



Entry to Practice Competencies for Nurse-Midwives in Bangladesh



BANGLADESH NURSING AND MIDWIFERY COUNCIL

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Foreword

The Bangladesh Nursing and Midwifery Council (BNMC) is the regulatory body for Nursing and Midwifery in Bangladesh and is mandated to set standards for the education and practice including development of international standard curriculum for nurses and midwives.

This document, a booklet, contains the Entry-to-Practice Competencies which are integral components of nursing curricula, is a revised version and was first developed and approved by the Executive Committee of BNMC in June 2014.

The document needed an urgent revision, since the booklet is more than 10 years old. BNMC with the support from ProNurse Project, Cowater International funded by Global Affairs Canada (GAC) and technical assistance from Canadian Association of Schools of Nursing (CASN) has revised a standard set of Entry to Practice Competencies with a Technical Working Group (TWG). The revised competencies were shared with stakeholders involving Principals of Nursing Colleges and Senior Nursing Instructors from public and private sectors and their inputs incorporated.

I sincerely hope that the students will benefit immensely from this booklet and use these competencies to provide patient care. I also expect all nurse educators will use this updated Entry-to-Practice Competencies in their teaching.

I thank all TWG members, stakeholders, BNMC and ProNurse Project, Cowater International for their hard work in finalizing the booklet. I also thank CASN for their technical support for maintaining the booklet of international standard.

I deeply acknowledge Global Affairs Canada (GAC) for supporting this important milestone initiative to further strengthen the quality of nursing education in Bangladesh.



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The BNMC gratefully acknowledges the tremendous support from Ministry of Health and Family Welfare while taking the initiative for reviewing and updating the Entry to Practice Competencies for Nurse-Midwives in Bangladesh specially Dr. Md. Sarwar Bari, Secretary, Medical Education and Family Welfare Division and President, BNMC for ensuring the successful completion of the updated competencies document to incorporate into the revised curriculum. Finally, the Entry-to-Practice Competencies were approved by the Executive Committee of BNMC on 12th March 2025.

I also thank ProNurse Project in Bangladesh, implemented by Cowater International Inc. and Canadian Association of Schools of Nursing (CASN) for their seamless support and hard work to bring this document into light.

Last but not the least BNMC gratefully acknowledges the technical and financial support from the Global Affairs Canada (GAC).



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Introduction

“Entry-to-Practice Competencies in nursing define the essential knowledge, skills, judgment, and attitudes that new nursing graduates need to demonstrate in their initial practice to provide safe, effective, and ethical care. These competencies guide curriculum development and public understanding of what is expected of entry-level nurses.” Entry to Practice Competencies for Nurse-Midwives in Bangladesh were first developed in 2014 with the support of Human Resource for Health (HRH) Project funded by the Department of Foreign Affairs, Trade and Development (DFATD) and technical assistance of Canadian Association of Schools of Nursing (CASN).

With time it was felt that the competencies developed more than 10 years ago, needed urgent revision because of emerging diseases like COVID-19, some public health emergencies and natural disasters. In addition, Equity, Diversity and Inclusion (EDI) and addressing sexual harassment came into focus. Therefore, Bangladesh Nurses and Midwifery Council (BNMC) with the support of ProNurse Project implemented by Cowater International and funded by Global Affairs Canada (GAC) took an important step to revise the competencies and equip nurses for providing effective care to the patients with professional values and ethics.

In 2022, a Competency Review Working Group (CRWG) was formed with Principals of Nursing Colleges, Nursing Superintendents and some Senior Nursing Instructors. CRWG is chaired by the Registrar, of BNMC. CRWG made an extensive review, updated the Entry-to-Practice Competencies and added some new competencies that are more necessary to make it up to the mark and international standard. Such as: Sexual Harassment (SH), Sexual and Gender Based Violence (SGBV), Disaster Management, Post Traumatic Stress Disorder (PTSD), Trauma Informed Care etc.

On 2nd October, 2023 the competency document was finalized in a stakeholders meeting. There was strong support for the updated competencies from the forum. The feedback and suggestions were carefully incorporated into the revised version.

