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Abstract	This deliverable reports the results of Task 3.1 having the main scope of defining and describing the general characteristics of the EU Curriculum for Family and Community Nurses (FCN). This task was nurtured with the results of WP2, in term of the 28 Core Competences, constituting the basis on which the WP3 partners have develop the "Key Activities" and the "Learning Outcomes" of the Modules of the European FCN curriculum. In the deliverable, all the steps undertaken in Task 3.1 are thoroughly described, so to provide a clear picture of the process that leaded to this first release of the curriculum. A first draft of the FCN EU Curriculum is here delivered. The curriculum target EQF7[1] and envisage 60 credits, but was conceived with a particular attention to make it flexible and adaptable to different national or local needs.
Keywords	Family and Community Nurses, EU curriculum, core competencies, knowledge, competency, skills.

[1] Cfr Glossary in this Deliverable

Signatures

Reviewed by	**Role (Organization)**	**Date**
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List of Abbreviation

Abbreviation	Meaning
D	Deliverable
EU	European
FCN	Family and Community Nurses
M	Month
PHC	Primary Health Care
T	Task
VET	Vocational and Educational Training
WP	Work Package

1. Executive summary

The main scope of ENhANCE Project is to target a specific existing mismatch between the skills currently offered by nurses working in Primary Health Care (PHC) and those actually demanded by both public health care institutions and private service providers when applying innovative healthcare models centered on PHC.

This deliverable reports the results of T3.1 having the main scope of **defining and describing the general characteristics of the EU Curriculum for Family and Community Nurses (FCN).**

This task was nurtured with the results of WP2, in term of the 28 Core Competences, constituting the basis on which the WP3 partners have develop the "Key Activities" and the "Learning Outcomes" of the Modules of the European FCN curriculum.

In Task 3.1, the consortium carried out a preliminary step of analysis and interpretation of the Professional Profile under several viewpoint: the end users demand, the relevant results from other projects in the field, the analysis of the existing FCN curricula. This increased the awareness about the existing needs and the 'answers' given at local level.

Afterwards, the main characteristics of the EU Curriculum have been defined, according to the framework of reference (ECVET[2]), with an attention towards innovation. An effort was done in order to find solutions for recognizing the prior formal/non formal/informal learning acquired.

Finally, a first draft of the FCN EU Curriculum has been prepared. The curriculum target EQF7[3] and envisage 60 credits, but was conceived with a particular attention to make it flexible and adaptable to different national or local needs.

In the deliverable, all the steps undertaken are thoroughly described, so to provide a clear picture of the process that leaded to this first release of the curriculum.

[2] Cfr Glossary in this Deliverable

[3] Cfr Glossary in this Deliverable

2. Introduction

According to the proposal, **Work Package 3** is aimed at:

- designing a Curriculum for Family and Community Nurses (FCNs) which could play a reference role at European level for VET targeting this professional profile. The curriculum will be designed having in mind two important characteristics: flexibility and modularity. These will assure the curriculum will be instantiated/localized in the different EU countries taking into account their peculiarities and contextual constraints;
- developing specific guidelines/instructions supporting VET providers in the instantiation of the EU Curriculum into local curricula;
- designing three localized curricula for FCN that will be implemented in Italy, Greece and Finland.

The EU Curriculum and the Guidelines for its localization will be two of the main results of the project. They will be based on the FCNs professional profile defined in T2.2 and will take into account all of the contextual elements identified in T2.1.

A first version of the Curriculum resulting from the work carried out in T3.1 is described in this Deliverable, while Guidelines will be released as a result of T3.2 (M14); both the documents will be used to design the localized curricula in T3.3.

An iterative process of evaluation will be carried out in T6.2 (Overall FCN EU Curriculum Evaluation), in parallel with the Curriculum design, the pilots design and the pilot implementation, in order to gather from different stakeholders (VET providers, professional associations, regulatory bodies, individual professionals, etc.) progressive feedbacks on the effectiveness of the Curriculum itself and the Guidelines for its localization. Criteria and indicators for this evaluation will be defined in Task 6.1

Results of the evaluation process delivered in M31 will inform T3.1 and T3.2 for the refinement of the EU Curriculum and the Guidelines and the development of their final release in M35.

Based on the first release of the Curricula and the Guidelines, WP4 activities will provide tools for the effective implementation of the curricula targeting specifically VET trainers and teachers.

Pilots designed in T3.3 will be delivered in WP5.

Figure 1 outlines the main relationships among WP3 and the other WPs.

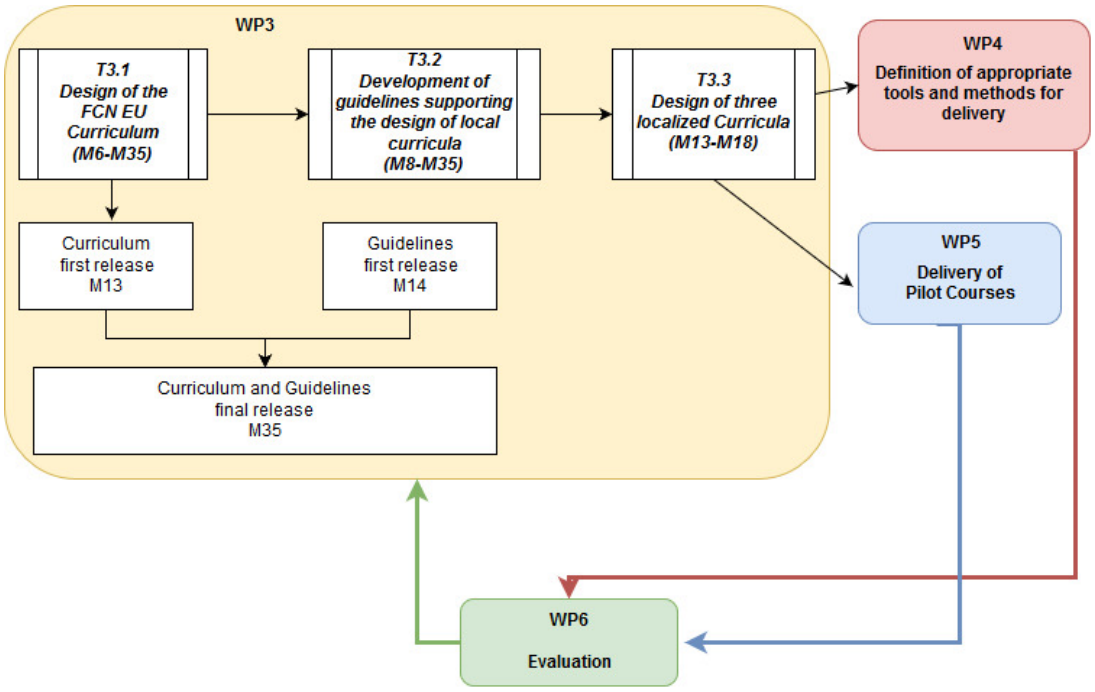

Figure 1: Relationships among WP3 and other WPs

Starting from the contextual analysis carried out in T2.1 and the FCN Professional Profile defined in T2.2, in **Task 3.1** Partners collaborated at the design of a Curriculum for FCNs, which could play a reference role at European level.

As will be clearly pointed out in this document, T3.1 and T3.2 are strictly connected and interdependent. On the one hand, **T3.1** is supposed to **define and describe the general characteristics of the EU Curriculum,** which should be as much "across-the-board" as possible in order to be adaptable to each EU country. On the other hand, **T3.2** is supposed to investigate, clarify and clearly outline **the main potentialities of the curriculum flexibility, providing tools and guide to VET designers** in order to support the instantiation of the general curriculum into specific localized curricula.

In the present document is presented the first release of the EU Curriculum, as well as a detailed description of the activities carried out in T3.1.

In particular:

Section 3 of this document provides a detailed description of the work carried out by Partners in order to develop the first release of the Curriculum, as well as the description of the coordination action performed by the WP leader. As described in this section, Partners worked in parallel on different tasks: some of them were preparatory to the definition of the Curriculum, others were complementary to it.

Section 4 describes a preparatory analysis carried out by Partners in order to effectively interpret and contextualize the Professional Profile delivered in WP2 taking into account the "employers" perspective: this activity has been carried out preliminarily to the development of the Curriculum by collecting and analyzing inputs coming from the "final end-uses", i.e. families and informal carers, and the "service providers".

Section 5 includes reports and inputs provided by SI4LIFE and ALISA and concerning the results of two important EU projects, CARESS and CONSENSO, which provided and important baseline for ENhANCE.

Section 6 includes the description of the three main preliminary analysis carried out by Partners who analyzed the FCN curricula already implemented at EU level identified in WP2 through three main different perspectives: the organization of modules and the main targeted competences (Sect. 6.1), the implementation of work-based learning (Sect. 6.2) and the implementation of practice sharing activities (Sect. 6.3). This analysis was fundamental as a preliminary input for the Curriculum development but was also important to complement the Curriculum itself during its implementation.

Section 7 provides an overall description of the main characteristics of the EU Curriculum as to its general components, i.e. EQF level, credits, work-based learning, practice sharing, etc.; the flexibility of the EU Curriculum, assured by a number of tools provided aside to the core of the Curriculum, is explained and justified with explicit references and connections with T3.2

Section 8 provides a detailed description of the main steps performed by the Partners in order to release the current version of the Curriculum, which is presented in **Section 9**.

Section 10 discusses the work done so far and points out possible future directions for improvement.

3. Organization of the work

As outlined in the Premises to this document, Task 3.1 is aimed at defining and describing the general characteristics of the EU Curriculum. The Curriculum have to be based on the Professional Profile delivered in WP2 and should represent a general reference document for the instantiation of localized curricula.

On the one hand, the Curriculum should be “across-the-board” and compliant with the main EU reference VET standards and classifications, such as ECVET, EQF, EQAVET, ESCO, etc. On the other hand, it should be modular and flexible in order to be adaptable to different national contexts and rules.

Taking into account these premises, the activities carried out in T3.1 have been organized since the beginning of the WP into different **Actions** which:

- were focused on different features/issues of the Curriculum in a multi-perspective approach;
- involved different Partners (with different background and competences) with the aim of focusing their analysis on specific issues and thus creating a sort of “internal experts” for each issue;
- have been coordinated by a Partner appointed by the WP leader, under the supervision of SI4LIFE;
- were aimed at providing results for T3.1, but also for T3.2.

Five main Actions have been identified by the WP leader (SI4LIFE). They have been carried out throughout the Task lifespan as outlined in Figure 2.

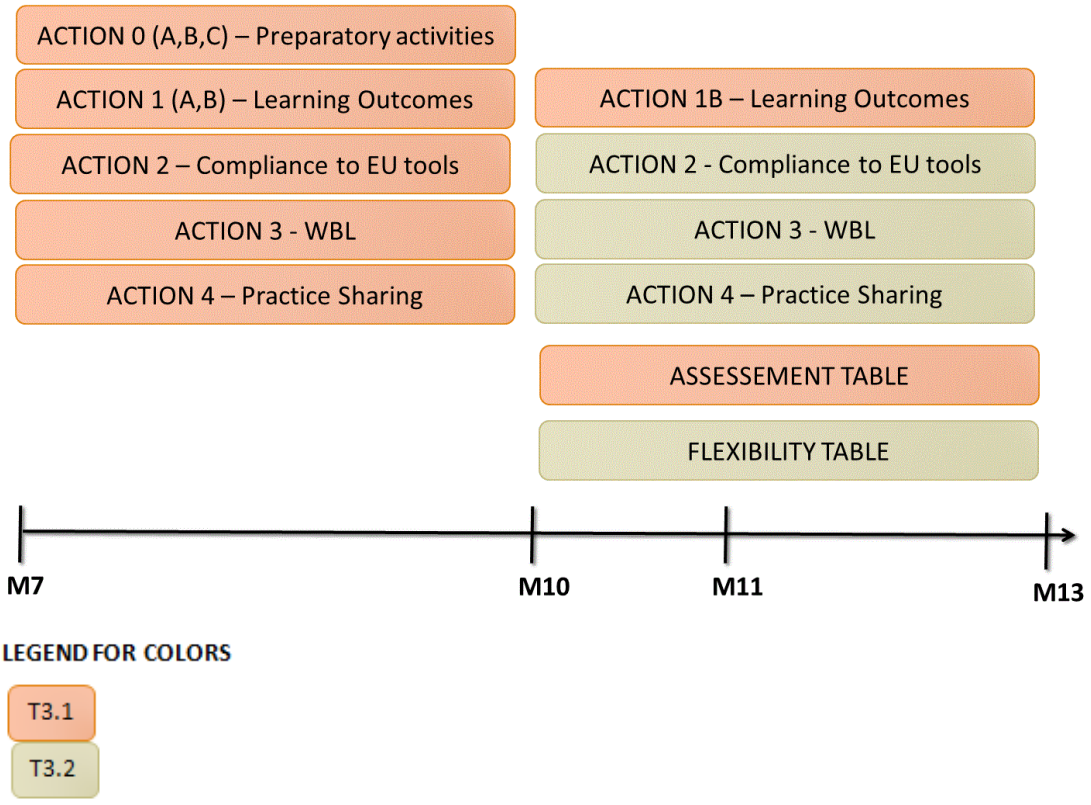

Figure 2: A simplified representation of the overall schedule of the 5 Actions identified in WP3 and the specific Task they contribute to throughout the Task lifespan

ACTION 0

Action 0 was the preparatory one for the Curriculum development. Data collected in WP2 have been analyzed, interpreted and integrated in order to provide a solid baseline for the definition of the EU Curriculum and the main competences targeted by it. As outlined in Figure 3, the Action was aimed to carry out 3 main activities:

- **0-A** to analyze the FCN curricula already implemented at EU level identified in WP2 through three main different perspectives: the organization of modules and the main targeted competences, the implementation of work-based learning and the implementation of practice sharing activities (see Section 6);
- **0-B** to collect, summarize and interpret the main results of two important EU projects, CARESS and CONSENSO, which provided and important baseline for ENhANCE (see Section 5);
- **0-C** to integrate the "employers" perspective in the interpretation and contextualization of the Professional Profile delivered in WP2 by collecting and analyzing inputs coming from the "final end-uses", i.e. families and informal carers, and the "service providers" (see Section 4).

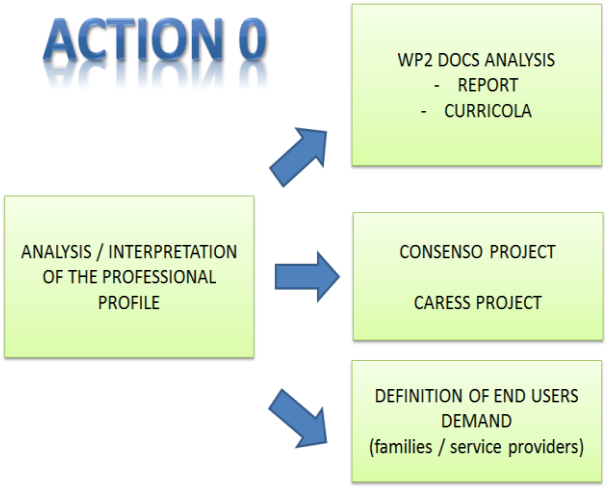

Figure 3: The main sub-actions of Action 0

Results of Action 0 have been reported in specific documents released by the involved partners at M10. As described in Section 8, these reports have been analyzed by the WP leader and TEI-THE (leader of Action 1B) in order to infer important inputs for the definition of the first draft of the EU Curriculum. Since it was a preliminary activity, Action 0 was the only one which ended before the release of the first version of the Curriculum (see Figure 2).

ACTION 1

This Action was the core one and was aimed at the definition of the Learning Outcomes and the Units of Learning Outcomes[4] composing the EU Curriculum. It involved mainly the Partners who were "experts" in FCN training, i.e. the pilot coordinators (TEI-THE, UNIGE and UEF) and ENE, the Hellenic National Nurses Association.

As described in detail in Section 8, it envisaged 2 main sub-actions:

1-A this sub-action was aimed to "provide a bridge" between Professional Profile delivered in WP2 and the EU Curriculum for FCN; in particular, involved partners have been invited to identify possible "key activities" which could allow to "group" the 28 core competences of the Professional Profile; this activity has been coordinated by SI4LIFE;

1-B this sub-action was aimed at the formalization of the EU Curriculum by:

- identifying a template for the representation of the EU Curriculum in all of its main features and dimensions;
- stating conventional agreements among partners in order to provide coherent contributions in the overall collaborative work;
- collecting and merging different proposals through progressive steps, till the identification of a final merged version of the Curriculum.

This sub-action has been coordinated by SI4LIFE and TEI-THE, who worked progressively on the integration of the initial proposals of TEI-THE, UNIGE, UEF and ENE.

ACTION 2

This Action was aimed at assuring the compliance of the WP3 results with the main EU standards and tools for VET (such as ECVET, EQAVET, ESCO, EQF, etc.) and with the expected results outlined in the project proposal.

All involved partners of the Alliance were asked to contribute to various aspects of this task, under the coordination of AWV (the leader of Quality Assurance WP and the project "expert" on ECVET) and the supervision of SI4LIFE.

The main topics tackled by this Action were:

1) **Integration of the Project Glossary**: under the coordination of SI4LIFE a first draft of the Project Glossary has been implemented during WP2; then, it has been progressively integrated with specific terms which played a fundamental role in WP3 (see Section 7).
2) **EQF:** the EQF level of FCN curricula identified in WP2 have been analyzed with the aim to conclude which EQF level the EU Curriculum should target.
3) **Credits:** the main credit systems have been analyzed with a particular eye on ECTS[5] and ECVET points.

[4] As to the definition of Learning Outcomes and Units of Learning Outcomes, the project refers to the ECVET definition; for further details, see the project Glossary (Annex 2)

[5] "ECTS is a learner-centered system for credit accumulation and transfer, based on the principle of transparency of the learning, teaching and assessment processes. Its objective is to facilitate the planning, delivery and evaluation of study programmes and student mobility by

4) **Personalized Learning Paths**: a definition of "personalization" and "individualization" has been provided with an important link to T3.2.
5) **Validation of prior learning**: having recognized prior learning, students will be able to "personalize" their learning path if this is compliant with the local rules; this issue has been tackled at general level in this first release of the Curriculum and will be deeply addressed in the final one.

Action 2 provided a report on the main preliminary results at M10. It provided an important baseline for the definition of the Curriculum (Action 1B) especially concerning the targeted EQF level. A final report have been released at M11 including some important input for T3.2.

ACTION 3

This Action was focused on one of the main components of the FCN EU Curriculum, i.e. the Work Based Learning. It has been coordinated by EUROCARERS and relied on important contributions of UEF: due to the active work carried out on the analysis of this topic, both these partners have been appointed as "WBL experts" in the final review of the task results.

This Action was aimed to pursue 3 main objectives:

1) The identification of **general rules** influencing and affecting the design of an effective WBL in FCN training. These rules could have provided an important input for the definition of the Learning Outcomes composing the EU Curriculum; to this end a preliminary report has been delivered at M10, including a definition of WBL adopted by the project (see Section 7 and Glossary). Then, important hints and suggestions for the Curriculum instantiation could be derived from this rules, providing an input to T3.2. These rules have been identified by a) analyzing the FCN Curricula collected in WP2, b) carrying out an analysis of the state of art in the literature and c) collecting important feedbacks from project partners.
2) The identification of the main **competencies** which should be targeted through work-based learning and **the way they are normally assessed;** again, this information have been identified by a) analyzing the FCN Curricula collected in WP2, b) carrying out an analysis of the state of art in the literature and c) collecting important feedbacks from project partners. This information was important mainly for T3.2 purposes.
3) The **creation of a network supporting FCN WBL**: this objective is related to WP7 activities and should be addressed throughout the project. The aim is to create a network of institutions which could support international exchanges for work-based learning. No specific outputs or reports have been requested to partners for the first release of the Curriculum described in this document.

ACTION 4

This Action was focused on another important component of the FCN EU Curriculum, i.e. the Practice Sharing (PS). It has been coordinated by CNR-ITD who has been

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recognising learning achievements and qualifications and periods of learning" – see Project Glossary and [Publications Office of the European Union, 2015]

appointed as “PS expert” in the final review of the task results, also taking into account the important competence of this partner in this field.

This Action was aimed to pursue 2 main objectives:

1) The identification of **general rules** influencing and affecting the design of an effective PS in FCN training. These rules could have provided an important input for the definition of the Learning Outcomes composing the EU Curriculum; to this end a preliminary report has been delivered at M10, including a definition of PS adopted by the project (see Section 7 and Glossary). Then, important hints and suggestions for the Curriculum instantiation could be derived from this rules, providing an input to T3.2.
2) The identification of the main **competencies** which should be targeted through practice sharing and **the way they are normally assessed.**

As described in Section 6, in order to pursue the above described objectives, an analysis of FCN Curricula collected in WP2 has been carried out but it doesn’t took to any important result, since PS is rarely described in formal curricula; aside to this, an important an analysis of the state of art in the literature has been carried out and project partners have been interviewed in order to collect information in a bottom-up approach.

Aside to the above described objectives, the Action targeted also two other important features of the Curriculum, i.e. the **recognition of non-formal and informal learning and validation of prior learning**; these issue have been tackled at general level in this first release of the Curriculum and will be deeply addressed in the final one.

4. Analysis, interpretation and contextualization of the Professional Profile (Action 0): analysis of the end-users demand

As described in Section 3, in the framework of Action 0-C a preparatory analysis carried out by Partners in order to effectively interpret and contextualize the Professional Profile delivered in WP2 taking into account the "employers" perspective: this activity has been carried out preliminarily to the development of the Curriculum by collecting and analyzing inputs coming from the "final end-uses", i.e. families and informal carers, and the "service providers".

The design of both the studies have been carried out under the coordination of EUROCARERS and the supervision of SI4LIFE.

In Section 4.1 is described a study carried out by EASPD, who developed the questionnaire and collected data, and TEI-THE who analyzed the provided data.

In Section 4.2 is described a study carried out by EUROCARERS, who carried out the interviews and TEI-THE who analyzed the collected data.

4.1 Definition of End Users Demand: Service Providers' Perspective

AIM OF THE STUDY

This study aimed to identify which are the main needs for primary care of the own Community and to know the main services provided by FCN and their future trends. In addition to indemnified which are the main competences required to FCN.

PARTICIPANTS

Employers of FCN and primary health care providers consisted the study population.

METHODOLOGY

A quantitative descriptive research design was used in this study. An online survey was lunched between 09/15/2018 – 10/05/2018 using a structure questionnaire. From the total of 85 visits of the survey, 18 individuals participated in the study and 16 of the provide full data with a response rate 18.8%.

RESULTS

Participants profile

From the total Service provider were 15 individuals representing the 93.8 % of the sample size and association of service providers was 1 representing the 6.3% of the participants.

Regarding the country of origin we had participants from nine European countries namely, Portugal, Belgium, U.K, Estonia, Slovenia, Greece, Italy, Finland and Spain.

In this survey the employers were affiliated with Governmental organization (1), Non-governmental organization (9), Foundation (3), Public authority (1) and Other (2).

From the total 12 were providing services for Children, 14 for adults and finally 5 for Elderly people. While all of them were proving services for people with disabilities and the majority (81.3%) were providing day care services. In addition only 7 (43.8 %) of the participants were cooperating with FCN and from those 7 only 5 of them were working with FCN on regular bias.

Main results

- According to participants responses, recipients of services provided by family and community nurses include infants and Children with disabilities; young adults in public mainstream schools with support needs (not only with disabilities); adults with intellectual and multiple disabilities; elders with disabilities or acquired disability due to old age, residents of 24-hour care, Persons with ID, Residents of our supported living houses and apartments, our disabled customers and their families.
- Moreover they identified as main activities of FCN in the their services the following:Design and Implementation of an Individual Health Plan, support clients within the public health services, follow therapeutic and medication. To be part of a multidisciplinary teams as other social services. They provide Assistance in bathing, cleaning, cooking and medical care. They order and provide medications (inc. accounting of medicaments), medical procedures (injection, wound care etc.); fill the special medical cards (e-card in personal file, we have very few cards in paper), connections with GP, other doctors. They deliver pharmacological therapies. Check vital data (blood pressure, weight, height, diabetes (blood sugar level)). Any other requested support to the doctors and to the users. Health, medical and therapeutic support. Mostly health related issues at home or at public services such as Medical care, Coordination of the medical team and coordination of the intake procedure.
- 50% of the participants agreed that a FCN can efficiently plan, implement and assess nursing care to meet the needs of individuals, families, and the community within their scope of competence. 37.5 % of the participants slightly agreed that a FCN can efficiently assess the social, cultural, and economical context of patients and their families to implement appropriate clinical interventions and care management. Moreover the majority have a positive opinion that a FCN can efficiently and actively involve individuals and families in decision-making concerning health promotion, and disease and injuries prevention, and well-being. In addition most of them (50%) think that a FCN can efficiently negotiate healthcare with patients and their families, with the multidisciplinary team and healthcare centers and 37.5 % of them believe that a FCN can enhance and promote health, and prevent disease and injuries in individuals, families and communities. Similar a positive understanding exists that a FCN can efficiently provide patient education and build a therapeutic relationship with patients and their families. 50 % of the participants stated that a FCN can efficiently communicate with the patients, families and/or members of the primary health team. Finally according to our results 50 % of the participants think that a FCN can efficiently work together with the multidisciplinary team to prevent disease and promote and maintain health. Similar positive perspective exist regarding competencies such as Efficiently manage diversity and foster inclusiveness, be accountable for the outcomes of nursing care in individuals, families and the Community and efficiently monitor people in need of medical support in collaboration with other members of the multidisciplinary team.
- The main issue emerging from our results is in the competencies that FCN have on Efficiently provide telecare/e-health services. Employers have a negative opinion regarding FCN skills in this domain. Regarding the overall evaluation of the FCN competencies from the employers 42.9% of them are stated a neutral and 42.95% were satisfied and only 14.3% were very satisfied. We had similar responses regarding the services provided by FCN

42.9% of the employers stated as neutral and 42.95% were satisfied and only 14.3% were dissatisfied. Regarding the importance of the competencies provided for evaluation, the majority stated that all the mentioned competencies are very important.

- Finally regarding the competencies that should be improved/developed to provide better services, respondents are proposing the following: Better cooperation in a multidisciplinary team; Availability to make home visits; Be responsible of those cases where health is the main issue on a person's life (to assume management case with support of other social services). Cooperation with stakeholders; Cooperation with other specialist (multidisciplinary team, personal therapists); Need to notice better the changes of mental condition of our residents, Offer ordinary medical service and mental health is not priority; Establish a concrete relationship with the users in a very warm, but still professional way; Empathy, to make the user comfortable and to feel safe; Multicultural competencies; Knowledge of service system in case of social and health care integration, digital skills.

