



The Nursing Council of Hong Kong

A Reference Guide to
the Syllabus of Subjects and Requirements
for the Preparation of Registered Nurse (Mentally Subnormal)
in the Hong Kong Special Administrative Region

(September 2021)

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I. PREAMBLE

Registered Nurses (Mentally Subnormal) are one of the health professionals who serve the community by meeting health needs of mentally subnormal clients. With expectation to provide quality mentally subnormal nursing services by the families and the society, it is essential to equip the Registered Nurses (Mentally Subnormal) with enhanced professional competencies in order to meet the contemporary local mentally subnormal nursing. This syllabus is intended to provide an update and clear guideline for the formulation of a curriculum/programme which prepares nursing students for registration in the Nursing Council of Hong Kong (NCHK) as an Registered Nurse (Mentally Subnormal) [RN(Mentally Subnormal)]. Persons who have successfully completed a local training programme built on this syllabus at an approved institute of nursing will be eligible for registration. RN(Mentally Subnormal)s are expected to have acquired the basic level of knowledge and skills for safe, efficient and ethical practice of mentally subnormal nursing in Hong Kong, as stipulated in the Core-competencies for RN(Mentally Subnormal) approved by the NCHK.

The syllabus is based on a set of major objectives and areas of mentally subnormal nursing knowledge and practice that underpin mentally subnormal nursing practice. It consists of the philosophy of mentally subnormal nursing, scope of practice of mentally subnormal nursing, and theoretical and clinical practice requirements under the Core-competencies of RN(Mentally Subnormal).

II. OBJECTIVES OF THE SYLLABUS

This syllabus has been developed by the NCHK to serve the following purposes:

1. To state the philosophy of mentally subnormal nursing based on which such practice is developed in Hong Kong;
2. To outline the professional roles and scope of practice of RN (Mentally Subnormal);
3. To describe the main content of mentally subnormal nursing education, including theories and clinical practice at different levels and settings of mentally subnormal care, bio-psychosocial perspectives related to nursing, ethical, legal and cultural issues of nursing practice, and professional, managerial and research development;
4. To specify the essential subjects and topics of education in mentally subnormal nursing required under the Core-competencies of RN(Mentally Subnormal); and
5. To state the minimum number of contact hours¹ and assessments required for each subject area or component under the Core-competencies of RN(Mentally Subnormal).

¹ The term “contact hours” refers to the amount of time (in terms of hours) spent by a learner in direct contact with the teaching/training staff of a programme. It includes attendance in class, tutorials, nursing laboratory practice, conducting experiment in laboratory under supervision and supervised session in placement and workshop. For other modes of learning, the Nursing Council of Hong Kong will assess the individual case of merit in the light that there is structured content with learning outcomes, and has interaction and assessment components.

III. PHILOSOPHY OF MENTALLY SUBNORMAL NURSING

The philosophy of mentally subnormal nursing in this section summarises our beliefs in the nature and practice of professional mentally subnormal nursing as well as our views on the person, environment, health, and mental health. Such beliefs also provide basic information for the development of education programme and syllabus for mentally subnormal nursing registration in the NCHK.

Nursing is a caring, enabling, knowledge-based and competence-assessed profession, which is dynamic in meeting the changing health needs of the society. It is committed to promoting and maintaining health; as well as to caring for the sick and the disabled as individuals, or in families, groups, institutions, home settings and the community.

The practice of nursing is client-focused and evidence-based. It is carried out at the primary, secondary and tertiary levels of health care. It functions through problem solving and collaboration with the client as well as other health care professionals to define and achieve mutually agreed health goals.

The provision of holistic, client-centred care requires research-based professional knowledge and skills through the implementation of the nursing process; the adoption of a caring and responsible attitude; effective communication and interpersonal skill as well as ethical principles. The quality of care is maintained through the enhancement of professional competencies via continuous nursing education.

Mentally subnormal nursing is a profession, possessing its unique history, ideology, knowledge, and skills. It is committed to promote and maintain mental and physical health of mentally subnormal individuals. Mentally subnormal nursing facilitates individual development and provides services to the mentally subnormal individuals whose primary health needs are related to mental, emotional, developmental and physical problems, especially serious disorders and persistent disabilities in partnership with them and their carers.

The person is a unique, holistic being with the potential to learn and develop through interacting with the changing environment. Each person has intrinsic worth and has the right to participate in the decision-making, which affects his/her own life and dignity, and must always be treated with respect.

The environment consists of external and internal components, which change constantly and generate both positive and negative stressors. The internal environment of a person, comprising biological, psychological, spiritual and intellectual components, interacts with the external environment that encompasses social, cultural and situational influences. This continual interaction affects the person's functioning as an individual, as well as in families, groups and community. The creation, preservation and conservation of a sustainable environment are crucial to the maintenance and promotion of human survival.

Health is a state of well-being, perceived differently by the individual at specific points in time along the health-illness continuum. It is affected by biological, psychological, socio-economical, developmental, political, cultural and religious factors. The level of well-being depends on the maintenance of equilibrium within the person, and between the person's interaction with the changing environment.

Mental health as suggested by the World Health Organisation (WHO) in 2010, is a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community. In this positive sense, mental health is the foundation for individual well-being and the effective function of a community. The positive dimension of mental health is also stressed in WHO's definition of health as contained in its constitution in 1948: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

IV. SCOPE OF PRACTICE AND CORE-COMPETENCIES REQUIRED OFA REGISTERED NURSE (MENTALLY SUBNORMAL)

Glossary

1. Registered Nurse (Mentally Subnormal) [RN (Mentally Subnormal)]
A nurse who has completed a nursing programme and has registered under the Professional Register Part III of the Nursing Council of Hong Kong.
2. Competence/Competency
The ability, knowledge, skills and attitudes required of a nurse in performing a range of expected roles in professional nursing practice.
3. Core-competencies
The essential competencies that a RN (Mentally Subnormal) is expected to possess at entry to practice as an outcome of their nursing education in order to provide the local people with safe, effective and ethical care.
4. The Client
The focus of care provision by a RN (Mentally Subnormal) with whom the nurse is engaged in a professional helping relationship to maximize the client's potential health and enhance his or her life experience throughout the developmental stages.

