The objective of this health framework is to allow better adequacy between health needs or priority health issues of the population of a given country and the nursing profile created to best meet these needs and issues.

The definition of Health as presented in this framework is the following:
It refers to the WHO’s definition of Health, i.e. a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

The framework also defines the concepts of Nurse, Nursing Care, Health care Dimensions and their Objectives.
A Nurse is a polyvalent professional with a high level of updated knowledge, capable of meeting an ill or healthy person’s/family’s/group’s health needs. In order to do so, Nurses must pay attention to the person’s character in all its various dimensions: psychological, economical, social and cultural.

Nurses provide Health care in the following areas: preventive, curative, re-education, rehabilitation and palliative care, with a view to promote, maintain and restore health with respect towards the person’s rights, deontology and ethics.
Nurses take part in the prevention, evaluation and relief of the person’s pain or physical and psychological distress. They provide support to the dying and their relatives.
In order to do so, they analyze and evaluate health situations with a view to conceive individual or collective health/health care projects.
They establish professional relationship and communication, among which a helping/psychological support relationship. They carry out and manage individual health care activities in an autonomous way, on medical prescription or in collaboration with the members of the multidisciplinary team that they coordinate.
They ensure a certain quality and security in the health care provided to the community, in the institutions where they are practicing or at the patient’s domicile.
Besides they are asked to involve themselves in the training of peers and research in order to contribute to the promotion and progress of the profession.

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- Référentiel de compétences CEFIEC (Groupe Le Boterf)
- Travail CEFIEC sur les compétences, place du stage (Groupe Develay)

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www.legifrance.gouv.fr
www.egora.fr

www.cefiec.fr
www.who.int/fr
www.has-sante.fr
www.arsi.asso.fr
<table>
<thead>
<tr>
<th>CRITERIA AND DEFINITIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Autonomy</strong></td>
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<td><strong>Coherence</strong></td>
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<td><strong>Collaboration</strong></td>
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<td><strong>Comprehension</strong></td>
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<td><strong>Continuity</strong></td>
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<tr>
<td><strong>Creativity</strong></td>
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<tr>
<td><strong>Critical Thinking</strong></td>
</tr>
<tr>
<td><strong>Efficiency – Respect of Resources</strong></td>
</tr>
<tr>
<td><strong>Equity</strong></td>
</tr>
<tr>
<td><strong>Holistic Approach</strong></td>
</tr>
<tr>
<td><strong>Involvement</strong></td>
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<td><strong>Negotiation</strong></td>
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<td><strong>Participation</strong></td>
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<td><strong>Partnership</strong></td>
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<td><strong>Pertinence</strong></td>
</tr>
<tr>
<td><strong>Precision</strong></td>
</tr>
<tr>
<td><strong>Research for Quality – Quality Promotion</strong></td>
</tr>
<tr>
<td><strong>Respect of Principles, of Health Care Rules</strong></td>
</tr>
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<td><strong>Respect of Professionnal Ethical and Deontology Principles</strong></td>
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<td><strong>Respect of the Person, of Dignity</strong></td>
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<td><strong>Responsibility</strong></td>
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<tr>
<td><strong>Satisfaction – A person or nurse</strong></td>
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<tr>
<td><strong>Security</strong></td>
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</tbody>
</table>
### Competence 1: MANAGE RESOURCES AND PROFESSIONAL KNOWLEDGE

**Involve oneself in professional development, be active in one’s training, adopt a reflexive and ethical attitude in order to promote health care quality**

#### Criteria

<table>
<thead>
<tr>
<th>Capacity 1.1</th>
<th>Examples of indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Respect of principles and rules</td>
<td>- Use information and reliable documents and resources</td>
</tr>
<tr>
<td>- Research, quality promotion</td>
<td>- Analyze in a pertinent way</td>
</tr>
<tr>
<td>- Autonomy</td>
<td>- Show professional values</td>
</tr>
<tr>
<td>- Coherence</td>
<td>- Use a validated process during the approach</td>
</tr>
<tr>
<td>- Critical thinking</td>
<td>- Show initiatives</td>
</tr>
<tr>
<td>- Critical thinking</td>
<td>- Research helps improve one’s knowledge of professional practice</td>
</tr>
</tbody>
</table>

#### Capacity 1.2 UPDATE ONE’S KNOWLEDGE

- Critical thinking
  - Read professional documents and books
  - Take opportunities to improve one’s knowledge

