



POLICY GUIDELINE



Directorate of Nursing Services
Ministry of Health and Family Welfare
Government of the People's Republic of Bangladesh



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Canada



Foreign Affairs, Trade and
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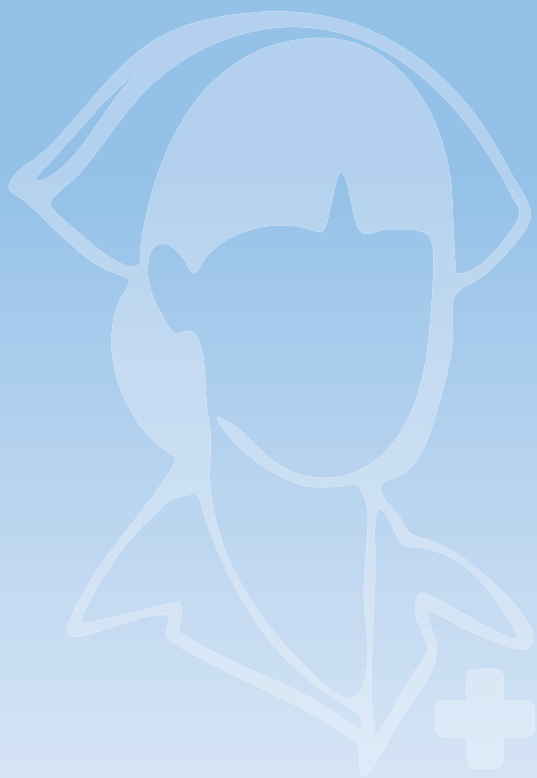
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POLICY GUIDELINE

Directorate of Nursing Services

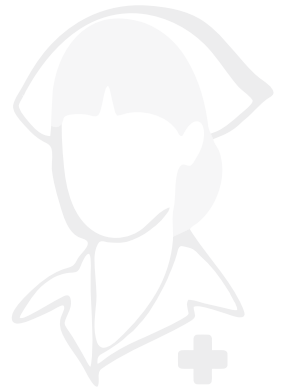
Ministry of Health and Family Welfare
Government of the People's Republic of Bangladesh

August 2016

Human Resources for Health in Bangladesh (HRH)

Project Office
House-36 (Flat E-1), Road-18
Block-J, Banani, Dhaka-1213
Bangladesh

Preface



Directorate of Nursing Services is responsible to provide continuous support for improving the quality health services in Bangladesh. For ensuring the efficient and effective nursing management policy guidelines are essential. In order to improve and making a dynamic progress in nursing administration, education and services, the Directorate of Nursing Services took initiative to develop seven policy guidelines with the technical support of the DFATD-HRH project in Bangladesh. I strongly believe that utilization of these guidelines appropriately would be helpful to improve the overall management of nursing services.

Directorate of Nursing Services gratefully acknowledges the time and expertise of Judith A. Oulton, International Consultant, MacMaster University, Canada and the contribution of the members of the policy task team for developing these policy guidelines.

Directorate of Nursing Services also acknowledges the technical and financial support from the Department of Foreign Affairs, Trade and Development (DFATD), Canada through their Human Resource for Health (HRH) project in Bangladesh, Implemented by Cowater International Inc. and McMaster University.

I am requesting the concerned nursing officers to utilize and implement these policy guidelines where applicable for the respective institutions under the Directorate of Nursing Services.

Nasima Parvin

Director (Acting)
Directorate of Nursing Services

ABBREVIATIONS

DNS	Directorate of Nursing Services
DPHN	District Public Health Nurse
MOHFW	Ministry of Health & Family Welfare
NI	Nursing Institute
N/M	Nursing & Midwifery

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DNS Visitor Management



POLICY GUIDELINE TITLE

DELEGATION & ASSIGNMENT

POLICY GUIDELINE NO. 001	EFFECTIVE DATE:	DATE REVISED:
PURPOSE To provide clear assignments and delegated authority thus increasing efficiency, effectiveness, accountability, workload management, organizational performance and enhanced working relationships.	APPLICABLE TO DNS Headquarter	
DEFINITIONS Assignment - a task or piece of work given to someone as part of their job. Delegation - the transfer of responsibility for the performance of a task from one individual to another while retaining accountability for the outcome.		