Finally, the updated Entry to Practice Competencies document is approved by the BNMC Executive Committee in March 2025.

Conceptual framework

Competencies are defined as the combination of knowledge, skills and attitudes new nurse-midwife need in Bangladesh to practice effectively on entering the workforce in (Baartman and Bruijn, 2011). Each competency is accompanied by a list of indicators that provide measurable and observable manifestations of the competency. It is important to note that the competencies are not simply a list not tasks that a new nurse-midwife should be able to complete. They describe the nurse-midwife's ability to skillfully perform practice, duties relying on clinical reasoning and scientific knowledge and with an attitude that will provide comfort and support to patients/clients and their families.

The competencies are organized into four categories:

Category 1: Clinical Reasoning and Judgment

Category 2: Management and Provision of Care

Category 3: Communication and Collaboration

Category 4: Leadership and Professionalism

Entry-to-Practice Competencies for Nurse-Midwives in Bangladesh

Category 1: Clinical Reasoning and Judgment

Description: The nurse-midwife applies the nursing process and responds to changes in the patient/client's condition using skills in clinical reasoning and judgment

Competency 1.1: The nurse-midwife performs a comprehensive, systematic, and holistic health assessment.

- a. Uses appropriate tools to assess the patient/client's physical and mental health status at different stages of life
- b. Applies clinical reasoning skills and evidence-based knowledge to assess and analyze assessment data and generate hypotheses
- c. Analyzes subjective and objective data to determine health problems and nursing needs to inform the plan of care
- d. Uses clinical reasoning skills to seek additional observations about the patient/client's physical and mental health needs when needed
- e. Makes sound judgment about the patients/client's health problems and nursing needs

Competency 1.2: The nurse-midwife formulates a plan of care in collaboration with the patient/client and the health care team.

- a. Determines nursing care outcomes in consultation with the patient/client and members of the health care team
- b. Identifies potential nursing interventions to be implemented to achieve the health outcomes
- c. Selects interventions to be implemented in collaboration with the patient/client and family

Competency 1.3: The nurse-midwife implements the nursing care plan.

- a. Informs the patient/client and family about the intervention and its implementation
- b. Explains the effects of a procedure to the patient/client and family
- c. Works collaboratively with the patient/client and family to implement the nursing care plan

- d. Applies nursing knowledge, critical thinking, and decision-making skills in carrying out the nursing care plan
- e. Reviews and reports issues that arise in implementing the plan of care with members of the health care team
- f. Reviews and reports any issues that arise following an intervention

Competency 1.4: The nurse-midwife monitors the plan of care, responds effectively to changes in the patient/clients' clinical status, and evaluates outcomes.

- a. Monitors the patient/client's response to care and evaluates outcomes
- b. Recognizes and responds to changes in clinical status
- c. Notes cues that may indicate changes or deterioration in the patient/client's health status
- d. Performs ongoing evaluation of the progress of a patient/client and responds to the changing needs
- e. Seeks additional data, including conducting a focal assessment to confirm or reject hypotheses about changing conditions
- f. Makes clinical judgements about changes in a patient/client's health status and responds appropriately
- g. Communicates outcomes of nursing interventions to members of the healthcare team

Category 2: Management and Provision of Care

Description: The nurse-midwife provides and manages care of individuals, families, communities, and populations across the lifespan to promote health, prevent illness, and manage acute and chronic health conditions.

Competency 2.1: The nurse-midwife applies knowledge from health and social sciences to provide care to patients/clients of all age groups as well as those with differing physical and mental abilities, genders, races, religions, and ethnic groups.

- a. Recognizes normal physiology and alteration of normal functional status for each age group

- b. Applies scientific knowledge of human growth and development when caring for a patient/client
- c. Applies knowledge of pathophysiology and functional status specific to each age group

Competency 2.2: The nurse-midwife administers drugs/medication safely and appropriately.

