A.1.c



Monitoring and evaluating patient's/client's condition	Is able to recognise changes in the patient's/client's condition and react appropriately.	<ul style="list-style-type: none"> recognise changes in the patient's/client's condition using scoring tools and react appropriately, interrelate the patient's/client's condition to the clinical picture. 	Is able to guide and supervise others in monitoring and evaluating the patient's/client's condition.
	A.1.a Is able to recognise changes in the patient's/client's condition and react appropriately.	A.1.b Is able to <ul style="list-style-type: none"> recognise changes in the patient's/client's condition using scoring tools and react appropriately, interrelate the patient's/client's condition to the clinical picture. 	A.1.c Is able to guide and supervise others in monitoring and evaluating the patient's/client's condition.
	Competence	Skills	Knowledge
	The professional caregiver is able to autonomously and independently recognise changes in the patient's/client's condition and behaviour and demonstrate adequate responses to these changes.	The professional caregiver is able to: <ul style="list-style-type: none"> differentiate between different physiological states of consciousness (e.g. alertness, sleep, doze), detect changes in nutritional status (e.g. weight loss, exsiccosis), ask patients/clients to drink enough (see also CA.2.2), detect characteristics of excretions (e.g. in terms of colour, odour) and measure amounts of excretions (e.g. amount of daily urine) (see also CA.2.4), determine whether patients/clients are in pain, identify and report changes in the condition and behaviour of patients/clients who endanger their personal safety, 	The professional caregiver is able to: <ul style="list-style-type: none"> name mental abilities of wakefulness (e.g. thinking, imagining, remembering, distinguishing between reality and imagination), name changes in wakefulness caused by sleep (e.g. reduced response to stimuli, reduced brain activity, decreased self-control), name physiological fluid and calorie requirements, name diseases leading to altered food and fluid intake (e.g. dementia, dysphagia, vomiting) (see also CA.2.2), describe normal and abnormal quantities, appearances and odour of excretions,



	<ul style="list-style-type: none"> • detect changes in the mobility of patient/client (see also CA.2.3), • deal with patients/clients with limitations in understanding (see also CA.6.1), • detect changes in the skin (e.g. colour, infections), • detect changes in all vital functions (e.g. dyspnoea, tachycardia, hypotension, elevated temperature), • identify emergencies and respond adequately (see also CA.3.6), • report changes in the patient's/client's condition to others. 	<ul style="list-style-type: none"> • describe normal skin colour and pathological changes (e.g. cyanosis, infections), • describe normal vital functions (e.g. breath volume, respiratory rate, tachycardia, temperature).
A.1.a Is able to recognise changes in the patient's/client's condition and react appropriately.	A.1.b Is able to <ul style="list-style-type: none"> • recognise changes in the patient's/client's condition using scoring tools and react appropriately, • interrelate the patient's/client's condition to the clinical picture. 	A.1.c Is able to guide and supervise others in monitoring and evaluating the patient's/client's condition.
Competence	Skills	Knowledge
The professional caregiver is able to autonomously and independently recognise changes in the patient's/client's condition and behaviour using scoring tools, interrelate these changes to diseases, and show appropriate reactions regarding care of patient/client.	The professional caregiver is able to: <ul style="list-style-type: none"> • adequately respond to impaired consciousness (e.g. with special care for patients/clients with dementia), • determine the patient's/client's position on the Glasgow Coma Scale (GCS), • assess raised GCS of patients/clients with respect to disorder (e.g. 10 points equates to moderate unconsciousness), 	The professional caregiver is able to: <ul style="list-style-type: none"> • describe their own competence framework from a legal perspective (e.g. decision-making powers, responsibilities), • explain the concept of different sleep depths (e.g. dozing, deep sleep, REM sleep), • name abnormalities of consciousness (e.g. dementia, psychosis, coma),



