Singapore Nursing Board

(A) Guidelines for the Supervision of New Foreign-Educated Nurses/Midwives

Introduction and Overview

1. Singapore Nursing Board (SNB) is the regulatory authority for nurses and midwives in Singapore. Its mission is to uphold professional nursing standards and honour public trust.

2. New foreign-educated nurses/midwives are unfamiliar with Singapore’s healthcare system and care settings. They should be guided and supported during the initial period so that they become competent to practise nursing safely in Singapore.

3. Nursing supervisors are the key personnel in upholding nursing performance standards and ensuring the safety of patients in the practise environment. Nursing Supervisors assess new foreign educated nurses/midwives' full range of competencies and determine their ability to practise safely and effectively.

4. SNB has developed supervisory guidelines for the assessment of new foreign-educated nurses/midwives who are undergoing competency assessment.

Structured Orientation and Induction Programme

5. There must be a structured orientation and training programme for all new foreign-educated-nurse/midwife. This should commence during the first month of work. The orientation and induction period should be at least 3 months in duration.

6. The employing hospitals/ institutions should have policies and guidelines on the orientation, induction and supervision of the nurse/midwife during the period of competency assessment. These guidelines and policies should include the monitoring of performance and giving of feedback to the new nurse/midwife.

7. The following contents/topics shall be covered in the orientation and induction programme:

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Legal & Ethical Issues in Nursing

- local laws and regulations (e.g. Nurses & Midwives Act, Infectious Disease Act, Human Organ Transplant Act and Advanced Medical Directive)
- legal responsibilities of a nurse/midwife (e.g., confidentiality and documentation)
- legal issues related to practise eg negligence, malpractice

Administrative Information

- Professional etiquette, shift patterns, duty roster and support facilities available

Local Culture (e.g. cultural norms and beliefs) and Working Environment

- common terms used in local Chinese dialects and Malay language
- local medical abbreviations

8. The new foreign-educated nurse/midwife shall be advised on how they can keep track of their orientation progress, nursing skills/ procedures and equipment competency assessments. They shall be informed about how they would be appraised and assessed.

Supervision

9. The new foreign-educated nurse/midwife must work under the supervision of a Nursing Supervisor.

Nursing Supervisor

10. Nursing Supervisor is defined as the person providing direct supervision and assessment of the nurse under competency assessment. They may be Nurse Managers or Nurse Clinicians or the senior nurse-in-charge of the ward/ department.

11. In order to ensure that there is optimum supervision, the Nursing Supervisor shall be an experienced nurse who acts as a role model and resource person for the new foreign-educated nurse assigned to her/him.

The Nursing Supervisor shall:
   a) be working in the same ward/department as the nurse/ midwife under competency assessment;
   b) preferably be on full registration with clinical experience of at least 5 years,
   c) have completed a course in clinical supervision and/or preceptorship.

12. The Nursing Supervisor is to ensure that the nurse/midwife is closely guided and supervised in the clinical setting. He/she needs to ensure that the nurse/midwife practices within his/her defined scope of practice.

13. The Nursing Supervisor is required to submit the competency report at the end of the stipulated assessment period for SNB’s review and approval. These reports must be supported/validated by the Chief Nurse/ Director of Nursing/Nursing Administrator (DN)’s recommendations.

14. The Nurse Supervisor of the department may assign 1 or 2 named preceptor(s) to the new nurse/midwife.
Nursing Preceptor

15. The role of the preceptor is to assist the Nursing Supervisor to guide and supervise the new foreign-educated nurse/midwife to assist him/ her to develop competency in nursing care of the patients. The preceptor is also a mentor to help the nurse/midwife adapt to the new environment.

16. The preceptor shall:
   a) have a minimum of 2 years of clinical experience
   b) work in the organisation for at least 1 year
   c) would preferably have completed a course in preceptoring.

17. The new foreign-educated nurse/midwife should only be allowed to perform any procedure on his/ her own when his/ her preceptor or Nursing Supervisor is satisfied that he/ she has been properly trained and assessed competent. The new foreign-trained nurse must not be assigned to a task/procedure for which he has insufficient experience or expertise or which he/she was deemed as incompetent to perform.

18. The new foreign-educated nurse/midwife must have direct and timely access to his/ her preceptors/Nursing Supervisor or other senior nurses for advice and assistance whenever he/ she has a problem in managing a patient.

Monitoring & Feedback

19. There shall be regular formal and informal feedback sessions between the new foreign-educated nurse/midwife and the preceptor/Nursing Supervisor.

20. The preceptor(s) shall provide regular feedback to the Nursing Supervisor on the progress of the new nurse/ midwife.

21. The new foreign-educated nurse/midwife’s orientation progress, nursing skills/ procedures and equipment competency assessments is to be formally reviewed by the Nursing Supervisor at least once every 2-3 months.

22. The monitoring and feedback sessions would enable the identification of nurses/midwives who are weak in their work and corrective actions can be taken without delay.

23. Poor performers are nurses whose nursing care and skills competence is not up to the expected standard, or who lack communication skills and/or those with poor attitude.

24. These nurses/midwives are to be given counselling by the Nursing Supervisor once the problem is highlighted.

25. If there is no improvement within one month after counselling, the Nursing Supervisor shall notify the Assistant Director of Nursing/ Director of Nursing and the hospital management, who will then take appropriate action. SNB is to be informed of the outcome.