- a. Uses the current rights of medication administration to administer medications safely
- b. Understands the dosage, actions, indications, nursing considerations, and adverse effects of drugs that are administered
- c. Provides patient/family teaching regarding prescribed medications
- d. Documents medication in a timely manner
- e. Administers medications appropriately according to the prescribed route of administration
- f. Recognizes adverse drug effects and responds effectively in a timely manner

Competency 2.3: The nurse-midwife supports a patient's physiological and psychosocial health status during procedures.

- a. Provides appropriate pre-operative, peri-operative, and post-operative care
- b. Provides pre-operative, intra-operative, and post-operative care
- c. Provides support during invasive procedures
- d. Responds appropriately to alterations in physiological or psychosocial systems during medical and surgical procedures

Competency 2.4: The nurse-midwife collaborates with physicians to support effective pain management.

- a. Assesses the patient/client's pain level using appropriate tools
- b. Administers medications prescribed for pain management appropriately
- c. Uses non-pharmacological techniques to assist a patient/client

with pain management (e.g., music therapy, praying, recitation of religious books, recall of memories)

Competency 2.5: The nurse-midwife performs infection control measures in the hospital and in the community.

- a. Applies scientific knowledge about pathogenesis, transmission, and the immune system, when providing nursing care to a patient/client
- b. Applies aseptic technique appropriately to prevent the transmission of infection in the hospital and in the community
- c. Uses appropriate disinfectants and sterilizes equipment correctly
- d. Administers vaccines appropriately

Competency 2.6: The nurse-midwife provides timely and appropriate nursing care to a patient/client in all age groups experiencing an acute health condition in the hospital and in community settings.

- a. Applies knowledge of priority setting when managing a patient/client with acute health conditions
- b. Applies nursing and interprofessional knowledge when caring for a patient/client with acute health conditions
- c. Monitors and manages symptoms of the patient/client with acute health conditions
- d. Provides information and supports the patient/client with acute health conditions

Competency 2.7: The nurse-midwife implements the basic concepts of emergency management.

- a. Describes current public health emergencies and disaster risks specific to the geographic location (e.g., drowning)
- b. Understands assessment strategies used to inform decisions and to prioritize care during a disaster or public health emergency
- c. Understands the role of the nurse-midwife in emergency management, and collaborates with other care providers to coordinate care

- d. Provides support to a patient/client to manage stress and anxiety during and following a disaster
- e. Identifies vulnerable populations during a disaster or public health emergency and provides emergency care to victims
- f. Understands the importance of using personal protective equipment (PPE) during times of disaster or public health emergency
- g. Takes precautionary measures to mitigate transmission of disease during disasters or pandemics
- h. Provides care that addresses the different needs related to gender during disasters or public health emergency
- i. Creates awareness among the population regarding man-made disasters (e.g., fires in factories) and natural disasters (e.g., earthquakes, cyclones, floods, forest fires, landslides)

Competency 2.8: The nurse-midwife provides nursing care, information, and support to individuals in all age groups, and their families, who are living with a chronic health condition.

- a. Applies nursing and interprofessional knowledge to provide care to individuals with a chronic health condition, including rehabilitation
- b. Assesses the patient/client for complications resulting from a chronic health condition
- c. Assesses patient's/client's current status in managing a chronic health condition (e.g., medications, modified exercise, dietary changes)
- d. Assesses family support of the patient/client with a chronic health condition
- e. Educates and counsels the patient/client, and the family, with a chronic health condition
- f. Educates the patient/client about their disease pattern
- g. Assists the patient/client and family to manage the chronic health condition and obtain further support if needed
- h. Assists the patient/client to engage in self-care if they are able

Competency 2.9: The nurse-midwife provides palliative and end-of-life nursing care.

- a. Develops a therapeutic relationship with the patient/client and family at the end of life
- b. Communicates with the patient/client, family, and other members of the health care team about end-of-life needs and expectations
- c. Monitors and manages the patient's/client's level of pain
- d. Monitors and manages pain and the conditions which arise at the end of life
- e. Provides support to the patient's/client's family
- f. Respects the patient's/client's sociocultural, religious, and spiritual needs related to death and dying
- g. Assists the patient/client to experience a peaceful death

Competency 2.10: The nurse-midwife provides prenatal midwifery services to a patient/client.