GENERAL COMMENTS REGARDING THE FINDINGS

In general we see that FCN have a wide field of occupation and they need a variety of skills and competencies in order to effectively provide health care services. According to survey's results FCN must enhance their telecare/e-health services competencies and they must improve/develop a set of competencies listed in the last bullet point of the results above mentioned (Better cooperation in a multidisciplinary team; Availability to make home visits; etc.) Most of the mentioned skills are included in the set of 28 core competencies identified from the e-Delphi study and are included in the proposed curriculum. Counselling skills such empathy emerging from this survey such as a requirement in order to provide effective care that should be include

4.2 Definition of End Users Demand: Informal Carers' Perspective

AIMS

The aim of the study was to explore the required competencies that FCN must have according the demands of end users like informal cares.

PARTICIPANTS

The criteria for the inclusion of participants were: (a) being an informal carer, (b) Living in a European country Purposive sampling was adopted to ensure that participants living in various European countries could be interviewed.

METHODOLOGY

A qualitative research design using content analysis approach was employed in this study. Six semi-structured interviews with informal cares from six different European countries were contacted, namely Greece, Estonia, Italy, Finland, Slovenia and Denmark. We followed the six steps of qualitative research [Manzoukas, 2007], perceptual outline of qualitative research (first step), research question (Step 2), sample determination (Step 3), data collection (step 4), data analysis (step 5), presentation / writing (step 6)}, an attempt was made to investigate the needed FCN competencies as perceived by the end users. Our sample members were informal cares from Europe which was chosen because of its accessibility. The method used

for processing the results is the Mayering method for qualitative research [Mayering, 2010].

RESULTS

Six informal carers from six European countries were approached. All agreed to participate. Overall 95 quotes were extracted through a content analysis process. As shown in Table 1. three major categories emerged after processing the collected data. The identified quotes are outlined in the Supporting Document: Quotes from Action 0 analysis of end-users demand

Category	Sub category (number of quotes extracted)	Competencies (number of quotes extracted)
Healthcare related competencies (47)	Physical Health (10)	1. Basic Clinical skills (8) 2. Physical Health assessment (2)
	Mental and social Health (13)	1. Mental Health assessment(1) 2. Social health (3) 3. Provide emotional support(4) 4. Provide psychological support(5)
	Health Promotion (4)	1. Educating patients and families (3) 2. Disease Prevention(1)
	General health care competencies (20)	1. Preparedness to meet needs of different populations (elderly , children, maternal care)(1). 2. Assessing health related needs of patients and families (3) 3. Meeting the health needs of individuals, families and communities(3) 4. Continuing care (3) 5. Provide Adequate information regarding health care issues(5) 6. Assessment of working and cultural context(1) **7.** Monitoring health **(4)**
Administrative and coordination competencies (23)	Administrative competencies(8)	1. Organization and coordination of care(6) 2. Decision making (2)
	Coordination competencies(15)	1. Link between healthcare services(4) 2. Coordination with health care services(3) 3. Work together with families and communities on health related issues (6) 4. Coordination of health care services (2)
Communication and Counselling Competencies	Communication	1. Adequate communication with patients and families(6)

(25)	competencies(14)	2. Provide adequate time in order individuals and families can express health related concerns and feelings (8)
	Counselling competencies (11)	1. Compassion (1) 2. Empathy (5) 3. Genuine interested (4) 4. Creativity (1)

Table 1. Extracted Categories and subcategories

GENERAL COMMENTS REGARDING THE FINDINGS

Most of the competencies indicated was already on the proposed curriculum the interviewed persons stretched some “skills” or “competencies” that are not included although all of them are included in general nursing curricula. Those were empathy, creativity, genuine interested, compassion. End users that already had an experience of FCN indicated that FCN must be able to provide adequate time in order individuals and families can express health related concerns and feelings as they said that is something that lacks from this specific service today.

5. Analysis, interpretation and contextualization of the Professional Profile (Action 0): input from other relevant EU projects

As described in Section 3, the preliminary analysis carried out in Action 0 included also the interpretation of the main results of two important EU projects, CARESS[6] and CoNSENSo[7], which provided and important baseline for ENhANCE. This section includes a short report about the analyzed results.

5.1 CARESS Project: the importance of transversal competences

CARESS project involved 13 partners form 4 EU countries. It was was aimed to overcome a "skills gap" identified in the field of older adults homecare, i.e. a gap between skills demanded by end-users and their families and those offered by Home Health Care Practitioners (HHCPs).

CARESS offers a clear picture of the main roles, competences and curricula of 9 categories of homecare professionals working both in health and social care at older adults' own homes in 31 EU countries. For the first time this information have been collected and systematized in an EU Framework available for free in a web-based system, allowing to:

1) DESIGN AND DEVELOP VET COURSES a) BASED ON INFORMATION about professionals' ACTUAL competencies, roles and skills gaps; b) integrating EXISTING CURRICOLA in a "compensative" bottom-up approach
2) SHARE BEST PRACTICES through countries and professionals;
3) ENHANCE the COLLABORATION and the COORDINATION among professionals and thus coordination and integration among social and healthcare services.

The EU Framework provides a fundamental help in order to identify the actual skill gap which characterize an homecare professional in a specific country. The Framework is endowed with an interactive Wizard interface allowing for its integration and update and with fundamental "training design tools" supporting VET teachers to design effective compensative modules, able to address a specific skill gap.

Information stored in CARESS framework provide an import baseline for ENhANCE project. In the following sections we summarize the main raised issues as to Italy and Spain.

5.1.1 Identification of Italian nurses training needs

The homecare context in Italy is characterized by several problems which influence the quality of the service itself. Some skill gaps in the field oh homecare which can be identified horizontally with respect to different HHCP can be partially due to these problems. The Integrated Home Care (ADI – Assistenza Domiciliare Integrata) is the most important model of assistance, both for its intrinsic organizational complexity and for its potential in fitting end-users needs [Pesaresi, 2007]. As a matter of fact, it envisages an integration of different professional competencies and, above all, the

[6] http://www.project-caress.eu/home/

[7] https://www.alpine-space.eu/projects/consenso/en/home

integration of two institutional levels (national and local) since social and health services are managed respectively by Municipalities and Regions, often in a "organ-pipe" separation model. In this context, the relation between the healthcare system and the social system as disciplined by law is not even and this fact prevents a real integration. An example of this complexity is the presence of a dual PIC process (health and social PIC, managed by regions and municipalities). Another problem is the integration between public and private homecare; together with the inadequate integration of social and health services, it causes a scarce integration of homecare information about a single patient and the difficulties of formulating an effective Individualized Assistance Plan, without taking into account all of the older adults needs and the carers who fulfil them.

A specific questionnaire investigating the opinion of NURSES about their training needs has been delivered to 95 nurses. Results of the data analysis are reported in Deliverable 2.4[8]

In the following table are summarized the main identified skill gaps for NURSES working in the field of HOMECARE, including both "horizontal" homecare skill gaps and the ones specific for the profession.

NURSES skills gap
HORIZONTAL HOMECARE SKILLS GAP • knowledge about rules and laws on homecare at regional and national level; • Knowledge about the institutional and legal structure of the social and healthcare services outside hospitals and their current status; • know-how about nurses actual role and responsibilities in homecare; • competencies for working in equip and for collaborating and cooperating with other professionals; • competencies for managing specific tools, report models and documentation, even supported by ICTs, in order to effectively report their activity and share information about the patient homecare with other professionals; • knowledge about what frailty is and skills about how to detect and prevent it; • knowledge about in the new bio-psycho social definition of health status; • know-how about detecting and managing multimorbidity in older adults; • competencies about the role of nurses in the community primary care; • psychological and relational competencies in order to support older adults and their families with basic psychological support and social participation; • knowledge of the main ICT-based tool for remote monitoring and rehabilitation; • know-how about the effective use of the main ICT-based tool for remote monitoring and rehabilitation. PROFESSIONAL SPECIFIC SKILLS GAP • knowledge about the guidelines, the clinical pathways and the epidemiology for the main chronic diseases; • knowledge about the basics on how much one's lifestyle can affect the outbreak of chronic disease and their complications; • know-how about promotion of health in families and the community; • know-how about promotion and monitoring of a style of active and independent healthy life; • knowledge about the concepts, the theories and the methodologies of community nursing;

[8] D 2.4 'Definition of HHCPs training needs in terms of learning outcomes to be achieved according to ECVET'. Available at http://www.project-caress.eu/home/images/deliverables/2.4.pdf

- knowledge about the role, aims and operational techniques for nurses in the field of occupational medicine;
- being aware of the most common healthcare issues in the community and the therapeutic and healthcare opportunities;
- know-how about planning, conducting and assessing educational interventions and programs in home environments;
- knowledge about the role played by the informal networks and community nurses in primary care and know-how about how to involve informal networks in personalized interventions;
- know-how about recording and transmitting medical data using technological tools

Need for practical traineeship in older adults homecare

5.1.2 Identification of Spanish nurse training needs

In Spain, the Home Nursing Service is a group of activities –previously planned- developed by professionals who are part of a multidisciplinary nursing team. The aim of this team is to provide health services by means of a series of activities which have to do with promotion, protection, healing and rehabilitation. These services are provided within a frame of joint responsibility of the patients and/or their family with the professionals of the nursing team. They are provided at the patient's home when, due to their health conditions or to other criteria previously established by the team, they cannot get about.

The following table are summarized the main identified training need for NURSES working in the field of HOMECARE.

- Socio-emotional needs
- Administrative operations and sanitary documentation
- Communication
- Relations with the work equipment
- Environment and risk prevention in the workplace

- Training in Ethics
- Basic knowledge about social and health services organizations and networks.
- Basic knowledge of legal framework and human rights.
- Use of information and monitoring tools
- Use of computer systems for social participation
- Use of computer systems for health monitoring
- Information to customers about reliable service networks
- Competences to coordinate other professional's tasks.
- Competence for mental health assessments
- Competencies for user empowerment
- Support in depression or despair cases

- The need of support to operate technological devices for home health monitoring.
- The need to support users in the self-management of his/her mental health.
- maintain social and family relations
- Solving daily problems or knowing where to seek for help.
- major improvement in coordination capacity to plan actions
- Meetings with health teams, and keeping in touch with other professionals who also deal with elder care.
- Reports on the activities carried out
- Personal assistance Planning
- Preventive interventions

5.2 CONSENSO Project

CoNSENSo ("Community Nurse Supporting Elderly IN a changing Society Model of care for elderly in Alpine space" Project number 286) is a project founded by the Interreg Alpine Space Programme (Priority1- Innovative Alpine Space- SO 1.2 Increase capacities for the delivery of services of general interest in a Changing society), to face one of the most significant European current issue: the ageing of the society. Led by the Italian Piedmont Region, the CoNSENSo project brings together 10 partners from Austria, France, Italy and Slovenia and 7 observers representing governmental ministries, health authorities and professional associations from the Alpine Space area.

The aim of the CoNSENSo project is to develop a care model that puts older persons at the center of health and social care, building on the crucial role of the Family and Community Nurse: a key professional to help and support the daily activities of elders and their families. The Family Community Nurse represents the link between the health and social sectors, facilitating a 3-way dialogue (Older person – Health services – Social services), facilitating access to appropriate social services, like a home help, contacting doctors if a health problem is suspected and providing advice on how to adapt the home environment.

The project aims to create the right conditions to improve health and life quality of senior citizens in the Alpine Space enabling them to stay at home as long as possible. Through:

- the design and implementation of new public policies for elderly care
- building adaptable and transferable training modules for nurses
- stimulating social enterprise capacity among FCNs, by training them to develop
- CoNSENSo-like services at local level

The main idea behind the CoNSENSo project is to create the conditions to improve health and life quality enabling the elderly to stay at home. This is achieved through the development of a new model of care for senior citizens based around a Family Community Nurse and through the development of a post-graduate education program for qualified nurses focusing on the acquisition of competencies, skills and knowledge to support older adults to live in their homes as long as possible.

The CoNSENSo project tested the new care model on more than 4000 elderly in 5 pilot study regions: Piedmont and Liguria (Italy), Département du Var (France), Carinthia (Austria) and Slovenia.

During the pilots, the partners measured, in selected regions, the extent to which different aspects of senior citizens life quality improved due to the project, and which were the factors that influenced the improvement. To answer these questions, numerous research methods have been necessary and different Stakeholders have been involved. One of the study conducted after the pilots activities has the aim to investigate the point of view of the health service end user and to explore the experiences and expectations of end users who already experienced FCN service (CoNSENSo users). The partners of the CONSENSO project agreed in sharing the results of this study to inform the ENHANCE partners during the development phase of the FCN European Curricula (SI4LIFE – WP3) in Task 3.1. (Action 0: Complementary research – Target 1: end users who already experienced FNC service). The limit of the study is that the population interviewed is composed by frail/older adults, what are the main target of the CONSENSO project, and do not

cover completely the ENHANCE population that include also other range of population.

5.2.1 Aim and Objectives of the study

The general aim of study was:

- To investigate the user perspective about the quality of the service received, the ability of the FCN to identify and activate responses to the social and health needs of citizens, the ability to create educational relationships with users
- to identify the benefits of CONSENSO on a micro level;
- to identify the issues unsolvable by CONSENSO model (and to suggest modifications to the model);
- to show how the CONSENSO intervention integrates within already established health and social care systems.

5.2.2 Methods

The method selected is the semi-structured interview. The interview administered was dialogic, egalitarian, which means there is an equal power relationship. Considering the target population of the interview (older adults over 65 years old) the interview designers decided to give the person the opportunity to tell what they think it's important (even though it is not always the answer to our questions), and avoid the risk of tiring the participant asking too much questions. The interview should last about one hour, however certain flexibility is applied. In the first step, the interviewer wrote the client's short life story. In the next steps, the interviewer investigates the experiences with the pre-pilot phase, the needs assessment process, the individual plan and the other activities of the FCN.

In the beginning, the interviewer asks the client to share his or her life story. This has many purposes: to obtain his or her background information and context, to introduce the person to the interviewer, to identify his or her status and social position and the living environment (past, youth, social networks, living conditions etc.), to obtain a client's trust, to allow him/her to relax, so it becomes easier to answer other questions. Such method facilitates the entry of the researcher into the client's world, which is important to understand what might influence his or her responses. Observing, participating and listening are thus important interviewing strategies because they provide insights into the world of the client. As Mason emphasized [Robertson, Hale, 2011] in telling us about where they have lived and why, people not only provide their residential histories, but in the process, they also construct personal biographical narratives which bring into play key features in their life stories: their identities, their sense of self and their values.

The interviewer encourages the client to tell the story by himself, without many interruptions. Interviewer can try to direct the course of conversation into the desired direction; however, in doing so, he does not need to follow the order of questions, listed below:

- When and where he/she was born, what was the youth like,

- What is a typical day like? How does he/she spend the time?

- The education status (where did he/she go to school, formal status, skills), -

- Where and with whom this person lives now, who owns the dwelling, suitability of housing,

- social networks (relatives, friends, who provides help, what kind of help they provide, what kind of help is missing, how they resolve understandings, conflicts,…),

- participation in the community (is he or she a member of associations, groups, religious groups, does he or she participate in community events and social activities, politics, volunteer work ..);

- Concrete life goals and future expectations. What does he or she need to achieve these goals?

In the second step, the interviewer should direct the conversation to FCNs and his/her work.

1. How did you find out about CONSENSO? (Flyers, media, TV, internet, events, word of mouth etc.)
2. What was your initial impression of such a project?
3. How FCN did took the contact with you?
4. Please describe your first contact with a FCN.
5. What were your expectations from the project?

This third step is divided into two sections: a) in the first section, the interviewer reminds the subjects about the needs assessment process, provided by FCNs, and ask for their satisfaction assessment; b) in the second part, the interviewer tries to list their current needs, formal and informal careers, and service providers, who are currently managing identified needs. This will be necessary for the preparation of the per-user cost benefit analysis.

At least for the first section, the process should be informal, and the client should speak for himself or herself. The second part is structured and it demands a higher level of precision.

Researchers and not FCNs, in order to avoid potential bias and assure a higher level of research standards, conducted the interviews. The communication between the researcher and participant is different from that of a health interview and requires a change in perspective. Health practitioners who have already undertaken a considerable about of interviewing might consider themselves as experienced interviewers, however especially when working with older people there are questions and issues arising from research interviews that are different from assessment and interventionist interviews.

Nurses selected clients for the interview. The ethics of the recruitment is important; nurses made the selection assuring that clients are not forced to participate in the interview. The principles of non-coercion (free participation, no fears of losing services if decline etc.) and non-manipulation (interpreted as the clients must be fully informed at all stages during the interview) was applied. Fully participant has signed informed consent before starting the interview.

5.2.3 Target group

The regions where the CoNSENSo model was tested are France (the Var region), Italy (Piedmont and Liguria), Austria (Carinthia) and Slovenia (Izola). 50 users (10 each region) were interviewed.

The users interviewed have the following characteristics:

- Four of the interviewees are elderly with at least three (curative) visits (within CONSENSO project); with either numerous untreated symptoms/poor health condition; at least two with low socio-economic status and at least one with prevented hospitalizations/nursing care admissions, where activation of other networks or other interventions went successfully.
- Two of the elderly with at least three (curative) visits; with either numerous untreated symptoms/poor health condition; at least one with low socio-economic status and at least one with prevented hospitalizations/nursing care admissions, where activation of other networks or other interventions were not successful.
- Two (younger) elderly in need of change in lifestyle, with successful health prevention activities.
- One (younger) elderly in need of change in lifestyle, with unsuccessful health prevention activities.

5.2.4 Data Management

For the collection of data has been used the model consent to the processing of personal data signed at the time of taking charge of the person by the FCN

The anonymised data will be analysed by the project evaluation partner (Inštitut RS za socialno varstvo / Social Protection Institute of the Republic of Slovenia-Tržaška 2 - SI 1000 Ljubljana).

5.2.5 Results

The first part of the analysis is an inventory of interviews that are telling a story about involvement in Consenso, main issues they had and if the elderly see a benefit of the project. The objective of these short stories is to supplement the overview of the project's evaluation and support quantitative and other qualitative data which was collected from the beginning. The interviews could stand also alone as an analysis but due to more holistic approach, it makes more sense to highlight good practices and link them with rest of collected data.

The second part of analysis is coding of interviews that follows the main topics planned in the manual for each interviewer in order to draw nearer to prescribed aims. First part of the interview was conducted as a conversation consisted of inquiring various life facts and events of client's life: how does the client spend a typical day, what is his/her education status, with whom he/she lives, who is in his/her social network, how does he/she participate within local community, what are his/her life future expectations etc. Most of the questions were usually answered during conversation without need to ask the client every of above questions. If any of the client was more reserved those question triggered them to open and talk more. Second part of the interview dealt with client's direct experience of relationship with FCN(s). Professionals have attempted to get out as much as possible from the client about how he/she thinks about FCN and their mutual relationship. This part of the interview also inquires clients' impression about Consenso.

The scope of the analysis i.e. coding of the interviews is reasonably formed according to main topics that are covered with questions in the mentioned manual for conducting the Consenso interviews. During the conversations between professional and elderly, recurrent theme often went astray either into describing some particular events of client's life interlaced with strong emotions or similar irrelevant facts from

client’s life that could not help us to keep track of preordain objectives of the interview itself within the project.

6. Analysis, interpretation and contextualization of the Professional Profile (Action 0): current FCN curricula analysis

As described in Section 3, in the framework of Action 0-A, involved Partners analyzed the FCN curricula already implemented at EU level (identified in WP2) through three main different perspectives:

- the organization of modules and the main targeted competences;
- the implementation of work-based learning
- the implementation of practice sharing activities.

The first analysis has been carried out by UNIGE and TEI-THE and is described in Section 6.1.

The second one has been coordinated by EUROCARERS and UEF, with the contribution of ENE, ALISA, UNIGE, TEI-THE, EASPD and is described in Section 6.2.

The third one has been carried out by CNR-ITD with contributions of TEI-THE and is described in Section 6.3.

These analysis played a fundamental role as a preliminary input for the Curriculum development and have been also important to complement the Curriculum itself during its implementation.

6.1 Overall analysis of current FCN curricula

As introduced in Section 4, the University of Genoa (UNIGE) and the University of Thessaly (THEI-TE) were appointed to analyze the current FCN curricula, born at National level in European countries, in order to check the level of coverage of the 28 core competences identified by experts within Task 3.1.

The analysis concerned the curricula developed in 20 countries[9] in terms of 1) competences, 2) organization of the modules and 3) EQF level. In Annex 3, is presented a description of these three aspects of the curriculum, country by country. In the following, some results of the comparative analysis have been reported.

As a general consideration, curricula present significant differences in terms of the qualification they offer: there are some that don't offer any specialization in Family and Community Nursing (e.g. Rumania), some others that offer courses as part of post-graduate studies (e.g. Greece), others that offer training programs (e.g. Slovenia and France) and a last category that offers a specialization in Family and Community Nursing as Master Programs (e.g in Portugal).

For this reason the creation of a Curriculum of Family and Community Nursing, and the collaboration between all the countries of the European Union, would be very helpful in order to share experiences and good practices and to support not only the development but also the establishment of a professional profile of high importance for the public health, the physical and mental health

[9] Austria, Estonia, Finland, France, Italy, Norway, Slovenia, Sweden, The Netherlands, and UK. Spain, Ireland, Rumania, Greece, Denmark, Cyprus, Latvia, Belgium, Croatia and Portugal

TARGETED COMPETENCES

The 28 core competencies are present in the current curricula of all the countries (see first column of the table in su 1), meaning that they are widely recognized as central for the FCN professional profile.

The analysis of the curricula brought to light some topics, falling under the 28 core competences, that seem to be valuable and should be dealt with in the FCN curriculum: systems theory; caregiver coping and resilience strategies; principles of chronic disease and frailty indicators in older people; epidemiology of chronic diseases; pharmacology; dealing with the loss of autonomy; ergonomic household modifications; nutrition in older people; dealing with cases of violence against vulnerable people in homes; English language competences; reproductive health; principles of health economics; introduction to social marketing in health; migration and human rights; advance healthcare directives; addressing the needs of informal carers.

ORGANIZATION OF MODULES

The most part of courses include 1500 hours (60 ECTS) in a period of 12 months, and mainly include 50% of theory and 50% of practice in the community setting. Core modules, usually last from 1 month to 3 months. Many courses offer online (or distance learning) modules, which mainly focus on the theoretical aspects (Knowledge basis) of Family and Community Nursing. Some courses include work practice for which are recognized between 5 and 10 ECTS.

Some good practices were identified in terms of assessment procedure (e.g. mid-term assessment), course evaluation (evaluation of nurses' satisfaction at the end of the training program) and flexibility. As to this last aspect, some course/programs let the students free to choose between part-time and full time courses; another example of good practice is to offer students the possibility to complete just a part of the FCN curriculum (e.g. 2 modules) and have it recognized as a proficiency course, and then complete the rest of the curriculum later.

EQF LEVELS

The great majority are post-graduate master courses (EQF 7) for already qualified registered nurses. Nevertheless, in some countries Community Nursing is a training program integrated in the bachelor of nursing (e.g. The Netherlands), or a one year program after the bachelor degree that is recognized at the same level of basic studies (see third column the table in Annex 3).

A detailed analysis is provided in the Supporting document: Results of FCN curricola analysis carried out in Action 0

6.2 Analysis of current FCN curricula with respect to work-based learning: general results

Work Based Learning (WBL) in Family and Community Nursing (FCN) is quite fragmented as witnessed by the numerous different initiatives in the field of FCN specialisations. In certain cases, moreover, the possibility to retrieve and find the information about this topic is incomplete and rather limited. Overall, however concerning those countries that do offer existing and formally recognised FCN learning pathways/ specialisations, these are for the most part provided as full-time or part-time Master's degree by higher educational institutes (intended for students) or to professionally active and experience registered nurses provided in the form of a

postgraduate specialisation delivered by a higher education institute (e.g. University of Applied Sciences) or other accredited private institutes (e.g. in The Netherlands).

In the framework of Action 0-A, but also of Action 3, **an analysis of the main Curricula for FCN in the EU countries** (collected in WP2) has been carried out in T3.1 by **EUROCARERS and UEF** with the aim to identify the main ways in which Work Based Learning[10] is applied in FCN training.

An hypothesis has been formulated about 4 possible ways to be involved in a practical work-based learning which is "formally recognised" as a part of a curriculum/course/learning pathway needed to get the "Family and Community Nurse" qualification.

1. *Via the traditional higher education/degree route* (full-time student/ HE sector) by completing a Master's degree (1-year specialisation) after having obtained a Bachelor degree in General Nursing (60 ECTS) usually at University level; in some countries, a Bachelor degree may be sufficient to practice as FCN (e.g. Austria); WBL is set up as internships and clinical practice.
2. *Via an apprenticeship-based model* (employment contract): in some countries an alternative way of obtaining a nursing degree is as an apprentice whereby people can train to become a graduate/degree nurse via an apprentice route; apprentices will be released by their employer to study part-time in a higher education institution and will train in a range of practice placement settings; cost of apprenticeships are paid by the employer, and the apprenticeship nurse works within the care structure for a set fee
3. *Via a Vocational Education and Training model* (full time student/VET sector): in some countries second-level nurses (nurse associates) exists but their diploma is not obtained within the higher education sector but in Nursing schools attached to hospitals; most of these nurses are restricted to working in a hospital-care setting, and to obtain FCN-related training further studies are required to get recognition at Bachelor level; many countries are phasing out this VET nurse option as the nursing profession is shifting into the higher educational sector.
4. *Access to FCN-related training via Continued Professional Development (CPD) or other stand-alone short courses:* usually healthcare professionals need to update their knowledge and skills continuously; short courses in primary care targeting graduate nurses, can also include distance learning in areas relevant to FCN; different funding models for CPD exist in different countries – in some CPD costs are 100% assumed by nurse; co-financed by health organisations and industry.

Then a template of a table has been defined in order to collect data about the above described options; it has been used when analysing curricula, aiming to verify if these "ways" are implemented or not, in which countries and if this classification represents the actual organization of WBL in FCN training.

The Supporting document, Analysis of the different ways WBL is implemented in FCN training, includes the above described table which outlines the results of the data collection.