Scope of practice of Registered Nurse (Mentally Subnormal)

Mentally subnormal nursing practice is characterised by the following interventions:

- Conduct mental health education, crisis interventions, counselling and psychotherapy on individual and group base;
- Provide therapeutic milieu conducive to promote, restore and maintain optimal, health/adaptive behaviours of individual;
- Conduct comprehensive and focused assessment of individuals and community;
- Plan, implement and evaluate mentally subnormal nursing interventions;
- Administer and monitor treatment regimes for the mentally subnormal clients;
- Co-ordinate case management and refer clients to other sources of expertise;

- Plan, implement and evaluate mentally subnormal rehabilitation, community-based care and outreaching activities with the collaboration of other health care professionals;
- Act as an advocate to protect the rights of clients, speak for those who cannot speak for themselves in mentally subnormal clinical practice;
- Develop and evaluate mentally subnormal nursing standards/measures and procedures;
- Apply information technology, evidence-based nursing practice, nursing research in mentally subnormal nursing; and
- Evaluate current health care policy and initiate changes of policies in mentally subnormal service.

In response to the advancement and development in health care services, treatment regimes and mentally subnormal nursing interventions, the scope of practice in mentally subnormal nursing will be modified continuously.

Scope of core-competencies required of a RN (Mentally Subnormal)

The scope of core-competencies required of a RN (Mentally Subnormal) comprises 5 key aspects:

- | | |
|---------------|--|
| Competency 1: | Professional, Legal and Ethical Nursing Practice |
| Competency 2: | Health Promotion and Education |
| Competency 3: | Management and Leadership |
| Competency 4: | Nursing Research |
| Competency 5: | Personal and Professional Development |

Please refer to the following details.

SCOPE OF CORE-COMPETENCIES OF A REGISTERED NURSE (MENTALLY SUBNORMAL)

Competence area 1: Professional, legal and ethical nursing practice

Proficiency in evidence-based nursing practice, applying problem solving skills and psychotherapeutic interventions to perform effective nursing care safely, legally and ethically to maximize the potential of the mentally subnormal clients.

The Registered Nurse (Mentally Subnormal) should be able to:

- think and reflect analytically and critically.
- integrate nursing knowledge and theories into practice particularly for:
 - assessment of psychosocial health needs in line with physiological ones using a systematic and holistic approach;
 - design, implementation and evaluation of care planning with the partnership of client and significant others;
 - restoration and promotion of well-being and enhancement of quality of life for the sake of client's benefits and desire;
 - performing psychotherapeutic interventions proficiently and effectively and documenting the care accurately; and
 - collaboration with other members of healthcare, social and education facilities in the care provision.
- recognise limits of own abilities and qualification in accepting delegations.
- ensure safety.
- ensure client's rights of dignity, autonomy, privacy, confidentiality and access to information and responsibility to treatment, in consistent with the prevailing laws.
- maintain a therapeutic environment conducive to positive learning and development.

Competence area 2: Health promotion and education

Ability to work in partnership with service providers (health, education and social sectors), clients, families, and the community in preventing illness, promoting and protecting the mental health of an individual, family and society.

The Registered Nurse (Mentally Subnormal) should be able to:

- recognise the factors affecting well-being and the appropriate actions to take for health promotion.
- identify the health-related and developmental needs of clients in different health care, education and social settings.
- use learning principles and counselling techniques appropriately and effectively.
- communicate health information and co-ordinate health education/promotion activities effectively.
- collect and utilise updated evidence and reliable information for planning and improving health promotion and education activities.
- intervene appropriately to safeguard the interests and well-being of clients.

Competence area 3: Management and leadership

Effective managerial, supervision and leadership skills in nursing practice

The Registered Nurse (Mentally Subnormal) should be able to:

- initiate, implement and evaluate change conducive to improvement of health care services.
- participate in health care policy planning and evaluation, in partnership with the health care team and the community sectors.
- assess, prevent and manage risks in health of clients and families and occupational health and safety of colleagues.
- supervise the junior colleagues and trainees for provision of quality nursing care.

Competence area 4: Nursing research

Ability to apply the knowledge and skills in nursing research in different mentally subnormal health care settings and in the community.

Ability to collect, analyse, interpret and use research data to improve mentally subnormal nursing and health care practice.

Competence area 5: Personal and professional development

Ability to maintain own physical, mental and emotional well-being.

Ability to develop and maintain nursing as a profession and maintain one's status as a professional Registered Nurse (Mentally Subnormal).

V. EDUCATION PREPARATION

A registered mentally subnormal nurse is a graduate who has successfully completed an education programme in mentally subnormal nursing at an approved institute of nursing and included the following requirements for application for admission to Part III of the Register maintained by the NCHK:

(a) Duration of the programme

An education programme in mentally subnormal nursing should include theoretical instruction and clinical practice experience. Duration of the study or contact hours should meet the requirements as prescribed by the NCHK.

(b) Theoretical instruction

A minimum of 1,238 hours of theoretical instruction should be organised by the approved institute of nursing. Subject outline and minimum number of class contact hours for each subject are included in Appendix.

The programme should provide students with opportunities to examine a range of perspectives to experience and understand concept and practices of mentally subnormal nursing. Students should also be provided with conditions and opportunities to explore and clarify values, to enhance problem-solving skills and critical thinking, to reflect upon and act to challenge norms and practice, and to develop a critical awareness about the taken-for-granted world.

Educational/field visits should be arranged in the programme with a view to broadening students' views and providing them with useful and relevant information for discussion so as to enhance their understanding in the relevant areas of mentally subnormal work.

(c) Clinical and field practice

A minimum of 1 400 hours of clinical and field experience is required. The minimum requirement of clinical experience on different nature of experience is included in Section VI.

Students should be placed to a variety of health, social and educational settings for the mentally subnormal clients to provide them with opportunities to practice mentally subnormal nursing and to develop their sense of belonging as a health care provider within a health care team.

The clinical and field experience should reflect the uniqueness of mentally subnormal nursing which is not only concerned with attending to the client's psychosocial and physiological needs but also includes health education, rehabilitation, and care of their families in the hospital setting and in the community.