#### Capacity 1.3 USE INFORMATION AND COMMUNICATION TECHNOLOGIES - ICT

- Respect of principles
  - Use word-processing software
  - Do some research on the Internet
  - Make sure of the validity of the information collected
  - Use computer health care files
  - Participate in evaluations of work quantity

#### Capacity 1.4 INVOLVE ONESELF IN PROFESSIONAL DEVELOPMENT

- Critical thinking
  - Involve oneself in works in order to improve one’s professional practice
  - Show professional questioning
  - Show professional positioning

#### Capacity 1.5 WRITE A REPORT

- Creativity
  - Respect writing norms for professional documents
- Precision
  - Show creativity in the presentation

### Competence 2: PROMOTE HEALTH. CONCEIVE A COMMUNITY HEALTH/HEALTH CARE PROJECT

**Conceive a health/health care project with the patient, taking the health system into account, starting from identifying needs, wording objectives, to developing strategies and evaluating the process and results.**

#### Criteria

<table>
<thead>
<tr>
<th>Capacity 2.1</th>
<th>Examples of indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Comprehension</td>
<td>- Explain the health system in which the action is taken</td>
</tr>
</tbody>
</table>

#### Capacity 2.2 COLLECT DATA

- Holistic approach
  - Collect information within respect of deontology and ethics
  - Use pertinent resources
  - Identify the person’s/group’s resources
  - Make sure that the data collected are reliable

#### Capacity 2.3 SCREEN

- Respect of ethics and deontology principles
  - Evaluate risks in an emergency, violent, mistreatment, or aggravation situation

#### Capacity 2.4 ANALYZE DATA

- Coherence
  - The analysis shows the links existing between the elements
  - The analysis shows the links existing with scientific evidence
  - The analysis explains the situation

#### Capacity 2.5 IDENTIFY INDIVIDUAL OR COLLECTIVE REAL, POTENTIAL, LATENT, UNEXPRESSED NEEDS/DEMANDS

- Holistic approach
  - Highlight needs, demands

#### Capacity 2.6 ESTABLISH A COMMUNITY OR NURSING DIAGNOSIS

- Precision
  - Base one’s diagnosis on a pertinent analysis of information
- Coherence
  - Prioritize diagnoses
- Comprehension
  - Correctly word diagnoses

#### Capacity 2.7 PRESCRIBE NURSING CARE INTERVENTIONS

- Creativity
  - Negotiate health care objectives and planned actions with the person/group
- Efficiency
  - Match planned actions with the context and resources
- Pertinence
  - Use pedagogical methods for health promotion actions
- Negotiation
  - Show creativity in the pedagogical methods used
  - Take the best cost/efficiency ratio into account for actions

#### Capacity 2.8 PLAN AND COORDINATE INTERVENTIONS

- Respect of principles and rules
  - Argue one’s choices and priorities
- Coherence
  - Adapt the organization of health care to the situation or context
  - Respect health care principles and rules during planning

#### Capacity 2.9 COORDINATE PARTICIPANTS

- Collaboration
  - Identify resource persons
- Partnership
  - Solicitate other professionals when needed

#### Capacity 2.10 EVALUATE/ADJUST THE PROCESS AND RESULTS OF INTERVENTIONS

- Coherence
  - Conceive actions meeting the target person’s/population’s needs
- Critical thinking
  - Argue the necessary adjustments
  - Agreement
**Competence 3: ESTABLISH A PROFESSIONAL RELATIONSHIP**

Communicate with the person, establish a trusting/helping relationship, encourage their participation in order to suggest information, education. Communicate with the multi-disciplinary team in order to ensure health care continuity. Train, educate peers, people in training.

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Examples of indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Capacity 3.1</strong> ESTABLISH A TRUSTING RELATIONSHIP</td>
<td>• Holistic Approach • Respect of the person • Respect of ethics and deontology principles • Critical thinking</td>
</tr>
<tr>
<td>• Welcome the patient and their relatives • Adapt verbal and non-verbal communication to the person and to the situation • Ensure secrecy by taking the patient's various dimensions into account – physical, psychological, social and spiritual • Respect the person's choices</td>
<td></td>
</tr>
</tbody>
</table>

**Competence 4: CARRY OUT AUTONOMOUS OR PRESCRIBED HEALTH CARE**

Carry out autonomous/prescribed health care techniques in various areas such as promotion, prevention, curative/rehabilitation/palliative health care.