POLICY GUIDELINE

The Director of Nursing Services delegates tasks based primarily on individual staff experience and competencies. The individual's post and position, workload and interests shall also be considered. Delegation shall be consistent with MOHFW and central government policy. The Director ensures that:

1. A task delegated to a specific employee cannot be re-delegated. The DNS shall issue a permanent office order regarding leave substitute for a person on any leave mentioning his/her post and position. All staff with delegated authority shall be responsible for adhering to the policy and shall be responsible and accountable for satisfactorily performing the accepted delegation.
2. Delegated functions shall be carried out in a transparent and satisfactory manner, meeting guidelines and timelines where these exist.
3. The Director of Nursing Services shall regularly review with the individual their regular task list to ensure the workload is reasonable.
4. Employees are encouraged to discuss with the Director of Nursing Services any new or change in portfolio they would like to happen. While this shall routinely be addressed at the time of the performance review, other occasions, such as assignment of new projects or files, may also offer this opportunity.
5. Delegation shall take into consideration the safety and security of the staff, shall be gender sensitive and shall consider special needs of individuals.

Procedure

Delegations shall be written and signed by the Director of Nursing Services in a list form circulated within the office and by individual memorandum also Delegation shall come into effect on the day mentioned.

Daily work assignments may be given in writing or verbally and shall not normally conflict with delegations; that is, be given to someone other than the person delegated to deal with the work. Where the latter happens, the reason shall be made clear to all.



HOLDING & ATTENDING MEETINGS

POLICY GUIDELINE NO. 002	EFFECTIVE DATE:	DATE REVISED:
PURPOSE To improve decision-making, communication, representation, and working relationships thus fostering greater organizational performance and employee satisfaction.		APPLICABLE TO DNS Headquarter, Hospital Nursing Services, Nursing Education

POLICY GUIDELINE

DNS HEADQUARTER

The Director of Nursing Services shall promote an environment that encourages open communications, information sharing and team building among employees. To that end, regular meetings shall be scheduled between management and staff.

a. Meeting Organization

1. Meetings shall be clearly categorized by type (e.g. policy, management, progress review, planning, etc.) and intervals (e.g. weekly, fortnightly, quarterly, annually, emergency/extraordinary, etc.) and preferably scheduled at least three (3) months in advance.
2. For every meeting there shall be a designated individual to facilitate the meeting and maintain the meeting records (call up notice, minutes, etc.) and a meeting follow up reminder system in place (by email, phone or SMS, etc.).
3. Any member wishing to add an item to the agenda may submit it to the Chairperson three (3) days in advance of the meeting. Otherwise it may be included in Any Other Business.
4. The agenda, together with a copy of the minutes of the previous meeting, shall be circulated twenty-four (24) hours in advance of the meeting.
5. Call up notices and meeting minutes shall be distributed electronically as much as possible.

b. Meeting Participation

1. DNS and any other assigned authority who call a meeting are expected to encourage staff attendance and participation in the decision-making process during the meeting. A free exchange of ideas and opinions shall be encouraged.
2. Participants are expected to review the agenda and all available information before the meeting; inform the Chairperson if unable to attend; arrive on time and remain until the scheduled time for adjournment; participate fully in discussions; listen respectfully to the opinions of others and follow through on any responsibilities assigned at the meeting.
3. Criticism and vindictive behavior in the meeting by the Chair or any other members that would undermine a participant's work or decision or make him/her feel incompetent shall be avoided.
4. No staff members shall be subjected to discrimination or criticism in the meeting on the ground of that person's religion, gender, age, ethnicity, political and spiritual belief, lifestyle, marital status, or social and economic condition.

c. Meeting Minutes

1. Minutes shall be recorded using a standard format and shall clearly indicate whether the document is a draft or final version. The format shall include: Agenda item title, a brief summary of the discussion, decision(s), responsible person/section/office, and follow up action.