Each placement unit should have clear statements of learning objectives pertinent to its nature. These will help the students identify specific learning objectives during their clinical placement. Learning will take place through practical instructions and supervised practice, seminars, ward meetings and multidisciplinary conferences.

(d) Special considerations

Special considerations will be given to a person if he or she satisfies any one of the following conditions:

1. That person has already registered in Part I (general) and Part IV (sick children) of the register of the NCHK. A maximum of 33% of both theoretical and clinical requirements as stipulated in this syllabus can be exempted.
2. That person has already registered in Part II (psychiatric) of the register of the NCHK. A maximum of 40% of both theoretical and clinical requirements as stipulated in this syllabus can be exempted.
3. That person has completed a nursing programme but has not enrolled or registered with the NCHK. The number of hours of theoretical requirements to be exempted is subject to the recommendations of the academic institutions accredited by the NCHK and meets the requirements as stipulated in the NCHK. There shall be no exemption from the requirement of clinical experience for the Licensing Examination (Part III).

VI. THEORETICAL REQUIREMENTS

Overview of major subjects and topics under the core-competencies of RN (Mentally Subnormal)

Theoretical instruction

The total amount of time for teaching and learning activities should not be less than 1 238 contact hours.

Competency 1: Professional, legal and ethical nursing practice		
Section	Subjects/Topics	Minimum contact hours
1A.	Medical, behavioural and social sciences	438
1A.1	Human development	
1A.2	Applied psychology	
1A.3	Sociology of health	
1A.4	Human anatomy, physiology and pathophysiology	
1A.5	Pharmacology-therapeutics	
1A.6	Microbiology	
1A.7	Causation, nature and effects of mentally subnormal	
1A.8	Normalization and human rights	
1A.9	Chinese medicine and complementary and alternative medicine	
1B.	Therapeutic communication	60
1B.1	Therapeutic communication in mentally subnormal nursing	
1B.2	Alternative method of communication	
1C.	Professional nursing practice	535
1C.1	Concepts of nursing and nursing theories	
1C.2	Dimension of professional nursing	
1C.3	Principles and practice of mentally subnormal nursing	
1C.4	First-aid management in mentally subnormal care settings	
1C.5	Common general medical and surgical conditions	
1D.	Legal and ethical aspects	40
1D.1	Ethical and legal issues in mentally subnormal nursing	

1E.	Information technology applied to nursing and health care	20
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Competency 2: Health promotion and education		
Section	Subjects/Topics	Minimum contact hours
2A.	Education theories	25
2A.1	Health education and promotion	
2A.2	Concepts of health and mental health	
2B.	Maintenance of the living environment	
2B.1	Building up the environment pertinent to quality care	(included in 1A.3 and 1A.8)
2B.2	Approaches to facilitate positive learning	(included in 1A.3 and 1A.8)
2C.	Integration and rehabilitation into the community	
2C.1	Defining the structure of community and relationship	(included in 1A.3)
2C.2	Assessing the needs and services provision	10
2C.3	Individual challenges in the integration	15
2D.	Rights and responsibilities of the individual	(included in 1D)

Competency 3: Management and leadership		
Section	Subjects/Topics	Minimum contact hours
3A.	Management and leadership theories	20
3A.1	Basic management	
3A.2	Human resource and quality control	
3B.	Education and health care system and policies	
3B.1	Politics and health care practice	(included in 1A.3)
3B.2	Professional associations and organizations	(included in 1C.2)
3B.3	Sociology and mentally subnormal care	(included in 1A.3 and 1A.8)
3B.4	Contemporary issues and trends in mentally subnormal services	5

Competency 4: Nursing research		
Section	Subjects/Topics	Minimum contact hours
4A.	Basic knowledge in nursing research	40
4B.	Appraising, disseminating and utilising research findings	

Competency 5: Personal and professional development		
Section	Subjects/Topics	Minimum contact hours
5A.	Maintaining optimum health	10
5B.	Professional development	
5B.1	Information effects on the caring for mentally subnormal people	10
5B.2	Teaching skills and coaching to junior staff	(included in 3A.2)
5B.3	The concept of a profession applied to nursing	(included in 1C)
5B.4	Ethical considerations in relation to nursing mentally subnormal people	(included in 1A.8 , 1D and 3B.1)
5B.5	Health care system and policies	(included in 1A.8 , 1D and 2C)
5C.	Nursing as a profession	10
	Total:	1 238

VII. CLINICAL AND FIELD PRACTICE REQUIREMENTS

Clinical and field experiences	Minimum requirement (Hours)
Mentally subnormal clients in early developmental stage	230
Mentally subnormal clients with mental health problems	310
Mentally subnormal clients with multiple handicaps	310
Mentally subnormal clients requiring services in the community	310
Mentally subnormal clients requiring positive learning and education services	120
Mentally subnormal clients with medical and surgical problems	120
<u>Total:</u>	1 400 (No minimum requirement of night duty)

Note 1: The above should include a period of continuous clinical and field practice of not less than 3 months.

Note 2: Clinical and field training for local nursing students can be conducted in the following health care and mentally subnormal educational institutions.

Category A: Hospital or medical institutions under the management of Hospital Authority according to the Hospital Authority Ordinance (Cap. 113, Laws of Hong Kong) or private hospitals registered under the Private Healthcare Facilities Ordinance (Cap. 633, Laws of Hong Kong), where in-patient care is provided (60%-70% of the total hours of clinical education).

Category B: Community and special education settings where the provision of first level care is evident (30%-40% of the total hours of clinical and field training). Not more than one-tenth of this part of training may be conducted outside Hong Kong.

Note 3: During the clinical and field placement, there must be a system in place to assess students' clinical knowledge, skills, problem solving ability and professional attitudes. Evidences must be produced on the assessment of administration of medications, aseptic techniques, assessment of mentally subnormal clients, and communication and counselling skills.