[10] As outlined in Section 7.3, ENhANCE project adopted the following definition of WBL: "*the acquisition of knowledge, skills and competences through carrying out, and reflecting on, tasks in a vocational context, either at the workplace or in an education or training institution*". It has been provided by the Network on Work-based learning and Apprenticeships. [European Union, https://www.wbl-toolkit.eu/site/introduction/whatiswbl]

The above described data collection allowed to infer that WBL in FCN training is applied in 3 main ways:

- **WBL in FCN integrated in full or part-time Master's degree (60, 90 or 120 ECTS).** In the majority of the countries where existing FCN specialisations are provided as a Master's degree by Higher Educational Institutes, the work-based learning components constitute an integral part of the course – with usually at least 50% of the course being composed of clinical work placements or internships (stages) in hospitals or in the community setting. This is the case for instance in Belgium, Croatia, Cyprus, Greece, Italy, Portugal, Norway, Sweden, Romania and UK. The entry requirements to these Master's usually require a Bachelor in Nursing (usually 3 to 4 years) and the authority to practice as a nurse (registered, license etc). A slightly different example is Finland that has developed a specific 4-year (240 ECTS) full time specialised pathway to become a public health nurse (PHN). This programme is offered by the University of Applied Sciences in Finland. Slovenia is similar to Finland, whereby "community nursing" is integrated as part of the third year of the undergraduate nursing degree.
- **WBL in FCN integrated in post-graduate specialisations (60 ECTS)** In other countries, FCN specialisations are mainly provided in the form of a formally recognised professional postgraduate diploma (usually 1 year, 60 ECTS, full or part-time). These post-graduate specialisations generally target already professionally active and registered nurses, and in addition to a relevant Bachelor degree in nursing, and authority to practice as a nurse (i.e. registered nurse), require: (i) usually at least 2 years of full-time work experience in a relevant community setting (primary care, community care etc) (ii) agreement from the employer regarding their employee's participation in the theory-based teaching and (iii) their employer's consent that half of the clinical education and work-based learning takes place at the employee's own clinic. Slightly different arrangements exist, but such postgraduate specialisations exist in Denmark, Ireland, Sweden and UK. The Netherlands employs a similar model, the main difference being that the providers for these postgraduate FCN specialisations are accredited private institutes and are not from the traditional higher educational sector (i.e. universities, polytechnics or professional colleges). The successful completion of the postgraduate diploma usually confers official recognition and registration in a country specific register of 'community nursing'.
- **WBL via Continued Professional Development (CPD)** In countries both with and without existing formalised FCN-postgraduate specialisation, short training courses usually exist in this area targeting practicing nurses. These are often provided in the context of Continued Professional Development (CPD). With regard to CPD for health professionals, for certain countries this is mandatory, whereas in other countries it is voluntary. Countries with no formal postgraduate FCN specialisation but that do offer CPD courses in family and community nursing are for instance Austria, France, Latvia, and Slovenia. Examples of countries that do have formal postgraduate FCN specialisation alongside CPD courses in family and community nursing are Finland, Italy, Ireland, and UK. Such CPD FCN courses are usually relatively short, are spread over a few weeks, are usually theoretical and, thus, do not have any work-based learning components. Keep in mind, however that entry requirements to these CPD courses may require specialist nursing qualifications relevant to the course, current relevant work experience and sometimes also consent from the employer.

It is worth mentioning that some countries offer shorter type of FCN specialisations in the form of a 'professional certificate' or stand-alone modules. These courses can be offered by universities or professional nursing societies, and often apply blended learning methods. They mostly do not include any work-based learning at all other than what is stipulated by the course entry requirements, which sometimes require work experience.

The UK seems to be exceptionally diverse in the many different educational pathways that exist in the field of FCN. They are among few countries that also provide specific undergraduate (BSc) specialisations in the field of community care; master degree FCN specialisations; postgraduate diplomas or certificates as well as standalone modules and CPD courses. With the exception of stand-alone modules, professional certificates, and CPD courses, the BSc/MSc diploma graduate and post-graduate courses all include WBL as an integral part of the programme.

Portugal is highly regulated with all undergraduate and postgraduate programmes in Nursing requiring prior approval from the Order of Nurses and subsequent legal authorisation.

6.3 Analysis of current FCN curricula with respect to practice sharing: general results

In the framework of Action 0-A, but also of Action 4, an overall analysis of the FCN curricula already implemented in a number of EU countries has been carried out by CNR-ITD with the aim of identifying some general rules concerning the implementation of Practice Sharing[11].

The analysis of the available FCN curricula has not provided the desired input as far as practice sharing is concerned. This does not necessarily imply practice sharing does not occur at all in the FCN training contexts. It might well be that the analysed curricula do not enter into such a detail, or – when they provide such a fine grained information – this is available only in the native language of the country, which obviously prevents us to evaluate them.

In an attempt to compensate this lack of data, CNR-ITD have conducted a number of **interviews with the experts of nursing education in our Alliance**, to detect possible experiences in the adoption of collaborative approaches in this context. In particular, CNR-ITD have conducted semi-structured interviews with the following specific aims:

- to start defining a shared vocabulary within the project related to the notion of "practice sharing" in nurse education;
- to gain knowledge of past experience and current practice regarding the use of collaborative learning approaches in the nursing training contexts;
- to collect ideas and suggestions for possible implementations/solutions that could be proposed and validated in the project with the final aim to foster practice sharing in FCN education.

In the following, the main results of this data collection are reported.

First, the interviews have provided very interesting inputs in terms of vocabulary. Thanks to the contributions of our interviewees, it was possible for example to better

[11] For a definition of Practice Sharing see Section 7.4 and the project Glossary in Annex 2

understand some of the terms especially related to practice sharing and work based learning and to take decisions about their definitions (see Section 7.4).

Generally speaking, our interviewees have confirmed the fact that in the courses they have delivered /are currently delivering, there is a tendency to alternate traditional teaching methods, with more active learning approaches. In particular, we have understood, along with lectures that are usually aimed to tackle theoretical aspects, practical sessions are also foreseen. Practical sessions are intended like the following:

a) collaborative learning approaches and practice sharing activities: students are typically divided in groups and are proposed team work with different strategies, such as for example case study, problem based learning, role-play, etc.

b) laboratory sessions, where role-play and simulations are proposed. Simulations are used to help students getting familiar with technical skills (how to measure blood pressure, etc.) when you are at “entry” nursing educational level (bachelor), or with relational and communication skills when you are at the FCN level.

c) work based learning: whilst encompassing a broad range of activities and activity types, however, it is accepted that work-based learning centres on the acquisition of knowledge, skills and competences through action-based or reflective learning in a vocational or occupational context . These might include various forms, such as apprenticeship, stage, internship and others, depending on national rules and training contexts.

Since WBL has been analysed in other studies, CNR-ITD focused on the collaborative learning approaches and practice sharing activities (a).

These activities are typically aimed to make students discuss and share opinions about concrete and real cases, in such a way that they can reflect on how to best apply their theoretical knowledge into practice. Through problem-based learning activities and case studies, students are asked to share their views about how to solve a problem or to conduct an intervention and - through role-plays – they can enact real situations within a safe environment, where they learn from the feedback by their peers.

To be noted that – according to our interviewees - most of the times these activities take place in class, while online sessions (where they exists) are typically reserved to lectures and student individual study of online resources. This seems to suggest technology enhanced learning environments are somehow underused and the value of online collaboration is underestimated (or not considered at all).

Moreover, it is clear that the adoption of these learning approaches is very often left to the single teacher’s choice and is seldom fostered at institutional level. This seems to call for more structured and systematic approaches and for a need of training teachers about how to use these strategies in the FCN education context.

7. Definition of the main characteristics of the EU Curriculum

As stated in the project proposal, the EU Curriculum presented in this document is:

- **based on a FCN Professional Profile** defined in WP2; the PP is composed by 28 Core Competences, characterizing the FCN at EU level;
- "**learning outcome oriented**" and compliant with t**he main EU standard and tools for VET**, such as ECVET, EQAVET, ESCO, EQF, etc.;
- **general and "across-the-board"**, since it is supposed to play a reference role for any VET designer targeting FCN profile in any EU country;
- **modular and flexible**, since it is supposed to be adaptable to different contexts and rules in different EU countries.

These features will allow for transparency and comparability of the localized curricula and will support the recognition of this qualification by regulatory bodies.

In order to assure the flexibility of the Curriculum, as well as its general suitability for any EU context for FCN training, Partners had to define since the beginning of the project which elements should characterize the "general" part of the Curriculum and which ones should have been defined during its "instantiation" in a specific context.

For the development of the present EU Curriculum we took as a reference the definition included in Cedefop's Glossary[12] [2011], i.e.

"*the inventory of activities implemented to design, organise and plan an education or training action, including definition of learning objectives, content, methods (including assessment) and material, as well as arrangements for training teachers and trainers*"

Then we conventionally agreed that the general Curriculum defined in T3.1 needs to include:

- **a detailed list of Learning Outcomes (LOs),** grouped into **Units of Learning Outcomes,** and described in terms of **Knowledge, Skills and Personal and Transversal Competences** (see Section 8 for details); these LOs are clearly mapped against the 28 Core Competences composing the Professional Profile;
- **an Assessment Table** providing a general framework for the assessment of each learning outcome in terms of criteria and methods.

The Curriculum here described represents the common point of reference for the three localized curricula expected in the project and for the development of other localized curricula in the future. To support the process of instantiation of the curriculum at national level, a **Flexibility Table** will be included in D3.2 aimed at supporting the instantiation of the above-mentioned tools into a localized curriculum; in particular, it will provide for each Learning Outcome:

- an indication about the compulsoriness of the LO (mandatory/optional);
- the suggested level of study (basic/advanced);

[12] Cedefop's Glossary - Quality in education and training, 2011

- the suggested learning strategy, both face-to-face and online (lecture, individual study, group work, lab, work based learning);
- a possible range of credits (in terms of ECTS) to be assigned to the LO.

Additional guides and tools included in D3.2 will assure an effective instantiation of the "*general Curriculum*" in a "*localized curriculum*", including a support for the **definition of modules**. As a matter of fact, the modularity of the Curriculum, will be assured by the possibility of defining the **number and the composition of the modules** during the design of a "localized curriculum". Modules will be the result of a *selection* of LOs among the different Units, their *grouping* and the *definition of their temporal sequence.*

In this way a "localized curriculum" will be an "intermediate result" in the progressive design of a course, where the general curriculum is localized in terms of modules, a selection of LOs, learning strategies, assessment strategies, credits, etc. (see Figure 4).

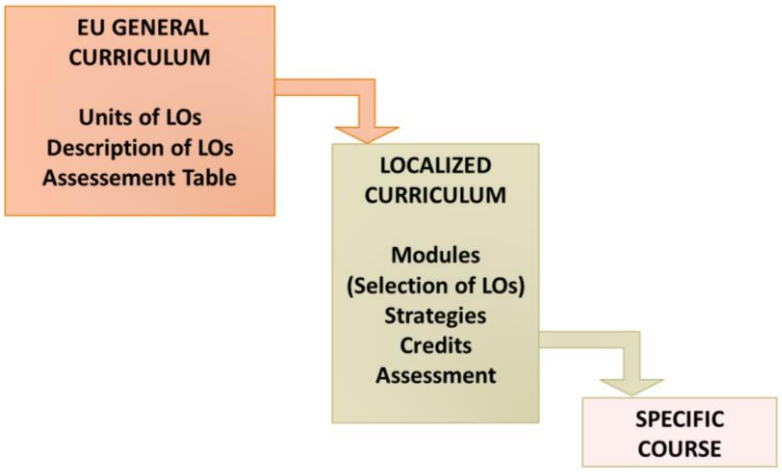

Figure 4: a graphical representation of the progressive instantiation of the general EU Curriculum in a specific course

Tools and guides for the instantiation of a localized curriculum will be included in D3.2.

Other important characteristics of the EU Curriculum are the following:

- the Curriculum needs to include a **Work Based Learning component;**
- the Curriculum fosters the development of **Practice Sharing** through both **formal and non-formal/informal learning.**

The instantiation of an effective WBL and Practice Sharing will be supported by specific guides and tools included in D3.2.

In the following sections, some of the above-mentioned features and characteristics of the EU Curriculum will be analysed in detail.

7.1 EQF Level and Credits

The EU Curriculum for FCN proposed by the ENhANCE Project **will target graduated nurses** (with at least **EQF6), aiming to take them towards EQF7**. It could be in **one academic year, providing 60 ECTS.**

In this paragraph will be outlined the theoretical background at the base of this statement.

As already stated in Deliverable 8.1, the issue of how to correctly determine the level of the Curriculum and the pilots was raised early in the project. In order to design a Curriculum valid all over Europe, it is at this point important to decide on a level that will be in line with existing and similar educational programs in order to get some input on the design of the Curriculum and to facilitate the localization.

While analyzing existing and similar Curricula (other postgraduate nursing programs), collected by UNIGE during Task 2.1, it became apparent that the EQF level of Registered Nurses and of postgraduate nursing programs varies in the different European countries (**see Annex 1 for details)**. It seems that in most EU countries, in order to become FCN (or similar), you need to have a Bachelor Degree (EQF6) and then take an additional specific learning path. Countries (such as for example the UK) make an exception, by delivering Bachelor Degrees in the field of community nursing. For the other countries, the above mentioned additional learning path might take different form and consequently award different number of ECTS. In particular:

- in some countries (Germany[13], Greece, Cyprus, Portugal, Finland), the learning path is delivered in the form of a Master Degree (leading to EQF7); this usually takes 1,5/2 years and awards between 90 and 120 ECTS;
- in other countries (Italy[14]) the post-graduate learning path takes 1 year (60 ECTS) and still leads to EQF7;
- in other countries (Belgium[15], Sweden) you can have specialization courses / post graduate diplomas, awarding 60/75 ECTS but not necessarily leading to the EQF7;
- some countries envisage more than one modality (Portugal, Sweden, Spain, UK).

Already between these examples, there are significant differences in ECTS and the EQF level. Other programs do not give information on the level, or this information is not publicly accessible, nor do they provide a description of competences or learning outcomes in enough detail to make a decision on the EQF level.

One way to determine the EQF level for the EU Curriculum is, to take a closer look at the necessary competences of FCNs. This has been done in detail in Deliverable 2.2, chapter 4.2, Table 7, where the 28 core competences have been compared to the competences listed in ESCO, with the conclusion that FCNs can be compared to Advanced Nurse Practitioner (ANP) within ESCO and decided that the qualification should be located on EQF7. Although this level as well as the matching of FCN

[13] https://www.uni-bremen.de/en/fb11/studies/community-and-family-health-nursing-msc/

[14] The Master of the Italian Education System […] is an advanced degree programme (similar to a Postgraduate diploma in UK), whose aim is to reinforce, broaden and hone the skills and expertise of graduates and postgraduates to meet the demands of the professional world. To be admitted to a 1st level "Master" course (Master di 1° livello), you must have a 1st level degree (laurea triennale). It generally lasts from 6 months to 1 year. You have to accumulate 60 credits to obtain the qualification. To be admitted to a 2nd level "Master" course you must have a 2nd level degree (laurea magistrale or laurea magistrale a ciclo unico). This "Master" course generally lasts from 6 months to 1 year and you have to accumulate 60 credits. Normally you have to pass an admission test to be enrolled in these programmes." (https://www.uniupo.it/international-visitors/what-study/italian-degrees)

[15] https://www.helmo.be/Formations/Paramedical/Specialisation-en-Sante-Communautaire/Profil-d-enseignement.aspx

competences with the competences and the description of ANPs in ESCO seems correct and consistent with the role of the FCN, the following needs to be considered:

The term “Advanced Nurse Practitioner” and its role do not represent a universal concept and are not regulated [Baileff 2015]. Nevertheless, especially in the USA and UK, where this type of nurse originates from and her role has therefore been best defined, described and researched, and ANP studies are offered at numerous universities, an ANP is a higher educated professional than the FCN currently planned in ENhANCE:

> *“[…] ANPs are educated at Masters Level in advanced practice and are assessed as competent in this level of practice. […] This level of practice is characterised by high level autonomous decision-making, including assessment, diagnosis, treatment including prescribing, of patients with complex multi-dimensional problems. Decisions are made using high level expert, knowledge and skills. This includes the authority to refer, admit and discharge within appropriate clinical areas.” [Scottish government 2017]*

or

> *“[…] Advanced Nurse Practitioners are educated at Masters Level in clinical practice and have been assessed as competent in practice using their expert clinical knowledge and skills. They have the freedom and authority to act, making autonomous decisions in the assessment, diagnosis and treatment of patients.” [Royal College of Nursing 2018a]*

Finally, the Welsh National Health Service defines advanced practice as:

> *“A role, requiring a registered practitioner to have acquired an expert knowledge base, complex decision-making skills and clinical competencies for expanded scope of practice, the characteristics of which are shaped by the context in which the individual practices. Demonstrable, relevant master’s level education is recommended for entry level” [RNC 2018a].*

The complexity and the expert level on which the ANP is expected to operate is underlined by the necessary competences identified by the RCN such as:

- draw on a diverse range of knowledge in their clinical reasoning and decision making to determine evidence-based therapeutic interventions (which will include prescribing medication and actively monitoring the effectiveness of therapeutic interventions)
- work across professional, organisational and system boundaries and proactively develop and sustain new partnerships and networks to influence and improve health, outcomes and health care delivery systems
- strive constantly to improve practice and health outcomes so that they are consistent with or better than national and international standards through initiating, facilitating, disseminating and leading change at individual, team, organisational and system levels
- have high-level communication skills and contribute to the wider development of those working in their area of practice by publicising and disseminating their work through presentations at conferences and articles in the professional press [RCN, 2018].

In addition, literature about ANPs states unanimously that the title “advanced nurse practitioner” needs to be regulated [King,Tod,Sanders, 2017] and should not be used “without undertaking the educational preparation required to work safely at an

advanced level." [RNC 2018a, 8]. Therefore, in order to classify the FCN in ESCO, the group "advanced nurse practitioner" or "specialist nurse"[16] are suitable options for comparison, but the terms need to be used carefully since very specific concepts are connected with these terms.

While the FCN is also required to have advanced communication and coordination skills and "use the best scientific evidence available" (Core competence no. 26), the above-mentioned study programs and professional profiles describe an even more advanced nurse with advanced research skills that need to be developed over the course of more than just one year and will be used proactively and regularly in the professional practice.

The implementation of a Curriculum **targeting EQF7** and implemented in **one academic year, providing 60 ECTS,** needs to be made **in line with the credits awarded for the FCN qualification at national level**. In D3.2.1 a specific section will be devoted to the adaptation of the Curriculum to the national and local needs, by identifying the proper EQF level and the proper number of credits.

For example, in contexts that offer 120 ECTS Master studies (in community health, public health, or related fields) only, the 60 ECTS of the Curriculum could be integrated/combined with other related courses and study programs to reach 120 ECTS.

If the local FCN curriculum will consist of already existing or especially designed courses on Master level, it will be on EQF7 meaning **aiming at EQF7**.

In countries, where a 60 ECTS postgraduate Master course that leads to EQF7 exists (e.g. Italy, Spain, and Sweden), thus the qualification can be linked to the EQF via the NQF, and the complete FCN Curriculum can be carried out and lead to an EQF7.

For countries, where a 60ECTS Master does not exist, the curriculum will not lead to a Master's degree but to a certificate of further training. In this case, the level of the further training courses should be mentioned in the certificate for transparency reasons, even if a Master's degree cannot be awarded.

For the local contexts that will offer the FCN qualification on EQF6, thus not as a full Master or part of Master studies, but as an additional diploma for graduated nurses it will be possible to design curricula on level 6.

Since FCN training is normally provided at academic level the Project refers primarily to ECTS. But Continuing Professional Development (CPD) is increasingly recognized to be essential for those working in regulated professions and this is particularly true in the healthcare professions. In addition, CPD has a cross-border dimension which is increasingly significant. In this context both the European Credit System for Vocational Education and Training (ECVET) and ECTS are perceived to be relevant, since CPD may be located at any of the eight EQF levels. However, presently, the interface between the two systems is not yet sufficiently permeable and the different professions have differing cultures and national sub-cultures. Like ECTS, ECVET is based on the notion of 60 credits, but the allocation of credits is a different one. Often

[16] Specialist nurses promote and restore people's health, and diagnose and care within a specific branch of the nursing field. Examples of such specialist nursing jobs include but are not restricted to; ambulatory care nurse, advanced practice nurse, cardiac nurse, dental nurse, community health nurse, forensic nurse, gastroenterology nurse, hospice and palliative care nurse, pediatric nurse, public health nurse, rehabilitation nurse, renal nurse and school nurse. Specialist nurses are general care nurses prepared beyond the level of a nurse generalist and authorized to practice as specialists with specific expertise in a branch of the nursing field. (ESCO occupations)

ECVET is used to record and accumulate assessed learning outcomes, without a conversion in credit points. Therefore, instead of credit conversion, the recognition of learning from VET should be based on learning outcomes [Publications Office of the European, 2015]. The ENhANCE project will investigate the perspective of a possible conversion in ECVET credits and will provide the results in the final release of the Curriculum (D3.1.2).

During the project the EU Curriculum will be instantiated into 3 national curricula, namely Italy, Greece and Finland. This will allow to experiment the Eu Curriculum in different contexts and validate it against different local needs, as far as the design and the adaption of Learning Outcomes, as well as regarding formalities such as diplomas, grades and the integration into already existing qualifications.

7.2 Work based learning

One of the main features of the ENhANCE's EU Curriculum is the Work based Learning (WBL).

A number of discussions have been set up by partners in order to agree on a definition of WBL, to be taken as a reference for the project and included in the Glossary. The selected definition is the following:

"the acquisition of knowledge, skills and competences through carrying out, and reflecting on, tasks in a vocational context, either at the workplace or in an education or training institution"[17]

In this perspective, WBL could cover many different activity types e.g. clinical internship, apprenticeship, stage, etc., depending on national rules and the specific training context.

The above definition is provided by NETWBL[18] (*Network on Work-based learning and Apprenticeship*s) whose aims are to strengthen work-based learning (WBL) elements in existing VET systems and Higher Education and to support apprenticeships in particular. The main output of the network is the WBL – TOOLKIT[19] which makes results of EU funded best practice projects from Lifelong Learning Programme and Erasmus+ Programme on this topic more visible.

In the context of ENhANCE project, WBL is integrated in a Family Community Nurse (FCN) curriculum and thus targets graduated nurses.

Target users could for example be:

- higher education enrolled students already having obtained an undergraduate nursing degree,
- graduate nurses currently practicing in the work-place, either employed (part time or full time) publicly or privately, or practicing independently;
- graduated nurses not currently active on the labour market (unemployed, on leave etc).

A specific analysis has been carried out on FCN curricula in order to understand the main ways WBL was implemented (see Section 6.2). An additional analysis has been

[17] https://www.wbl-toolkit.eu/site/toolresources/glossary

[18] http://www.net-wbl.eu

[19] www.wbl-toolkit.eu

carried out in T3.2 in order to identify the main FCN competences, which are targeted through the WBL. This analysis will be included in D3.2.1 as well as specific guidelines in order to instantiate the general curriculum at local level implementing an effective WBL.

7.3 Practice sharing

The Curriculum fosters the development of Practice Sharing through both formal and non-formal/informal learning.

First of all, a clear definition of what is meant by Practice Sharing is provided here. In the ENhANCE project proposal, the notion of "*best practice sharing*" was used. Nonetheless, during the project life span we have understood the term "best practice" in the nurse education has got a specific meaning. In particular, according to Nelson (2014), best practice emerged in the nursing literature in the early 1990s as a crucial concept in the understanding of what constitutes quality healthcare. In her concept analysis of best practice in nursing, the author defined the concept as "*a directive and quality-focused concept, which describes a set of recommendations or a desired standard (outcome), incorporates translation of current evidence into practice, and promotes a high level of performance/ effectiveness*" (Nelson, 2014, p. 1512). Then, the author concluded that "*best practice is more than practice based on evidence. It represents quality care, which is deemed optimal based on a prevailing standard or point of view. Specific best practices in nursing are significant because they serve to direct nurses regarding solutions to identified problems/needs*" (Nelson, 2014, p. 1507). For this reason, within the project, we have decided to avoid using the term "best practice sharing" and instead we will use from now on the notion of "good/current practice sharing", or simply "***practice sharing***".

The notion of practice sharing takes root in the constructivist approaches. In the last decades these approaches have been increasingly appreciated, ranging from "radical constructivism", that states that there is no reality, but only individual speculations and interpretations are possible (Suchman, 1987), to the "situated constructivism" point of view, that assumes that it is using social patterns that we conceptually interpret events, objects, and perspectives and thus construct knowledge (Jonassen, 1991). According to the mentioned approaches, the educational experience has to be as much authentic and genuine as possible, so that learners can observe and critically reflect on real situations (Bendar et al., 1992). Partially inspired by these approaches, the "social constructivists" definitively stress the importance of the social dimension in the process of developing new knowledge and state that learners may develop understanding using the language through discussion, collaboration and debate, which become the basic elements of an educational experience (Vygotsky, 1934). In other terms, it is "by continually negotiating the meaning of observations, data, hypotheses and so forth, (that) groups of individuals construct systems that are largely consistent with one another" (The Cognition and Technology Group at Vanderbilt, 1992; Garrison et al., 1999; Pozzi, 2007).

Thus within these research threads, the notion of 'practice sharing' and more in general of collaboration, exchange and discussion among peers within the learning community have gained momentum. This same notion is also at the heart of the concept of "Community of Practice" by Lave & Wenger (1991), who stressed the idea of "groups of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly" (Wenger, 2011).

In the last two decades these notions have become common also in the health sector and communities of practice have been supported in this field to promote mutual

learning and knowledge sharing (See project CARESS, http://www.project-caress.eu/home/). The concept of community of practice has branched out internationally, showing how learning unfold in health care settings and benefits of knowledge sharing (Bentley et al., 2010; Ranmuthugala et al., 2011]

In the process of developing the European curriculum, a specific analysis has been carried out on existing FCN curricula in order to understand if and how practice sharing is implemented (see Section 6.3). An additional analysis has been carried out in T3.2 in order to identify the main FCN competences which are targeted through the practice sharing. This analysis will be included in D3.2.1 as well as specific guidelines in order to instantiate the general curriculum at local level implementing practice sharing.

7.4 Recognition and validation of prior formal, informal and non-formal learning

7.4.1 Defining 'Validation' and 'Recognition of Prior Learning' for the FCN curriculum

The two terms *Validation* or *Recognition of Prior Learning* (RPL) are often used to describe the same process. Depending on the context, they can refer to a different stage in the process or to different aspects.

Validation is defined as:

> "confirmation by a competent body that learning outcomes (knowledge, skills and/or competences) acquired by an individual in a formal, non-formal or informal setting have been assessed against predefined criteria and are compliant with the requirements of a validation standard. Validation typically leads to certification." (Cedefop 2014)

That means, in a first step, the previously acquired learning outcomes have to be assessed either by checking documentation provided by the learner (e.g. diplomas, skills pass, job reference, certificates etc.) or by the learner demonstrating his/her skills, carrying out a practical task or a written assignment. Afterwards, it needs to be checked, whether the assessed learning outcomes are compliant with learning outcomes of the qualification that is to be acquired.