2. While soft copies of the minutes may be made, a hard copy of each meeting minutes shall be kept on file for a period of five (5) years.

d. Types and Frequency of Meetings

1. The Director of Nursing Services shall hold the following meetings:
 - A quarterly meeting with all DNS headquarters staff;
 - A quarterly Operational Plan implementation review meeting with the Program Manager, Deputy Program Managers and others;
 - A monthly meeting with Section Heads and the nursing personnel;
 - A coordination meeting every six (6) months with MOHFW regarding policy and with DGHS, DGFP, other concerned offices and Nursing Superintendents regarding hospital nursing services;
 - A coordination meeting every six (6) months with the heads of public Nursing Colleges, Nursing Institutes and BNC regarding education;
 - A coordination meeting every six (6) months with ADNS and DPHNs regarding nursing services;
 - A coordination meeting every six (6) months with all Development Partners involved with the Directorate regarding development project implementation;
 - A weekly meeting with headquarters nursing personnel (See 2. for details).
2. The Director of Nursing Services shall hold an informal weekly coordination meeting with headquarters Nursing Officers at a set time and day of the week. The purpose is to share information, plan activities/events, follow up or evaluate activities/events, gain input into decision-making, assign activities, and address specific issues.
3. In the absence of the Director, the delegated Nursing Officer shall chair the meeting. The Assistant Director, Administration shall be tasked with recording the minutes and attendance and shall distribute the approved minutes to all HQ nursing personnel.

HOSPITAL NURSING SERVICES

The hospital nursing authority shall promote an environment that encourages open communications, information sharing and team building among employees. To that end, regular meetings shall be scheduled between nursing management and staff.

a. Meeting Organization

1. Meetings shall be clearly categorized by type (e.g. policy, management, progress review, planning, etc.) and intervals (e.g. weekly, fortnightly, quarterly, annually, emergency/extraordinary, etc.) and preferably scheduled at least three (3) months in advance.
2. For every meeting there shall be a designated individual to facilitate the meeting and maintain the meeting records (call up notice, minutes, etc.) and a meeting follow up reminder system in place (by email, phone or SMS, etc.).
3. Any member wishing to add an item to the agenda may submit it to the Chairperson three (3) days in advance of the meeting. Otherwise it may be included in Any Other Business.
4. The agenda, together with a copy of the minutes of the previous meeting, shall be circulated twenty-four (24) hours in advance of the meeting.
5. Call up notices and meeting minutes shall be distributed electronically as much as possible.

b. Meeting Participation

1. Nurse Managers who call a meeting are expected to encourage staff attendance and participation in the decision-making process during the meeting. A free exchange of ideas and opinions shall be encouraged.
2. Participants are expected to review the agenda and all available information before the meeting; inform the Chairperson if unable to attend; arrive on time and remain until the scheduled time for adjournment; participate fully in discussions; listen respectfully to the opinions of others and follow through on any responsibilities assigned at the meeting.



3. Criticism and vindictive behavior in the meeting by the Chair or any other members that would undermine a participant's work or decision or make him/her feel incompetent shall be avoided.
4. No staff members shall be subjected to discrimination or criticism in the meeting on the ground of only that person's religion, gender, age, ethnicity, political and spiritual belief, lifestyle, marital status, or social and economic condition.

c. Meeting Minutes

1. Minutes shall be recorded using a standard format and shall clearly indicate whether the document is a draft or final version. The format shall include: Agenda item title, a brief summary of the discussion, decision(s), responsible person/section/office, and follow up action.
2. While soft copies of the minutes may be made, a hard copy of each meeting minutes shall be kept on file for a period of five (5) years.

d. Type and Frequency of Meetings

1. The hospital nursing authority (Nursing Superintendent/Deputy Superintendent/Supervisor) shall hold weekly meetings with Nursing Supervisors to share information, discuss issues, evaluate care, and unit performance and address staffing issues. Minutes of the meetings, along with attendance, shall be recorded by the assigned nursing personnel and distributed to all members. Minutes shall be maintained by the nursing authority.
2. The hospital nursing authority (Nursing Superintendent/Deputy Superintendent/Supervisor) shall hold monthly meetings with Ward-in-Charges and Nursing Supervisors to share information, discuss issues, evaluate care, and unit performance and address staffing issues. Minutes of the meetings along with attendance shall be recorded by the designated nurse manager for distribution to all members, the Director of Nursing Services and hospital authority. Minutes shall be maintained by the hospital nursing authority.
3. The hospital nursing authority (Nursing Superintendent/Deputy Superintendent/Supervisor) shall invite a representative from each nursing unit to attend a general meeting every six (6) months to share information and discuss issues and provide input.
4. Representatives will be appointed by the respective Supervisor and will be expected to share results of the meeting with ward nursing staff. Minutes of the meetings along with attendance shall be recorded by the designated nurse for distribution to all representatives, the Director of Nursing Services and the hospital authority. Minutes shall be maintained by the hospital nursing authority.
5. The hospital nursing authority (Nursing Superintendent/Deputy Superintendent/Supervisor) shall hold a quarterly coordination meeting with heads of nursing colleges and institutes to share information and address issues related to student placement and practice. Minutes of the meetings along with attendance shall be recorded by the designated nurse for distribution to all members and the hospital authority. Minutes shall be maintained by the hospital nursing authority.
6. Wards-in-Charge shall hold staff meetings on each ward monthly. A staff member shall be assigned to take minutes and attendance. A copy of the minutes shall be available on the ward and a copy sent to the hospital nursing authority. Minutes shall be maintained by the Ward in Charge.