VIII. CLINICAL ASSESSMENT GUIDELINE

CONTINUING CLINICAL ASSESSMENT

Contemporary and professional nursing emphasizes the integration of theory and practice. In view of this, it would be more valid and important to conduct the clinical assessment in real situations over a prescribed period of time of clinical practice. Continuing Clinical Assessment (CCA) is an ongoing process consisting of 5 components: teaching, demonstration, practice, feedback and evaluation. Each assessment will take place IN A CONTINUOUS BASIS / NOT ONLY AT ONE POINT OF TIME at different clinical venues within an Assessment Period and will base on some items specified in the assessment form. Upon successful completion of all the prescribed clinical assessments, the student will have acquired essential clinical skills necessary for mentally subnormal nursing practice.

I. Aim

The aim of CCA is to assess the student's level of competence in clinical practice on a continuing basis

II. Objectives

- to teach and demonstrate clinical skills to student;
- to provide opportunities for student to practice the learnt skills;
- to identify student's strengths and weaknesses in learning and clinical practice;
- to coach and give feedback to student; and
- to evaluate student's level of competence.

III. Clinical experience and clinical placement

The period of different types of clinical experience should meet the requirement stipulated by the NCHK.

The period of clinical placement is the entire period during which the student is allocated to any clinical unit(s) (hospital ward/unit, out-patient department, occupational therapy department, community mentally subnormal nursing service and general hospital) for applying his or her knowledge learned in the theoretical courses and practicing the mentally subnormal nursing skills and the assessment period.

Each student must gain clinical experience in the management and care of:

- Mentally subnormal clients in early developmental stage;
- Mentally subnormal clients requiring positive learning and education services;
- Mentally subnormal clients with multiple handicaps;
- Mentally subnormal clients requiring services in the community;
- Mentally subnormal clients with medical and surgical problems; and
- Mentally subnormal clients with mental health problems.

IV Assessment areas

The nature of clinical placement where the CCA would be conducted includes:

- Care of mentally subnormal clients with multiple handicaps;
- Care of mentally subnormal clients with mental health problems;
- Care of mentally subnormal clients requiring positive learning and education services.

The areas to be assessed in each CCA placement unit include:

1. basic knowledge and skills which are essential for the student to perform his/her nursing duties and common in all clinical placements
 - Provision of therapeutic milieu
 - Communication and observation skills
 - Nurse-client and family relationship
 - Planning, implementation and evaluation of mentally subnormal nursing interventions
 - Professional and ethical practice
2. specific knowledge and skills which are required for the student to perform his/her nursing duties in a particular nature of home and unit
 - Normalization and human rights
 - Developing an Individual Programme Plan
 - Therapeutic communication and teaching skills
 - Pharmaceutical treatments
 - Administering and monitoring of treatment regimes and nursing care
 - Management of services areas

V Period(s) of assessment

During the period(s) a student is assessed in specific service setting(s) for placement/learning, excluding the night duty.

The student is assessed continually on the areas specified in the assessment form(s) starting immediately from the time stipulated for assessment to the end of the clinical placement.

Clinical assessor should monitor the student's performance and make himself/herself available to the student during his/her period of supervision clinical assessor should give feedback to the student regarding his/her knowledge and skills **on a continuing basis**. Regular feedback will allow the student to be aware of his/her achievements or weaknesses and will allow an opportunity for the student to improve knowledge and skills required in the clinical practice as well as better arrangement for supervised practice in areas of nursing skills that required.

The assessment period includes the:

- First attempt period;
- Second attempt period (applicable to the student who has failed in the first attempt);
and
- Third attempt period (applicable to the student who has failed in the first attempt and second attempt).

VI Continuing Clinical Assessment Committee

Each approved institute of nursing is recommended to form a Continuing Clinical Assessment Committee aiming at formulating and updating the following items:

- guidelines for assessment;
- assessment forms;
- assessment schedule and clinical placement of students; and
- appointment of clinical assessors.

IX. CURRICULUM PLANNING, RESEARCH AND EVALUATION

(a) Curriculum planning

The planning of the curriculum should be based on this syllabus.

It is recommended that a Curriculum Development Committee be formed within each institution comprising teaching staff, clinical staff, learners and any other expertise the institution may wish to include.

A well-planned curriculum should reflect the learning opportunities available within the total learning environment. It is important to construct an educational curriculum, which relates theories and practice leading ultimately to integrate learning. To achieve this, it is recommended that a modular system of training be used, whereby the students are provided with relevant theory prior to a planned clinical placement. This will enhance the correlation between theory and practice.

Periods of evaluation should also be planned according to the structured education programme and each unit of clinical and field experience.

(b) Research

Research-mindedness and research studies are to be encouraged in curriculum planning, as these are important in helping the students to understand the concepts of analysis and synthesis as well as the application of evidence-based practice and problem-solving skills in mentally subnormal nursing.

(c) Evaluation

The development of a curriculum must include an on-going process of evaluation. Approved institutions of nursing are advised to evaluate their curriculum carefully and regularly.

CORE SUBJECTS AND TOPICS OF THEORETICAL INSTRUCTION

Competency 1: Professional, legal and ethical nursing practice		
Section	Subjects/Topics	Minimum contact hours
1A.	Medical, behavioural and social sciences	438
1A.1	<p>Human development</p> <ol style="list-style-type: none"> 1. The meaning of development 2. The importance of knowledge of development to understanding human behaviour 3. Methods and problems in studying development 4. Factors influencing the course of pre-natal development 5. Adjustment necessary at birth and factors during birth which may affect development 6. The differential roles of maturation and learning 7. Patterns in the development of motor; adaptive; personal-social and language behaviour 8. Changing needs and relationships within the family as the child develops 9. The influence of school 10. The influence of puberty 	(20)
1A.2	<p>Applied psychology</p> <ol style="list-style-type: none"> 1. Introduction to psychology 2. Personality, individuality, self and self-concept 3. Perception and consciousness 4. Learning, remembering, thinking and forgetting 5. Attitude 6. Motivation, emotion, drive and needs 7. Intelligence and cognition 8. Stress, health and coping in an individual and family situation 9. Mental health, mental defence mechanisms and stress management 10. Social behaviour and psychology 11. Psychotherapeutic interventions: individual therapy, group therapy, play therapy, family therapy 12. Theory and practice of counselling 13. Application of psychological concepts to the understanding and management of clients with mentally subnormal 	(30)