- a. Educates and counsels the patient/client about prenatal care
- b. Provides appropriate prenatal care
- c. Discusses the importance of breastfeeding
- d. Identifies and refers high-risk mothers appropriately
- e. Provides information and education to pregnant mothers and the family about labor and delivery
- f. Educates family members to provide support
- g. Educates the mother about family planning

Competency 2.11: The nurse-midwife provides evidence-based holistic care during labor and delivery.

- a. Monitors the mother and fetus during labor using the partograph and responds to the needs appropriately
- b. Uses the partograph properly and takes action when necessary
- c. Provides care to the patient/client during labor and delivery, following guidelines

- d. Conducts a safe normal delivery in a manner accepted by the pregnant woman
- e. Follows written medical directives during labor and delivery
- f. Responds appropriately and refers the pregnant women to the nearest facility if complications arise (e.g., eclampsia, abnormal deliveries, fetal distress)
- g. Performs an episiotomy appropriately when required
- h. Involves family members during labour and delivery
- i. Provides psychological support to the mother and family

Competency 2.12: The nurse-midwife provides nursing care to the newborn.

- a. Performs an examination of the newborn and an assessment of the APGAR score
- b. Provides immediate nursing care of the newborn appropriately (e.g., cord clamping, clears respiratory pathway, maintaining temperature)
- c. Performs resuscitation/helping babies breathe, if required
- d. Monitors closely the health status of the newborn
- e. Identifies and responds appropriately to health problems of the infant
- f. Initiates breast feeding following delivery
- g. Promotes bonding among the mother-newborn-father and family
- h. Proficient in operation of the incubator and phototherapy machine

Competency 2.13: The nurse-midwife provides appropriate postpartum care to the mother.

- a. Monitors closely the physical and emotional health status of the mother and provides appropriate care to prevent complications (e.g., postpartum hemorrhage, infection, post-partum psychosis)
- b. Provides education to the mother about self-care

- c. Educates the family about the care needs of the mother
- d. Educates the mother and their family regarding care of the newborn and infant
- e. Assists mother during breast feeding, if needed
- f. Provides education and counseling regarding family planning to the mother and family

Competency 2.14: The nurse-midwife provides appropriate care to the woman presenting with an abortion.

- a. Applies nursing and interprofessional knowledge to assess and identify signs and symptoms of an abortion
- b. Monitors and responds appropriately to the health status of the woman showing signs and symptoms of having an abortion as early as possible
- c. Provides emotional support to the woman showing signs and symptoms of having an abortion
- d. Educates family members to provide appropriate support to the woman showing signs and symptoms of having an abortion

Competency 2.15: The nurse-midwife promotes health among individuals, families, and communities.

- a. Assesses the health status of individuals, families, and communities
- b. Analyzes data regarding the health status, disease patterns, and epidemiology of the population
- c. Promotes self-care to prevent disease among community dwellers
- d. Educates individuals and groups regarding the connection between behavior and health (e.g., adequate exercise, hygiene)
- e. Assists individuals and groups to identify strategies to adopt health-promoting behaviours (e.g., quitting smoking, creating a nutrition plan)
- f. Educates individuals and groups on strategies to prevent the burden and spread of diseases (e.g., handwashing, safe sex, immunization)

Competency 2.16: The nurse-midwife collaborates with the health care team for the prevention and care of communicable diseases.

- a. Describes the signs and symptoms of the most common and emerging communicable diseases in Bangladesh
- b. Performs preventive and control measures for communicable diseases
- c. Applies knowledge of symptom management where appropriate
- d. Uses scientific knowledge about micro-organisms, their mode of transmission, and the immune system when providing care to a patient/client
- e. Applies knowledge regarding hospital acquired infection to prevent medical and surgical infection
- f. Uses medical and surgical asepsis appropriately to prevent transmission of infection in the hospital and community
- g. Identifies susceptible individuals or groups for specific communicable diseases
- h. Keeps records and reports to the appropriate monitoring organization

Competency 2.17: The nurse-midwife provides care to a patient/client experiencing a mental health issue or illness.