For the formal recognition of learning outcomes, a third step, the award of qualifications (certificates, diploma or titles) is necessary as the Cedefop (2014) defines formal recognition of learning outcomes as the "process of granting official status to learning outcomes knowledge, skills and competences either through:

- validation of non-formal and informal learning;
- grant of equivalence, credit units or waivers;
- award of qualifications (certificates, diploma or titles)."

Although validation can also refer to formal learning – for example when comparing curricula/learning outcomes –, it is more commonly associated with informal and non-formal learning. In the definition cited above, granting official status to equivalent qualifications, credit units or waivers is the validation of formal learning.

Following the International Labour Office (2018) the concept of Recognition of Prior Learning (RPL) includes some key ideas which emphasize its importance:

(a) RPL is for unqualified competent people.

(b) RPL is a process, during which learning outcomes are assessed, not the learning itself.

(c) Assessment is at the heart of RPL.

(d) RPL is about making competencies visible (through assessment and guidance).

(e) RPL offers a new route to qualifications (or parts thereof).

(f) RPL is therefore about equity: it is one of the most inclusive approaches to achieving a qualification (or parts thereof).

(g) RPL offers a double currency: both in the education and (formal) training system and in the labour market. Therefore RPL is useful for applicants, enterprises and society as a whole, as RPL addresses unemployment, poverty reduction, occupational promotion and decent jobs, etc.

(h) RPL is relevant in all education and training sectors: technical and vocational education and training (TVET), as well as secondary and tertiary education. It is more relevant for adults than for young people, because applicants need to prove their competencies (acquired through experience).

(i) There is no universal RPL system, rather different systems that best fit the needs of specific countries. RPL systems differ in their design and scope.

The text continues with the conclusion: “As RPL systems differ in their overall design and scope, the process applicable varies, as do the outcomes.” This means that there are certain elements *for the process* to follow, but there is no blueprint to be found that can be applied to all imaginable cases.

The examples on various RPL systems and procedures in Europe (that will be presented in D 3.2) show that there are no practices or rules valid all over the EU but rather specific to national contexts. Thus, the validation of prior learning needs to be decided on and developed within these contexts. Nonetheless, there are some general procedures that can help to develop an approach. The approach addressed here is closely oriented to the needs that arise for the project. In addition, however, the implications of the general process of lifelong learning and the necessities from the individual learner's point of view always play an implicit role (see also ALLinHE-Project, Duvekot & Halba, 2014).

7.4.2 Recognition and validation of (formal) prior learning (& previous work experience)

In most EU countries, it seems that, in order to access the FCN specific learning path, you need to provide evidence that you fulfill certain entry requirements (for example, in terms of previous education level, in many countries you need to demonstrate you have a Bachelor), and/or being registered as a nurse (Finland, UK). In Sweden, in addition to the Bachelor, you need to demonstrate a previous working experience in the field, which is evaluated through your CV and other proofs (certificates, etc.). In Spain, apparently you can even become FCN without taking any learning path, provided that you are able to prove you have a previous 4-year working experience and in case you successfully pass a specific examination.

In terms of recognition of prior learning that allows you to personalize your learning path, by the analysis of the available curricula, we have found two interesting experiences that are described below.

In UK, the University of Surrey recognizes that many students enter their higher education course with valuable knowledge and skills developed through a range of professional, vocational and community contexts. Thus, a process called recognition of prior learning, may allow you to enter your course at a point appropriate to your previous learning and experience, or to join the start of a course without the formal entry requirements. This means that you may be exempt from certain elements of study in the course for which you have applied and be awarded credit based on your previous qualifications/experience. There are restrictions on RPL for some courses and fees may be payable for certain claims.

Another interesting case is in Portugal, where you can make an inquiry to have recognized your previous learning or working experience. In this case, you need to provide evidence of your past experience (in terms of CV, ECTS, attendance certificates, etc.) and indicate what unit/module you would like to skip. A committee then evaluates and validates your request.

7.4.3 Recognition of non-formal/ informal learning

The Europe 2020 Strategy, which presents the overall growth strategy for the coming decade, acknowledges the role of validation of non-formal and informal learning, in supporting young people to access the labor market, especially those with fewer opportunities or disadvantaged. Moreover, in the context of the current economic crisis, there is an urgent and increasing need to support recognition of non-formal and informal learning also for adults, who might need to find new collocations in the labor market and pursue alternative career pathways [Hawley et al., 2010].

As the CEDEFOP report reminds [Hawley et al., 2010], in order to support validation of non-formal and informal learning, at EU level a number of initiatives have been promoted in the last few years. Among the others, the ECVET (European Credit System for VET) and other initiatives such as for example the Europass and the ESCO taxonomy, are all oriented to valorize prior learning and working experience and to allow their recognition and transfer to more formal contexts.

According to ECVET Glossary , “non-formal learning is not provided by an education or training institution and typically does not lead to certification; however, non-formal learning is intentional on the part of the learner and has structured objectives, learning time and learner support”; “informal learning results from daily activities related to work, family life or leisure, it is not structured and most often does not lead to certification; in most cases, informal learning is unintentional on the part of the learner”.

Basing on these definitions, the “Recommendations of the EU parliament and of the council on the establishment of ECVET” states that “a learner can achieve a qualification by accumulating the required units, achieved in different countries and different contexts (formal and, where appropriate, non-formal and informal)”. Thus, the validation of non-formal and informal learning enables individuals to receive recognition for what they have learnt through professional activities, volunteering or leisure activities or any other learning (See project CARESS, http://www.project-caress.eu/home/).

Nonetheless, even if validation of non-formal and informal learning is becoming more and more relevant in the EU policy agenda, there is still much to be studied and to be done to effectively implement it in the European education and training systems. While in a small number of countries, validation is now being used, in many it remains a marginal activity [Hawley et al., 2010].

This is also reflected in the results of our analysis of the available curricula, which has not provided the desired outputs. Unfortunately, no clear indications related to this issue have been found in the selected curricula. Of course, the lack of data does not necessarily mean validation does not occur at all. Most information may be missing simply because the curricula do not enter into such detail, or – if they do so – maybe this happens in documents that are written in the native language of the course/programme. Nonetheless, it is somehow indicative that this kind of information is missing or in any case not immediately visible for the reader and potential learner.

8. From the Professional Profile to the Curriculum

As described in Section 3, the work of T3.1 has been organized into different preliminary Actions, carried out by the project Partners involved in the task (see Figure 2).

In this section, we describe a number of additional steps that the Alliance carried out to deliver the current version of the FCN EU Curriculum. These steps were somehow transversal to the above described Actions and are integral part of the overall process that led to the definition of the Curriculum staring from the Professional Profile.

8.1 Definition of the project Glossary and the main "reference terms" of the project

Since the beginning of the project, Partners felt the need to identify a group of "reference terms" to be used in the project, in order to be sure that each member of the Partnership, but also external experts, such as the ones participating in the Delphi study (WP2), uses the same words interpreting the same meaning. Another important issue was to set up the proper framework in order to develop the FCN EU Curriculum in compliance with ECVET and EQAVET standards, ESCO classification and EQF framework. So, even during the WP2, as preliminary activity to WP3, SI4LIFE drafted a first version of the project glossary, in collaboration with AWV and CNR-ITD. Each Partner has been invited to contribute progressively to the enrichment of the Glossary, which is available as editable document at https://drive.google.com/open?id=1o__ZstigSJnT0eNWwx9CaGBkkwpK9ojS

This document is supposed to be updated and integrated throughout the lifespan of the project. In Annex 2 of the present Deliverable is outlined the current version of the Glossary (M13). Terms included in the Glossary have been divided into 2 main groups:

- EU REFERENCE TERMS, i.e. those terms which have been defined in specific EU documents or tools and assure the compliance of the project to ECVET, EQAVET, ESCO, EQF, etc.
- TERMS CONVENTIONALLY ADOPTED IN THE PROJECT, i.e. terms which have been included in the Glossary after the identification and negotiation of a proper definition which fits the purposes of the project and support the coherence of Partners' work.

An important discussion has been set up by Partners concerning the definition of the "*competence*" term.

As stated by Winterton[20] there is much confusion in the literature concerning "competence" as a concept (Grzeda 2005; Hodkinson 1992; Hodkinson and Issit 1999; Hoffman 1999; Mansfield 2004; Norris 1991; Weinert 1999). Moreover, practitioners and policy makers frequently use "competence" and "skills" as generic terms interchangeably. There are also major differences in national competence models across Europe, even if most countries have adopted approaches that approximate to one of the three dominant models developed in the UK, France and

[20] Winterton J. (2011) Competence in European Policy Instruments: A Moving Target for Developing a National Qualifications Framework? Journal Of Contemporary Educational Studies 62 (5), 72-87.

Germany. An overarching common framework of competences is, however, essential to permit transnational and sectoral comparisons as well as to promote permeability between VET and High Education. In addition to the persistence of differences in national competence models, it is clear that competence is interpreted differently across sectors and between VET and HE. Moreover, different conceptions of competence are also apparent in the various EU instruments, which both limits the effectiveness of articulation between these instruments and confuses practitioners and policy makers that are expected to use them [Winterton, 2011].

According to ECVET a Curriculum should be learning-outcome based. According to ECVET Glossary[21], Learning Outcomes are "*Statements of what a learner knows, understands and is able to do on completion of a learning process defined in terms of knowledge, skills and competence*". In this perspective, the "competence" is a specific dimension of a Learning Outcome. But, as above stated by Winterton, also in ENHANCE project, Partners and experts have been referring to "competences" in a wider and general meaning and this fact could generate confusion and misunderstandings. Especially with the aim of defining a coherent template for the development of the Curriculum, an overall analysis of the main approaches to the definition of the term "competence" has been carried out by SI4LIFE, in collaboration with the CARESS Project[22]. An internal document has been produced in order to support the discussion among Partners about the "competence issue" and in order to reach an agreement on a possible curriculum template (see Annex 3). EQF approach, as well as ESCO approach and KSA Model have been analyzed; the possibility of adopting both the term "competence" and the term "competency" (as conventionally agreed in CARESS Project) has been also evaluated.

Finally, the Partners took as main reference the Glossary of the last "*EU COUNCIL RECOMMENDATION of 22 May 2017 on the European Qualifications Framework for lifelong learning*"[23] where "*competence means the proven ability to use knowledge, skills and personal, social and/or methodological abilities, in work or study situations and in professional and personal development*". In this document the term "competence" assumes a wider and general meaning and Learning Outcomes are described in terms of Knowledge, Skills and Responsibility and Autonomy[24]

The choice to adopt as main reference the above-mentioned recommendation affected the definition of the Curriculum template, as described in Section 8.3.

8.2 Definition of Key Activities and Units of Learning

One of the first activities carried out in WP3 concerned Action 0-A and was aimed to "provide a bridge" between the Professional Profile delivered in WP2 and the EU Curriculum for FCN.

Under the coordination of SI4LIFE, involved partners have been invited to identify possible "key activities" which could allow to "group" the 28 core competences of the Professional Profile; as conventionally agreed in the Glossary (Annex 2), in

[21] http://www.ecvet-info.at/en/glossary

[22] Erasmus Plus Programme - Sector Skills Alliances PROJECT No. 562634-EPP-1-2015-IT-EPPKA2-SS – http://www.project-caress.eu

[23] https://publications.europa.eu/en/publication-detail/-/publication/ceead970-518f-11e7-a5ca-01aa75ed71a1/language-en

[24] 'responsibility and autonomy' means the ability of the learner to apply knowledge and skills autonomously and with responsibility;

ENhANCE project a Key Activity is "*an integrated group of professional competences, which are in their entirety necessary to perform a task relevant to the job profile. The key activities of one profession must together cover all activities for the performance of a profession, regardless of its application context*"[25]

Partners identified as "VET for FCN experts" (UNIGE, UEF, TEI-THE and TEI-CRE) provided their own grouping proposal. All partners analysed the proposal and discussed them in a Skype meeting in order to approve a final list of key activities and grouping of competences. **7 main Key Activities have been identified, including from 2 to 7 Core Competences.**

Conventionally, Partners agreed that the **Units of Learning Outcomes of the FCN Curriculum correspond to the identified Key Activities** (see the list in Section 9.1).

8.3 Definition of the Curriculum template

Another preliminary activity to the Curriculum development was the definition of shared template for the formalization of the Curriculum.

AWV provided a number of examples in order to support the discussion. Among them we can report:

- a template from Proper Chance Project http://www.proper-chance.eu/eng/publications.html (see Figure 5);
- a template developed by the German ECVET team; it does not differentiate between professional and personal competence but gives valuable input on what to include in the description of learning outcomes (see Figure 6);
- a template presented among the examples on the ECVET toolkit website (http://www.ecvet-toolkit.eu/); the structure is rather basic but the description of knowledge, skills and tasks is detailed and easy to understand; like most of the examples on that website as well as on the ECVET toolkit website, it does not differentiate between professional and personal competence either.

[25] This definition has been derived from Proper Chance Project http://www.proper-chance.eu/eng/publications.html

Key Activity	
Qualification	**EQF Level:**
Assessment Instruments:	
Professional Competence	
Skills	**Knowledge**
Professional Competence	
Skills	**Knowledge**
Professional Competence	
Skills	**Knowledge**
Personal Competences	

Figure 5: Template for Curriculum description – Proper Chance Project - http://www.proper-chance.eu

Titel of the Unit:	**< Titel of work task/ work process>**	
Reference tot he qualification:	**< Titel of qualification>**	EQF-Level: NQF-Level:
Description of the Unit: < brief description/overview of the steps and learning outcomes, required to fulfil the task, if applicable add information about the task area or context of work process >		

Knowledge	Skills	Competence
He/she is able to: • < describe knowledge that refers to skills and competencies with active vocabulary like describe, explain etc.>	He/she is able to: • < describe functions/part of the work process with active vocabulary and result, if necessary use adverbial determinations>	He/she is able to: < describe social and personal competence considering responsibility, quality of self-organization etc.>
Assessment of learning outcomes :		
< Describe methods, criteria and instruments used to assess learning outcomes/ knowledge, skills and competence >		
Additional information: < describe the reference to syllabi or general training plans of the basic vocational education the work placement should fit in >		
Developed by: <author, organisation>		

www.ecvet-info.de (version 26/03/2015)

Figure 6: Template for Curriculum description developed by the German ECVET team - www.ecvet-info.de

Task	Knowledge The Learning Process Guide knows…	Skills The Learning Process Guide is able to…	Competence The Learning Process Guide is competent to…
1 Analysing the learning needs of the learner(s)			
Collect and analyse basic information about the learner Identify and discuss the learning needs of the learner and jointly agree on learning objectives Analyse training environment (e.g. needs for specific workplaces, after restructuring, etc.) Perceive individual learning behaviours, barriers and obstacles Provide guidance and advise to learners (individual development) Exchange of information with other institutions / departments	• competence requirements of specific jobs, functions and tasks in his area and corresponding occupation profiles • different needs of specific target groups (special psychological, pedagogical, cultural support), socio-economic contexts and their impact on learning • entitlements and obligations for learning at the workplace (incl. legal frameworks of traineeships, apprenticeships, etc.) • training and learning	• analyse the students' entry level, learning style and developmental needs • identify training needs and potential of different individuals • identify own and others' learning styles • identify possible learning difficulties / barriers in learners • offer target group-specific guidance, orientation and support for individual learners • draw-up and use a PDP within his field of specialisation	• Assess the needs and potential of individual learners in the context of work • understand the specific needs of the target group • provide guidance and advice to individuals • personalise learning processes, taking into consideration possible learning difficulties as well as a different cultural and social background • apply social, communication and intercultural

Figure 7: Template for Curriculum description - http://www.ecvet-toolkit.eu/

Based on the discussions carried out about the project main reference terms (See Section 8.1), after an intense discussion Partners agreed on the following points:

- the term "competence" have to be used in the general meaning proposed by the "EU COUNCIL RECOMMENDATION of 22 May 2017 on the European Qualifications Framework for lifelong learning" (See Sect. 8.1); thus, it cannot be identified as a specific dimension of a LO, such as in the example provided by ECVET Toolkit (see Figure 7)
- in the ENhANCE Curriculum template **Learning Outcomes are defined in terms of Knowledge, Skills and Personal and Transversal Competences;**
- as described in the project Glossary **Personal[26] and Transversal[27] Competences** are "*competences needed for applying a knowledge and/or a skill in the work* ***context with a certain level of responsibility and autonomy"*****;** such definition allows to maintain a strict connection and compliance with EQF approach;
- The ENhANCE Curriculum template has to maintain an **explicit reference to Key Activities and Core Competences**, although it will be based mainly on Learning Outcomes and Units of learning Outcomes.

Based on these agreements, a template has been shared among partners in order to allow them drafting a first version of the Curriculum.

[26] Personal Competences comprises personal, social and/or methodological abilities which could be put into play in society and at work.

[27] Transversal Competences are those typically considered as not specifically related to a particular job, task, academic discipline or area of knowledge but as competences that can be used in a wide variety of situations and work settings

8.4 Drafting and progressive refinement of the of Learning Outcomes and Units of LOs

Once agreed a common template "FCN expert" partners (UNIGE, UEF, TEI-THE and ENE) have been invited to work in parallel in order to draft a first version of the Curriculum. They have been provided with a number of guides:

- both concerning the better way to describe Learning Outcomes (eg. using action verbs, as suggested by CEDEFOP Guide [2017][28], targeting the proper EQF level);
- and concerning the way to use the template itself.

In particular, **step-by-step instructions** for filling in the template have been circulated by SI4LIFE (see Annex 4) in order to guarantee the maximum level of internal coherence among the different proposals. Partners had to identify and describe specific Learning Outcomes for each Core Competence (28), grouped into 7 Units. In particular, they have been invited to identify (if possible) more than one LO for each Core Competence, since they were often very general.

At M9 Partners delivered their proposal for the Curriculum.

Then SI4LIFE and TEI-THE started an intense collaboration in order to produce a merged version. They had to face a number of problems, since the Leaning Outcomes identified in the 4 proposals had different levels of granularity. In addition, many LOs were overlapping. At the same time, reports from Action 0, 2, 3 and 4 delivered at M10 (see Section 3) provided important inputs about the competences which should be targeted by the Curriculum.

So SI4LIFE and TEI-THE:

- analyzed carefully the above-mentioned reports in order to identify possible competences not targeted by the proposed LOs or simply included in tacit way;
- analyzed the 4 proposed curricula in order to find possible criteria for a merge.

After a number of skype discussions they agreed that:

- the draft proposed by TEI-THE had to be used as baseline for the merge;
- an additional work had to be carried out in order to identify **sub-competencies of the 28 core competencies**; in such a way, specific Learning Outcomes could be identified to target the sub-competences; sub-competences should be identified at the same "level of granularity", thus fostering more coherence among the LOs (more abstract CC had more sub-competences, while less abstract ones had no sub-competences);
- once defined the list of sub-competences, LOs proposed by different partners had to be mapped against them;
- then a new list of Learning Outcomes had be proposed by TEI-THE, trying to take into account all of the contributions; these LOs had be formulated from scratch, since no way of merging different proposals have been identified

[28] CEDEFOP (2017). Defining, writing and applying learning outcomes. A European handbook. Retrieved from http://www.cedefop.europa.eu/en/publications-and-resources/publications/4156

- the sub-competences could be “made explicit” in the template in the “name of the learning outcome”; the template had to be modified to this end.

As to the results provided by the Actions’ reports:

- Action 0C report about end-users demand pointed out the main competences requested by interviewed users and mapped them against the 28 ENhANCE Core Competences; it underlines some competences that are not covered (or at least are “hidden”) by the Core Competences;
- Action 0A report about curricula analysis pointed out a number of competences which are valuable for FCN; some of them are “not explicit” in the 28CC;
- SI4LIFE’s Action 0B report about CARESS Project results pointed out some nurses skill gap in homecare: a special focus should be put on the following competences: 1) knowledge about the “new” concept of frailty (definition, assessment and standardized tools); 2) communication competencies; 3) competencies to provide psychological support and counselling; 4) competencies for team working; 5) knowledge about the main ICT tools for health education, treatment and monitoring (and to be able to use the most common ones); 6) elderly abuse and ethical issues
- TEI-THE had to integrate these competences in the merging as “sub-competences” or directly as Learning Outcomes.

In addition, taking into consideration the results of Action 2, **the merged version had to target EQF 7**; in order to facilitate a possible adaptation of the results to EQF6 the level of “responsibility and autonomy” will be made more explicit for each learning outcome in the “personal and transversal competences box”

Then, possible **overlaps among competences and among LOs** have been identified. Since in the instantiation process some LOs (not mandatory) could not be included in the localized curriculum, removing overlaps among Learning Outcomes falling under different Units (choosing for example the most suitable one and deleting the others) could be risky. Thus, partners agreed to:

- keep in the Curriculum the identified overlapping LOs in case they fall under different Units;
- but to add a specific “NOTES” field in the template where these overlaps had to be pointed out.

This new field has to include also specific suggestions concerning the suggested relations among LOs, such as propaedeutic or preparatory ones.

Based on the above-mentioned agreements, SI4LIFE and TEI-THE proposed a merged version of the FCN EU Curriculum which has been analyzed and revised by each Partner involved in T3.1.

Once agreed on the number, the distribution and the name of the LOs, a further process of review has been set up in order to **refine the formulation of the LOs**.

According to the ECVET guidelines, a considerable effort was put in order to make the LOs consistent and express them and their dimensions (knowledge, skills and personal and transversal competences) in a clear and measurable way, using actions verbs associated with the six cognitive levels of the Bloom Taxonomy [Bloom, 1956].

A last refinement regarded the description of knowledge depth that was initially expressed with the sentence “*know at an advanced level*”. This form was not compliant with the standard of clarity of measurability adopted and was finally

substituted with verbs or groups of verbs in order to reflect the concept, like ‘describe in detail’ or ‘define and select the proper.”

After this final review the Curriculum has been submitted to Partners for the final approval.

8.5 Definition of assessment criteria and methods

As a part of the curriculum, criteria and methods for the assessment started to be defined for the first release.

A proposal of template for the assessment table was circulated among the partners by AWV and, provisionally, agreed.

In this first version of the table, criteria were represented by Knowledge, Skills and Personal and Transversal competences as stated in the curriculum. Methods of assessment should be indicated for each of them

A group of partners (UNIGE, THEI-CRE and ENE) were asked to fill in the table. Each partner was appointed to fill in two or more UoLs.

Considerable difficulties have been met by the partners in filling in the proposed table at this stage of the definition of the curriculum. Therefore, the consortium decided to discuss again about it and a new version was agreed during the Athens meeting (Jan 14th -15th).

The table (that is provided here in Section 9.2) is based on indications derived from ECVET and targets LOs. For each LO, assessment criteria have been stated at three levels: satisfactory, good, excellent. Moreover, a range of assessment methods is suggested for each LO, coherent with the teaching strategies proposed in the Flexibility table (see D 3.2.1). Assessment methods were grouped into categories, so to provide a guide in the selection but not to force the adoption of a specific method: Written exam/assignments [WE]; Oral exam [OE]; Assessment of WBL [A-WBL]; Simulation/skill demonstration [SSK]; Assessment based on other data [OTH].

In D.3.2.1 practical recommendation will be provided in order to implement effectively the suggested methods

8.6 Collection of experts’ feedback

In the context of WP8 (Quality assurance) a panel of External Experts has been set up in order to evaluate the quality of the overall project results, so to guarantee an independent evaluation (see D 8.1.1).

The panel is composed of 4 members, experienced in the field of nursing or care professions, health professions education, and having a basic knowledge of ECVET and EQAVET standards. After a kick off meeting in November, during which the experts have been introduced to the project aims and informed about the work plan by AVW, a close collaboration has started.

External Experts were called to evaluate the first release of the curriculum using a set of tool and guidelines prepared by AVW: a questionnaire and a SWOT analysis template.

The complete description of the evaluation is out of the scope of this deliverable and will be provided in D 8.1.2. Nevertheless, the experts were invited to give a feedback to the partnership through a Skype meeting that was firstly scheduled during the

Project meeting, held in Athens (Jan 14th -15th). Due to technical problems, the Skype meeting was held January 23rd and involved the partners in charge of the definition of the curriculum together with the project manager and the members of the Steering Committee.

The overall evaluation was quite positive, nevertheless weakness and possible threats of the curriculum have been highlighted and briefly discussed during the meeting. In general, the curriculum was considered comprehensive and detailed and Experts recognized that it takes adequately into account relevant elements derived from other relevant curricula (e.g. Family Nurse). Some issues have been highlighted in terms of formal aspects (consistency of the formatting, spelling errors), structure and relevance of the different components (theoretical, technical and relational). Formal aspects have been promptly addressed in this first release, while other aspects will be thoroughly considered in view of the following versions of the curriculum. A complete analysis of the experts' feedback will be contained in D 8.1.2.

9. The FCN EU Curriculum

The current version of the FCN EU Curriculum includes 53 Learning Outcomes grouped into 7 Units of Learning Outcomes.

In Section 9.1 the Units of Learning Outcomes are listed, corresponding to the Key Activities identified by Partners (see Section 8). Each Unit groups from 3 to 7 Core Competences, which maintained the same progressive number provided in the Professional Profile document (D2.2). For each Core Competence are listed one or more sub-competences (a, b, c, etc.), which correspond to specific Learning Outcomes.

Sections from 9.1.1 to 9.1.7 include, for each Unit, the description of the associated Learning Outcomes, according to the template agreed by project partners.

Then, in Section 9.1.8 are listed some agreements which have been conventionally taken by the project partners in the formalization of the Curriculum.