1A.3	<p>Sociology of health</p> <ol style="list-style-type: none"> 1. Concepts and theoretical perspectives of sociology 2. Socialization process 3. Concepts of role, social status, culture, norms and social stratification 4. Labelling theory 5. Social organization, sociological aspects of hospital, institution and health care system 6. Impacts of illness, hospitalization, institutionalization on individuals, families and society 7. Law, culture, and ethnic, social changes and cultural background in relation to mental subnormality 8. The concept of bureaucracy 9. Social change and organisations 10. Professionals within organisations 11. Total institution – depersonalisation 12. Modes of adaptation of individuals 	(63)
1A.4	<p>Human anatomy, physiology and pathophysiology</p> <ol style="list-style-type: none"> 1. The overall structure, functions and physiological activities of major organs and systems in the body: <ul style="list-style-type: none"> - alimentary system - cardiovascular system - endocrine system - integumental system - lymphatic system - musculo-skeletal system - nervous system and special senses - reproductive system - respiratory system - urinary system 2. Biochemistry 3. Genetics 4. Pathophysiology 	(60)
1A.5	<p>Pharmacology-therapeutics</p> <ol style="list-style-type: none"> 1. Pharmacokinetics and pharmaco-dynamics 2. Legal aspects in prescription, storage and administration of drugs 3. Routes of administration 4. Indications and contraindications of drugs commonly used for associated condition for mentally subnormal people 5. Idiosyncrasies, tolerance, absorption and elimination of drugs 6. Side, toxic and cumulative effects of drugs 7. Strategies of client education ensuring safe, effective and appropriate self-administration 	(30)
1A.6	<p>Microbiology</p> <ol style="list-style-type: none"> 1. Classification, morphology and modes of living 2. Introduction to the study of common pathogens 3. Bodily defence and immunity 4. Prevention of infection in the institute and community 	(40)

1A.7	Causation, nature and effects of mentally subnormal 1. Historical development of the concepts of mental disorder including cultural, environmental and epidemiological factors 2. Definitions and nature of mentally subnormal and mental illness 3. Interactions between living organisms and their environments – homeostasis and adaptation 4. Genetics of normal development 5. Genetic and environmental causes of mentally subnormal 6. Factors used in diagnosing mentally subnormal– physiological, physical and environmental	(110)
1A.8	Normalization and human rights 1. The distinction between needs and rights 2. The principle of normalization applied to the rights of mentally subnormal people 3. The same fundamental rights of their fellow citizens of the same age 4. The rights of parents of mentally subnormal people to be informed, involved and to participate in the planning and implementation of a ‘ <i>life-plan</i> ’ 5. The right to fulfill the roles as a normal person in the community 6. Measures used to assess residential provision 7. Specific legislation as it effects Human Rights; the limiting effect of special legislation 8. The principles of normalisation applied to services for mentally subnormal people: <ul style="list-style-type: none"> - definition and analysis of the term normalization - the concepts of ‘devaluation’ and ‘deviance’ - enhancing dignity and individual respect through individualisation, the development of choice and positive personal interactions with valued non-subnormal people - the provision of age appropriate environments and activities through space and settings, groupings and practices and language - Individual Programme Plans (IPP) - social participation as a valued member of a community - the concept and practice of advocacy, citizen advocacy for mentally subnormal people. The role of advocate and adviser - training materials developed to help self advocacy groups and advocacy groups and advisers - patterns of care that reflect and promote the principle of normalisation 	(45)
1A.9	Chinese medicine and complementary and alternative medicine 1. Traditional and modern Chinese medicine: <ul style="list-style-type: none"> - concepts of Chinese medicine - theories of traditional Chinese medicine - introduction to modern Chinese medicine - role and responsibilities of nurses in modern Chinese medicine 	(40)

	<p>2. Complementary and alternative medicine:</p> <ul style="list-style-type: none"> - introduction to common methods of complementary and alternative medicine - introduction to common approaches of therapy 	
1B.	Therapeutic communication	60
1B.1	<p>Therapeutic communication in mentally subnormal nursing</p> <ol style="list-style-type: none"> 1. Self-awareness and growth 2. Therapeutic use of self 3. Interpersonal relationships 4. Verbal and non-verbal communication skills 5. Therapeutic attending and listening skills, empathic responding skills, questioning skills; assertive training 6. Principles and process of helping relationships 7. Stages and process of therapeutic groups 	(40)
1B.2	<p>Alternative method of communication</p> <ol style="list-style-type: none"> 1. The process involved in non-verbal communication: <ul style="list-style-type: none"> - understanding the need to communicate - responding appropriately to non-verbal cues - rewarding achievements 2. A comprehensive knowledge of sign/symbol systems in current general use 3. A detailed knowledge of any sign or symbol system used locally 4. The need for positive non-verbal communication. 5. A detailed knowledge of pre-linguistic skills 6. Development of expressive speech from early babble sounds 7. Development of linguistic skills from one word phrase level to adult sentences 	(20)
1C.	Professional nursing practice	535
1C.1	<p>Concepts of nursing and nursing theories</p> <ol style="list-style-type: none"> 1. History of nursing and nursing education 2. The philosophy of nursing 3. The development of mentally subnormal nursing 4. The nature of mentally subnormal nursing 	(20)
1C.2	<p>Dimension of professional nursing</p> <ol style="list-style-type: none"> 1. Scope of the nursing profession 2. Professional conduct and discipline 3. Professional advocacy and role development 4. Role and functions of a RN(MS) 5. Core-competencies for mentally subnormal nursing 6. Critical thinking, decision making and reflective practice in nursing 7. Dimensions of trans-cultural nursing 8. Partnership and team work 	(45)