- a. Assesses the mental health status of the patient/client
- b. Creates a safe environment for the patient/client to discuss mental health concerns
- c. Counsels and supports the patient/client with a mental illness
- d. Identifies and responds appropriately to a person experiencing alterations of thought processes, and/or alterations of perception and depression

Competency 2.18: The nurse-midwife provides care for victims of sexual harassment and sexual gender-based violence.

- a. Describes the different forms of harassment experienced by nurses in the workplace and their impact on physical and mental health, and well-being
- b. Understands the sexual and reproductive rights of women in Bangladesh

- c. Describes the support available if women experience sexual gender-based violence
- d. Screens a patient/client to identify signs of physical and psychological domestic violence
- e. Provides support and care for victims of intimate partner violence using trauma- informed care models
- f. Describes the steps in clinical management of rape and intimate partner violence
- g. Understands the requirements and different nature of services outlined in the Nari-O-Shishu Nirjatan Damon Ain, 2000 and One Stop Crisis Centre
- h. Understands the risk of being retraumatized when exposed to the trauma experienced by others

Category 3: Communication and Collaboration

Description: The nurse-midwife communicates and collaborates with patient/clients, families, and other health care providers in planning and providing care.

Competency 3.1: The nurse-midwife communicates effectively with patient/clients, family members, and members of the health care team.

- a. Applies knowledge about communication when interacting with patients/clients and the health care team members
- b. Recognizes contextual factors that will affect communication (e.g., psychological factors, physiological factors, environmental factors, and cultural factors)
- c. Listens actively to patients/clients, colleagues, and members of the interprofessional team
- d. Demonstrates openness and respect to patient/clients, colleagues, and members of the interprofessional team

Competency 3.2: The nurse-midwife establishes a therapeutic relationship with the patient/ client and family.

- a. Demonstrates empathy and respect in interactions with the patient/client
- b. Builds trusting relationships with the patient/client

- c. Understands the principles of trauma-informed care
- d. Provides culturally safe and competent care

Competency 3.3: The nurse-midwife provides education, support, and counselling appropriate to the needs of the patient/client and family.

- a. Applies evidence-informed teaching and learning principles when conducting a health education session
- b. Provides relevant health information and resources to patients/clients and their families
- c. Provides counseling to individuals and their families related to health issues and health status
- d. Considers ethical issues when counseling patients/clients and their families

Competency 3.4: The nurse-midwife communicates and collaborates with other health care providers.

- a. Communicates effectively when transferring the patient/client
- b. Communicates the patient's/client's history and needs to the unit or facility when transferring a patient/client
- c. Communicates the patient's/client's expectations to the health care team when transferring a patient/client
- d. Provides information and support to the patient/client, family, and friends when transferring a patient/client to another unit or facility
- e. Collaborates with members of the interprofessional team
- f. Collaborates effectively with the patient/client, their family, informal caregivers, and their support systems to develop appropriate nursing care plans
- g. Reports the responses to the intervention that was provided by the interprofessional team
- h. Maintains records and reports interventions accurately
- i. Advocates for the patient/client and family

Category 4: Leadership and Professionalism

Description: The nurse-midwife demonstrates leadership and professionalism to provide quality care.

Competency 4.1: The nurse-midwife provides ethical care.

- a. Provides care in accordance with the Bangladesh Nursing and Midwifery Code of Ethics
- b. Demonstrates honesty, integrity, and respect
- c. Demonstrates all principles of the code of ethics
- d. Supports the patient/client in making informed decisions about their health care
- e. Respects the autonomy of patients/clients
- f. Protects the patient's/client's right to privacy and confidentiality
- g. Understands disciplinary actions for violation of ethics

Competency 4.2: The nurse-midwife is accountable for his/her actions.

- a. Takes responsibility for his/her actions
- b. Practices within the Bangladesh Scope of Practice for the nurse-midwife
- c. Recognizes personal competence limits and seeks help when necessary
- d. Maintains punctuality and reliability in carrying out responsibility
- e. Engages in individual professional development

Competency 4.3: The nurse-midwife demonstrates leadership skills.