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Examples of indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Capacity 4.1</strong> CARRY OUT HEALTH PROMOTION HEALTH CARE</td>
<td>• Holistic Approach • Critical thinking • Research and Quality promotion Security</td>
</tr>
<tr>
<td>• Respect good practice principles and rules in all prevention actions • Implement the concept of empowerment • Show assertiveness • Take initiatives • Work in a multi-disciplinary team</td>
<td></td>
</tr>
</tbody>
</table>

| **Capacity 4.2** CARRY OUT PREVENTION HEALTH CARE | • Respect of rules and principles • Research for quality • Responsibility • Continuity |
| • Respect hygiene rules • Respect asphyx y rules • Respect the person's modesty, dignity, privacy • Respect security rules • Carry out health care with dexterity • Respect handling rules • Apply ergonomics rules • Adapt anaesthetic therapeutic health care to protocols • Administer therapeutic health care in accordance with prescribed norms or protocols • Check dosage exactness • Respect therapeutic health care administration/ blood products and by-products rules • Evaluate expected effects • Know, detect and transmit information on side effects for the adaptation of prescribed therapeutic health care • Ensure health care traceability and continuity • Prepare the person and examination process and ensure monitoring in accordance with protocols and operational modes |

| **Capacity 4.3** CARRY OUT CURATIVE CARE | • Respect of rules and principles • Research for quality • Responsibility • Continuity |
| • Respect hygiene rules • Respect asphyx y rules • Respect the person's modesty, dignity, privacy • Respect security rules • Carry out health care with dexterity • Respect handling rules • Apply ergonomics rules • Adapt anaesthetic therapeutic health care to protocols • Administer therapeutic health care in accordance with prescribed norms or protocols • Check dosage exactness • Respect therapeutic health care administration/ blood products and by-products rules • Evaluate expected effects • Know, detect and transmit information on side effects for the adaptation of prescribed therapeutic health care • Ensure health care traceability and continuity • Prepare the person and examination process and ensure monitoring in accordance with protocols and operational modes |

| **Capacity 4.4** CARRY OUT READAPTATION/REHABILITATION HEALTH CARE | • Holistic Approach • Critical thinking • Pertinence |
| • Autonomy • Collaboration • Security • Continuity • Respect of rules and principles |
| • Evaluate and take into account the person's autonomy and needs • Mobilize the person's resources in order to maintain or restore the person's resources or their autonomy • Therapeutic or rehabilitation activities aim at the patient's readaptation to daily life activities • Carry out actions through multi-professional collaboration • Ensure health care continuity |

| **Capacity 4.5** CARRY OUT PALLIATIVE HEALTH CARE | • Holistic Approach • Critical thinking • Research for quality • Responsibility • Continuity |
| • Holistic Approach • Respect of the person • Respect of ethics and deontology principles • Collaboration • Security • Satisfaction |
| • Ensure the person's comfort • Ensure prevention measures • Take care of the patient and their relatives as a multi-disciplinary team within a holistic approach • Respect the person's choices in accordance with legislation, ethics and deontology • Evaluate pain • Prevent pain |
CONTINUOUS INTEGRATION OBJECTIVE

- Conceive and implement a community health/health care project in partnership with the person and/or their relatives and in collaboration with the team, in the various professional practice places.
- Plan, coordinate, delegate interventions. Coordinate participants.
- Involve oneself in professional development. Update one’s knowledge.

SITUATIONS FAMILY

– HOSPITAL –

Therapeutic education of the patient

Context

Population aimed at:
All hospitalised patients suffering from medical pathologies (children, adults, elderly people)

Possible internship placements:
All hospital departments in general medicine, surgery, resuscitation and intensive care, paediatrics, emergency, rehabilitation and post-surgery care, short stays in hospital or in private institutions (clinics).
The student takes care of several persons with health care needs according to the complex nature of cases and to the specificities of the department. At least one person shows a high level of dependence. The others are partially dependent and/or autonomous.