NURSING EDUCATIONAL INSTITUTIONS

The Principal/ Nursing Instructor Incharge of Nursing Colleges and Institutes shall promote an environment that encourages open communications, information sharing and team building among employees. To that end, regular meetings shall be scheduled between nursing management and staff.

a. Meeting Organization

1. Meetings shall be clearly categorized by type (e.g. policy, management, progress review, planning, etc.) and intervals (e.g. weekly, fortnightly, quarterly, annually, emergency/extraordinary, etc.) and preferably scheduled at least three (3) months in advance.
2. For every meeting there shall be a designated individual to facilitate the meeting and maintain the meeting records



(call up notice, minutes, etc.) and a meeting follow up reminder system in place (by email, phone or SMS, etc.).

3. Any member wishing to add an item to the agenda must submit it to the Chairperson three (3) days in advance of the meeting. Otherwise it may be included in Any Other Business.
4. The agenda, together with a copy of the minutes of the previous meeting, shall be circulated twenty-four (24) hours in advance of the meeting.
5. Call up notices and meeting minutes shall be distributed electronically as much as possible.

b. Meeting Participation

1. The Principal or Nursing Instructor Incharge shall be expected to encourage staff attendance and participation in the decision-making process during meetings. A free exchange of ideas and opinions shall be encouraged.
2. Participants are expected to review the agenda and all available information before the meeting; inform the Chairperson if unable to attend; arrive on time and remain until the scheduled time for adjournment; participate fully in discussions; listen respectfully to the opinions of others and follow through on any responsibilities assigned at the meeting.
3. Criticism and vindictive behavior in the meeting by the Chair or any other members that would undermine a participant's work or decision or make him/her feel incompetent shall be avoided.
4. No staff members shall be subjected to discrimination or criticism in the meeting on the ground of only that person's religion, gender, age, ethnicity, political and spiritual belief, lifestyle, marital status, or social and economic condition.

c. Meeting Minutes

1. Minutes shall be recorded using a standard format and shall clearly indicate whether the document is a draft or final version. The format shall include: Agenda item title, a brief summary of the discussion, decision(s), responsible person/section/office, and follow up action.
2. While soft copies of the minutes may be made, a hard copy of each meeting minutes shall be kept on file for a period of five (5) years.

d. Type and Frequency of Meetings

1. The Principal/ Nursing Instructor Incharge of Nursing Colleges and Institutes shall hold a faculty meeting once a month during each semester to provide information, address staffing/student/clinical issues, and seek input into decisions other than those dealt with by specific committees.
A faculty member shall be tasked with recording the minutes and attendance and shall distribute the approved minutes to all faculty members. Minutes shall be maintained by the Principal/ Nursing Instructor Incharge.
2. The Principal/ Nursing Instructor Incharge of Nursing Colleges and Institutes shall hold a quarterly general meeting involving all staff. A staff member shall be tasked with recording the minutes and attendance and shall distribute the approved minutes to all staff. Minutes shall be maintained by the Principal/ Nursing Instructor Incharge.
3. The Principal/ Nursing Instructor Incharge of Nursing Colleges and Institutes shall ensure that a faculty-student consultative meeting is held quarterly to discuss issues related to teaching-learning activities. Student representatives (1-2 per class) will be selected by their class. All faculty members shall be invited to attend. A faculty member shall be tasked with recording the minutes and attendance and shall distribute the approved minutes to all attendees and to the Principal/ Nursing Instructor Incharge. Minutes shall be maintained by the Principal/ Nursing Instructor Incharge.
4. The Principal/ Nursing Instructor Incharge of Nursing Colleges and Institutes shall hold regular coordination meetings with the hospital authority to address issues related to education. At least quarterly a meeting shall be held with the Nursing Superintendent/ Deputy Superintendent, 1-2 Supervisors, Principal/NI-Incharge, and two (2) senior faculty members to discuss students' clinical practice.
5. The Principal/ Nursing Instructor Incharge of Nursing Colleges and Institutes and Superintendent/ Deputy Superintendent shall encourage regular meetings between Supervisors, Ward Incharge, Clinical Supervisors and subject matter faculty to address coordination and other student related issues.
6. The Principal/ Nursing Instructor Incharge of Nursing Colleges and Institutes shall hold meetings with various groups and individuals as needed and shall keep notes of such meetings on file.