- a. Advocates for patients/clients to receive appropriate care
- b. Demonstrates leadership skills in promoting health and influencing change
- c. Responds professionally to the needs of patients/clients and their families
- d. Influences appropriate decision-making in critical clinical situations
- e. Integrates research evidence in practice

Competency 4.4: The nurse-midwife prioritizes actions and manages time effectively in providing patient/client care.

- a. Understands the scope of work and steps to achieve desired outcomes
- b. Completes and maintains documentation in a timely manner
- c. Differentiates between urgent and non-urgent tasks
- d. Performs tasks in a timely manner

Competency 4.5: The nurse-midwife engages in personal self-care management that promotes physical, mental, emotional health, and well-being of themselves.

- a. Understands the importance of healthy behaviours in promoting well-being and resilience
- b. Engages in self-care to promote wellness
- c. Recognizes signs of burn out in self and others
- d. Identifies resources available to assist with managing stress, burnout, or personal trauma

Glossary of Terms

Clinical reasoning and judgment: “The process by which nurses collect cues, process the information, come to an understanding of a patient problem or situation, plan and implement interventions, evaluate outcomes, and reflect on and learn from the process” (Levett-Jones et al., 2010, Summary section).

Culturally safe care: “An outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the healthcare system. It results in an environment free of racism and discrimination, where people feel safe” (BC Centre for Disease Control, 2023, What is Culturally Safe Care? section).

Emergency Management: “The management of emergencies concerning all hazards, including all activities and risk management measures related to prevention and mitigation, preparedness, response and recovery. (p. 31) Emergencies and disasters can be “related to all kinds of hazards – natural, human-induced and technological” (Government of Canada, 2012, p.31).

Holistic health assessment: “Take(s) into consideration the overall health of the patient, including their physical, psychological, social and spiritual wellbeing” (Mills, 2017, Abstract section).

Infection control measures: “Prevents or stops the spread of infections in healthcare settings” (Centers for Disease Control and Prevention, 2022, para. 1).

Interprofessional team: This “. . . is comprised of team members from two or more different professions (e.g., nurses and physicians, physicians and community health workers, social workers and psychologists, pharmacists and respiratory therapists) who learn with, from, and about each other to enable effective collaboration and improve health outcomes.” (Accreditation Council for Continuing Medical Education, 2021, para. 1)

Patient/client: The term may refer to individuals, families, groups, communities, populations or systems; the way the term is used depends on the context in which it is used (Canadian Public Health Association [CPHA], 2010).

Psychosocial health: This is a person’s “sexual, emotional, social, environmental, cognitive, religious, moral and spiritual satisfaction” (Husain, 2022, Findings section.).

Physiological health: The well-being of the molecular, cellular, systems and whole body function (adapted from The Physiological Society, n.d.)

Rights of medication administration: “It is standard during nursing

education to receive instruction on a guide to clinical medication administration and upholding patient safety known as the ‘five rights’ or ‘five R’s’ of medication administration”: right patient, right drug, right route, right time, and right dose.” (Hanson & Haddad, 2022, para. 1)

Social Determinants of Health: The social and economic factors that affect people’s health. The CPHA (n.d.) lists 14 determinants, namely “income and income distribution; education; employment and job security; employment and working conditions; early childhood development; food insecurity; housing; social exclusion; social safety network; health services; Aboriginal status; gender; race, [and] disability” (SDH Influence Health Positively and Negatively section).

Sexual gender-based violence: “Any harmful act of sexual, physical, psychological, mental, and emotional abuse that is perpetrated against a person’s will and that is based on socially ascribed (i.e., gender) differences between males and females.” (United Nations Office for the Coordination of Humanitarian Affairs, 2019, para. 1)

Sexual harassment: “Unwelcome sexual advances, requests for sexual favours, and other forms of verbal or physical conduct of a sexual nature. Sexual harassment can involve an abuse of power and is often used as a way of controlling or intimidating someone” Government of Canada, 2021, Gender-Based Violence Glossary section.