		<ul style="list-style-type: none"> • asses pain condition using scales (e.g. Behavioural Pain Score), • apply an Early Warning Score (EWS) system, • apply a Medical Early Response Intervention and Therapy (MERIT) system, • apply Cardiac Arrest Triage (CART), • detect changes that are attributed to ongoing infusions and transfusions (see also CA.3.2), • consider movement restrictions based on diseases and observe their progress, • fill in EWS (Early Warning Scores), • monitor postoperative and intensive care patients/clients (see also CA.3.4), • estimate the sedation state of patients/clients and determine whether adequate sedatives were administered (see also CA.3.2). 	<ul style="list-style-type: none"> • name and explain levels of intensity of consciousness disorders (e.g. drowsiness, somnolence, sopor, coma), • name the components of the central nervous system (CNS) and the peripheral nervous system (e.g. brain, spinal cord, somatic NS, autonomic NS), • describe the anatomy of the CNS (e.g. medulla oblongata, reticular formation, PONS, thalamus), • explain the concept of the Glasgow Coma Scale (e.g. 3 – 15 points possible), • name measures for disturbances of consciousness (e.g. 10 points corresponds to intubation readiness), • name intestinal disorders that can lead to changes (e.g. absorption disorders, worms, hyperthyroidism, cancers, renal insufficiency, gastrointestinal bleeding, diverticulitis, parasites), • name disorders from every field that can lead to changes in the patient's/client's condition (e.g. intestinal, musculoskeletal, fascial, neurological, psychological disorders), • explain pain assessment using Behavioural Pain Score (BPS), • explain the concept of Early Warning Scores (EWS), • explain the concept of Medical Early Response Intervention and Therapy (MERIT), • explain the concept of Cardiac Arrest Triage (CART),
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			<ul style="list-style-type: none"> name adverse events to medication and transfusion (e.g. thrombophlebitis, transfusion reaction) (see also CA.3.2), explain physiology and pathophysiology of respiration (e.g. respiratory rate, lung function, pulmonary oedema).
A.1.a Is able to recognise changes in the patient's/client's condition and react appropriately.	A.1.b Is able to <ul style="list-style-type: none"> recognise changes in the patient's/client's condition using scoring tools and react appropriately, interrelate the patient's/client's condition to the clinical picture. 	A.1.c Is able to guide and supervise others in monitoring and evaluating the patient's/client's condition.	
Competence	Skills	Knowledge	
The professional caregiver is able to autonomously and independently guide and supervise others in monitoring and evaluating the patient's/client's condition and behaviour.	The professional caregiver is able to: <ul style="list-style-type: none"> show others the methods of monitoring and evaluating the patient's/client's condition, show others the methods of monitoring and evaluating the patient's/client's condition using scoring tools, implement new scales used in monitoring and evaluating the patient's/client's condition into the facility, run training sessions on monitoring and evaluating the patient's/client's condition, cooperate with members of the nursing team and other professionals regarding the improvement of monitoring and 	The professional caregiver is able to: <ul style="list-style-type: none"> explain legal regulations and consequences regarding data gathering (see also CA.B.3 and CA.3.5), name methods for transferring knowledge and experience, describe different training techniques and coaching methods, describe techniques for increasing motivation. 	



		evaluating the patient's/client's condition, <ul style="list-style-type: none"> • participate in the Clinical Response Team (CRT) (see also CA.3.6), • analyse and question their own abilities and those of others, • motivate others in monitoring and evaluating the patient's/client's condition. 	
A.2 Documentation	A.2.a Is able to independently document all required data of the patient/client.	A.2.b Is able to guide and supervise the documentation.	
	A.2.a Is able to independently document all required data of the patient/client.	A.2.b Is able to guide and supervise the documentation.	
	Competence	Skills	Knowledge
	The professional caregiver is able to autonomously and independently perform the documentation process.	The professional caregiver is able to: <ul style="list-style-type: none"> • document collected data properly (e.g. handwritten, electronic documentation systems), • differentiate between data relevant and irrelevant for documentation, • extract required data from the documentation to perform tasks, • share data with internal and external partners (e.g. send faxes, e-mails, use apps), • make updates to the facility's patient management system (e.g. for patient's/client's registration), 	The professional caregiver is able to: <ul style="list-style-type: none"> • describe the legal basis and ownership of documented data, • describe the objectives of the documentation and the documentation system, • explain what information can be gathered from the documentation system to serve patients/clients, • designate legal basis and regulations for the exchange of data (e.g. name the owner of the data), • explain the functions of the patient management system,