Finally, in Section 9.2 is presented the Assessment Table accompanying the Curriculum. The aim and characteristics of this table are described in Section 8.5

9.1 Units of Learning Outcomes and Learning Outcomes

UNIT OF LEARNING A: NEEDS ASSESSMENT
1. Identify and assess the health status and health needs of individuals and families within the context of their cultures and communities. a. Identify and assess individuals' health status and health needs b. Identify and assess families' health status and health needs c. Contextualize and apply needs assessment taking into account cultures and communities
3. Plan, implement and assess nursing care to meet the needs of individuals, families, and the community within their scope of competence. a. Plan nursing care to meet the needs of individuals, families, and the community within their scope of competence b. Implement nursing care to meet the needs of individuals, families, and the community within their scope of competence c. Assess nursing care to meet the needs of individuals, families, and the community within their scope of competence
19. Multidimensional community health needs assessment to implement appropriate clinical interventions and care management. a. Assess community health needs in a multidimensional perspective b. Identify the appropriate clinical interventions and care management strategies for communities
21. Assess the social, cultural, and economical context of patients and their families a. Assess the social, cultural, and economical context of patients and their families
UNIT OF LEARNING B: DECISION-MAKING PROCESS

2. Make decisions based on professional ethical standards. a. Know the main professional ethical standards b. Take decisions based on professional ethical standards
11. Involve individuals and families in decision-making concerning health promotion, and disease and injuries prevention, and wellbeing a. Involve individuals and families in decision-making process
22. Development of nurse leadership and decision-making skills to ensure clinical and healthcare effectiveness and appropriateness. a. Know and apply leadership techniques that ensures clinical and healthcare effectiveness and appropriateness b. Know and apply decision-making techniques that ensures clinical and healthcare effectiveness and appropriateness
23. Ability to negotiate healthcare with patients and their families, with the multidisciplinary team and healthcare centers. a. Know and apply communication, counselling and negotiation strategies and techniques with different actors
UNIT OF LEARNING C: HEALTH PROMOTION AND EDUCATION
4. Enhance and promote health and prevent disease and injuries in individuals, families and communities even focusing on inequities and unique needs of subpopulations. a. Know the main elements/guidelines/procedures/theories to enhance and promote health and prevent disease and injuries in individuals, families and communities and be able apply them in daily practice b. Know unique needs of subpopulations and detect and contrast the main inequities which affect them.
5. Apply education strategies to promote health and safety of individuals and families a. Know and apply the main educational strategies which can be adopted to promote health and safety of individuals and families
16. Provide patient education and build a therapeutic relationship with patients and their families. a. Know the main educational strategies for patient education and apply them in daily practice b. Know the main strategies and techniques for building an effective therapeutic relation with patients and families and apply them in daily practice
17. Analytic assessment, cultural competence, program planning, and community dimensions of practice to pursue community health promotion goals together with the community multidisciplinary team. a. Know community health promotion goals; b. Carry out health promotion programs and activities that meet the community's goals
18. Leadership and development, implementation and evaluation of policies for the family and the community for purposes of health promotion.

a. Evaluate policies for health promotion at family and community level b. Effectively coordinate develop and implement policies for health promotion at family and community level
25. Mentoring students to promote the health, and prevent disease and injuries and wellbeing of individuals and their families and communities. a. Know strategies and techniques for mentoring students and apply them in daily practice
UNIT OF LEARNING D: COMMUNICATION
6. Communication competencies based on evidence in relation to a specific context a. Know the main communication strategies and techniques which can be adopted by a FCN and apply them to specific contexts and needs
15. Maintain intra-professional and inter-professional relationships and a supportive role with colleagues to ensure that professional standards are met. a. Know professional standards and act in compliance with them b. Know advanced strategies and techniques of team working and professional collaboration and apply them to specific contexts and needs
UNIT OF LEARNING E: NAVIGATION AS CARE COORDINATOR AND PATIENT ADVOCATE
8. Coordinate and be accountable for attributing community healthcare activities to support workers. a. Know and evaluate the main problems and needs which could affect workers in a specific community context b. Know and apply strategies and techniques to motivate workers and to engage them in community healthcare promotion
14. Manage change and act as agents for change to improve family and community nursing practice. a. Know which changes are needed to improve FCN practice and act in order to target and reach them.
20. Managing disparity and diversity and fostering inclusiveness a. Know the main ethical principles to manage disparity and diversity and apply them in daily practice b. Know the main guidelines to foster inclusiveness and apply them in daily practice
13. Participate in the prioritization of activities of the multidisciplinary team to address problems related to health and illness. a. Work and collaborate in a multidisciplinary team b. Plan and prioritize the activities of the multidisciplinary team in order to address problems related to health and illness.
27. Work together with the multidisciplinary team to prevent disease, and promote and maintain health. a. Work and collaborate in a multidisciplinary team b. Effectively address problems related to health and illness through the multidisciplinary team
UNIT OF LEARNING F: EVIDENCE-BASED APPROACH
9. Accountability for the outcomes of nursing care in individuals, families and the

community. a. Know the main guidelines, procedures and tools for the monitoring and the definition of the outcomes and apply them in daily practice
10. Systematically document and evaluate their own practice a. Know and use standardized and validated tools in order to evaluate their own practice. b. Know and use the main monitoring and reporting procedures in order to document their own practice
12. Set standards and evaluate the outcomes related to nursing activities in people's homes and in the community. a. Know the main standards about nursing activities in people's homes and apply them in daily activity. b. Know the main standards about nursing activities in the community and apply them in daily activity. c. Evaluate the outcomes related to nursing activities in people's homes d. Evaluate the outcomes related to nursing activities in the community.
26. Use the best scientific evidence available. a. Know the main scientific evidence databases and make an effective search b. Use the best scientific evidences properly in order to apply them in daily practice
UNIT OF LEARNING G: ENHANCE AND PROMOTE INDIVIDUAL AND FAMILY HEALTH INCLUDING E-HEALTH TO SUPPORT THE QUALITY OF NURSING CARE
24**.** Monitoring people affected by chronic and rare illnesses on one community in collaboration with other members of the multidisciplinary team a. Know and use the main procedures and tools for monitoring people affected by chronic and rare illnesses in the community b. Know the main characteristics of chronic and rare diseases which could be monitored in the community and apply the main guidelines about the monitoring process and the expected outcomes
7. Alleviate patient suffering even during end of life a. Know the main guidelines and procedures for palliative care and apply them in daily practice b. Know the main communication and counselling techniques to manage relations with patients (and families) in palliative care
28. Health promotion, education, treatment and monitoring supported by of ICTs (e-Health) a. Know the main ICTs supporting health promotion and education and use the most common ones b. Know the main ICTs supporting the treatment of patients at distance and use the most common ones c. Know the main ICTs supporting distance health monitoring and use the most

9.1.1 Unit of Learning Outcomes A: Needs Assessment

UNIT OF LEARNING OUTCOMES A: NEEDS ASSESSMENT	
Core Competencies	
CC1:	Identify and assess the health status and health needs of individuals and families within the context of their cultures and communities.
CC3:	Plan, implement and assess nursing care to meet the needs of individuals, families, and the community within their scope of competence.
CC19:	Multidimensional community health needs assessment to implement appropriate clinical interventions and care management.
CC21:	Assess the social, cultural, and economical context of patients and their families
9 Learning Outcomes	
LO1a:	Identify and assess individuals' health status and health needs
LO1b:	Identify and assess families' health status and health needs
LO1c:	Contextualize and apply needs assessment taking into account cultures and communities
LO3a:	Plan nursing care to meet the needs of individuals, families, and the community within their scope of competence
LO3b:	Implement nursing care to meet the needs of individuals, families, and the community within their scope of competence
LO3c:	Assess nursing care to meet the needs of individuals, families, and the community within their scope of competence
LO19a:	Assess community health needs in a multidimensional perspective
LO19b:	Identify the appropriate clinical interventions and care management strategies for communities
LO21a:	Assess the social, cultural, and economical context of patients and their families

<table>
<tr><th colspan="2">LO1a: Identify and assess individuals' health status and health needs</th></tr>
<tr><td>Knowledge
Recall basic methods of epidemiological research for diseases.
Quote the frequency of common diseases regarding certain individual, community context and time characteristics.
Recognize and describe the needs of individuals.
Classify the determinants of individuals' health and illness.
Describe in detail the "frailty" concept and recognize frailty situations of individuals.
Identify the proper standardized and validated assessment tools for individuals' health status and health needs.
Identify possible health threats or risks for individuals within the cultural context and the targeted community.</td><td>Skills
Evaluate all the dimensions (biological, mental, spiritual, social) of individuals' health status.
Assess individuals' health status with the use of standardized and validated evaluation tools.
Assess individuals' health needs within a specific cultural context.
Detect frequent health problems of individuals within a specific cultural context.
Collect individuals' data through observation, interview and physical examination.
Compose a nursing report of the identified level of individuals' health status, health needs and health risks</td></tr>
<tr><td colspan="2">Personal and transversal competences
Recognize health status and health needs of individuals within a specific cultural and community context.
Cooperate with individuals in order to detect health problems and assess health needs.
Apply critical thinking to individuals' health problems' identification.
Demonstrate an intra and interdisciplinary team approach to detect health problems of individuals within the context of their cultures and communities.
Compose the nursing report AUTONOMOUSLY</td></tr>
<tr><td colspan="2">NOTES:
Professional standards competencies are addressed by LO15a</td></tr>
</table>

<table>
<tr><th colspan="2">LO1b: Identify and assess families' health status and health needs</th></tr>
<tr><td>Knowledge
Differentiate needs assessment on the base of the systemic – family approach.
Classify the determinants of families' health status.
Recognize and describe families' health needs.
Define and describe frailty situations of family members (caregivers).
Identify the proper standardized and validated assessment tools for families' health status and health needs.
Identify possible health threats or risks for families within the cultural context and the targeted community.</td><td>Skills
Evaluate all the dimensions (biological, mental, spiritual, social) of families' health status.
Estimate family members' relations.
Assess families' health status with the use of standardized and validated evaluation tools.
Assess families' health needs within a specific cultural context.
Detect frequent health problems of families within a specific cultural context.
Collect families' data through observation, interview and physical examination.
Compose a nursing report of the identified level of individuals' health status, health needs and health risks.</td></tr>
<tr><td colspan="2">Personal and transversal competences
Recognize health status and health needs of families within a specific cultural and community context.
Cooperate with family members in order to detect health problems and assess health needs.
Apply critical thinking to families' health problems' identification.
Demonstrate an intra and interdisciplinary team approach to detect health problems of families within the context of their cultures and communities.
Compose the nursing report AUTONOMOUSLY.</td></tr>
<tr><td colspan="2">NOTES:
Team working competencies are addressed by LO15b
Professional standards competencies are addressed by LO15a</td></tr>
</table>

<table>
<tr><th colspan="2">LO1C: Contextualize and apply needs assessment taking into account cultures and communities</th></tr>
<tr><td>Knowledge
Define and describe specific community characteristics regarding geographical profile, population and immigration.
Define and describe specific population characteristics regarding socio-demographic, economic and work status related characteristics.
Describe and identify possible hazards (physical, chemical and biological) of a community.</td><td>Skills
Evaluate and handle possible hazards (physical, chemical and biological) of a community.
Measure specific community characteristics regarding geographical profile, population and immigration.
Measure specific population characteristics regarding socio-demographic, economic and work status related characteristics.
Apply evidence-based measurement standards of health needs that take in to account cultures and communities.</td></tr>
<tr><td colspan="2">Personal and transversal competences
Refer to specific population characteristics regarding socio-demographic, economic and work status related characteristics .
AUTONOMOUSLY evaluate possible hazards of a community.
Demonstrate cultural sensitivity
Demonstrate critical thinking skills and dispositions for cultural and community awareness.</td></tr>
<tr><td colspan="2">NOTES:
Professional standards competencies are addressed by LO15a</td></tr>
</table>

<table>
<tr><th colspan="2">LO3a: Plan nursing care to meet the needs of individuals, families, and the community within their scope of competence.</th></tr>
<tr><td>Knowledge
Outline the components and types of Nursing Diagnoses – NANDA/ICNP.
Transform health problems and needs into nursing diagnoses
Identify and set priorities of nursing care.
Establish expected outcomes (goals/objectives) of nursing care – NOC/ICNP.
Identify the proper nursing interventions for achieving outcomes.
Prioritize nursing interventions.
Classify priorities of nursing care: High- Emergent, Intermediate, Law.</td><td>Skills
Set individual-centered, family-centered and community-centered short-term and long-term goals and outcomes.
Organize, develop and write a nursing care plans/nursing kardex/critical pathways, based on the nursing diagnosis and fulfilling specific needs.
Set and develop nursing care plans according the preferences, values and expressed needs and within a cultural context
Create concept map care plans</td></tr>
<tr><td colspan="2">Personal and transversal competences
Adopt the holistic approach
Respect ethical issues.
Collaborate and partner with individuals, families and communities.
Apply critical thinking while setting goals and expected outcomes and while deciding nursing interventions.
Create concept map care plans AUTONOMOUSLY</td></tr>
<tr><td colspan="2">NOTES:</td></tr>
</table>

<table>
<tr><th colspan="2">LO3b: Implement nursing care to meet the needs of individuals, families, and the community within their scope of competence.</th></tr>
<tr><td>Knowledge
Outline nursing practice interventions / standards / guidelines and protocols – NIC/ICNP.
Discriminate among different ways of treatment and interventions based on clinical judgment to enhance expected outcomes for individuals, families and communities.
Outline, identify and select the proper direct and indirect care measures at individuals, families and communities.
Outline, recognize and describe all nursing documentation types.</td><td>Skills
Provide independent, dependent and collaborative nursing interventions.
Provide high-quality and safe person-centered community nursing care.
Supervise delegated care.
Organize resources and care delivery.
Review and revise the existing nursing care plan.
Anticipate and prevent complications.
Monitor and manage potential complications.
Document nursing activities.</td></tr>
<tr><td colspan="2">Personal and transversal competences
Act respectfully
Apply critical thinking skills and dispositions in the implementation process
Set strategies for recognition of all possible consequences associated with the provided nursing actions.
Act with accountability and in compliance with legal requirements.</td></tr>
<tr><td colspan="2">NOTES:
Document nursing activities: overlaps with LO10a and LO10b</td></tr>
</table>

<table>
<tr><th colspan="2">LO3c: Assess nursing care to meet the needs of individuals, families, and the community within their scope of competence.</th></tr>
<tr><td>Knowledge
Differentiate, describe and select the means and tools that are used to assess the effectiveness of nursing care.
Outline and illustrate nursing planning process.
Outline, identify and select the proper the criteria for nursing care quality assurance and effectiveness</td><td>Skills
Analyze individuals', families' and communities' responses to applied nursing interventions.
Apply the criteria for nursing care quality assurance and effectiveness
Evaluate the outcome of nursing interventions based on the outcomes goals of the nursing plan.
Identify errors in the pan of care.
Evaluate family strengths and area of concern, family's living environment including community in which the family lives.
Identify factors contributing to success or failure.
Monitor the quality of nursing care
Document the results.
Plan for future care.</td></tr>
<tr><td colspan="2">Personal and transversal competences
Learn from experiences among individuals, families, communities and health professionals
Manage and modify complex failure situations.</td></tr>
<tr><td colspan="2">NOTES:
This LO overlaps with LO10a and LO10b and with LO12a LO12b LO12c and LO12d
Professional standards competencies are addressed by LO15a</td></tr>
</table>

<table>
<tr><th colspan="2">LO19a: Assess community health needs in a multidimensional perspective</th></tr>
<tr><td>Knowledge
Outline community healthcare needs in physical, mental, spiritual and social level.
Distinguish and describe the most common assessment tools that are standardized for specific populations
Identify the impact of conducting comprehensive community assessments with individuals, families and communities</td><td>Skills
Analyse data on and needs of specific populations
Identify and interact with key community leaders
Identify and assess target populations that may be at risk
Select and apply the most common assessment tools that are standardized for specific populations</td></tr>
<tr><td colspan="2">Personal and transversal competences
Cooperate with other health professionals, eg. with primary, secondary and tertiary health care providers
Cooperate with supportive social and spiritual services</td></tr>
<tr><td colspan="2">NOTES:
Team working competencies are addressed by LO15b
Professional standards competencies are addressed by LO15a</td></tr>
</table>

<table>
<tr><th colspan="2">LO19b: Identify the appropriate clinical interventions and care management strategies for communities</th></tr>
<tr><td>Knowledge
Outline, differentiate and describe care management strategies used in community settings.
Outline, identify and select the proper clinical interventions - NIC/ICNP for community settings.
Compare and select the community interventions targeting primary, secondary, and tertiary prevention.
Recognize community resources.</td><td>Skills
Identify specific clinical interventions for specific community populations.
Indicate strategies for quality care management in community settings.</td></tr>
<tr><td colspan="2">Personal and transversal competences
Respect ethical aspects of specific populations.
Collaborate with community members and leaders
Demonstrate the critical thinking skills of interpretation, analysis, inference and evaluation</td></tr>
<tr><td colspan="2">NOTES:
Team working competencies are addressed by LO15b
Professional standards competencies are addressed by LO15a</td></tr>
</table>

<table>
<tr><th colspan="2">LO21a: Assess the social, cultural, and economical context of patients and their families</th></tr>
<tr><td>Knowledge
Clarify and interpret the impact of social, political, economic, and environmental conditions that affect families' health choices and outcomes
Recognize the elements of the social environment of patients and their families (family status, number of children, educational level, participation in clubs, etc.)
Identify and illustrate the cultural background of patients and families (ethnicity, religion, morals and customs, minority, etc.)
Define and describe elements of the financial level of patients and families (monthly income, employment status, insurance, home, etc.)</td><td>Skills
Collect and analyse data regarding the social environment of patients and families (family status, number of children, educational level, participation in clubs, etc.)
Evaluate patients and their families' strengths and area of concerns related to social, economic and cultural factors
Evaluate the family's living environment for support, relationship and other factors that may impact on patients and their families' outcomes
Assess the larger environment in which the family lives for safety, access, and social, economic and cultural issues
Interpret and evaluate the meaning of information from socio-cultural, ethical, and economic perspectives</td></tr>
<tr><td colspan="2">Personal and transversal competences
Approach patients and families WITH RESPONSIBILITY, open-mindedness and cognitive maturity.
AUTONOMOUSLY evaluate the social status, cultural aspects and economical context of patients and their families.</td></tr>
<tr><td colspan="2">NOTES:</td></tr>
</table>

9.1.2 Unit of Learning Outcomes B: Decision Making Process

UNIT OF LEARNING OUTCOMES B: DECISION MAKING PROCESS	
Core Competencies	
CC2:	Make decisions based on professional ethical standards
CC11:	Involve individuals and families in decision-making concerning health promotion, and disease and injuries prevention, and wellbeing
CC22:	Development of nurse leadership and decision-making skills to ensure clinical and healthcare effectiveness and appropriateness
CC23:	Ability to negotiate healthcare with patients and their families, with the multidisciplinary team and healthcare centers
6 Learning Outcomes	
LO2a:	Know the main professional ethical standards
LO2b:	Take decisions based on professional ethical standards
LO11a:	Involve individuals and families in decision-making process
LO22a:	Know and apply leadership techniques that ensures clinical and healthcare effectiveness and appropriateness
LO22b:	Know and apply decision-making techniques that ensures clinical and healthcare effectiveness and appropriateness
LO23a:	Know and apply communication, counselling and negotiation strategies and techniques with different actors

<table>
<tr><th colspan="2">LO2a: Know the main professional ethical standards</th></tr>
<tr><td>Knowledge
State the moral and ethical principles of the nursing profession.
Illustrate human rights according to international agreements
Interpret professional codes, laws and regulations related to nursing practice.
Outline all nursing protocols/guidelines approved by scientific associations and health authorities</td><td>Skills
Comply with ethical principles, professional code of conduct, laws and regulations.
Practise observing human rights according to international agreements.
Promote ongoing compliance with the key ethical principles for individuals, beneficence, and justice
Adhere to laws and regulations for nursing practice.
Continuously assess and reports practice that can lead to misconduct.
Comply with and stimulate a culture of misconduct reporting</td></tr>
<tr><td colspan="2">Personal and transversal competences
Comply with ethical principles and professional codes of conduct.
Defend human rights in accordance with international agreements in decision-making.
Protect the dignity of individuals and their families, and consequently of their community.
Demonstrate leadership in ensuring adherence to ethical principles to protect the rights and well-being of individuals.</td></tr>
<tr><td colspan="2">NOTES:
Define the relations (preparatory or not) with LO20a and LO20b
Professional standards competencies are addressed by LO15a</td></tr>
</table>

<table>
<tr><th colspan="2">LO2b: Take decisions based on professional ethical standards</th></tr>
<tr><td>Knowledge
Describe in detail the decision making process.
Outline standards for patients’ and families’ safety, as well as for a safe environment</td><td>Skills
Take decisions according to international agreements
Take informed decisions in accordance with the professional ethical standards.
Take into consideration the safety of patients and families when making decisions.</td></tr>
<tr><td colspan="2">Personal and transversal competences
Collaborate with other professionals in order to take decisions.
Comply with professional ethical standards through the whole process.
Act in safety while making decisions.
Protect the dignity of individuals and their families, and consequently of their community.
Ensure confidentiality. Be honest and true, while implementing the professional ethical standards.</td></tr>
<tr><td colspan="2">NOTES:
Professional standards competencies are addressed by LO15a
Team working competencies are addressed by LO 15b</td></tr>
</table>

<table>
<tr><th colspan="2">LO11a: Involve individuals and families in decision-making process</th></tr>
<tr><td>Knowledge
Differentiate and describe strategies and techniques aimed to involve individuals and families in decision-making (including communication and motivation strategies and techniques)
Differentiate and describe the main strategies to encourage shared decision-making concerning health promotion, disease and injuries prevention and wellbeing.
Understand and interpret preferences and choices of patients and families.</td><td>Skills
Apply strategies and techniques aimed to involve individuals and families in decision-making.
Apply communication strategies and motivation techniques in order to induce informed willingness, of individuals and families, for active involvement in decision-making processes.
Act by following the steps and the rules of decision-making process.
Apply and ensure a shared decision-making concerning health promotion, disease and injuries prevention, and wellbeing, taking into account values, preferences, and needs of individuals and families.
Evaluate decision-making actions in partnership with individuals, families, and communities.
Avoid negative comments concerning preferences and choices of patients and families.
Depict a variety of options to patients and families in decision-making.
Evaluate the risk level of patient and family involvement in decision-making.</td></tr>
<tr><td colspan="2">Personal and transversal competences
Respect patients’ and families’ choices in decision making.
AUTONOMOUSLY organize the job following the steps and the rules of decision-making process.
React to patient and family choices according to the professional profile.
Recognize individual and family preferences, values, and needs in decision-making and avoid any judgments of their choices.
Critically reflect to different choices in decision-making.
Create a trustable atmosphere where individuals and families could feel safe, respected and having a voice in making decisions.</td></tr>
<tr><td colspan="2">NOTES:
Overlaps with LO22b
Communication strategies competencies are addressed by LO16a</td></tr>
</table>

<table>
<tr><th colspan="2">LO22a: Know and apply leadership techniques that ensures clinical and healthcare effectiveness and appropriateness</th></tr>
<tr><td>Knowledge
Recognize the proper leadership and management techniques suitable for the targeted strategy and population.
Identify the role of a positive working environment in ensuring clinical and healthcare effectiveness and appropriateness.</td><td>Skills
Implement the right leadership strategies to ensure clinical and healthcare effectiveness and appropriateness.
Constantly evaluate the leadership strategy.
Change the leadership strategy if it is needed.
Build coalitions, inter-sectoral partnership and networks</td></tr>
<tr><td colspan="2">Personal and transversal competences
Work as part of a multidisciplinary team.
Create an atmosphere of respect and trust between the leader and the team members.
Create an atmosphere of respect and trust between the team and the targeted population.
Create a positive working climate that supports cooperation among the members of the interdisciplinary team.</td></tr>
<tr><td colspan="2">NOTES:
Team working strategies are addresses by LO15b</td></tr>
</table>

LO22b: Know and apply decision-making techniques that ensures clinical and healthcare effectiveness and appropriateness	
Knowledge • Outline the effective and appropriate decision making process. • Identify and interpret different strategic thinking methods including thinking outside out of the box, if required	**Skills** • Describe the problem, gather relevant information, describe alternatives and evaluate them in order to take effective and appropriate decisions. • Constantly evaluate the decision-making outcomes. • Change the chosen decisions if it is needed.
Personal and transversal competences • Demonstrate critical thinking disposition in the decision-making process; cognitive-maturity, truth seeking, open-mindedness, analyticity, systematism. • Communicate effectively and promote cooperative behaviours.	
NOTES: Overlaps with LO11a Communication strategies competencies are addressed by LO16a	

<table>
<tr><th colspan="2">LO23a: Know and apply communication, counselling and negotiation strategies and techniques with different actors</th></tr>
<tr><td>Knowledge
Outline, identify and select the proper counselling strategies and techniques.
Select and locate therapeutic communication strategies and techniques.
Select and locate effective negotiation strategies and techniques.
Outline advanced healthcare directives.</td><td>Skills
Demonstrate empathy, creativity, genuine interested, compassion.
Devote adequate time to individuals and families for expressing health related concerns and feelings.
Support patients and families in their relations the multidisciplinary team and with healthcare centers.
Assure proper deals in case of patients’ autonomy loss.
Evaluate and address the needs of informal carers.</td></tr>
<tr><td colspan="2">Personal and transversal competences
Demonstrate coping attitudes
Apply critical thinking skills for problem solving.
Interact with other members of the multidisciplinary team and healthcare centres when negotiating healthcare actions with patients and families
Dedicate proper time and location for negotiation.
Support inter-professional collaborations which aim at the physical and mental wellbeing of patients and their families
Create a trustable atmosphere for the discussion between the patients and their families, with the multidisciplinary team and healthcare centres.
Assure that patients and their families feel respected, valued and considered throughout the whole negotiation process.</td></tr>
<tr><td colspan="2">NOTES:
Team working competencies are addressed by LO15b
Communication strategies competencies are addressed by LO16a
Communication and counseling techniques to manage relations with patients in palliative care are targeted by LO7b</td></tr>
</table>

9.1.3 Unit of Learning Outcomes C: Health Promotion And Education

UNIT OF LEARNING OUTCOMES C: HEALTH PROMOTION AND EDUCATION	
Core Competencies	
CC4:	Enhance and promote health and prevent disease and injuries in individuals, families and communities even focusing on inequities and unique needs of subpopulations.
CC5:	Apply education strategies to promote health and safety of individuals and families.
CC16:	Provide patient education and build a therapeutic relationship with patients and their families.
CC17:	Analytic assessment, cultural competence, program planning, and community dimensions of practice to pursue community health promotion goals together with the community multidisciplinary team.
CC18:	Leadership and development, implementation and evaluation of policies for the family and the community for purposes of health promotion.
CC25:	Mentoring students to promote the health, and prevent disease and injuries and wellbeing of individuals and their families and communities.
10 Learning Outcomes	
LO4a:	Know the main elements/guidelines/procedures/theories to enhance and promote health and prevent disease and injuries in individuals, families and communities and to be able to apply them in daily practice
LO4b:	Know unique needs of subpopulations and detect and contrast the main inequities which affect them
LO5a:	Know and apply the main educational strategies which can be adopted to promote health and safety of individuals and families
LO16a:	Know the main educational strategies for patient education and apply them in daily practice
LO16b:	Know the main strategies and techniques for building an effective therapeutic relation with patients and families and apply them in daily practice
LO17a:	Know community health promotion goals
LO17b:	Carry out health promotion programs and activities that meet the community's goals
LO18a:	Evaluate policies for health promotion at family and community level
LO18b:	Effectively coordinate, develop and implement policies for health promotion at family and community level
LO25a:	Know strategies and techniques for mentoring students and apply them in daily practice