1C.3	Principles and practice of mentally subnormal nursing	(470)
1C.3.1	Administration of treatment and skills training, e.g. medications and behaviour modification programme <ol style="list-style-type: none"> 1. The principles underlying the use of a systematic problem-solving approach 2. The contribution from disciplines including doctors, psychologists, physio-therapists, occupational therapists, speech therapists, social workers, teachers and relatives. 3. The use of information for assessment 4. Common methods of assessing and recording behaviour 5. Procedures essential to identifying physical health needs and physiological maintenance procedures 	(40)
1C.3.2	Nursing therapeutic for mentally subnormal children <ol style="list-style-type: none"> 1. Normal child development 2. Assessment of developmental age/skills; familiarity with current methods and techniques of assessment 3. Development of teaching programmes: <ul style="list-style-type: none"> - goal planning - techniques to develop and strengthen behaviour, reduce or eliminate behaviour 4. The importance of play stages in play: <ul style="list-style-type: none"> - solitary play - parallel play - social play 5. Forms of social play: <ul style="list-style-type: none"> - active physical - make believe - word play 6. Levels of play: <ul style="list-style-type: none"> - structural and unstructural materials - structured and unstructured approach 7. Activities and materials that develop the following skills: <ul style="list-style-type: none"> - hand/eye co-ordination - fine finger manipulation - gross motor movement - language - visual discrimination - auditory discrimination - tactile discrimination 7. Assessment of the environment: <ul style="list-style-type: none"> - child management rating scales - negative care practices - the effects of institutionalisation - providing opportunities to learn 8. Special needs of children: <ul style="list-style-type: none"> - nutritional - developmental - social - emotional 	(30)

	<p>10. Care of the ill child:</p> <ul style="list-style-type: none"> - infectious diseases of childhood - modifications to normal nursing practice - paediatric drug dosage <p>11. Care of the child with multiple handicaps:</p> <ul style="list-style-type: none"> - special physical and psychological needs - care of the deaf child - care of the blind child - care of the cerebral palsy child <p>12. Alternative patterns of care:</p> <ul style="list-style-type: none"> - family support units - children's homes - fostering and adoption - short term care - play groups <p>13. Education:</p> <ul style="list-style-type: none"> - socialisation - pattern of educational provision - legislation - integrated education <p>14. Multi-disciplinary involvement in care</p> <p>15. Organisations concerned with mentally subnormal children</p> <p>16. Working with Parents:</p> <ul style="list-style-type: none"> - parent workshops - communication skills - teaching skills - counselling skills <p>17. Rights of mentally subnormal children and their parents</p>	
1C.3.3	<p>Nursing therapeutic for mentally subnormal adolescents</p> <ol style="list-style-type: none"> 1. The physiological changes which accompany adolescence, taking into account the effects of prevailing handicaps The growing sexual awareness of the adolescent 2. The physical and emotional problems of the more profoundly subnormal adolescent 3. The concepts related to mentally subnormal adolescents: <ul style="list-style-type: none"> - identity crisis - self concept - self determination - maturity - responsibility - social awareness - social behaviour - the concepts of time and money - interpersonal relationships - communications: <ul style="list-style-type: none"> ➤ speech ➤ telephone ➤ letter writing ➤ holding conversations - personal opinions - number concept 	(30)

	<ul style="list-style-type: none"> - self help - marriage and parenthood - contraception - work, recreation and leisure - intelligence, learning and motivation 	
1C.3.4	<p>Nursing therapeutic for mentally subnormal adults</p> <ol style="list-style-type: none"> 1. Influence of the environment on behaviour 2. Factors contributing to a good learning/living environment 3. Residential opportunities available in the hospital and community 4. Effects of integration or segregation 5. Related handicaps and their effects on the individual in society, such as sensory loss, motor impairment, epilepsy, and now these may be alleviated 6. The role of the adult in society 7. Socially acceptable and non-acceptable behaviour 8. The need for companionship and friendship 9. Sexuality, sexual relation and marriage in society, and methods of sex education 10. Human needs. Expectations and aspirations of adults in present day society 11. Facilities, resources and personnel available for occupation, education, recreation, play and leisure 12. The use of volunteers 13. Day services and short-term care 	(30)
1C.3.5	<p>Nursing therapeutic for mentally subnormal elderly person</p> <ol style="list-style-type: none"> 1. The ageing process – physiological and psychological changes, e.g. cerebro-vascular, cardio-vascular and respiratory; speech disorders 2. Effect on the special senses and the skeletal system 3. Incontinence 4. Confusion; memory and personality changes; intolerance and depression 5. The use of medication with elderly 6. Human needs in old age – physical, psychological, social and spiritual 7. Nutritional needs of the elderly; nutritional changes 8. Physiotherapy techniques, aid and appliances. Complications which may occur 9. Suitable clothing to provide warmth, dignity, comfort and individuality 10. Hypothermia – its causes, effects, treatment and methods of prevention 11. Alternative residential services and the domiciliary and support services available 12. The nursing care required during terminal illness and the needs of the dying. The causes, signs, effects and control of pain 13. Use of resources in the community for occupational, recreational and leisure activities suitable for elderly people 	(30)
1C.3.6	<p>Care of people with multiple handicaps</p> <ol style="list-style-type: none"> 1. Types, classifications, nature and causes of disabilities – including cerebral palsy, blindness, deafness and speech 	(50)

	<p>problems, other sensory/motor abnormalities, autism and epilepsies</p> <ol style="list-style-type: none"> 2. Effect of disabilities upon the person, the family, society and the nurse 3. Mental mechanisms and how individuals react, adjust and compensate 4. Role of other professionals, social and voluntary agencies 5. Environmental designs conducive towards a fuller and active life for the mentally subnormal person 6. Use and care of physical aids, prosthetic devices, hearing aids etc 7. Methods of assessment of general and special nursing care needs of specific disabilities 8. Principles of basic nursing care and special nursing care for procedures relevant to the disability 9. Methods of lifting, carrying, moving, transporting and positioning a disabled person 10. Use and care of aids and equipment 	
1C.3.7	<p>Developing care and training programmes</p> <ol style="list-style-type: none"> 1. Theoretical principles underlying the behavioural approach 2. Writing Individual Programme Plans specifying long-term objectives 3. Systems to review progress 4. The use of rating scales and other assessment tools 5. The functional analysis of behaviour 6. Direct observation techniques and ways of keeping records 7. Task analysis 8. Selecting and writing realistic and appropriate teaching objectives 9. Errorless learning and precision teaching techniques 10. Methods for teaching behaviour including shaping (successive approximations), chaining and backward chaining, prompting and fading, modelling and imitation 	(30)
1C.3.8	<p>Developing individual care and training programmes</p> <ol style="list-style-type: none"> 1. The importance of Premack's Principle (using preferred behaviour to reinforce less preferred behaviour) in developing learning programmes 2. Classes of reinforcers and rules governing their use 3. Organising environments to encourage the generalisation and maintenance of newly learned behaviour 4. Methods for weakening behaviour including extinction, teaching incompatible behaviour, restitution and over-correction, physical restraint, time-out from reward techniques, the use of aversive stimuli 5. The use of tokens and token economies 6. Identifying blocks to learning 7. Designing teaching environments to maximise the chances of success 8. Deployment of staff to maximise client contact and facilitate the maintenance of teaching programmes 9. Choosing criteria for success and evaluating the need for programme modification 	(30)