	<ul style="list-style-type: none"> place orders according to the system of the facility (e.g. food orders, material orders, pharmacy orders), trigger repair requests (e.g. for medical equipment), perform wound documentation according to the in-house system (e.g. special description of wounds, photo documentation) (see also CA.3.3), write letters using office programs (e.g. care report when transferring patients/clients), make diverse kinds of printouts (e.g. print monitor image, print out letters, use printer on defibrillators), cooperate with in-house stakeholders who require data from the documentation (e.g. phoning with attending physician to transfer data), ensure completeness and accuracy in service handovers at shift changes, document visits and write detailed reports. 	<ul style="list-style-type: none"> name data associated with patients/clients (e.g. case number, family doctor, contact with relatives), explain the procedure for order processes, describe the procedure for repair requirements, name reasons for continuous wound documentation (e.g. legal basis, observing changes), describe the execution of a wound documentation (see also CA.3.3), name office programs (e.g. word processing, spreadsheet program) name functions of office programs, name data that must be included in the report of care when transferring patients/clients and justify it, describe the procedure for printing letters, name important telephone numbers inside and outside the facility (e.g. attending physician, house emergency number), explain the proper identification of patients/clients.
A.2.a Is able to independently document all required data of the patient/client.	A.2.b Is able to guide and supervise the documentation.	
Competence	Skills	Knowledge



	The professional caregiver is able to autonomously and independently guide and supervise the documentation process.	The professional caregiver is able to: <ul style="list-style-type: none"> • identify errors and gaps in the documentation, • encourage others to adhere to and accurately document the documentation guidelines, • make sure the documentation is up to date (e.g. during reviews), • evaluate the work and skills of others regarding documentation, • instruct others in the methods and procedures of documentation, • analyse and question their own abilities and knowledge regarding documentation, • create and maintain quality assurance documentation regarding the patient/client (e.g. according to in-house quality manual, dealing properly with patient's/client's valuables), • assist attending physician to complete death certificates. 	The professional caregiver is able to: <ul style="list-style-type: none"> • name legal requirements for the documentation (see also CA.B.3), • name methods for transferring knowledge and experience, • describe different training techniques and coaching methods, • describe techniques for increasing motivation, • describe the determination of the extent of their own competences and those of the team members, • name elements of quality manuals regarding documentation, • explain legal aspects of the documentation of patient's/client's valuables, • name necessary information in death certificates, • name elements of rosters. 	
A.3 Promoting quality assurance measures	A.3.a Is able to ensure nursing care while considering quality aspects.	A.3.b Is able to convey the meaning of evidence-based care into daily work and use existing quality systems.	A.3.c Is able to perform quality assurance tasks and guide and supervise others in delivering quality care.	A.3.d Is able to establish, implement and develop quality management and quality management systems.
	A.3.a Is able to ensure nursing care while considering quality aspects.	A.3.b Is able to convey the meaning of evidence-based care into daily work and use existing quality systems.	A.3.c Is able to perform quality assurance tasks and guide and supervise others in delivering quality care.	A.3.d Is able to establish, implement and develop quality management and quality management systems.