<table>
<tr><th colspan="2">LO4a: Know the main elements/guidelines/procedures/theories to enhance and promote health and prevent disease and injuries in individuals, families and communities and to be able to apply them in daily practice</th></tr>
<tr><td>Knowledge
Identify and describe in detail health promotion and education theories, guidelines and procedures.
Identify and explain conditions and/or behaviours that are hazardous to the health of individuals, families and communities.</td><td>Skills
Detect conditions and/or health risk behaviours
Apply in daily practice interventions of health promotion and education that enhance health status of community populations.
Constantly monitor implementation process and evaluate the outcomes of the chosen strategies with a close observation of the inequities and unique needs of subpopulations.
Motivate people to adopt preventive behaviours.</td></tr>
<tr><td colspan="2">Personal and transversal competences
Detect conditions and/or health risk behaviours AUTONOMOUSLY
Empower the targeted individuals, families and communities to enhance and promote health, and prevent disease and injuries.
Collaborate with other members of the multidisciplinary team while detecting health risks.</td></tr>
<tr><td colspan="2">NOTES:
Team working competencies are addressed by LO15b</td></tr>
</table>

<table>
<tr><th colspan="2">LO4b: Know unique needs of subpopulations and detect and contrast the main inequities which affect them</th></tr>
<tr><td>Knowledge
Recognize the unique needs of subpopulations that face inequities, such as populations with different cultural or religious background or situations of abuse
Outline social rights pillars
State how health and illness are affected by socioeconomics, culture, race, spiritual beliefs, gender, lifestyle, and age.</td><td>Skills
Detect and report the unique needs of subpopulations that face inequities, such as populations with different cultural or religious background or situations of abuse
Address the inequities and unique health needs of subpopulations when providing health promotion and prevention of disease and injuries.</td></tr>
<tr><td colspan="2">Personal and transversal competences
AUTONOMOUSLY evaluate the needs of individuals, families and communities with different cultural or religious background
Collaborate with other members of the multidisciplinary health team while detecting needs</td></tr>
<tr><td colspan="2">NOTES:
Team working competencies are addressed by LO15b</td></tr>
</table>

<table>
<tr><th colspan="2">LO5a: Know and apply the main educational strategies which can be adopted to promote health and safety of individuals and families</th></tr>
<tr><td>Knowledge
Identify and describe in detail the main educational strategies and tools for promoting health and safety of individual and families
Explain the benefits of health educational programs in health status of individuals and families.</td><td>Skills
Evaluate the educational needs of individuals, families and communities regarding health promotion.
Adapt educational strategies to specific needs in terms of health promotion and safety.
Set and implement educational programs that promote health and safety of individuals and families.
Monitor the progress of educational strategies in promoting the health and safety of the targeted individuals and families.
Foster the acceptability and compliance of the users regarding the educational process and health promotion activities</td></tr>
<tr><td colspan="2">Personal and transversal competences
Choose the proper education strategy TAKING ON RESPONSIBILITY of results
Play a leader role throughout the educational process, until the intended outcomes have been achieved.
Evaluate the educational needs AUTONOMOUSLY
Collaborate with other members of the multidisciplinary health team during health promotion and education process
Motivate collaborators to responsibility and dedication</td></tr>
<tr><td colspan="2">NOTES:
Team working competencies are addressed by LO15b
Professional standards competencies are addressed by LO15a</td></tr>
</table>

<table>
<tr><th colspan="2">LO16a: Know the main educational strategies for patient education and apply them in daily practice</th></tr>
<tr><td>Knowledge
Outline, identify and select the proper patient education strategies, techniques and tools.</td><td>Skills
Apply the appropriate techniques to assess patient’s learning (education) needs and educate according the needs
Organize and implement educational sessions/programs regarding health promotion for patients and families
Use culturally/religiously appropriate examples and suggestions
Evaluate educational deficits of both patients and their families
Evaluate educational interventions for patients and their families
Foster the acceptability and compliance to the educational interventions</td></tr>
<tr><td colspan="2">Personal and transversal competences
AUTONOMOUSLY evaluate educational deficits and interventions
Collaborate with other professionals of the multidisciplinary team</td></tr>
<tr><td colspan="2">NOTES:
Team working competencies are addressed by LO15b</td></tr>
</table>

<table>
<tr><th colspan="2">LO16b: Know the main strategies and techniques for building an effective therapeutic relation with patients and families and apply them in daily practice</th></tr>
<tr><td>Knowledge
Select and locate the main strategies and techniques that foster a therapeutic interpersonal relationship.</td><td>Skills
Apply the appropriate techniques to build a therapeutic relation with patients and families.
Set the baseline for trust while exhibiting compassion, empathy and genuine interest.
Engage with patients and their families to improve health-related outcomes.
Use effective communication strategies.
Evaluate the therapeutic relationship with patients and their families.
Encourage acceptability and compliance to the therapeutic relationship</td></tr>
<tr><td colspan="2">Personal and transversal competences
Respect people as unique individuals with differing beliefs and cultural backgrounds.
Enact a comprehensive communication of facts and circumstances.
Recognize patient and family preferences, values, and needs.
Establish a holistic, compassionate, respectful partnership with the patients and families.
Evaluate the therapeutic relationship AUTONOMOUSLY</td></tr>
<tr><td colspan="2">NOTES:
Professional standards competencies are addressed by LO15a
Communications strategies competencies are addressed by LO16a</td></tr>
</table>

LO17a: Know community health promotion goals	
Knowledge • Recognize and illustrate the main community health promotion goals	**Skills** • Detect, evaluate and document health promotion goals in a specific community • Prioritize community health promotion goals • Develop an analytical report of community health promotion goals • Encourage acceptability and compliance to the implementation of community health promotion goals
Personal and transversal competences • Evaluate the community health promotion goals AUTONOMOUSLY • Collaborate with other professionals of the multidisciplinary team	
NOTES: Team working competencies are addressed by LO15b	

<table>
<tr><th colspan="2">LO17b: Carry out health promotion programs and activities that meet the community’s goals</th></tr>
<tr><td>Knowledge
Describe and select the best practices for the implementation of programs and activities, which meet community’s health promotion goals.
List, differentiate and describe the healthcare and community services of a particular area of practice</td><td>Skills
Apply community dimensions of practice
Organize and implement health promotion programs and interventions that pursue community’s goals
Evaluate the effectiveness of the implemented programs
Communicate regularly with healthcare and community services in order to better organize family and community health provision
Foster acceptability and compliance to health promotion/provision recommendations</td></tr>
<tr><td colspan="2">Personal and transversal competences
AUTONOMOUSLY evaluate the community dimensions of practice and the available services.
Collaborate with other professionals of the multidisciplinary team</td></tr>
<tr><td colspan="2">NOTES:
Team working competencies are addressed by LO15b</td></tr>
</table>

LO18a: Evaluate policies for health promotion at family and community level	
Knowledge • Identify and describe in detail health promotions policies for family and community. • Outline and select the standardized assessment tools for health promotion policies.	**Skills** • Demonstrates critical understanding of health promotions policies for family and community. • Assess health promotion policies by using standardized tools.
Personal and transversal competences • Apply the critical thinking skills and disposition of evaluation, interpretation, explanation, systematism. • Evaluate the policies to be implemented AUTONOMOUSLY	
NOTES: Professional standards competencies are addressed by LO15a	

LO18b: Effectively coordinate, develop and implement policies for health promotion at family and community level	
Knowledge • Outline nursing leadership roles in the healthcare system. • Outline the theoretical principles of family and community health promotion policies development and implementation.	**Skills** • Develop and implement health promotion policies according to universal and country recommendations. • Evaluate the policy development process
Personal and transversal competences • Act as a leader in the development, implementation and evaluation of the health promotions policies for the family and the community. • Communicate effectively and promote cooperative behaviours. • Collaborate with others to facilitate the establishment and achievement of health promotion policies. • Value the importance of formative and summative feedback in leadership, development and implementation of policies. • Evaluate the policy development process AUTONOMOUSLY	
NOTES: Team working competencies are addressed by LO15b Communication strategies competencies are addressed by LO16a	

<table>
<tr><th colspan="2">LO25a: Know strategies and techniques for mentoring students and apply them in daily practice</th></tr>
<tr><td>Knowledge
Select and locate mentoring strategies and techniques about health promotion and education issues.</td><td>Skills
Teach students the principles and guidelines of health promotion and disease/injury prevention.
Explain complex information.
Set up learning environments.
Support and encourage mentees to manage their own learning process.
Provide directions to students to work independently.
Promote critical thinking reasoning, and guide mentees to follow policies and procedures of health promotion and education.
Implement with students the appropriate health promotion and disease/injury prevention measures in the community setting.
Provide interactive mentoring.
Provide positive feedbacks to students.
Adapt communication and counselling competencies in order to develop students‘ responsibility and autonomy.
Evaluate the teaching and mentoring process
Foster the acceptability and compliance of students</td></tr>
<tr><td colspan="2">Personal and transversal competences
Evaluate the teaching and mentoring process AUTONOMOUSLY</td></tr>
<tr><td colspan="2">NOTES:
Communication strategies competencies are addressed by LO16a</td></tr>
</table>

9.1.4 Unit of Learning Outcomes D: Communication

UNIT OF LEARNING OUTCOMES D: COMMUNICATION	
Core Competencies	
CC6:	Communication competencies based on evidence in relation to a specific context
CC15:	Maintain intra-professional and inter-professional relationships and a supportive role with colleagues to ensure that professional standards are met
3 Learning Outcomes	
LO6a:	Know the main communication strategies and techniques which can be adopted by a FCN and apply them to specific contexts and needs
LO15a:	Know professional standards and act in compliance with them
LO15b:	Know advanced strategies and techniques of team working and professional collaboration and apply them to specific contexts and needs

<table>
<tr><th colspan="2">LO6a: Know the main communication strategies and techniques which can be adopted by a FCN and apply them to specific contexts and needs</th></tr>
<tr><td>Knowledge
Outline, identify and select the proper evidence-based communication strategies and techniques.
Clarify nursing principals of communication in relation to the specific context of the care recipient(s) in the family and the community.
Describe the main strategies and techniques for verbal and non-verbal communication as well as communication breakdowns.
Define the conditions required for establishing an effective communication context.</td><td>Skills
Assess the specific context and set the proper communication conditions in the interaction with care recipient(s) in the family and the community.
Apply communication strategies and techniques for successful relations and for care recipients activation or rehabilitation
Set a therapeutic environment that promotes discussion by using appropriate communication style and community resources
Apply the proper strategies and techniques in order to explain complex information to care recipients and families
Use verbal, non-verbal and written or graphic communication skills properly
Speak and write in plain language
Use multi-sensory forms of communication to address unique communication styles
Use culturally relevant communication when building relationships</td></tr>
<tr><td colspan="2">Personal and transversal competences
Relate communication strategies to the specific context
Respect people as unique individuals with differing beliefs and cultural backgrounds.</td></tr>
<tr><td colspan="2">NOTES:
Preparatory for a number of transversal competencies (see notes for each of them)
The therapeutic relationship is targeted by LO16b</td></tr>
</table>

LO15a: Know professional standards and act in compliance with them	
Knowledge • Identify and describe in detail all FCN professional standards.	**Skills** • Apply professional standards in nursing practice.
Personal and transversal competences • Apply critical thinking dispositions; truth- seeking, open-mindedness, self-confidence, cognitive maturity. • Share his/her own expertise with other professionals to meet professional standards	
NOTES: Preparatory for a number of transversal competencies (see notes for each of them)	

<table>
<tr><th colspan="2">LO15b: Know advanced strategies and techniques of team working and professional collaboration and apply them to specific contexts and needs</th></tr>
<tr><td>Knowledge
Outline, identify and describe team working and collaborative strategies and techniques.
State roles, responsibilities and legitimations that support intra- and inter-professional effective relationships.</td><td>Skills
Select the proper team working and collaborative strategies and techniques and apply them to specific contexts and needs
Set a positive and collaborative working environment.
Facilitate inter-professional relationships to address complex medical issues.
Work as part of a professional team to increase appropriate methods and techniques adapted to the problems and the needs of the family or community care recipient(s).
Interpret the ways that colleagues relate each other in workplaces.</td></tr>
<tr><td colspan="2">Personal and transversal competences
Define his/her own professional identity through interaction with other professionals in the health team care
Define his/her role in the team while gaining an understanding of commitment in the workplace</td></tr>
<tr><td colspan="2">NOTES:
Preparatory for a number of transversal competencies (see notes for each of them)</td></tr>
</table>

9.1.5 Unit of Learning Outcomes E: Navigation As Care Coordinator And Patient Advocate

UNIT OF LEARNING OUTCOMES E: NAVIGATION AS CARE COORDINATOR AND PATIENT ADVOCATE	
Core Competencies	
CC8:	Coordinate and be accountable for attributing community healthcare activities to support workers
CC13:	Participate in the prioritization of activities of the multidisciplinary team to address problems related to health and illness
CC14:	Manage change and act as agents for change to improve family and community nursing practice
CC20:	Managing disparity and diversity and fostering inclusiveness
CC27:	Work together with the multidisciplinary team to prevent disease, and promote and maintain health
9 Learning Outcomes	
LO8a:	Know and evaluate the main problems and needs which could affect workers in a specific community context.
LO8b:	Know and apply strategies and techniques to motivate workers and to engage them in community healthcare promotion
LO13a:	Work and collaborate in a multidisciplinary team.
LO13b:	Plan and prioritize the activities of the multidisciplinary team in order to address problems related to health and illness
LO14a:	Know which changes are needed to improve FCN practice and act in order to target and reach them
LO20a:	Know the main ethical principles to manage disparity and diversity and apply them in daily practice
LO20b:	Know the main guidelines to foster inclusiveness and apply them in daily practice
LO27a:	Work and collaborate in a multidisciplinary team
LO27b:	Effectively address problems related to health and illness through the multidisciplinary team

<table>
<tr><th colspan="2">LO8a: Know and evaluate the main problems and needs which could affect workers in a specific community context</th></tr>
<tr><td>Knowledge
Identify problems and needs that affect workers in a specific community context.</td><td>Skills
Evaluate problems and needs that affect workers in a specific community context.
Collect relevant information that will inform workers about the problems and needs of specific populations.
Analyze relevant information to identify major health issues.
Prioritize the main problems and needs for action decisions.</td></tr>
<tr><td colspan="2">Personal and transversal competences
Apply the critical thinking skills and dispositions of interpretation, analysis, evaluation, systematism, cognitive maturity.
Communicate and cooperate with community health care workers in order to identify problems and needs related to specific community context.</td></tr>
<tr><td colspan="2">NOTES:
Communication strategies competencies are addressed by LO16a
Team working competencies are addressed by LO15b</td></tr>
</table>

<table>
<tr><th colspan="2">LO8b: Know and apply strategies and techniques to motivate workers and to engage them in community healthcare promotion</th></tr>
<tr><td>Knowledge
Outline, identify and select the proper motivation strategies and techniques for employees' health care in the community.
State healthcare activities that support workers in community healthcare promotion.</td><td>Skills
Apply motivation strategies and techniques for employees' health care in the community within a specific community context.
Set accountability standards that enhance community healthcare promotion.
Coordinate supportive activities for community healthcare workers.</td></tr>
<tr><td colspan="2">Personal and transversal competences
Empathize with workers for their problems and needs as they engage with community healthcare activities
Motivate workers to implement healthcare activities AUTONOMOUSLY</td></tr>
<tr><td colspan="2">NOTES:
Communication strategies competencies are addressed by LO16a
Professional standards competencies are addressed by LO15a</td></tr>
</table>

<table>
<tr><th colspan="2">LO13a: Work and collaborate in a multidisciplinary team</th></tr>
<tr><td>Knowledge
Locate effective collaboration principles, methods and techniques in a context of multidisciplinary professionals.
Distinguish and outline the main roles and activities characterizing each professional who is supposed to collaborate with FCN</td><td>Skills
Apply effective collaboration principles, methods and techniques in a context of multidisciplinary professionals.</td></tr>
<tr><td colspan="2">Personal and transversal competences
Communicate effectively and promote cooperative behaviours.
Accept different views and opinions within the multidisciplinary team about issues related to health and illness.
Support members of the multidisciplinary healthcare team to express views and opinions AUTONOMOUSLY.
Respect the roles of each professional</td></tr>
<tr><td colspan="2">NOTES:
This LO is exactly the same of LO27a; it has to be declined accordingly to the specific core competence
Team working competencies are addressed by LO15b
Communication strategies competencies are addressed by LO16a
This LO address only specific competencies related to the work in a multidisciplinary team</td></tr>
</table>

<table>
<tr><th colspan="2">LO13b: Plan and prioritize the activities of the multidisciplinary team in order to address problems related to health and illness</th></tr>
<tr><td>Knowledge
Identify, categorize and define the activities that the multidisciplinary team should carry out in order to address problems related to health and illness.
Outline the main principles to prioritize needs and activities addressing the community problems</td><td>Skills
Select and prioritize activities of the multidisciplinary team to address problems related to health and illness.</td></tr>
<tr><td colspan="2">Personal and transversal competences
Accept different views and opinions within the multidisciplinary team about issues related to health and illness
Provide reasonable justifications for his/her own choices about priorities</td></tr>
<tr><td colspan="2">NOTES:
While LO27b focuses on the planning and the implementation of the activities, this LO is focused on planning and prioritizing,
Team working competencies are addressed by LO15b</td></tr>
</table>

<table>
<tr><th colspan="2">LO14a: Know which changes are needed to improve FCN practice and act in order to target and reach them</th></tr>
<tr><td>Knowledge
Know at an advanced level Identify and compare health management strategies.
Identify the need for changes in FCN daily practice.
Outline changing processes and policies in health sector.</td><td>Skills
Critically evaluate the need for changes in daily FCN practice.
Redesign nursing care plans in order to improve FCN practice.
Implement changes in daily FCN practice that improve the quality of care.
Take specific measures to ensure maintenance of changes.
Set new practice objectives and assess them
Set supportive environment for changes and new actions implementation.</td></tr>
<tr><td colspan="2">Personal and transversal competences
Recognize WITH RESPONSIBILITY individuals’ and families’ preferences, values, and needs for change.
Provide responsible explanations to multidisciplinary health team members about the necessity of the required changes.
Manage changing situations with AUTONOMY and critical thinking.
Collaborate with the multidisciplinary team.
Demonstrate purposeful, informed, outcome-oriented thinking.</td></tr>
<tr><td colspan="2">NOTES:
Team working competencies are addressed by LO15b
Multidisciplinary team competencies are addressed by LO13a</td></tr>
</table>

<table>
<tr><th colspan="2">LO20a: Know the main ethical principles to manage disparity and diversity and apply them in daily practice</th></tr>
<tr><td>Knowledge
Recognize disparity and diversity in family and in community settings.
State specific disparity situations, such as children, women and older adults abuse.
Compare and select strategies and techniques for managing disparity and diversity.</td><td>Skills
Analyse and evaluate disparity and diversity in family and community context
Manage disparity and diversity in daily FCN practice.
Apply principles of equity and social justice in daily practice.</td></tr>
<tr><td colspan="2">Personal and transversal competences
Support vulnerable social groups.
Accept diversity and manage disparity WITH RESPONSIBILITY.
Reduce disparity through a comprehensive communication.</td></tr>
<tr><td colspan="2">NOTES:
Define the relations (preparatory or not) with LO2a
Communication strategies competencies are addressed by LO16a</td></tr>
</table>

<table>
<tr><th colspan="2">LO20b: Know the main guidelines to foster inclusiveness and apply them in daily practice</th></tr>
<tr><td>Knowledge
Outline, identify and select the proper strategies and techniques for fostering inclusiveness in health care systems.</td><td>Skills
Apply strategies and techniques for fostering inclusiveness in health care systems
Plan activities that promote inclusiveness.
Coordinate initiatives in the multidisciplinary team in order to foster inclusiveness Apply principles of equity and social justice in daily practice</td></tr>
<tr><td colspan="2">Personal and transversal competences
Support vulnerable social groups.
Adopt inclusiveness behaviour WITH RESPONSIBILITY.
Enhance inclusiveness through a comprehensive communication</td></tr>
<tr><td colspan="2">NOTES:
Define the relations (preparatory or not) with LO2a
Communication strategies competencies are addressed by LO16a</td></tr>
</table>

<table>
<tr><th colspan="2">LO27a: Work and collaborate in a multidisciplinary team</th></tr>
<tr><td>Knowledge
Locate effective collaboration principles, methods and techniques in a context of multidisciplinary professionals.
Distinguish and outline the main roles and activities characterizing each professional who is supposed to collaborate with FCN</td><td>Skills
Apply effective collaboration principles, methods and techniques in a context of multidisciplinary professionals.</td></tr>
<tr><td colspan="2">Personal and transversal competences
Communicate effectively and promote cooperative behaviours.
Accept different views and opinions within the multidisciplinary team about issues related to health and illness.
Support members of the multidisciplinary healthcare team to express views and opinions AUTONOMOUSLY.
Respect the roles of each professional</td></tr>
<tr><td colspan="2">NOTES:
This LO is exactly the same of LO13a; it has to be declined accordingly to the specific core competence
Team working competencies are addressed by LO15b
Communication strategies competencies are addressed by LO16a
This LO address only specific competencies related to the work in a multidisciplinary team</td></tr>
</table>

<table>
<tr><th colspan="2">LO27b: Effectively address problems related to health and illness through the multidisciplinary team</th></tr>
<tr><td>Knowledge
Identify and describe effective multidisciplinary interventions that address successfully problems related to health and diseases.</td><td>Skills
Plan and implement activities of the multidisciplinary team to address problems related to health and illness.
Assess and revise activities of the multidisciplinary team to address problems related to health and illness
Integrate different opinions of the multidisciplinary team into activities that prevent disease, and promote and maintain health.</td></tr>
<tr><td colspan="2">Personal and transversal competences
Motivate multidisciplinary team members to actively participate in actions that aim to prevent disease, (and) promote and maintain health.
Accept diverse opinions within the multidisciplinary team context.</td></tr>
<tr><td colspan="2">NOTES:
While LO13b focuses on planning and prioritizing, this LO is focused on the planning and the implementation of the activities
Team working competencies are addressed by LO15b</td></tr>
</table>

9.1.6 Unit of Learning Outcomes F: Evidence Based Approach

UNIT OF LEARNING OUTCOMES F: EVIDENCE BASED APPROACH	
Core Competencies	
CC9:	Accountability for the outcomes of nursing care in individuals, families and the community
CC10:	Systematically document and evaluate their own practice
CC12:	Set standards and evaluate the outcomes related to nursing activities in people's homes and in the community
CC26:	Use the best scientific evidence available
9 Learning Outcomes	
LO9a:	Know the main guidelines, procedures and tools for the monitoring and the definition of the outcomes and apply them in daily practice
LO10a:	Know and use standardized and validated tools in order to evaluate their own practice
LO10b:	Know and use the main monitoring and reporting procedures in order to document their own practice
LO12a:	Know the main standards about nursing activities in people's homes and apply them in daily practice
LO12b:	Know the main standards about nursing activities in the community and apply them in daily practice
LO12c:	Evaluate the outcomes related to nursing activities in people's homes
LO12d:	Evaluate the outcomes related to nursing activities in the community
LO26a:	Know the main scientific evidence databases and make an effective search
LO26b:	Use the best scientific evidences properly and apply them in daily practice

<table>
<tr><th colspan="2">LO9a: Know the main guidelines, procedures and tools for the monitoring and the definition of the outcomes and apply them in daily practice</th></tr>
<tr><td>Knowledge
Outline, identify and select the proper guidelines, procedures and validated tools for the definition of the outcomes.
Outline, identify and select the proper guidelines, procedures and validated tools for monitoring nursing care.
Define and describe data collection process.</td><td>Skills
Set appropriate outcomes of nursing care
Apply procedures for monitoring nursing care.
Systematically collect data related to patient outcomes.
Assess the outcomes of nursing care with standardized and validated tools.</td></tr>
<tr><td colspan="2">Personal and transversal competences
Evaluate implemented nursing actions AUTONOMOUSLY.
Collaborate with other multidisciplinary team professionals.
Foster users’ acceptability and compliance with implemented actions set.
Set an healthy and collaborative atmosphere among nursing care deliverers to address and improve the targeted outcomes for the individuals, families and the community.
Demonstrate professional accountability in independent practice in multiple settings with multiple stakeholders</td></tr>
<tr><td colspan="2">NOTES:
Competences related to the evaluation of the outcomes are addressed by LO12c and LO12d (this LO focuses on definition and the monitoring)
Professional standards competencies are addressed by LO15a
Team working competencies are addressed by LO15b
This LO is preparatory for LO24b</td></tr>
</table>

LO10a: Know and use standardized and validated tools in order to evaluate their own practice	
Knowledge • Outline standardized and validated tools to evaluate his/her own practice .	**Skills** • Use standardized and validated tools to evaluate his/her own practice. • Systematically evaluate his/her own practice.
Personal and transversal competences • Evaluate his/her own practice continuously and AUTONOMOUSLY. • Foster the acceptability and compliance of the user to the continuous feedback procedure • Apply the critical thinking skills and dispositions of interpretation, evaluation, self-regulation, truth-seeking, analyticity, systematism.	
NOTES:	

<table>
<tr><th colspan="2">LO10b: Know and use the main monitoring and reporting procedures in order to document their own practice</th></tr>
<tr><td>Knowledge
Outline the main monitoring and reporting procedures in order to document their own practice
Outline, identify and select the proper nursing documentation types and procedures.</td><td>Skills
Select the proper document type and use it for evaluating his/her own practice.
Systematically document his/her own practice.
Fill in nursing sheets and plans.</td></tr>
<tr><td colspan="2">Personal and transversal competences
AUTONOMOUSLY document his/her own practice.
Foster users’ acceptability and compliance with the chosen documentation.</td></tr>
<tr><td colspan="2">NOTES:</td></tr>
</table>

<table>
<tr><th colspan="2">LO12a: Know the main standards about nursing activities in people’s homes and apply them in daily practice</th></tr>
<tr><td>Knowledge
Outline the main standards related to nursing activities in people’s homes.</td><td>Skills
Set/apply standards related to nursing activities in people’s homes in his/her homecare practice.</td></tr>
<tr><td colspan="2">Personal and transversal competences
AUTONOMOUSLY set the proper standards .
Collaborate with other multidisciplinary team professionals.
Foster the acceptability and compliance of the user to the applied standards.</td></tr>
<tr><td colspan="2">NOTES:
Professional standards competencies are addressed by LO15a
Team working competencies are addressed by LO15b</td></tr>
</table>