POLICY GUIDELINE TITLE

COMMUNICATIONS

POLICY GUIDELINE NO. 003

EFFECTIVE DATE:

DATE REVISED:

PURPOSE

To improve the quality of nursing and midwifery communications; in particular, to emphasize documentation and reporting in order to decrease the incidence of errors and complaints, misunderstandings, improve the practice environment and support quality nursing care.

APPLICABLE TO

All Nurses, Midwives and Student Nurses under the Directorate of Nursing Services.

RATIONALE

The way we communicate affects patients, students, colleagues, our professional image and the organization we work for. Effective communication strengthens relationships, fosters a safe and healthy work environment. Worldwide communications difficulties are a major factor affecting patient outcomes (Casey & Wallis, 2011). As well, ineffective communication breaks the chain of command, creates misunderstandings, affects trust and morale, may result in poor teaching and learning, limits policy influence and impacts results. It can also lead to fear, thus impeding disclosure of incidents and sharing of concerns.

DEFINITIONS

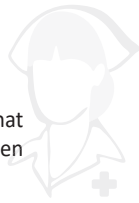
Communication - includes all aspects of interpersonal relations as well as written communication, in particular documentation, communications with patients, handover reporting, information sharing, managing complaints, and reporting incidents and concerns.

Indent books – these are requisition books for different supplies and equipment. They include medicine, oxygen cylinder exchange, linen, instruments and devices, oxygen meters, etc.

POLICY GUIDELINE

A. General Concepts

1. This policy encompasses oral and written communication whether in person or by electronic means.
2. Nurses and Midwives shall respect confidentiality. They shall not disclose personal, patient or student information and shall abide by all policies related to confidentiality. Failure to do so shall result in disciplinary action.
3. Disciplinary action related to communication will be handled by the concerned authority, local or higher and includes a range of interventions, such as warning, remediation and other penalties.
4. All care is expected to be patient centered and all communication is meant to support this.
5. Nurses, midwives and students are expected to be respectful of patients, the public, their colleagues and peers and all others they interact with in the course of their work. This assumes that all interactions are clear, cordial, positive and follow policy. Gossiping will not be accepted.
6. Individuals shall not be penalized for disclosing information about incidents or other situations that affect the safety of patients, nurses and others.



7. Each person is expected to be aware of and know how to use any information system and other tools that are available. Passwords to access information systems are not to be shared nor are systems to be left open when not in use.
8. The institution's internet is to be used to conduct official rather than personal business.
9. Each person has a duty to keep up to date with, and adhere to, relevant legislation and policies relating to information, record keeping, confidentiality, privacy, and any other aspects which affects the person's work.
10. Each organization shall use a whiteboard to indicate nursing officer movement. Level of officer required to sign in and out shall be decided by the local nursing authority.
11. DNS, Nursing Institutes, Colleges and hospitals shall have notice boards to share information on events and issues of interest to nurses and midwives. The information on the board is to be reviewed and cleared regularly.
12. Each unit shall have a white board to capture information important for the unit. This may include for example professors and bed allocations, bed number of newly admitted patients, on duty doctor name, etc.

B. Documentation

1. Nurses and midwives shall document patient care in the following:
 - patient register book
 - handover books
 - morning/bed statement
 - report book
 - assignment book
 - confinement book
 - round book
 - order book
 - diet book
 - investigation book
 - doctor's call book
 - Patient Chart: Vital Signs, Medication, Intake & Output, Diabetes, Weight, Digoxin, Albumin, Partograph, Operation List, etc.
2. Other documentation carried out by nurses and midwives includes entries in the duty roster, linen and indent books, stock ledger and breakage and loss reports.
3. Written documentation shall be legible and all entries, whether handwritten or electronic, shall be signed and dated. Records are to be clear, current, concise, accurate, and specific and follow any format guidelines available.
4. Records are not to be altered or destroyed without authorization.
5. Books used to compile reports, orders, diets, investigations, doctor calls, etc. are sent to the Hospital Store Room once they are filled.
6. Forms for the patient chart are sent to the Hospital Medical Records by the Ward Incharge when the patient is discharged or dies.