Competence	Skills	Knowledge
<p>The professional caregiver is able to autonomously and independently meet quality requirements and integrate defined quality processes into daily working life.</p>	<p>The professional caregiver is able to:</p> <ul style="list-style-type: none"> • contribute to the general mission statement of the institution and implement the nursing and care concept of the institution, • provide basic quality (e.g. to meet minimum requirements of patients/clients), • recognise the expectations of patients/clients and react appropriately to those expectations (e.g. patient/client-centred working methods regarding temporal/personnel resources), • ensure cleanliness and order (see also CA.4.1), • ensure a safe working environment (see also CA.4.3), • apply procedures of established processes (e.g. surgical preparation), • implement in-house standards (e.g. nursing standards), • take responsibility for their own professional activities (e.g. admitting mistakes), • use Critical Incident Reporting System (CIRS), • positively influence the team climate (e.g. to cooperate with employees and members of other professions) (see also CA.5.2), 	<p>The professional caregiver is able to:</p> <ul style="list-style-type: none"> • explain the purpose of mission statements of institutions and explain their meaning, • describe differences between services and products regarding quality (e.g. uno-actu principle in services), • describe using examples of how the minimum requirements for the provision of patient/client care can be met, • name possible expectations of patient/client regarding quality (e.g. promotional, additional services), • name quality assurance processes in healthcare facilities (e.g. control of medications to be administered, individualised meal orders, surgical preparation), • explain the importance of care standards (e.g. ensuring best practise in activities), • explain the term 'quality of life', • explain the term 'error culture' (e.g. own dealing with mistakes, making mistakes publicly), • name goals of Critical Incident Reporting Systems (CIRS), • justify resource-efficient ways of working, • name and sort tasks according to their importance (e.g. emergency on ward while performing personal care on a patient/client),



		<ul style="list-style-type: none"> consider aspects of economic efficiency in daily work (e.g. resource-saving operation), prioritise and organise tasks in order to ensure fulfilment of important tasks first (e.g. through time management), accept criticism and criticise others constructively (see also CA.5.2), apply aseptic working methods, react creatively to requirements. 	<ul style="list-style-type: none"> describe how criticism is given out and received (see also CA.5.2).
A.3.a Is able to ensure nursing care while considering quality aspects.	A.3.b Is able to convey the meaning of evidence-based care into daily work and use existing quality systems.	A.3.c Is able to perform quality assurance tasks and guide and supervise others in delivering quality care.	A.3.d Is able to establish, implement and develop quality management and quality management systems.
Competence		Skills	Knowledge
The professional caregiver is able to autonomously and independently ensure quality care based on latest scientific findings and apply existing quality management systems.	The professional caregiver is able to: <ul style="list-style-type: none"> provide total care for patients/clients and thus establish an emotional bond between patients/clients and the care facility (e.g. by providing a quality of surprise), transfer nursing theory into everyday working life (e.g. design nursing services on an evidence-based basis), contribute to the development and adaptation of visions and mission statements, extract information from the quality management system and apply it to everyday work, 	The professional caregiver is able to: <ul style="list-style-type: none"> explain the term “holistic care”, justify the sense of evidence-based approaches (e.g. leads to demonstrable quality), name nursing theories and conceptual nursing models (e.g. Nightingale, Peplau, Roper, Orem), name paradigms of care models (e.g. anthropocentric, patient’s/client’s environment, socio-cultural significance of health and illness, basic attitudes of professional caregivers), 	



		<ul style="list-style-type: none"> interpret quality management process diagrams in the quality management system apply templates from the quality management system, meet the requirements of quality management. 	<ul style="list-style-type: none"> reproduce the content of individual nursing theories and conceptual nursing models and explain their meaning, explain the influence of quality management and quality management systems on the design of the work (e.g. defining processes, creating safety and transparency), explain the meaning of different elements in process diagrams.
A.3.a Is able to ensure nursing care while considering quality aspects.	A.3.b Is able to convey the meaning of evidence-based care into daily work and use existing quality systems.	A.3.c Is able to perform quality assurance tasks and guide and supervise others in delivering quality care.	A.3.d Is able to establish, implement and develop quality management and quality management systems.
Competence		Skills	Knowledge
The professional caregiver autonomously and independently orientates their activity towards quality requirements and supports the provision of quality by others.	The professional caregiver is able to: <ul style="list-style-type: none"> extract information from quality management and the quality management system and convey it into the daily working life of others, encourage and motivate others to comply with quality management requirements, monitor and guide the fulfilment of quality requirements by others, prioritise tasks to be performed by others and guide them in prioritisation, define responsibilities for working activities by others, 	The professional caregiver is able to: <ul style="list-style-type: none"> name the tasks involved in being responsible for quality assurance (e.g. assign responsibility for specific areas or tasks, take over the telephone service), describe techniques for increasing motivation, describe how to guide others to meet quality requirements (e.g. as part of a defined nursing activity), explain the terms effectiveness and efficiency, describe the meaning of taking over responsibility for quality assurance, 	