Activities

After collecting data, the student presents their analysis of the situation, highlighting the persons’ real or potential needs. They make nursing diagnoses and pinpoint health issues. Starting from the context and resources, they suggest actions in partnership with the patient and their relatives and in collaboration with the multidisciplinary team which they coordinate and in which they know the competence field of each. (health care/life project) They plan these actions and carry out quality health care that falls within the proper and prescribed roles in the areas of preventive, curative, rehabilitation, re-education, palliative care, all this respecting rules of ethics and deontology. They take care of pain through collaboration. During their activities, the student must use the department tools (scales, grids, health care file, protocols….) and ICT. They evaluate the results of their interventions and adjust them if necessary. The student writes down all written and oral transmissions in order to ensure health care continuity, seeing to professional secrecy. They consider the patient’s leaving and initiate the links with the professionals of the network. As far as health care is concerned, the student must establish a trusting relationship or a helping relationship with the patient and their relatives in order to inform, support or educate them. During internship, the student adopts a therapeutic education approach with the patient and/or their relatives (family). They use pedagogical methods and show creativity. They collaborate in supervising interns. In order to improve their practices, the student must use or participate in a scientific approach.

Conditions

The student has access to all the resources necessary. The student is being given enough time to collect all the necessary data. The student works under the responsibility of the nurse and health care staff.

– DOMICILE –

Therapeutic education of the patient

Context

Population aimed at:
All hospitalised patients suffering from medical pathologies (children, adults, elderly people)

Possible internship placements:
All hospital departments in general medicine, surgery, resuscitation and intensive care, paediatrics, emergency, rehabilitation and post-surgery care, short stays in hospital or in private institutions (clinics).
The student takes care of several persons with health care needs according to the complex nature of cases and to the specificities of the department. At least one person shows a high level of dependence. The others are partially dependent and/or autonomous.

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Conditions

The student works under the responsibility of a professional who supervises them.
# SITUATIONS FAMILY
## COMMUNITY HEALTH – Health promotion - education

### Context

**Target Population:** COMMUNITY HEALTH: Geographic or social communities aware of their belonging to one and same group in order to take care of their own health and well-being or to solve common issues (Players).  
**HEALTH PROMOTION:** Enables populations to improve their health, information, education, training (Knowledge, opinions, attitudes, behaviours).

### Activities

After identifying the health system in which they will carry out their action, the student takes part in a collective community health approach in which they have identified demands, needs, health risks and issues. The student carries out information, promotion and education actions in the community in order to reach optimal health levels, all the while giving the community the power to decide.  
* They use inquiry tools, databases, ICT in order to collect community resources as well as the necessary details for a pertinent analysis of the situation.  
* They write a report of which they make an oral presentation.  
* They identify the network which they will be part of and will make sure to integrate it.  
* They plan health promotion, prevention, screening and education activities.  
* They participate in the implementation of these actions, use communication means, adapted and creative pedagogical methods and media, which they evaluate.

### Conditions

Autonomy, collaboration, the student works under the responsibility of the professional who supervises them.  
* Networking.

### Possible internship placements:

Health promotion service for students (national education), Work health service, military infirmary, health service for firemen, Prevention poles, health promotion centre, Screening centre, IMP service, nurseries

### GLOSSARY

**Integrated Competence-Based Approach:** Building process of a curriculum based on a competence-based approach, based itself on an analytic approach of the competence (from activities to competences) crossed with a synthetic approach of the competence (lists activities which should be mastered by the professional in situation families).

**Capacity (or competence stage):** step towards the acquisition of a competence.

**Community:** Group of individuals sharing common interests, tendencies and ideas.

**Competence:** Mobilization of combined types of knowledge (cognitive, reflexive, procedural, psychoaffective, social) during actions in a given situation or situation family. A competence requires for a reflexive activity to be carried out during its implementation or after. (Le Boterf 2007)

**Constructivism:** Learning model. The student builds their knowledge while taking actions, individually or in group.

**Criterium:** Quality of a (generic, non observable) production.

**Community Diagnosis:** Clinical judgement process which enables to elaborate a community project.

**Nursing Diagnosis:** Clinical judgement process which enables to elaborate a health care project.

**Domicile:** Living environment of the person (house, accommodation home, old people’s home . . .)

**Therapeutic Education:** According to the WHO, therapeutic education of the patient aims at helping patients acquire or keep the competences that they need to best manage their life when suffering from chronic disease. (HAS: Haute Autorité de Santé 2008)

**Supervise:** Training process in a professional situation.

**Evaluate/evaluation:** Examine the degree of adequacy between pieces of information and a series of criteria in adequacy with the objective pursued, in order to take a decision.