C. Reporting

1. Handover reports at the end of each shift shall be verbal, use a standardized format and be clear and concise.
2. Verbal reports shall be given nurse-to-nurse and shall use the following format:
 - Patient name and bed number
 - Patient diagnosis or problems and their status



- Actions undertaken and results obtained
- Tasks to be done and any special instructions.
- Reports on incidents other than patient related are also to be included.

3. A written report shall be prepared and signed by the On Duty Nurse during each shift. It shall include:

- Number of patients at the start of the shift
- Number of patients at the end of the shift
- Number of births including stillbirths and the sex of each birth
- Number of discharged patients and their bed number, transfers in and out, deaths, absconders, newly admitted
- Detailed information on any newly admitted patients, those seriously ill, absconders, those who have died, and any needing special attention. The report on each shall include: the name, age, sex, admission date, diagnosis, registration number, bed number, current status, special instructions, and treatment received (including time, dose and result). In the case of death the time and cause of death and actions taken before and after death are recorded. For those absconding the last time the patient was seen must be registered, as well as their general condition, and any items they may have taken from the hospital.

4. Two On Duty reports are sent in a 24 period to the hospital nursing authority or the other designated hospital authority.

The combined morning and evening report shall be sent by the On Duty Evening Nurse while a separate report shall be sent for the night shift by the On Duty Night Nurse.

Other written reports shall be compiled as needed by the Ward-in-Charge. This includes but is not restricted to the following: the non-functioning equipment/instrument report and condemnation reports for disposal of equipment, logistics and linens, and repair and maintenance report, nursing and support staff absence reports.

REFERENCES

Casey A. and Wallis A. (2011) Effective Communication: Principle of Nursing Practice E. Nursing Standard, 25, 32, 35-37. February 8, 2011. Retrieved from https://www.rcn.org.uk/__data/assets/pdf_file/0005/380795/Nursing_Standard_Principle_E_April11_563KB.pdf



POLICY GUIDELINE TITLE
JOB ORIENTATION

POLICY GUIDELINE NO. 005

EFFECTIVE DATE:

DATE REVISED:

PURPOSE

To assist the individual in a new job to function safely and effectively by receiving consistent information regarding policies, procedures, standards and documentation to support practice, promoting gender equality in the workplace and to familiarize them with the workplace and its vision, mission, values, goals and organizational structure.

Benefits linked to formal orientation programs include improved morale, error reduction, increased efficiency, better documentation, improved communications between managers and staff, improved job satisfaction and a decrease in staff turnover (ICN, 2006, CRNNS, 2007).

APPLICABLE TO

Nurses and midwives working in the public sector.

DEFINITIONS

Job orientation - a process by which an organization acquaints employees with policies, procedures, purposes and role expectations related to a new job. (CRNNS, 2007).

Partnered practice- the opportunity to be assigned to work with an experienced Nurse or Midwife and to practice a range of required skills.

POLICY GUIDELINE

GENERAL

- All public sector nurses and midwives, whether newly recruited, posted, deputed, transferred or promoted are entitled to be oriented to their post.
- Costs of orientation shall be funded by DNS/local authority.

NEWLY REGISTERED NURSES & MIDWIVES

New nurses and midwives shall receive a minimum of 2 weeks' job orientation which includes introduction to the facility and unit, relevant nursing/midwifery content and partnered practice, that is, the opportunity to be assigned to work with an experienced Nurse or Midwife and to practice a range of required skills.

Content to be included in the orientation of new nurses and midwives shall include:

- Job description
- Workplace organogram & chain of command
- BNC Code of Ethics
- How to manage one's work (e.g. time management, organizing her work, supervising students, etc.)
- Basic administration (e.g. filing, how to work with other departments/personnel, etc.)
- Basic management (e.g. definitions, steps of management, etc.)
- Communication/Interpersonal relations, including Behaviour Change Communication (BCC)
- Operation of equipment on the ward
- Commonly used medications
- Review of basic math (e.g. drug dose calculations, intake & output, IV administration, etc.)
- Documentation/reporting (e.g. rules & procedures, stock ledger, patient charting, incident reports, seriously ill, end of shift reporting, patient handover, etc.)