		<ul style="list-style-type: none"> • assess their own abilities and those of others, • participate in quality management working groups and identify gaps and potential for improvement. 	<ul style="list-style-type: none"> • describe how they deal with conflicts (see also CA.5.2).
A.3.a Is able to ensure nursing care while considering quality aspects.	A.3.b Is able to convey the meaning of evidence-based care into daily work and use existing quality systems.	A.3.c Is able to perform quality assurance tasks and guide and supervise others in delivering quality care.	A.3.d Is able to establish, implement and develop quality management and quality management systems.
Competence	Skills	Knowledge	
The professional caregiver is able to autonomously and self-responsible take measures to safeguard and develop quality and take on tasks in quality management.	<p>The professional caregiver is able to:</p> <ul style="list-style-type: none"> • establish, implement and continuously develop quality management within the facility, • establish, implement and continuously develop a quality management system within the facility, • maintain, coordinate and adapt a quality management system manual, • make the processes of quality management and quality management system transparent, • control the ongoing development of quality management and quality management system, • accompany and coordinate the development and adaptation of visions and mission statements, 	<p>The professional caregiver is able to:</p> <ul style="list-style-type: none"> • explain the terms quality management and quality management system, • explain legal regulations and consequences regarding quality management (see also CA.B.3), • describe elements of quality management system (e.g. listing processes, providing templates for specific tasks), • describe the development and adaptation of visions and mission statements (e.g. by including all represented health professions), • define quality goals, • explain the term quality policy, • designate processes in healthcare facilities (e.g. perform certain actions within a defined process), 	



		<ul style="list-style-type: none"> • answer questions regarding quality objectives and quality policy (e.g. short-term, long-term, quality goals), • identify and describe processes (e.g. with process diagrams), • monitor quality control systems, • write reports on quality management and quality management system, • present the quality system (e.g. inside the facility, to the outside), • prioritise quality management-tasks and accompany quality improvement processes, • set priorities and responsibilities (e.g. for processes), • lead internal quality management projects (e.g. working groups, organising and leading quality circles), • cooperate with internal participants on quality development (e.g. caregiver, housekeeping, administration, engineering) to align the work environment/infrastructure to the requirements of quality management, • organise internal audits, • cooperate with external participants in terms of quality development (e.g. other service providers, cost units, professional societies), • participate in audits of external stakeholders, • collect and evaluate quality data (e.g. with the help of quality controlling), 	<ul style="list-style-type: none"> • explain the structure of process diagrams, • name systems for quality control, • explain the requirements for quality reports, • describe the creation of presentations (e.g. with quality controlling data), • explain the allocation of responsibilities for processes (e.g. surgical directorial departments in charge of preoperative patient care sheets and review by the head of the surgical department), • name tasks of working groups and quality circles, • name employee selection for quality circles, • designate professions to be involved in internal quality development (e.g. care, housekeeping, administration, engineering), • describe the design of internal and external audits, • designate external participants for quality development (e.g. other service providers, cost units, professional societies), • name external medical societies involved in quality assurance in health sector, • name tasks of controlling (e.g. quality controlling), • explain how to conduct customer surveys (e.g. in terms of preparation, content),
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		<ul style="list-style-type: none"> • identify, review, evaluate and ensure compliance with customer requirements (e.g. to conduct patient/client surveys), • develop and adapt procedures and methods of customer orientation, • write job characteristics and job descriptions (e.g. in collaboration with the company management), • establish communication paths within the facility (e.g. dissolving area boundaries through inter-professional communication), • define the labelling and traceability of processes and performers (e.g. handling of ownership of patients/clients), • promote the development of new services (e.g. develop new products), • motivate, advise and guide employees regarding quality management and quality management system, • install and manage complaint management systems, • conduct benchmarking in collaboration with other professions (e.g. with the company management), • apply process management methods and tools (e.g. flow charts, evaluate processes, establish process security), • pay attention to aspects of economy and the environment in processes and cycles, • comply with legal aspects in the design of quality management and quality management system, 	<ul style="list-style-type: none"> • explain how to conduct employee surveys (e.g. regarding specific questions), • name survey methods (e.g. interview, standardised questionnaire), • name statistical quantities (e.g. average, median, standard deviation), • name programs for performing statistical calculations (e.g. R, SPSS), • explain the need for defined communication channels, • justify labelling and traceability in processes, • explain the term benchmarking, • describe the process of evaluating processes, • describe the procedure for evaluating nursing care documentation, • explain the Plan-Do-Check-Act cycle • justify the importance of profitability and the environment, • name measures to increase employee satisfaction, • explain the goals of a Critical Incident Reporting System, • explain the term positive error culture (e.g. related to learning organisation), • explain the objectives of employee appraisals and inspections, • explain the terms structure quality, process quality and quality of results.
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		<ul style="list-style-type: none"> • systematically evaluate nursing care plans that have been carried out, • conduct employee surveys, • increase employee satisfaction through structural measures (e.g. by creating a positive work experience), • increase quality awareness (e.g. involving employees in process design), • coordinate the handling of errors and determining necessary corrections (e.g. by introducing and designing a Critical Incident Reporting System) • integrate a positive culture of mistakes (e.g. error friendliness to find causes of mistakes), • install quality-related operational structure and company structure, • install and use quality control tools (e.g. supervision, employee appraisals). 	
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(Transversal Competence Area B)		
Ethical, intercultural, legal competence		
Sub areas of competence	Steps of competence development (VQTS)/	
	Competence, Skills, Knowledge (EQF)	
B.1 Ethical competence	<p>B.1.a Is able to</p> <ul style="list-style-type: none"> • apply professional care based on ethical principles and concepts, • recognise and manage ethical challenges in professional care and react appropriately. 	<p>B.1.b Is able to critically reflect on ethical issues and support and guide others in ethical decision making</p>