Vulnerable populations: Those who “are at risk for disparate healthcare access and outcomes because of economic, cultural, ethnic or health characteristics . . . include patients who are racial or ethnic minorities, children, elderly, socioeconomically disadvantaged, underinsured or those with certain medical conditions. Members of vulnerable populations often have health conditions that are exacerbated by unnecessarily inadequate healthcare.” (Waisel, 2013, Summary section).

Therapeutic relationship: “A relationship grounded in an interpersonal process that occurs between the nurse and the client(s). The therapeutic relationship is a purposeful, goal-directed relationship intended to advance the best interest and outcome of the client” (Registered Nurses’ Association of Ontario, 2009, as cited in Canadian Federation of Mental Health Nurses, 2014, p. 13).

Trauma-informed care: “Trauma-informed care seeks to create safety for clients/patients by understanding the effects of trauma, and its close links to health and behaviour. Unlike trauma-specific care, it is not about eliciting or treating people’s trauma histories but about creating safe spaces that limit the potential for further harm for all people” (Varcoe et al., 2016, para 2.).

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APPENDIX A

List of BNMC Executive Committee members:

1. Dr. Md. Sarwar Bari, Secretary, Medical Education and Family Welfare Division (ME & FWD) and President BNMC
2. Mohammad Nora Alom Siddique, Additional Secretary, ME&FWD and Vice-President BNMC
3. Prof. Dr. Md. Abu Jafor, Director General (DG) Directorate General of Health Services (DGHS) Member
4. Md, Anowar Hossain Akand, Joint Secretary, (DG) Directorate General of Nursing and Midwifery (DGNM) – Member
5. Ms. Nilufa Yeasmin, Principal In-Charge, Mitford Nursing College – Member
6. Ms. Laila Anjuman, Principal, Holy Family Red Crescent Nursing College – Member.
7. Ms. Halima Akhter, Registrar, BNMC – Member Secretary

Invited Members:

8. Ms. Farzana Mannan, Joint Secretary, (Nursing Education), ME&FWD
9. Ms. Shah Nusrat Jahan, Senior Assistant Secretary (Nursing Education), ME&FWD
10. Mr. Rahela Rahmat Ullah, PS to Secretary (Deputy Secretary), ME&FWD
11. Ms. Nilufar Easmin, Deputy Registrar, BNMC.
12. Ms. Momtaz Begum, Principal, Dhaka Nursing College.

APPENDIX B

List of participants for stakeholder consultation (Not according to seniority)

1. Ms. Taslima Begum, Director, National Institute of Advanced Nursing Education and Research (NIANER)
2. Ms. Shahinoor Begum, Principal, College of Nursing, Sher-E-Bangla Nagar, Dhaka.
3. Ms. Dhaboli Joydhar, Nursing Instructor Incharge, Nursing and Midwifery College, Gopalganj.
4. Ms. Rokeya Sultana, Nursing Instructor Incharge, Nursing and Midwifery College, Faridpur.
5. Md. Rafiqul Islam, Nursing Instructor Incharge, Nursing and Midwifery College, Tangail.
6. Mr. Dipon Kumar Datta, Nursing Instructor Incharge, Nursing Institute, Kishoreganj.
7. Ms. Arati Rani Shil, Nursing Instructor Incharge, Nursing Institute, Rajbari.
8. Mst. Paresa Khatun, Nursing Instructor Incharge, Nursing Institute, Madaripur.
9. Md. Idris Miah Sarker, Principal, Nursing Institute, Rajoir, Madaripur.
10. Md. Golam Rabbani, Nursing Instructor Incharge, Nursing Institute, Sherpur.
11. Ms. Shahida Parvin, Nursing Instructor Incharge, Nursing Institute, Netrokona.
12. Ms. Aleya Begum, Principal, Bandarban Nursing College, Bandarban.
13. Ms. Khaleda Khanam, Nursing Instructor Incharge, Nursing and Midwifery College, Noakhali.
14. Ms. Moshammed Jaynab Begum, Nursing Instructor Incharge, Nursing Institute, Chandpur.
15. Ms. Asru Kona Das, Nursing Instructor Incharge, Nursing Institute, Cox's Bazar.