<table>
<tr><th colspan="2">LO12b: Know the main standards about nursing activities in the community and apply them in daily practice</th></tr>
<tr><td>Knowledge
Outline the main standards related to nursing activities in the community.</td><td>Skills
Set/apply standards related to nursing activities in the community.</td></tr>
<tr><td colspan="2">Personal and transversal competences
AUTONOMOUSLY set the proper standards .
Collaborate with other multidisciplinary team professionals.
Foster the acceptability and compliance of the user to the applied standards.</td></tr>
<tr><td colspan="2">NOTES:
Professional strategies competencies are addressed by LO15a
Team working competencies are addressed by LO15b</td></tr>
</table>

<table>
<tr><th colspan="2">LO12c: Evaluate the outcomes related to nursing activities in people’s homes.</th></tr>
<tr><td>Knowledge
Compare and select the proper methods and tools to evaluate the outcomes related to nursing activities in people’s homes.
Recognize the role of monitoring the outcomes in the evaluation process.</td><td>Skills
Apply methods and use properly the available tools to evaluate the outcomes related to nursing activities in people’s homes.
Use properly the information collected through the monitoring process for the evaluation
Report the results of the outcome evaluation using the proper tools.</td></tr>
<tr><td colspan="2">Personal and transversal competences
Collaborate with other multidisciplinary team professionals.
Foster the acceptability and compliance of the user to the applied standards.</td></tr>
<tr><td colspan="2">NOTES:
Competences related to the definition and the monitoring of the outcomes are addressed by LO9a (this LO focuses on evaluation)
Team working competencies are addressed by LO15b
Professional standards competencies are addressed by LO15a</td></tr>
</table>

<table>
<tr><th colspan="2">LO12d: Evaluate the outcomes related to nursing activities in the community.</th></tr>
<tr><td>Knowledge
Compare and select the proper methods and tools to evaluate the outcomes related to nursing activities in the community.
Recognize the role of monitoring the outcomes in the evaluation process</td><td>Skills
Apply methods and use properly the available tools to evaluate the outcomes related to nursing activities in the community.
Use properly the information collected through the monitoring process for the evaluation
Report the results of the outcome evaluation using the proper tools</td></tr>
<tr><td colspan="2">Personal and transversal competences
Collaborate with other multidisciplinary team professionals.
Foster the acceptability and compliance of the user to the applied standards.</td></tr>
<tr><td colspan="2">NOTES:
Competences related to the definition and the monitoring of the outcomes are addressed by LO9a (this LO focuses on evaluation)
Team working competencies are addressed by LO15b</td></tr>
</table>

LO26a: Know the main scientific evidence databases and make an effective search.	
Knowledge • Outline the main scientific databases. • Compare and select the proper methods, strategies and tools for literature research in scientific databases.	**Skills** • Effectively set up a search in scientific databases for evidence-based papers regarding family and community nursing. • Evaluate and select the proper data retrieved from literature. • Identify reliable evidences.
Personal and transversal competences • AUTONOMOUSLY evaluate evidence-based data. • Collaborate with other multidisciplinary team professionals. • Foster the acceptability and compliance of the evidence-based process.	
NOTES: Team working competencies are addressed by LO15b	

LO26b: Use the best scientific evidences properly and apply them in daily practice.	
Knowledge • Identify and describe in detail the principles and importance of evidence-based practice.	**Skills** • Apply evidence-based methods of nursing care in daily practice. • Use the best scientific evidences properly • Apply the best scientific evidences into daily nursing practice.
Personal and transversal competences • Value the need for continual clinical practice improvement based on new knowledge and evidences. • Encourage health team members to apply evidence-based practice.	
NOTES:	

9.1.7 Unit of Learning Outcomes G: Enhance And Promote Individual And Family Health Including E-Health To Support The Quality Of Nursing Care

UNIT OF LEARNING OUTCOMES G: ENHANCE AND PROMOTE INDIVIDUAL AND FAMILY HEALTH INCLUDING E-HEALTH TO SUPPORT THE QUALITY OF NURSING CARE	
Core Competencies	
CC24:	Monitoring people affected by chronic and rare illnesses on one community in collaboration with other members of the multidisciplinary team
CC7:	Alleviate patient suffering even during end of life
CC28:	Health promotion, education, treatment and monitoring supported by of ICTs (e-Health)
7 Learning Outcomes	
LO24a:	Know and use the main procedures and tools for monitoring people affected by chronic and rare illnesses
LO24b:	Know the main characteristics of chronic and rare diseases which could be monitored at distance and apply the main guidelines about the monitoring process and the expected outcomes
LO7a:	Know the main guidelines and procedures for palliative care and apply them in daily practice
LO7b:	Know the main communication and counselling techniques to manage relations with patients (and families) in palliative care
LO28a:	Know the main ICTs supporting health promotion and education and use the most common ones
LO28b:	Know the main ICTs supporting the treatment of patients at distance and use the most common ones
LO28c:	Know the main ICTs supporting distance health monitoring and use the most common ones

<table>
<tr><th colspan="2">LO24a: Know and use the main procedures and tools for monitoring people affected by chronic and rare illnesses in the community</th></tr>
<tr><td>Knowledge
Outline, identify and select the proper health monitoring procedures, techniques and tools for people affected by chronic and rare illnesses.
State the elements to be monitored in the specific family environment</td><td>Skills
Monitor populations affected by chronic and rare illnesses in the community with a multidisciplinary team.
Apply in daily practice standardized and validated monitoring tools
Educate family and patients to self-monitoring their illness and how to report symptoms.
Evaluate strengths and concerns of patients and families in relation to self-monitoring.
Enhance family strengths for self-monitoring and assessment.
Define care assignment and competence areas in a patient-oriented and family-oriented way.
Encourage patients to take more active role in monitoring his/her own health.</td></tr>
<tr><td colspan="2">Personal and transversal competences
Explain in a plain language for users processes and results
Assure horizontal communication between disciplines</td></tr>
<tr><td colspan="2">NOTES:
Competencies related to ICT tools for distance health monitoring are targeted by LO28c</td></tr>
</table>

<table>
<tr><th colspan="2">LO24b: Know the main characteristics of chronic and rare diseases which could be monitored in the community and apply the main guidelines about the monitoring process and the expected outcomes</th></tr>
<tr><td>Knowledge
Identify causes and symptoms of a chronic or rare illness as well as the changes due to this illness.
Describe the impact of a chronic or rare disease to the individual and family.
Recognize the main indicators to be assessed in the specific context of community nursing.
Identify the main competencies that patients and families should have for self-assessment</td><td>Skills
Apply the main guidelines about the monitoring process
Observe the symptoms of the illness and on this basis recognize changes in the organism of the person.
Support the person to deal with the changes in his/her organism
Collaborate to empower multiple caregivers to set routines and manage resources for optimal disease management over time
Design, plan and carry out target-oriented prophylactic measures to reduce complications of the illness and to support activation of the person affected
Establish connections between observed symptoms, reactions of the affected person and theoretical knowledge.
Follow the effects of a chronic and rare illnesses in a targeted population</td></tr>
<tr><td colspan="2">Personal and transversal competences
Work as part of a professional team to develop support methods, and act in a patient-oriented way.
Collaborate in a multidisciplinary team
Offer appropriate support to deal chronic or rare illness in an effective way.
Assure horizontal communication between disciplines.
AUTONOMOUSLY detect and ensure resources and ways of collaboration with social workers, discharge planners, pharmacist, home health providers and informal carers.</td></tr>
<tr><td colspan="2">NOTES:
Team working competencies are addressed by LO15b
LO9a is preparatory for this LO since it targets the knowledge and the application of the main guidelines for the monitoring of the outcomes</td></tr>
</table>

<table>
<tr><th colspan="2">LO7a: Know the main guidelines and procedures for palliative care and apply in daily practice</th></tr>
<tr><td>Knowledge
Describe principles, guidelines, procedures and ethical issues in palliative nursing care and end-of-life care.
State specific aspects of quality of life in end of life care.</td><td>Skills
Apply in daily practice strategies and techniques that improve life quality of patients.
Apply principles, guidelines, procedures and ethical issues in palliative nursing care and end-of-life care.
Perform pain assessment and pain management by using currently accepted tools and methods to maximize quality of life and alleviate suffering.
Use preventative measures to alleviate patient suffering and to provide mental health until end of life.
Detect and prevent elderly abuse.</td></tr>
<tr><td colspan="2">Personal and transversal competences
Set own work objectives and TAKE ON THE RESPONSIBILITY of them related to palliative care.
Set up the proper working environment
Offer ongoing support.
Work independently as an individual practitioner in targeted pain management.</td></tr>
<tr><td colspan="2">NOTES:</td></tr>
</table>

<table>
<tr><th colspan="2">LO7b: Know the main communication and counselling techniques to manage relations with patients (and families) in palliative care</th></tr>
<tr><td>Knowledge
Select and outline specific communication and counselling techniques for end-of-life patients and their families.
Define the main variables of culture, ethnicity, spirituality, religious beliefs and/or age which may impact the patient’s perception of pain.</td><td>Skills
Manage relations with patients and carers in end-of-life care.
Apply in daily practice communication and counselling techniques; empathy, creativity, compassion and genuine interest.
Devote adequate time to listening individuals’ and carers’ concerns and emotions in daily practice.
Provide psychological and emotional support to patients and families who encounter serious end-of-life illness and death.</td></tr>
<tr><td colspan="2">Personal and transversal competences
Predict how the impact of the variables of culture, ethnicity, spirituality, religious beliefs and/or age may impact the patient’s perception of pain.
Collaborate with the other professionals of the multidisciplinary team.
Engage in effective communication and counselling with patients and their families.
Explain in plain language processes and outcomes to patients</td></tr>
<tr><td colspan="2">NOTES:
General communication and counselling techniques are targeted by LO23a (this LO focuses only on techniques for palliative care)
Team working competencies are addressed by LO15b
Communication strategies competencies are addressed by LO16a</td></tr>
</table>

LO28a: Know the main ICTs supporting health promotion and education and use the most common ones	
Knowledge • Identify and describe the main ICTs for health promotion and education.	**Skills** • Use the most common ICT tools for health promotion and education in daily practice. • Assess the suitability and effectiveness of ICT tools and services for health promotion and education.
Personal and transversal competences • Have a positive attitude towards ICT technologies in health promotion and education. • Use ICT tools for health promotion and education in daily nursing activities AUTONOMOUSLY. • Disseminate the ICTs' role in health promotion and education.	
NOTES:	

<table>
<tr><th colspan="2">LO28b: Know the main ICTs supporting the treatment of patients at distance and use the most common ones</th></tr>
<tr><td>Knowledge
Identify and describe the main ICTs that support e-health treatment.
Specify how ICTs can reduce errors in diagnosis, medication, and treatment without medication.
Describe ICT potentialities to enhance treatment adherence.</td><td>Skills
Use the most common ICT tools for e-health treatment in daily practice.
Train patients and families how to use ICT tools for specific needs.
Assess the suitability and effectiveness of ICT tools and services for e-health treatment.
Inform individuals and families about advantages of ICTs’ treatment utilization in independence and time saving.</td></tr>
<tr><td colspan="2">Personal and transversal competences
Have a positive attitude towards ICT technologies in e-health treatment.
Use ICT tools for e-health treatment in daily nursing practice AUTONOMOUSLY.
Disseminate the ICTs’ role in e-health treatment.
Support professional development through ICTs.
Establish professional collaboration through ICTs.</td></tr>
<tr><td colspan="2">NOTES:</td></tr>
</table>

<table>
<tr><th colspan="2">LO28c: Know the main ICTs supporting distance health monitoring and use the most common ones</th></tr>
<tr><td>Knowledge
Identify and describe the main ICTs that support distance health monitoring.</td><td>Skills
Use the most common ICT tools for distance health monitoring in daily practice.
Assess the suitability and effectiveness of ICT tools and services for e-health monitoring.
Train patients and families how to use ICT tools for specific needs.
Inform individuals and families about advantages of ICTs’ monitoring.</td></tr>
<tr><td colspan="2">Personal and transversal competences
Have positive attitude towards ICT technologies in e-health monitoring.
Use ICT tools for e-health monitoring in daily nursing practice AUTONOMOUSLY.
Disseminate the ICTs’ role in e-health monitoring.
Support professional development through ICTs.
Establish professional collaboration through ICTs.</td></tr>
<tr><td colspan="2">NOTES:
Competencies related to tools for health monitoring are targeted by LO24a (this LO targets specifically ICT tools for distance monitoring)</td></tr>
</table>

9.1.8 Conventional agreements for the Curriculum description

In this section some agreements are listed which have been conventionally taken by the project partners in the formalization of the Curriculum.

- The term “units of learning outcomes” replaces the corresponding terms “groups of core competences” and “key activities” throughout the Curriculum description;
- Since we defined one Learning Outcome for each sub-competence, we identify each LO with the name of the “related” sub-competence together with the “numeric code” (e.g., LO19B means “the second LO of the Core Competence 19”);
- Some LO partially overlap: since in the instantiation process some LOs (not mandatory) could not be included in the localized curriculum, removing overlaps among Learning Outcomes falling under different Units could be risky; thus, they have been maintained in the Curriculum in case they fall under different Units; the main overlaps are pointed out in the NOTES field;
- LO27A and LO13A appear twice in the Curriculum, under different Units of LOs, since they properly address both the related Core Competences; their description is identical and is repeated under the two interested Units; this issue is pointed out in the NOTES field;
- The NOTES field includes also specific suggestions concerning the suggested relations among LOs, such as propaedeutic or preparatory ones.
- The level of “responsibility and autonomy”, which is an important element for the definition of the EQF level, is described in the “Personal and Transversal Competences” field; to underline these dimensions, words referring to “responsibility and autonomy” are in CAPITAL LETTER.

9.2 Assessment table

The assessment table has been built following indications derived from ECVET (see introductory description in Section 8.5).

For each LO three levels are foreseen (satisfactory, good, excellent); in each cell, the table reports a sentence describing the specific level for the LO. For example, a student got the LO at satisfactory level if s(he) '*Identify and assess individuals' health status and health needs under supervision'.*

The table reports also several categories of assessment methods to be adopted, according to the envisaged teaching strategies. These methods are to be intended as suggestions.

	ASSESSMENT CRITERIA - 1 sentence for each criterion			**ASSESSMENT METHOD** **one or more methods for each LO**
LO number	**satisfactory[29]**	**good[30]**	**excellent[31]**	**Written exam/assignments [WE]** **Oral exam [OE]** **Assessment of WBL [A-WBL]** **Simulation/skill demonstration [SSK]** **Assessment based on other data [OTH]**
UoL A				
LO 1a	Identify and assess individuals' health status and health needs under supervision	Identify and assess individuals' health status and health needs autonomously	Identify and assess individuals' health status and health needs proactively	WE, OE, A-WBL, SSK, OTH
LO 1b	Identify and assess families' health status and health needs under supervision	Identify and assess families' health status and health needs autonomously	Identify and assess families' health status and health needs proactively	WE, OE, A-WBL, SSK, OTH

[29] eg. Chooses appropriated strategy under instruction

[30] eg. Chooses appropriated strategy independently

[31] eg. Chooses appropriated strategy independently and creatively and uses them effectively

LO 1c	Contextualize and apply needs assessment taking into account cultures and communities under guidance	Contextualize and apply needs assessment taking into account cultures and communities autonomously	Contextualize and apply needs assessment taking into account cultures and communities autonomously and effectively	WE, OE, A-WBL, SSK, OTH
LO 3a	plan nursing care to meet the needs of individuals, families, and the community within their scope of competence under guidance	plan nursing care to meet the needs of individuals, families, and the community within their scope of competence autonomously	plan nursing care to meet the needs of individuals, families, and the community within their scope of competence autonomously and effectively	OE, SSK, OTH
LO 3b	Implement nursing care to meet the needs of individuals, families, and the community within their scope of competence under guidance	Implement nursing care to meet the needs of individuals, families, and the community within their scope of competence autonomously	Implement nursing care to meet the needs of individuals, families, and the community within their scope of competence autonomously and effectively	WE, OE, A-WBL, SSK, OTH
LO 3c	Assess nursing care to meet the needs of individuals, families, and the community within their scope of competence under guidance	Assess nursing care to meet the needs of individuals, families, and the community within their scope of competence autonomously	Assess nursing care to meet the needs of individuals, families, and the community within their scope of competence autonomously and effectively	OE, SSK, OTH
LO 19a	Assess community health needs in a multidimensional perspective under guidance	Assess community health needs in a multidimensional perspective autonomously	Assess community health needs in a multidimensional perspective autonomously and effectively	WE, OE, A-WBL, OTH
LO 19b	Identify the appropriate clinical interventions and care management strategies for communities under guidance	Identify the appropriate clinical interventions and care management strategies for communities autonomously	Identify the appropriate clinical interventions and care management strategies for communities autonomously and effectively	WE, OE, SSK, OTH
LO 21a	Assess the social, cultural, and economical context of patients and their families under guidance	Assess the social, cultural, and economical context of patients and their families autonomously	Assess the social, cultural, and economical context of patients and their families autonomously and effectively	WE, OE, OTH

UoL B				
LO 2a	Knows the main professional ethical standards	Knows in the professional ethical standards	Knows in the professional ethical standards and can translate them in practice	WE, OE, OTH
LO 2b	Take decisions based on professional ethical standards under guidance	Take decisions based on professional ethical standards autonomously	Take decisions based on professional ethical standards autonomously and effectively	WE, OE, SSK, OTH
LO 11a	Involve individuals and families in decision-making process under guidance	Involve individuals and families in decision-making process autonomously	Involve individuals and families in decision-making process autonomously and effectively	WE, OE, A-WBL, SSK, OTH

LO 22a	Knows and apply leadership techniques that ensures clinical and healthcare effectiveness and appropriateness under guidance	Knows and apply leadership techniques that ensures clinical and healthcare effectiveness and appropriateness autonomously	Knows and apply leadership techniques that ensures clinical and healthcare effectiveness and appropriateness autonomously and effectively	WE, OE, SSK, OTH
LO 22b	Know and apply decision-making techniques that ensures clinical and healthcare effectiveness and appropriateness under guidance	Know and apply decision-making techniques that ensures clinical and healthcare effectiveness and appropriateness autonomously	Know and apply decision-making techniques that ensures clinical and healthcare effectiveness and appropriateness autonomously and effectively	WE, OE, A-WBL, SSK, OTH
LO 23a	Knows and apply communication, counselling and negotiation strategies and techniques with different actors under guidance	Knows and apply communication, counselling and negotiation strategies and techniques with different actors autonomously	Knows and apply communication, counselling and negotiation strategies and techniques with different actors autonomously and effectively	WE, OE, A-WBL, SSK, OTH

UoL C				
LO 4a	Knows the main elements/guidelines/procedures/theories to enhance and promote health and prevent disease and injuries in individuals, families and communities and apply them in daily practice under guidance	Knows the main elements/guidelines/procedures/theories to enhance and promote health and prevent disease and injuries in individuals, families and communities and apply them in daily practice autonomously	Knows the main elements/guidelines/procedures/theories to enhance and promote health and prevent disease and injuries in individuals, families and communities and apply them in daily practice autonomously and effectively	WE, OE, A-WBL, OTH
LO 4b	Knows unique needs of subpopulations and detect and contrast the main inequities, which affect them.	Knows in unique needs of subpopulations and detect and contrast the main inequities which affect them	Knows in unique needs of subpopulations and detect and contrast the main inequities which affect them and can translate them in clinical practice	WE, OE, A-WBL, OTH
LO 5a	Knows and apply the main educational strategies which can be adopted to promote health and safety of individuals and families	Knows in depth and apply properly the main educational strategies which can be adopted to promote health and safety of individuals and families	Knows in depth and apply effectively the main educational strategies which can be adopted to promote health and safety of individuals and families and can translate them in clinical practice	WE, OE, A-WBL, SSK, OTH

LO 16a	Knows the main educational strategies for patient education and apply them in daily practice	Knows in depth the main educational strategies for patient education and apply them in daily practice	Knows in depth the main educational strategies for patient education and apply them in daily practice autonomously and effectively	WE, OE, A-WBL, SSK, OTH
LO 16b	Knows the main strategies and techniques for building an effective therapeutic relation with patients and families and apply them in daily practice	Knows in depth the main strategies and techniques for building an effective therapeutic relation with patients and families and apply them in daily practice properly	Knows in depth the main strategies and techniques for building an effective therapeutic relation with patients and families and apply them in daily practice autonomously and effectively	WE, OE, A-WBL, SSK, OTH
LO 17a	Knows community health promotion goals	Knows in depth community health promotion goals	Knows in depth community health promotion goals can translate them in clinical practice	WE, OE, A-WBL, OTH
LO 17b	Can Carry out health promotion programs and activities that meet the community's goals under guidance	Can Carry out health promotion programs and activities that meet the community's goals autonomously	Can Carry out health promotion programs and activities that meet the community's goals autonomously and effectively	WE, OE, A-WBL, OTH
LO 18a	Evaluate policies for health promotion at family and community level under guidance	Evaluate policies for health promotion at family and community level under autonomously	Evaluate policies for health promotion at family and community level under autonomously and effectively	WE, OE, A-WBL, SSK, OTH
LO 18b	Can effectively coordinate develop and implement policies for health promotion at family and community level under guidance	Can effectively coordinate develop and implement policies for health promotion at family and community level autonomously	Can effectively coordinate develop and implement policies for health promotion at family and community level autonomously and effectively	WE, OE, A-WBL, OTH
LO 25a	Knows strategies and techniques for mentoring students and apply them in daily practice	Knows in depth strategies and techniques for mentoring students and apply them in daily practice autonomously	Knows in depth strategies and techniques for mentoring students and apply them in daily practice autonomously and effectively	WE, OE, A-WBL, OTH

UoL D				
LO 6a	Knows the main communication strategies and techniques which can be adopted by a FCN and apply them to specific contexts and needs	Knows in depth the main communication strategies and techniques which can be adopted by a FCN and apply them to specific contexts and needs autonomously	Knows in depth the main communication strategies and techniques which can be adopted by a FCN and apply them to specific contexts and needs autonomously and effectively	WE, OE, A-WBL, SSK, OTH

LO 15a	Knows professional standards and act in compliance with them	Knows in depth professional standards and act in compliance with them autonomously	Knows in depth professional standards and act in compliance with them autonomously and effectively	WE, OE, A-WBL, SSK, OTH
LO 15b	Knows advanced strategies and techniques of team working and professional collaboration and apply them to specific contexts and needs	Knows in depth advanced strategies and techniques of team working and professional collaboration and apply them to specific contexts and needs autonomously	Knows in depth advanced strategies and techniques of team working and professional collaboration and apply them to specific contexts and needs autonomously and effectively	WE, OE, A-WBL, SSK, OTH

UoL E				
LO 8a	Know and evaluate the main problems and needs which could affect workers in a specific community context	Know in depth and evaluate the main problems and needs which could affect workers in a specific community context autonomously	Know in depth and evaluate the main problems and needs which could affect workers in a specific community context autonomously and effectively	WE, OE, OTH
LO 8b	Know and apply strategies and techniques to motivate workers and to engage them in community healthcare promotion	Know in depth and apply strategies and techniques to motivate workers and to engage them in community healthcare promotion autonomously	Know in depth and apply strategies and techniques to motivate workers and to engage them in community healthcare promotion autonomously and effectively	WE, OE, OTH
LO 14a	Know which changes are needed to improve FCN practice and act in order to target and reach them.	Know in depth which changes are needed to improve FCN practice and act in order to target and reach them autonomously	Know in depth which changes are needed to improve FCN practice and act in order to target and reach them autonomously and effectively	WE, OE, A-WBL, SSK, OTH
LO 20a	Know the main ethical principles to manage disparity and diversity and apply them in daily practice	Know in depth the main ethical principles to manage disparity and diversity and apply them in daily practice autonomously	Know in depth the main ethical principles to manage disparity and diversity and apply them in daily practice autonomously and effectively	WE, OE, A-WBL, SSK, OTH
LO 20b	Know the main guidelines to foster inclusiveness and apply them in daily practice	Know in depth the main guidelines to foster inclusiveness and apply them in daily practice autonomously	Know in depth the main guidelines to foster inclusiveness and apply them in daily practice autonomously and effectively	WE, OE, A-WBL, SSK, OTH

LO 13a	Work and collaborate in a multidisciplinary team	Work and collaborate in a multidisciplinary team thus professional contributing	Work and collaborate in a multidisciplinary team and apply them in daily practice autonomously and effectively	A-WBL, SSK, OTH
LO 13b	Plan and prioritize the activities of the multidisciplinary team in order to address problems related to health and illness.	Plan and prioritize the activities of the multidisciplinary team in order to address problems related to health and illness autonomously	Plan and prioritize the activities of the multidisciplinary team in order to address problems related to health and illness autonomously and effectively	A-WBL, SSK, OTH
LO 27a	Work and collaborate in a multidisciplinary team	Work and collaborate in a multidisciplinary team thus professional contributing	Work and collaborate in a multidisciplinary team and apply in daily practice autonomously and effectively	WE, OE, A-WBL, OTH
LO 27b	Effectively address problems related to health and illness through the multidisciplinary team	Effectively address problems related to health and illness through the multidisciplinary team thus professional contributing	Effectively address problems related to health and illness through the multidisciplinary team and apply in daily practice autonomously and effectively	WE, OE, A-WBL, OTH
UoL F				
LO 9a	Know the main guidelines, procedures and tools for the monitoring and the definition of the outcomes and apply them in daily practice	Know in depth the main guidelines, procedures and tools for the monitoring and the definition of the outcomes and apply them in daily practice autonomously	Know in depth the main guidelines, procedures and tools for the monitoring and the definition of the outcomes and apply them in daily practice autonomously and effectively	WE, OE, A-WBL, OTH
LO 10a	Know and use standardized and validated tools in order to evaluate their own practice	Know in depth and use standardized and validated tools in order to evaluate their own practice autonomously	Know in depth and use standardized and validated tools in order to evaluate their own practice autonomously and effectively	WE, OE, A-WBL, OTH
LO 10b	Know and use the main monitoring and reporting procedures in order to document their own practice	Know in depth and use the main monitoring and reporting procedures in order to document their own practice autonomously	Know in depth and use the main monitoring and reporting procedures in order to document their own practice autonomously and effectively	WE, OE, A-WBL, OTH
LO 12a	Know the main standards about nursing activities in people's homes and apply them in daily activity	Know in depth he main standards about nursing activities in people's homes and apply them in daily activity autonomously	Know t in depth he main standards about nursing activities in people's homes and apply them in daily activity autonomously and effectively	WE, OE, OTH