	<p>10. Ethical consideration when changing behaviour especially when considering the use of aversive techniques</p> <p>11. Conductive education</p>	
1C.3.9	<p>Education and mentally subnormal people</p> <ol style="list-style-type: none"> 1. Principles of educational theory and method- teaching and learning processes 2. Educational aims and goal setting as applied to children and adults with learning difficulties 3. The aims of special education embrace 4. Personal or emotional development 5. Social competence 6. Occupational competence – ethos of work 7. Academic attainment at least to maintain oneself in the community 8. The basic components of education for the mentally subnormal 9. General education – formal and informal communication, socialisation, usefulness 10. Therapeutic education 11. Education in living techniques 12. Vocational preparation 13. Education in living with a mentally subnormal person 14. The essential aspects of social education at the secondary stage: <ul style="list-style-type: none"> - getting on with people - being a citizen - interest and leisure - health - safety - the family - the home - social arithmetic and language - employment 15. Relevant educational legislation 	(30)
1C.3.10	<p>Partnership with family</p> <ol style="list-style-type: none"> 1. Family dynamics 2. Mental defence mechanisms 3. The effects of having a mental subnormal member on the family, and causes of stress 4. Causes of parental concern 5. Benefits and services available especially early counselling, domiciliary support service, parent groups, work-shops, voluntary societies, short-term care and fostering schemes 6. Techniques of communication 7. Interviewing techniques 8. Educational, training, leisure and social facilities 9. Sources of professional assistance 	(30)
1C.4	<p>First-aid management in mentally subnormal care settings</p> <ol style="list-style-type: none"> 1. Aims and principles of first-aid 2. Cardio-pulmonary resuscitation and use of AED 3. Asphyxia 4. Wounds and haemorrhage 5. Unconsciousness 6. Fracture, sprain and dislocation 	(40)

	<ul style="list-style-type: none"> 7. Burns, scalds and electrocution 8. Poisoning 9. Bites, stings and foreign bodies 10. Use of bandages and splints 11. Lifting and transportation of the injured 	
1C.5	<p>Common general medical and surgical conditions</p> <ul style="list-style-type: none"> 1. Diagnostic investigations and related medical interventions 2. Nursing therapeutics for clients with various physiological disorders: <ul style="list-style-type: none"> - disorders of the alimentary system - disorders of the cardiovascular system - disorders of the endocrine system - disorders of the integumental system - disorders of the lymphatic system - disorders of the musculo-skeletal system - disorders of the nervous system and special senses - disorders of the reproductive system - disorders of the respiratory system - disorders of the urinary systems - disorders of the following conditions: <ul style="list-style-type: none"> ➤ care of clients with carcinoma ➤ care of clients undergoing surgery ➤ care of clients with sexually transmitted diseases - care of dying patients - nursing procedures for medical and surgical conditions: <ul style="list-style-type: none"> ➤ administration of medication, injections ➤ aseptic technique, catheterisation, wound dressing, and suturing ➤ blood matching and transfusion 	(100)
1D	<p>Legal and ethical aspects</p> <ul style="list-style-type: none"> 1. Legal systems in Hong Kong 2. Law of torts 3. Mental Health Ordinance 4. Moral, ethical and legal issues in mentally subnormal nursing practice 	40
1E	<p>Information technology applied to nursing and health care</p> <ul style="list-style-type: none"> 1. Nursing informatics 2. Systems for client information 3. Systems for hospital administration 4. Application of information technology in mentally subnormal services 	20

Competency 2: Health promotion and education		
Section	Subjects/Topics	Minimum contact hours
2A	Education theories	25
2A.1	Health education and promotion <ol style="list-style-type: none"> 1. Nursing informatics 2. Systems for client information 3. Systems for hospital administration 4. Application of information technology in mentally subnormal nursing in institute and community settings 	(10)
2A.2	Concepts of health and mental health <ol style="list-style-type: none"> 1. Models of health 2. Public health 3. Mental health 4. Personal health 5. Family health 6. Community health 7. Health assessment across the lifespan 8. Health promotion across the lifespan 	(15)
2B	Maintenance of the living environment	
2B.1	Building up the environment pertinent to quality care <ol style="list-style-type: none"> 1. The characteristics of good living environments and their relationships to behaviour 2. The principles of normalisation 3. Approaches to measuring the quality of care 4. Teaching clients activities with which to occupy themselves (holding activities) and the use of these to help them develop needed skills 5. Models of team decision-making and communication 6. The influence of available activities on social interaction and ways to increase self-reinforcing activities 7. Factors likely to provide blocks to learning and inhibit the development and maintenance of active intervention programmes 	(included in 1A.3 and 1A.8)
2B.2	Approaches to facilitate positive learning <ol style="list-style-type: none"> 1. Ways to measure the engagement levels of clients in any setting 2. The use of self-reinforcing activities and maintaining novelty value of equipment 3. Methods of organising staff to be as efficient as possible and to increase opportunities for interaction with clients 4. Methods of monitoring and supporting staff in their work 	(included in 1A.3 and 1A.8)