**Situation Family:** It groups different common professional situations and mobilizes several competences. It is representative of the main functions. It specifies the context and the activities which the professional should be capable of carrying out and the conditions under which they will have to work.

**Indicator:** Hint or group of visible hints (directly observable).

**Final integration objective:** Profile expected from health care professionals.

**Health promotion:** Process which includes interventions aiming at increasing individuals’ and community’s capacities in order to improve their health.

**Reference Guide:** All the elements making up a reference system which translates reality into words: in the shape of competences, capacities and situation families in the case of reference guides for assessment/evaluation; in the shape of activities in the case of reference guides for professional activities; in the shape of criteria and indicators in the case of reference guides for assessment/evaluation.

**Reference Guide for Training or Training Curriculum:** It includes the whole structure of the programme by year of study.

**Helping relationship:** Creation of a long-term link which aims at making the person express what they feel in order to help them progress in their thinking process.

**Health:** A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. (WHO)

**Integration situation:** Contextualized pieces of information to be articulated for a specific task. It bears a formative or certificative vision.

**Health System:** All the interdependent elements which contribute to individual or collective health.

### Abbreviations

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Meaning</th>
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<tbody>
<tr>
<td>ADMR</td>
<td>Aide à domicile en milieu rural (= rural domicile care)</td>
</tr>
<tr>
<td>BEA</td>
<td>Blood exposure accident</td>
</tr>
<tr>
<td>ANFIIDE</td>
<td>Association Nationale Française des Infirmières et Infirmiers Diplômés ou Etudiants</td>
</tr>
<tr>
<td>CATTTP</td>
<td>Centre d’accueil thérapeutique à temps partiel</td>
</tr>
<tr>
<td>CEFIEC</td>
<td>Comité d’entente des formations infirmières et cadres</td>
</tr>
<tr>
<td>CMP</td>
<td>Centre médico-psychologique (= medico-psychological centre)</td>
</tr>
<tr>
<td>DHOS</td>
<td>Direction de l’Hospitalisation (= hospitalization management)</td>
</tr>
<tr>
<td>HAD</td>
<td>Hospitalisation à domicile (= home medical care)</td>
</tr>
<tr>
<td>HDJ</td>
<td>Hôpital de jour, ou CTJ centre thérapeutique de jour (= day hospital or day therapeutic centre)</td>
</tr>
<tr>
<td>IME</td>
<td>Institut médico-éducatif (= medico-educational institute)</td>
</tr>
<tr>
<td>IMP</td>
<td>Institut médico-psychologique (= medico-psychological institute)</td>
</tr>
<tr>
<td>IMPRO</td>
<td>Institut médico-professionnel (= medico-professional institute)</td>
</tr>
<tr>
<td>MAS</td>
<td>Maison d’accueil spécialisé (= specialized medical home)</td>
</tr>
<tr>
<td>CIO</td>
<td>Continuous integration objective</td>
</tr>
<tr>
<td>ICT</td>
<td>Information and Communication Technologies</td>
</tr>
<tr>
<td>VAD</td>
<td>Visite à domicile (= nursing home visit)</td>
</tr>
</tbody>
</table>

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**France**

**Domain:** Health promotion - education

**Target Population:** COMMUNITY HEALTH: Geographic or social communities aware of their belonging to one and same group in order to take care of their own health and well-being or to solve common issues (Players).

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**Activities:** After identifying the health system in which they will carry out their action, the student takes part in a collective community health approach in which they have identified demands, needs, health risks and issues. The student carries out information, promotion and education actions in the community in order to reach optimal health levels, all the while giving the community the power to decide.  
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**Conditions:** Autonomy, collaboration, the student works under the responsibility of the professional who supervises them.  
* Networking.

**Possible internship placements:** Health promotion service for students (national education), Work health service, military infirmary, health service for firemen, Prevention poles, health promotion centre, Screening centre, IMP service, nurseries

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**Note:** This page contains the activities and conditions for health promotion and education in France, including the definition of various terms, abbreviations, and a glossary. It also lists possible internship placements and provides a detailed explanation of the activities and conditions involved in this field of study. The page is part of a larger document that focuses on the health promotion and education sector in France, covering both theoretical and practical aspects.
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ACKNOWLEDGEMENTS

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