16. Ms. Krishna Chakma, Nursing Instructor Incharge, Nursing Institute, Rangamati.
17. Mst. Mahabuba Khatoon, Principal, Nursing & Midwifery College, Pabna.
18. Ms. Rehena Khatun, Nursing Instructor Incharge, Nursing Institute, Sirajganj.
19. Md Moshiur Rahman, Nursing Instructor Incharge, Nursing Institute, Chapai Nawabganj.
20. Most. Afsana Begum, Principal, Lalmonirhat Nursing College, Lalmonirhat.
21. Most. Aleja Khatun, Nursing Instructor Incharge, Nursing and Midwifery College, Dinajpur.
22. Ms. Rabeya Khatun, Nursing Instructor Incharge, Nursing and Midwifery College, Nilphamari.
23. Mst. Nihar Banu, Nursing Instructor Incharge, Nursing Institute, Kurigram.
24. Ms. Sayeda Roksana Khanam, Principal, Nursing and Midwifery College, Khulna.
25. Ms. Manju Rani Debnath, Nursing Instructor Incharge, Nursing and Midwifery College Satkhira.
26. Ms. Afroza Khatun, Principal, Narail Nursing College, Narail.
27. Ms. Jharna Rani Mondal, Nursing Instructor Incharge, Nursing Institute, Magura
28. Ms. Tapati Rani Kundu, Nursing Instructor, Nursing Institute Satkhira.
29. Mst. Rawshon Ara, Nursing Instructor Incharge, Nursing & Midwifery College Patuakhali.
30. Ms. Baby Roy, Nursing Instructor Incharge, Nursing Institute Pirojpur
31. Ms. Lipika Biswas, Nursing Instructor, Sylhet Nursing College, Sylhet
32. Ms. Runu Chowdhury, CRP Nursing College, Dhaka.

33. Ms. SR Rina Cruze, Principal, Kumudini nursing College, Mirzapur, Tangail.
34. Prof. Dr. Momtaj Khatun, Principal, United College of Nursing, Dhaka.
35. Prof. Gulshan Ara Biswas, Principal, International Nursing College, Dhaka.
36. Ms. Momtaz Begum, Principal East West Nursing College, Dhaka.
37. Ms. Khondker Mahmuda Akter Halim, Assistant Professor, Grameen Caledonian College of Nursing, Dhaka.
38. Ms. Laila Anjuman, Principal, Holy family Red Crescent Nursing College, Dhaka.
39. Ms. Punam Elizabeth Costa, Principal, Prime College of Nursing, Dhaka.
40. Ms. Rashida Akhter, Deputy Registrar, BNMC.
41. Mr. Md. Nasir Uddin, Director, (Administration), Directorate General of Nursing and Midwifery (DGNM).
42. Mr. Md. Rashidul Mannaf Kabir, (Deputy Secretary), Registrar (A. C.), BNMC.

APPENDIX C

Competency Review Working Group (CRWG) members:

1. Ms. Shirina Akhter, Principal, Dhaka Nursing College, Dhaka.
2. Ms. Ava Adhikari, Principal, Nursing Institute, Mitford, Dhaka.
3. Ms. Saleha Khatun, Principal, Ex. Deputy Nursing Superintendent, Dhaka Medical College Hospital, Dhaka.
4. Ms. Reva Mondal, Lecturer, National Institute of Advanced Nursing Education and Research, Dhaka.
5. Ms. Nilufar Easmin, Deputy Registrar, Bangladesh Nursing and Midwifery Council.
6. Mr. Md. Salauddin Madbor, Instructor In charge, Nursing Institute, B - Baria.

ProNurse Project representatives:

1. Ms. Dolly Maria Gonsalves, Senior National Nurse Specialist, ProNurse Project, Global Affairs Canada (GAC), Bangladesh.
2. Ms. Salma Afroz Lily, National Nurse Specialist, ProNurse Project, GAC, Bangladesh.
3. Ms. Cynthia Baker, Executive Director, Canadian Association of Schools of Nursing (CASN). Canada.
4. Mr. Don flaming, Senior Education Coordinator, CASN, Canada.