2C	Integration and rehabilitation into the community	25
2C.1	Defining the structure of community and relationship <ol style="list-style-type: none"> 1. Meaning of community – locality, territorial areas 2. Independence and dependence of institutions in communities 3. Structure of communities and relationships to Health and Social Services 4. Types of social relationships 5. Social change and communities 6. The concept of community in relation to mentally subnormal people 7. Education, work and leisure opportunities in the community 8. Normalisation – human rights legislation as it affects mentally subnormal people 9. Motivation – hierarchy of needs and its application to mentally subnormal people 10. Institutionalisation and its possible effects on assessment 	(included in 1A.3 and 1A.8)
2C.2	Assessing the needs and services provision <ol style="list-style-type: none"> 1. Day and residential services and the degree to which they may promote development, learning and the quality of life 2. Degrees of mental subnormality and facilities offered in the community 3. Channels of communication between hospital and other organisations 4. Criteria for selecting people for rehabilitation into the community 5. Liaison between authorities 6. Types of community living for mentally subnormal people 7. Supportive agencies and services 8. Roles of health care teams, voluntary workers, local and pressure groups and its links between hospital and community 9. Skills and knowledge, cognitive, personal, interpersonal, practical which will aid community living 10. Counselling services for possible problem areas 11. Social control 12. The concept of deviance (primary and secondary) as applied to the mentally subnormal 	(10)
2C.3	Individual challenges in the integration <ol style="list-style-type: none"> 1. Problems facing the mentally subnormal in society 2. Reactions of community to mentally subnormal 3. Stigma, denial, labelling and its relationship to behavior 4. Attitudes to mentally subnormal; the media and mentally subnormal 5. The frustration-aggression hypothesis 6. The concepts of self and self-image 7. The concept of the sick-role 	(15)
2D	Rights of an individual	(included in 1D)

Competency 3: Management and leadership		
Section	Subjects/Topics	Minimum contact hours
3A	Management and leadership theories	20
3A.1	Basic management <ol style="list-style-type: none"> 1. Management theory and role of nurse manager 2. Planning, organizing, directing and controlling 3. Human resources management, financial management and budgeting 4. Leadership in nursing: leadership theory, problem-solving decision making, team building, and managing conflicts and changes 5. Policies, rules and regulations in health services institutions 	(10)
3A.2	Human resource and quality control <ol style="list-style-type: none"> 1. Performance appraisal, staff development 2. Handling incidents and crisis in management; risk management 3. Grievances, disciplinary and complaint procedures in hospital and health services institutions 4. Nursing audit 5. Quality management and improvement, nursing standard 6. Outcome measures in health care 7. Health economics 	(10)
3B	Education and Health care system and policies	5
3B.1	Politics and health care practice <ol style="list-style-type: none"> 1. Health care services in Hong Kong 2. Special education and policy 3. Integrated education 4. Factors influencing the development of mentally subnormal care 	(included in 1A.3)
3B.2	Professional associations and organizations <ol style="list-style-type: none"> 1. Nurses Registration Ordinance 2. Nursing Council of Hong Kong 3. Professional associations and organizations 	(included in 1C.2)
3B.3	Sociology and mentally subnormal care <ol style="list-style-type: none"> 1. Social organisation, sociological aspects of education system, hospitals, institutions and health care system 	(included in 1A.3 and 1A.8)
3B.4	Contemporary issues and trends in mentally subnormal services <ol style="list-style-type: none"> 1. Contemporary social and health issues and its impact on mentally subnormal services 	(5)

Competency 4: Nursing research		
Section	Subjects/Topics	Minimum contact hours
4A	Basic knowledge in nursing research 1. Introduction to nursing research 2. Research methods and designs: <ul style="list-style-type: none"> - Quantitative and qualitative methodology - Quantitative and qualitative data collection and analysis procedures - Elementary statistics 3. Formulation of a research proposal 4. Critical appraisal of literature 5. Use of computer software in data analysis	25
4B	Appraising, disseminating and utilising research findings 1. Appraisal of research findings 2. Utilisation of research findings in mental health care 3. Dissemination of research findings	15

Competency 5: Personal and professional development		
Section	Subjects/Topics	Minimum contact hours
5A	Maintaining optimum health 1. The principles of good personal cleanliness and health, also of environmental hygiene and safety, in relation to age and needs; the importance of exercise, rest and sleep; relevant aspects of public health 2. Elementary microbiology; the major agents of infection and their modes of transmission 3. The body defences against injury, infection and infestation 4. The methods used for assisting the body's natural defence mechanisms	10

5B	Professional development	10
5B.1	Information effects on the caring for mentally subnormal people <ol style="list-style-type: none"> 1. The historical development of the nursing profession with particular emphasis on the development of nursing care of mentally subnormal people 2. The structure and function and roles of the Nursing Council of Hong Kong 3. Government reports and policies and reports of other bodies relating to mentally subnormal 4. Methods used in research studies and their application 5. Examples of research studies relating to mentally subnormal people 	(10)
5B.2	Teaching skills and coaching to junior staff <ol style="list-style-type: none"> 1. Planning a teaching session 2. Presenting a 'lesson' 3. Methods and materials appropriate to teaching individuals and small groups 4. Use of educational resources 5. Continuing education and staff development 6. Appraisal systems 7. Awareness of individual needs in term of professional development 8. Knowledge of overseas and local career and training opportunities 	(included in 3A.2)
5B.3	The concept of a profession applied to nursing <ol style="list-style-type: none"> 1. Professional capability and conduct 2. Professional accountability 3. Professional discipline and standards 4. Recent developments in mentally subnormal nursing 	(included in 1C)
5B.4	Ethical considerations in relation to nursing mentally subnormal people <ol style="list-style-type: none"> 1. International Code of Ethic 2. Confidentiality 3. The use and abuse of physical, chemical and behavioural methods of control 	(included in 1A.8, 1D and 3B.1)
5B.5	Health care system and policies	(included in 1A.8, 1D and 2C)
5C	Nursing as a profession <ol style="list-style-type: none"> 1. Characteristics of a profession 2. Nursing as a profession in society 3. Development of political skills and power 4. 4 Professional development and lifelong learning of a nurse 	10
	Total:	1,238

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