- Policies and procedures for the institution
- Workplace health and safety
- Basic Bangladesh service rules (e.g. leave, travel allowance, pension, and disciplinary action).¹

An added 4 weeks of partnered practice shall be provided for the new employee who has not practiced N/M since graduation if the period of time between graduation and employment is greater than 5 years.

NURSES/MIDWIVES IN A NEW POST

Nurses and midwives posted, deputed, transferred or promoted to a new post shall receive, at minimum, 2-3 days' orientation comprised of relevant content and partnered practice where applicable. The job orientation program will depend on the post, the individual, their competencies and their previous experience. The job orientation will include promotion of a workplace culture for gender equality and gender sensitive behavior and guideline for prevention and protection from workplace violence and sexual harassment.

RESPONSIBILITIES IN ORIENTATION

1. The orientation process is a shared responsibility among the nurse, her/his superiors, and DNS/ local authority.
2. DNS/local authority has the responsibility to provide fully-funded orientations that are effective in assisting nurses and midwives to meet their role expectations.
3. The individual's immediate supervisor (e.g. DNS/Project Officer/DD/AD/Nursing Superintendent/ Deputy Nursing Superintendent/DPHN/ Nursing Supervisor/ Principal/ Nursing Instructor Incharge) has the responsibility to provide the time and resources to complete the orientation or to ensure its completion, and evaluate the effectiveness of the orientation.
4. The assigned experienced nurse or midwife (practice partner) is expected to work with the new nurse or midwife as required and is expected to promote a gender equality friendly workplace culture through demonstrating gender sensitive behaviour.
5. The nurses and midwives being oriented are responsible to ensure that they have the competencies required for any new position. They must attend the scheduled orientation and are expected to seek out information that enhances their learning as well as provide feedback on the orientation experience.

REFERENCES

College of Registered Nurses of Nova Scotia. (CRNNS). (2007). Position Statement Orientation of Registered Nurses to the Workplace. Halifax, Nova Scotia.

International Council of Nurses.(ICN). (2006). The orientation of nurses in new work settings. Geneva, Switzerland.

Oregon State University. (OSU). (2015). Why is orientation important? Retrieved from <http://hr.oregonstate.edu/book/export/html/342>.

Oregon State University. (OSU). (2015). What is orientation? Retrieved from <http://hr.oregonstate.edu/orientation/new-employee-resources/overview-supervisors/what-orientation>

¹ Foundation training is not included as it will be part of the DGNMS proposal.



VERIFICATION OF REGISTRATION

POLICY GUIDELINE NO. 006	EFFECTIVE DATE:	DATE REVISED:
PURPOSE To ensure safe nursing/midwifery care for public sector care in Bangladesh	APPLICABLE TO Nurses and Midwives	
DEFINITIONS Concerned nursing/midwifery authority – this includes the Principal, Nursing Instructor in Charge, Nursing Superintendent, Deputy Nursing Superintendent, District Public Health Nurse and Nursing Supervisor. Institution - this includes hospitals and health centres, Nursing Institutes, Nursing Colleges, Colleges of Nursing and DNS (Headquarter, Divisions & Districts). Jurisdiction - throughout Bangladesh. Verification - the process of establishing the truth, accuracy, or validity of something. In the case of licensing it is providing proof of an existing licence.		

POLICY GUIDELINE

Each registered nurse and registered midwife is required to maintain current BNC registration.

1. The Nursing Authority of every government institution that employs nurses and midwives shall keep a register which includes the following:

- Name of the employee:
- Father's name:
- Mother's name:
- National ID number:
- Date of joining this institution:
- BNMC registration number:
- Date of BNMC renewal:

2. The Nursing Authority shall check the register at the end of each year to see which nurses and midwives' registration shall expire in the following year and shall place a notice in a prominent place reminding those listed to renew their BNMC registration.

The listed nurses and midwives shall present proof of registration renewal within 2 weeks of having received this.

The local Nursing Authority is responsible for delegating the verification function as she/he sees fit.