26. The Nursing Supervisor will keep proper documentation of his/her review of the nurse/midwife’s work (e.g. in the orientation booklet/ clinical diary) for audit purposes if required. Counselling summary notes should also be documented.
27. At the end of the competency assessment period, the Nursing Supervisor will conduct a review with the new nurse/midwife. The Nursing Supervisor shall be responsible in endorsing whether the nurse/midwife is fit to work in Singapore. The review is to be clearly documented in competency assessment reports provided by SNB.

28. Where the recommendation for termination or dis-continuation of service or re-appointment to another role is to be made, the Chief Nurse/Director of Nursing / Nursing Administrator or designate must inform SNB accordingly.

29. Should the new foreign-educated nurse/midwife under assessment is away on extended medical leave or unpaid leave (duration of one month or more), SNB must be informed. SNB will advise whether an extension of the assessment period or a re-assessment is required.

Competency Assessment Reports

30. The SNB Competency Assessment report will have to be submitted to the SNB within 2 weeks prior to the due date of the assessment period.

Evaluation of Nursing Supervision in Employing Hospital/ Institution

31. Upon receipt of feedback and complaints, SNB may request for documents or statements from employers or Nursing Supervisors. SNB may also conduct an audit and interview relevant personnel (if required).

32. The following are to be made available to SNB for inspection upon request:
   - Orientation program outline and schedule
   - Evidence of orientation and competency assessments records by the named preceptor(s)/ Nursing Supervisors
   - Documentation of any counselling provided, feedback received and/or issues of competence

33. In the event that the audit findings show that the standard of supervision is consistently unsatisfactory, the SNB may not allow any new foreign-educated nurses/midwives to work in the employing hospital/ institution until the organisation is able to provide the evidence of their adherence to the Supervisory Guidelines.

As at 8 March 2016
(B) Guidelines and Instructions for Completing the Competency Assessment Report
(Nursing Supervisor)

Purpose

This guideline is intended to provide Nursing Supervisors with instructions on completing the Competency Assessment Report for the nurses/midwives undergoing competency assessment (“Supervisee”).

Terms & Definitions

1. Competency Assessment Period: the period during which the Supervisee is being assessed.
2. Competency Assessment Report: prescribed by Singapore Nursing Board. Competency Assessment Report(s) such as for General Nursing, Clinic/Ambulatory, and Community.
3. Nursing Supervisor: person providing direct supervision and assessment of the Supervisee. The Nursing Supervisor is to ensure that the Supervisee is closely guided and supervised in the clinical setting. He/she needs to ensure that the Supervisee practices within his/her defined scope of practice.
4. Supervisee: the candidate who is undergoing the 6 months competency assessment.

Guide to Completing the Competency Assessment Report

1. All items listed on the form must be assessed. If there is no opportunity to assess the Supervisee in the clinical setting during the competency assessment period, the Nursing Supervisor has to assess those items using simulation, viva voce or any learning setting as appropriate.

2. Ratings are classified as follows:
   - C – Competent
   - IG – Independent but needs occasional guidance
   - NC – Not Competent

To be eligible to be “Recommended” for Registration, the Supervisee MUST:

a) have at least 60% of all items rated “C” in every section;

b) have no more than 40% rated “IG” in every section;

c) not have any “NC” rating in any section

The Supervisee cannot be recommended for registration if he/she has any item rated with “NC” in any section.

3. Within each section:

   a) Each section must be completed and each item of assessment must be rated.
   b) Comments are optional except when there are items with “NC” rating. The Nursing Supervisor must substantiate the ratings given.
c) The section under “Clinical skills specific to discipline” requires a list of all specific clinical skills that the nurse/midwife has acquired in the clinical setting during the assessment period. Do not repeat the items that are already listed on the competency assessment report. Please use the full name of procedures/skills and not abbreviations.

4. General Comments From Nursing Supervisor:

a) This section must be completed.
b) Comments should be congruent with the ratings given in the assessment report.

5. HOD/ CN/ DN Comments:

These sections are optional unless in instances where the Supervisee is not recommended for registration, the CN/DN must provide comments. The CN/ DN is required to state the reason for the Supervisee being not recommended and the duration of the extension if required.

6. Recommendations:

**Recommended** - Supervisee achieves 60% competence in every section.

**Not Recommended** - Supervisee

- unable to achieve 60% competence in every sections;
- given rating of “NC” in any item; or
- unable to complete assessment by the stipulated period.

a) In a hospital setting, the Chief Nurse/ Director of Nursing or Deputy Director/Assistant Director of Nursing should complete this section.
b) In nursing home settings, the Director/Director of Nursing or Administrator of the institution should complete this section.

7. Attach Document:

This section is optional. Examples of documents to be attached are: Medical Certificates (extended medical leave of > 1 month), Resignation Letter or Letter from HR indicating the Last Day of Service.

8. The completed SNB Competency Assessment report is to be submitted to the SNB within 2 weeks of the end date of the assessment period.

_The Singapore Nursing Board may reject or seek clarifications of any incomplete forms, forms not completed correctly or forms which do not conform to the above guidelines. This may result in the delay of the nurse/midwife’s registration._

_Please contact SNB at [SNB_register@SNB.gov.sg](mailto:SNB_register@SNB.gov.sg) for any further clarification._