	Competence	Skills	Knowledge
(No learning outcomes developed)			
B.2 Intercultural competence	B.2.a Is able to recognise and show understanding for potential needs and challenges of patient/client according to cultural differences and similarities and to react appropriately.	B.2.b Is able to manage intercultural challenges with conflict potential and develop solution strategies. (e.g. applying culture-sensitive care)	B.2.c Is able to <ul style="list-style-type: none"> mediate intercultural challenges guide other staff members and patients/clients.
			B.2.d Is able to <ul style="list-style-type: none"> initiate and moderate meetings on ethical issues, participate in ethics commissions.
	Competence	Skills	Knowledge
(No learning outcomes developed)			
B.3 Legal framework	B.3.a Is able to act professionally in accordance with legislation on health care. (e.g. act according to standards of nursing practice and existing laws)		B3 b Is able to ensure compliance with laws and company regulations. (e.g. labour law, laws on medical products)
	Competence	Skills	Knowledge
(No learning outcomes developed)			
(Transversal Competence Area C)			
Continuous professional development			
Sub areas of competence	Steps of competence development (VQTS)/		
	Competence, Skills, Knowledge (EQF)		
C.1 Identifying and addressing	C.1.a	C.1.b	C.1.c Is able to identify and select appropriate continuous
			C.1.d Is able to identify training needs of other caregivers and support



professional training needs	Is able to critically reflect one's own competences and identify training needs.	Is able to implement life-long learning in the professional care environment.	education opportunities in order to follow them.	them in their professional development.
	Competence	Skills	Knowledge	
	(No learning outcomes developed)			
C.2 Development of the profession	C.2.a Is able to differentiate between professional care and other health care professions. (e.g. continuously accept or reject responsibility)	C.2.b Is able to critically reflect on one's profession and position within health care, the social system and society.	C.2.c Is able to identify trends and developments within the health care and social system and their impacts on care professions.	
	Competence	Skills	Knowledge	
	(No learning outcomes developed)			
C.3 Professional care research	C.3.a Is able to understand scientific publications in the field of nursing care.	C.3.b Is able to critically interpret and evaluate research findings and incorporate relevant findings in the daily practice.	C.3.c Is able to support others in research projects and participate in research in the field of professional care.	
	Competence	Skills	Knowledge	
	(No learning outcomes developed)			