POLICY GUIDELINE TITLE

GUEST LECTURERS

POLICY GUIDELINE NO. 007	EFFECTIVE DATE:	DATE REVISED:
PURPOSE To improve the quality of education for students and work satisfaction for educators by clarifying expectations of guest lecturers.	APPLICABLE TO Guest Lecturers in government Nursing Institutes and Colleges	
DEFINITIONS Guest Lecturer – a person not posted in the Institute or College but who is utilized to teach students because of the expertise they hold in certain subjects. Qualified nursing and midwifery subject specialists – this refers to those nurses and midwives with, minimally, a Masters qualification. Subject Teacher - Nurse or midwifery teacher who is employed within the institution and who is responsible for covering the syllabus related to the subject, including class attendance, clinical experience and subject related testing.		

POLICY GUIDELINE

Using guest lecturers to deliver classroom content is a recurring phenomenon in education. Having guest lecturers provides for variety as well as differing points of view. Those with known expertise add credibility to the program and help provide context to the knowledge and skills students are learning.

1. Guest Lecturers must abide by the policy of the institution as it relates to the curriculum and quality of education.
2. Guest lecturers shall be given copies of the curriculum/syllabus and the ordinance of exam procedures, and shall be oriented to their role and the institution's expectations.
3. Regularly employed guest lecturers are welcome to attend relevant faculty meetings.
4. Regularly employed guest lecturers are entitled to receive copies of minutes of meetings they attend and any others as determined by the institution.
5. Guest Lecturers must teach according to their assigned topic and complete the syllabus as well as regularly provide students with handouts containing current references.
6. All Guest Lecturers shall comply with the Nursing Institute/College schedule and timelines. They shall be notified of changes in scheduling in a timely manner and shall equally request any changes in their scheduled lectures in a timely manner.
7. Selection of Guest Lecturers shall be based on their subject expertise. When qualified nursing and midwifery subject specialists are available they shall receive first priority.
8. Guest Lecturers must sign the attendance register and record the topics of their lectures.
9. No more than 25% of content shall be taught by guest lecturers and shall not exceed 12 lectures in a month in any one subject.
10. The Guest Lecturer is expected to be in regular communication with the subject teacher.
11. All guest lecturers, including nurses and midwives, shall be remunerated.



POLICY GUIDELINE TITLE

DNS VISITOR MANAGEMENT

POLICY GUIDELINE NO. 008	EFFECTIVE DATE:	DATE REVISED:
PURPOSE To facilitate efficient and effective management of visitors to DNS premises thus aiding in increasing the productivity of staff, the image of the Directorate and profession, and helping ensure the safety and security of visitors and personnel.		APPLICABLE TO DNS Headquarter and Divisional Offices
DEFINITIONS Visitor – any individual on the premises who is not a member of DNS staff.		

POLICY GUIDELINE

How visitors are received affects the image of the Directorate and their interaction with staff. All visitors need to be processed quickly, efficiently, accurately and with a sense of welcome and friendliness.

Visitors to the DNS Headquarter

1. DNS sets the dates and times to receive nurses, their relatives and other visitors. This information shall be kept up to date and posted on the website and in DNS Headquarter and Divisional offices. Effective immediately the dates and times to receive nurses, midwives and their relatives shall be as follows:
 - Monday 11 am - 1 pm : Dhaka & Mymensingh
 - Tuesday 11 am - 1 pm : Chittagong & Sylhet
 - Wednesday 11 am - 1 pm : Rajshahi & Rangypur
 - Thursday 11 am - 1 pm : Khulna & Barisal
2. Visitors are to sign the visit register and shall then be guided to the relevant section/individual. The register shall contain the name of the visitor, the section to be visited, the purpose of the visit as well as the time of registration and time leaving the premises.
3. An Information board outside the office shall be used to display relevant information (e.g. transfer orders, visit dates & times, etc.).
4. A DNS staff member shall be assigned to manage the visitor flow.

Divisional Level

1. The Divisional Assistant Director shall set dates and times two days in a week to receive Nursing Supervisors, Senior Staff Nurses, midwives & their relatives. This information shall be kept up to date and posted on the website and in the Divisional office.
2. Visitors are to sign the visit register. The register shall contain the name of the visitor, the section to be visited, the purpose of the visit as well as the time of registration and time leaving the premises.
3. An information board shall be used to display relevant information (e.g. transfer orders, visit dates & times, etc.).