LO 12b	Know the main standards about nursing activities in the community and apply them in daily activity	Know t in depth he main standards about nursing activities in the community and apply them in daily activity autonomously	Know t in depth he main standards about nursing activities in the community and apply them in daily activity autonomously and effectively	WE, OE, OTH
LO 12c	Evaluate the outcomes related to nursing activities in people's homes under guidance	Evaluate the outcomes related to nursing activities in people's homes autonomously	Evaluate the outcomes related to nursing activities in people's homes autonomously and effectively	WE, OE, OTH
LO 12d	Evaluate the outcomes related to nursing activities in the community under guidance	Evaluate the outcomes related to nursing activities in the community autonomously	Evaluate the outcomes related to nursing activities in the community autonomously and effectively	WE, OE, OTH
LO 26a	Know the main scientific evidence databases and make an effective search	Know the main scientific evidence databases and make an effective search autonomously	Know the main scientific evidence databases and make an effective search autonomously and effectively	WE, OE, A-WBL, OTH
LO 26b	Use the best scientific evidences properly in order to apply them in daily practice	Use the best scientific evidences properly in order to apply them autonomously in daily practice	Use the best scientific evidences properly in order to apply them autonomously and effectively in daily practice	WE, OE, A-WBL, OTH

UoL G				
LO 24a	Know and use the main procedures and tools for monitoring people affected by chronic and rare illnesses in the community under guidance	Know in depth and use the main procedures and tools for monitoring people affected by chronic and rare illnesses in the community autonomously	Know in depth and use the main procedures and tools for monitoring people affected by chronic and rare illnesses in the community autonomously and effectively	WE, OE, A-WBL, OTH
LO 24b	Know the main characteristics of chronic and rare diseases which could be monitored in the community and apply the main guidelines about the monitoring process and the expected outcomes	Know in depth the main characteristics of chronic and rare diseases which could be monitored in the community and apply the main guidelines about the monitoring process and the expected outcomes autonomously	Know in depth the main characteristics of chronic and rare diseases which could be monitored in the community and apply the main guidelines about the monitoring process and the expected outcomes autonomously and effectively	WE, OE, A-WBL, OTH
LO 7a	Know the main guidelines and procedures for palliative care and apply them in daily practice	Know the main guidelines and procedures for palliative care and apply them in daily practice autonomously	Know the main guidelines and procedures for palliative care and apply them in daily practice autonomously and effectively	WE, OE, OTH

LO 7b	Know the main communication and counselling techniques to manage relations with patients (and families) in palliative care	Know the main communication and counselling techniques to manage relations with patients (and families) in palliative care and apply them in daily practice autonomously	Know the main communication and counselling techniques to manage relations with patients (and families) in palliative care and apply them in daily practice autonomously and effectively	WE, OE, OTH
LO 28a	Know the main ICTs supporting health promotion and education and use the most common ones	Know the main ICTs supporting health promotion and education and use the most common ones autonomously	Know the main ICTs supporting health promotion and education and use the most common ones autonomously and effectively	WE, OE, OTH
LO 28b	Know the main ICTs supporting the treatment of patients at distance and use the most common ones	Know the main ICTs supporting the treatment of patients at distance and use the most common ones autonomously	Know the main ICTs supporting the treatment of patients at distance and use the most common ones autonomously and effectively	WE, OE, OTH
LO 28c	Know the main ICTs supporting distance health monitoring and use the most common one	Know the main ICTs supporting distance health monitoring and use the most common one autonomously	Know the main ICTs supporting distance health monitoring and use the most common one autonomously and effectively	WE, OE, OTH

10. Discussion

WP3 and especially Task 3.1 are the core ones in ENhANCE project, since they are aimed to deliver the main result of the project, i.e. the EU Curriculum for FCN. To this end, in the project proposal each member of the Alliance has been involved in this activity, although with a different amount of effort. One of the main challenges in the organization and management of this activity was to involve each partner in the most proper and effective way: on the one hand, this complex task required to tackle a big number of issues which ideally could be distributed among partners; but, on the other hand, we had to take advantage of the specific skills and experiences of partners' background and we had to avoid assigning specific activities to partners which didn't fit with their expertise. In the preliminary contextual analysis carried out during WP2, partners worked in parallel in order to collect the same information in different EU countries, but some partners didn't feel comfortable with this approach. In this WP, as explained in Section 3, SI4LIFE identified different Actions which were focused on different features/issues of the Curriculum in a multi-perspective approach; Actions involved small groups of Partners (with different background and competences) with the aim of focusing their analysis on specific issues and thus creating a sort of "internal experts" for each issue. This approach revealed its effectiveness especially concerning the quality of the results and the fitting of partners' contributions with respect to their expertise. The downside of this approach was an augmented workload for the WP leader, who had to progressively integrate the contributions of partners; the identification of a reference "FCN expert" for this activity (TEI-THE) played a fundamental role in the progressive refinement of the results; in addition, some partners felt a bit disoriented in some stages due to the partitioned work. In order to reduce the disorientation, many skypes has been organized by the WP leader, sharing slides and schemas about the workflow and the overall organization of work.

Another important issue to be pointed out concerning Task 3.1 is the fundamental role played by the preliminary analysis on terminology. As already described since the beginning of the project, Partners felt the need to identify a group of "reference terms", in order to be sure that each member of the Partnership, but also external experts, uses the same words interpreting the same meaning. A special focus has been put on the EU instruments for the definition of the term "competence", since different conceptions outlined in EU reference documents (see bibliographic references concerning ECVET, ESCO and EQF tools) both limit the effectiveness of articulation between these instruments and confuse users.

The current version of the EU Curriculum should be analysed taking into account that:

- this is a first release which is supposed to be tested through pilots design and implementation and refined throughout the lifespan of the project;
- the general Curriculum is "completed" by the set of guides and tools which will be delivered in D3.2.1.

Since the EU Curriculum is supposed to be "general and "across-the-board", playing a reference role for any VET designer targeting FCN profile in any EU country, we had to pool in a unique framework each common factor which could be applied in each EU country; in such a way we defined the main characteristics of the Curriculum (described in section 7) and, accordingly to the main EU tools and standards, we provided list of Learning Outcomes (grouped into Units) and general statements concerning their Assessment. Then, in order to guarantee the modularity and flexibility of the Curriculum itself, but also its actual usability, we decided to accompany it with a set of guides and tools which are fundamental for its localization, since they complete it and thus have to be considered as an integral part of the curriculum. In this perspective they will be tested together in pilots design and will be progressively refined in a coherent and complementary approach.

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12. Annex 1: EQF level of FCN and similar qualifications in Europe

Country	**Status FCN or similar/Curricula/ organization of studies**	**EQF level RN (min)**	**No FCN qualification exists** **ECTS/EQF level similar programs**	**FCN qualification exists:** **ECTS/EQF**
Austria	Part of a postgraduate study program with 90 ECTS total	?	40/?	?
Belgium	“Normally to access training courses in Community Health it is required to hold a Bachelor degree in nursing or equivalent.”	6	60 ECTS/6	-
Croatia	not clear, no community nursing degree	?	?	-
Cyprus	Master of Science in Family Medicine: 90 ECTS	6	?	-
Denmark	No formal education for home care nurses	6	-	-
Estonia	Basic nursing education: 3.5 years, 210 ECTS (120 theory, 90 practical studies), then specialization for one year – same level Master level studies of 3 years (teachers and managers) FCN courses: modules within the basic nursing education of 42 ECTS total or 65 ECTS)	6	6 (?)	
Finland	some FCN related courses/modules on Master and Bachelor level with maximum of 10 ECTS per course	6	6 and 7	-
France	Home care exists but no specific education for FCN or similar	6	?	-
Germany	Home care exists, but no FCN (lower level)	4-6 (VET or HE)	0 ECTS/4-7 (VET or HE)	120/7
Greece	post graduate program “nursing”: 2 years, possible specialization in community nursing	6 (?)	?	-

Hungary	Specialist nurses on level 5	6 (?)	?	?
Ireland	General Nursing closest to FCN Postgraduate nursing studies on Master level (1 year) Professional Certificate Community Nursing exists (level 6?)	6	?	?
Italy	Infermieristica di famiglia e di comunità	6	7	7
Latvia	not quite clear, there is a level 6 bachelor's degree and a level 7 master's degree for nursing	6	?	-
Netherlands	FCN related modules integrated in bachelor studies (four years education) Advanced nursing practitioner on level 7/Master's degree	6	6	-
Poland	?	6 (?)	?	?
Portugal	Master's degree community nursing	6	120/7	-
Romania	does not exist	-	-	-
Slovenia	RN=level 4 (800 FCNs with a three-year basic training are working, some of them have specialized in family and community nurses with a one-year post-basic program)	4	?	-
Spain	Similar programs (Máster Universitario Investigación en Cuidados de la Salud)	6	60/7	-
Sweden	Postgraduate Diploma in Specialist Nursing: 1 year, 60 credits (requires a BSc in Nursing or professional status qualification) - 7	6	6 and 7	-
UK	District nurse training programmes are known as specialist practitioner programmes and are at degree level (level 6 -senior level), post graduate certificate and masters level. By 2020, all NMC Specialist Community Practitioner Qualification – District Nurse will move towards a postgraduate level (level 7 – advanced level)	6	?	?

13. Annex 2: ENhANCE Glossary

EU reference terms

- COMPETENCE
- ECTS
- ECVET
- EQF
- EQAVET
- KEY ACTIVITY
- KNOWLEDGE
- LEARNING OUTCOMES
- RECOGNITION OF LEARNING OUTCOMES
- SKILL
- UNIT OF LEARNING OUTCOMES
- VALIDATION OF NON-FORMAL AND INFORMAL LEARNING

Terms conventionally adopted in the project"

- CURRICULUM
- DISSEMINATION
- EXPLOITATION
- FAMILY AND COMMUNITY NURSE (FCN)
- INFORMAL LEARNING
- NON FORMAL LEARNING
- PERSONAL AND TRANSVERSAL COMPETENCES
- PRACTICE SHARING
- PROFESSIONAL PROFILE
- SUSTAINABILITY
- WORK BASED LEARNING

EU reference terms

COMPETENCE *(European Council 2017)*

The proven ability to use knowledge, personal, social and methodological skills in a work or study environment and also for professional and personal development."

In the context of the EQF, competence is described in terms of responsibility and autonomy.

ECTS *(AWV)*

"ECTS is a learner-centred system for credit accumulation and transfer, based on the principle of transparency of the learning, teaching and assessment processes. Its objective is to facilitate the planning, delivery and evaluation of study programmes and student mobility

by recognising learning achievements and qualifications and periods of learning." (EC Website)

ECVET *(taken from D8.1)*

ECVET = European Credit System for Vocational Education and Training According to the Cedefop, ECVET is intended to facilitate the transfer, recognition and accumulation of assessed learning outcomes of individuals aiming to achieve a qualification and to promote lifelong learning through flexible and individualised learning pathways (European Parliament and Council of the EU, 2009) (Cedefop 2016).

EQF *(taken from D8.1)*

EQF = European Qualification Framework. The EQF main purpose is the translation of national qualifications across Europe. At the same time, it is supposed to increase and support lifelong learning by facilitating workers' and learners' mobility. The EQF was adopted by the European Parliament and Council on 23 April 2008. By relating different countries' national qualifications systems to a common European reference framework, individuals and employers will be able to use the EQF to better understand and compare the qualifications levels of different countries and different education and training systems (European Commission 2008).

EQAVET *(taken from D8.1)*

EQAVET = European Quality Assurance Reference Framework (EQAVET). This instrument aims to help EU countries promote and monitor the continuous improvement of their VET systems based on commonly agreed references. In addition, the framework is also supposed to help building mutual trust between the VET systems and facilitate the process of accepting and recognizing the skills and competencies acquired by learners in different countries and learning environments. EQAVET is a voluntary system to be used by public authorities and other bodies involved in quality assurance. The EQAVET quality model is based on the plan-do-check-act (PDCA) cycle and describes the four stages planning, implementation, evaluation/ assessment and review/ revision of VET which are interrelated. Indicative descriptors are attributed to each of these phases. The model is completed by the ten EQAVET indicators.

KEY ACTIVITY *(taken from the LdV-TOI project coordinated by AFBB "Proper Chance" in 2013)*

Key Activity is defined as an integrated group of professional competences, which are in their entirety necessary to perform a task relevant to the job profile. The key activities of one profession must together cover all activities for the performance of a profession, regardless of its application context. Units of Learning Outcomes can be derived from key activities (described according ECVET principles). They thus may be identical to the key activities of a profession, but can also be adapted according to the needs of a training operator or the relevant target groups.

KNOWLEDGE *(European Council 2017)*

"The result of processing information through learning. Knowledge is the totality of facts, principles, theories and practice in a work or study environment. In the European Qualifications Framework knowledge is described either as theoretical or factual." [ECVET Glossary]

LEARNING OUTCOMES

"Statements of what a learner knows, understands and is able to do on completion of a learning process defined in terms of knowledge, skills and competence." [ECVET Glossary]

RECOGNITION OF LEARNING OUTCOMES *(European Council 2017)*

"Formal recognition of learning outcomes' means the process of granting official status by a competent authority to acquired learning outcomes for purposes of further studies or employment, through (i) the award of qualifications (certificates, diploma or titles), (ii) the validation of non-formal and informal learning, (iii) the grant of equivalence, credit or waivers".

SKILL *(European Council 2017)*

It is the ability to apply knowledge and use know-how to complete tasks and solve problems. In the European Qualifications Framework, skills are described as either cognitive (logical, intuitive and creative thinking) or practical (involving manual dexterity, applying and using learned methods, materials, tools and instruments)

UNIT OF LEARNING OUTCOMES *(Germany Federal Ministry of Education and Research 2012)*

Component of a qualification, consisting of a coherent set of knowledge, skills and competence, which can be assessed and validated.

"A unit of a learning outcome (also called learning outcomes unit, unit or module) is a component of a qualification consisting of a coherent set of knowledge, skills and competence which can be assessed and validated […]. This presupposes that the learning outcomes units are structured comprehensively and logically and are thus verifiable. Learning outcomes units can be specific to a single qualification or common to several qualifications and may also describe so-called additional qualifications which are not part of a formal qualification or curriculum.

VALIDATION OF NON-FORMAL AND INFORMAL LEARNING *(European Council 2017)*

It "means the process of confirmation by a competent authority that an individual has acquired learning outcomes acquired in non-formal and informal learning settings measured against a relevant standard and consists of the following four distinct phases: identification through dialogue of particular experiences of an individual, documentation to make visible the individual's experiences, a formal assessment of those experiences and certification of the results of the assessment which may lead to a partial or full qualification".

Terms conventionally adopted in the project"

CURRICULUM *(*Cedefop's Glossary, 2011)

"the inventory of activities implemented to design, organise and plan an education or training action, including definition of learning objectives, content, methods (including assessment) and material, as well as arrangements for training teachers and trainers"

DISSEMINATION *(Eurocarers, from Genoa meeting)*

D. is a planned process of **providing information** on the results of programmes and initiatives to key actors. *"Spreading the word about the project successes and outcomes as far as possible"*.

EXPLOITATION *(Eurocarers, from Genoa meeting)*

E. is (a) planned process of **transferring** the successful results of the programmes and initiatives to appropriate decision-makers (..), and (b) a planned process of **convincing individual** end-users to adopt and/or apply the result of programmes and initiatives.

Family and Community Nurse (FCN) *(preliminary internal definition - Sept 2018)*

FCN is defined as a qualified-professional nurse who is able to apply evidence-based nursing practices (theoretical & practical knowledge, skills and, competencies) in order to identify and assess the health status and the needs of individuals and families in their cultural context and in the community. Specifically, their role is to control and manage chronic diseases including disorders, syndromes and disabilities by promoting health of community-dwelling population and, to enhance family's health by providing nursing care at home particularly and person-centered care to older people.

INFORMAL LEARNING *(ITD proposal - Nov 2018)*

“Informal learning results from daily activities related to work, family life or leisure, it is not structured and most often does not lead to certification; in most cases, informal learning is unintentional on the part of the learner” [ECVET Glossary]

NON FORMAL LEARNING *(ITD proposal - Nov 2018)*

“Non-formal learning is not provided by an education or training institution and typically does not lead to certification; however, non-formal learning is intentional on the part of the learner and has structured objectives, learning time and learner support” [ECVET Glossary]

PERSONAL AND TRANSVERSAL COMPETENCES

Are described in terms of “competences needed for applying a knowledge and/or a skill in the work context with a certain level of responsibility and autonomy**”.**

Personal Competences comprises personal, social and/or methodological abilities which could be put into play in society and at work.

Transversal Competences are those typically considered as not specifically related to a particular job, task, academic discipline or area of knowledge but as competences that can be used in a wide variety of situations and work settings.

PRACTICE SHARING *(ITD proposal - Nov 2018)*

In the project the term “practice sharing” is used to indicate collaborative learning activities usually taking place in classroom, where students are typically divided in groups and are proposed team work with different strategies, such as for example discussion, case study, problem based learning, role-play, etc.

SUSTAINABILITY *(Eurocarers, from Genoa meeting)*

is the capacity of the project to continue and use its results beyond the end of the funding period (commercialisation, accreditation, mainstreaming, …).

WORK BASED LEARNING *(ITD proposal - Nov 2018)*

“Whilst encompassing a broad range of activities and activity types, however, it is accepted that work-based learning centres on the acquisition of knowledge, skills and competences through action-based or reflective learning in a vocational or occupational context." [source: https://www.wbl-toolkit.eu/site/introduction/whatiswbl

14. Annex 3: Internal document supporting the discussion on the "competence issue"

This document is aimed at doing the groundwork for the discussion among partners about the use of the term "competence" in ENhANCE Project.

It has been developed in collaboration with the CARESS Project (Erasmus Plus Programme - Sector Skills Alliances PROJECT No. 562634-EPP-1-2015-IT-EPPKA2-SS)

EQF approach

In the European Qualifications Framework (EQF), competence is described in terms of the assumption of responsibility and autonomy.

Below is quoted how Winterton (2011) describes the process which takes to this decision

"*To develop proposals for a European Qualifications Framework (EQF) the Commission convened an Expert Group, which retained knowledge and skills in their typology but replaced competence with "personal and professional competence" (Markowitsch and Loumi-Messerer 2008, p. 37). Personal and professional competence was further subdivided into four categories: autonomy and responsibility; learning competence; communication and social competence; and professional and vocational competence. These sub-categories were evidence of further conceptual confusion**. Autonomy and responsibility are normally seen as characteristics of a work situation, not an individual**, although a person would need certain competences to be able to exercise responsibility and autonomy. Professional and vocational competence is usually used as an umbrella concept incorporating all the knowledge, skills and behaviours associated with an occupation. A conference in Budapest in February 2006 convened to validate the EQF proposals reiterated the central importance of competence, defined as "learning outcomes in context" (ibid., p. 38). In response, the Commission invited another expert group to redesign the descriptors and this group **abandoned competence in favour of "learning outcomes"** (ibid., p. 42), which was seen as wider in encompassing knowledge of a non-applied nature and **in distinguishing three types of learning outcomes: knowledge; skills; and responsibility and autonomy, under which there was a move to subsume "competence"**. A further TWG was established in May 2006 with representatives of the member states, who rejected this problematic third dimension, replacing it with competence, but retaining in brackets "responsibility and autonomy" (ibid., p. 44)."*

Now in the last "*EU COUNCIL RECOMMENDATION of 22 May 2017 on the European Qualifications Framework for lifelong learning*[32]*"* a Glossary is provided including the following definitions:

- *'**knowledge**' means the outcome of the assimilation of information through learning. Knowledge is the body of facts, principles, theories and practices that is related to a field of work or study. In the context of the EQF, knowledge is described as theoretical and/or factual;*
- *'**skills**' means the ability to apply knowledge and use know-how to complete tasks and solve problems. In the context of the EQF, skills are described as cognitive (involving the use of logical, intuitive and creative thinking) or practical (involving manual dexterity and the use of methods, materials, tools and instruments);*

[32] https://publications.europa.eu/en/publication-detail/-/publication/ceead970-518f-11e7-a5ca-01aa75ed71a1/language-en

- *'**responsibility and autonomy**' means the ability of the learner to apply knowledge and skills autonomously and with responsibility;*
- *'**competence**' means the proven ability to use knowledge, skills and personal, social and/or methodological abilities, in work or study situations and in professional and personal development.*

The document also states that each of the 8 EQF levels is defined by a set of descriptors indicating the learning outcomes relevant to qualifications at that level in any system of qualifications.

A table is provided to describe these learning outcomes, in terms of **Knowledge, Skills and Responsibility and Autonomy**

	Knowledge	Skills	Responsibility and autonomy
	In the context of EQF, knowledge is described as theoretical and/or factual.	In the context of EQF, skills are described as cognitive (involving the use of logical, intuitive and creative thinking) and practical (involving manual dexterity and the use of methods, materials, tools and instruments).	In the context of the EQF responsibility and autonomy is described as the ability of the learner to apply knowledge and skills autonomously and with responsibility
Level 1 The learning outcomes relevant to Level 1 are	basic general knowledge	basic skills required to carry out simple tasks	work or study under direct supervision in a structured context
Level 2 The learning outcomes relevant to Level 2 are	basic factual knowledge of a field of work or study	basic cognitive and practical skills required to use relevant information in order to carry out tasks and to solve routine problems using simple rules and tools	work or study under supervision with some autonomy

So in the EQF, knowledge is described as "theoretical and/or factual knowledge", skills as "cognitive skills (use of logical, intuitive and creative thinking and practical skills (involving manual dexterity and use of methods, materials, tools and instruments)", and competence is described "in the sense of the assumption of responsibility and autonomy" (Sellin 2008, p. 15).

The ESCO approach

The ESCO taxonomy has the aim of linking the EQF to occupational groups as defined by the International Standard Classification of Occupations (ISCO).

ESCO Handobook (2017)[33] includes a section devoted to "skills pillar" which provides a comprehensive list of skills that are relevant for the European labour market.

The skills pillar includes knowledge, skills and competences. The document refers to "*EU COUNCIL RECOMMENDATION of 22 May 2017 on the European Qualifications Framework for lifelong learning"* as to the definition knowledge, skills and competence.

ESCO provides metadata for each concept in the skills pillar including **the reusability level**, which indicates how widely a knowledge, skill or competence concept can be applied. This concept can be useful in ENhANCE project

In particular ESCO distinguishes four levels of skill reusability:

- *Transversal knowledge*, *skills and competences* are relevant to a broad range of occupations and sectors;

[33] https://ec.europa.eu/esco/portal/document/en/0a89839c-098d-4e34-846c-54cbd5684d24

- *Cross-sector knowledge, skills and competences* are relevant to occupations across several economic sectors;
- *Sector-specific knowledge, skills and competences* are specific to one sector, but are relevant for more than one occupation within that sector;
- *Occupation- specific knowledge, skills and competences* are usually applied only within one occupation or specialism.

Competency vs Competence

Some authors consistently use '**competency**' (instead of 'competence') when referring to occupational competence (Boam and Sparrow, 1992; Hendry, Arthur and Jones, 1995; Mitrani, Dalziel and Fitt, 1992; Smith, 1993) or treat the two as synonymous (Brown, 1993; 1994; McBeath, 1990).

Woodruffe (1991) offers the clearest statement, contrasting areas of competence, defined as aspects of the job which an individual can perform, with competency referring to a person's behaviour and underpinning competent performance.

Competency captures skills and dispositions beyond cognitive ability such as self-awareness, self-regulation and social skills; while some of these may also be found in personality taxonomies (Barrick and Mount, 1991) competencies are fundamentally behavioural and susceptible to learning (McClelland, 1998). This tradition has remained particularly influential in the US, with competency defined in terms of underlying characteristics of people that are causally related to effective or superior performance in a job, generalising across situations and enduring for a reasonably long period of time (Boyatzis, 1982; Guion, 1991; Hay Group et al., 1996; Klemp and Spencer, 1982; Spencer and Spencer, 1993).

The OECD[34]'s Definition and Selection of Competencies (DeSeCo) Project[35] provides a framework that can guide the longer-term extension of assessments into new competency domains. It uses the term "**competency**" to identify "…*more than just knowledge and skills. It involves the ability to meet complex demands, by drawing on and mobilising psychosocial resources (including skills and attitudes) in a particular context. For example, the ability to communicate effectively is a competency that may draw on an individual's knowledge of language, practical IT skills and attitudes towards those with whom he or she is communicating*"

Hartle [1995, p. 107] defines *competency* as "*the capability to apply or use a set of related knowledge, skills, and abilities/attitudes required to successfully perform "critical work functions" or tasks in a defined work setting; it is a characteristic of an individual which "includes both visible competencies of knowledge and skills and underlying elements of competencies, like traits and motives*"

This definition is the one which is has been adopted in CARESS Project

Sandberg (2000) distinguishes three approaches within this rationalist tradition: worker-oriented; work-oriented; and multimethod-oriented. The worker-oriented approach defines competence in terms of 'attributes possessed by workers, typically represented as **knowledge, skills, abilities** (KSA) and personal traits needed for effective work performance'

[34] The Organisation for Economic Co-operation and Development (OECD)

[35] http://deseco.ch/bfs/deseco/en/index/02.parsys.43469.downloadList.2296.DownloadFile.tmp/2005.dskcexecutivesummary.en.pdf

KSA Model

A **KSA, or Knowledge, Skills, and Abilities**, is a series of narrative statements that are required when applying to United States Federal government job openings. KSAs are used to determine, along with résumés, who the best applicants are when several candidates qualify for a job. The knowledge, skills, and abilities (KSAs) necessary for the successful performance of a position are contained on each job vacancy announcement.

KSAs are brief and focused essays about one's career and educational background that presumably qualify one to perform the duties of the position. A knowledge, skills, and abilities (KSA) is a concise essay about one's talent and expertise and related experiences (work, education, volunteerism) and accomplishments. A series of KSA statements are usually required when applying for most federal government and some state and city government jobs. KSAs are used as a metric to assess the capabilities of a prospective applicant in terms of likely ability to perform the duties of the job. Most government hiring officials look for a short, crisp, and clear KSA that emphasizes results or accomplishments obtained in previous work.

The below definitions are defined by the U.S. Office of Personnel Management:

- Knowledge, Skills, and Abilities (KSAs) - The attributes required to perform a job and are generally demonstrated through qualifying service, education, or training.
- Knowledge - Is a body of information applied directly to the performance of a function.
- Skill - Is an observable competence to perform a learned psychomotor act.
- Ability - Is competence to perform an observable behavior or a behavior that results in an observable product.

The scoring of KSA essays is based on a scale of from 1 to 100. Job applicants must score above 70 to be considered for the position. High scores are derived through answering the KSA question as specifically as possible, providing examples from previous employment or training that clearly demonstrate the applicant meet the qualifications.

When applying to federal government positions, a Federal Resume is usually required in addition to KSA statements.

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15. Annex 4: Instructions to complete the Curriculum template

Introduction

This short guide is aimed at providing few suggestions for the compilation of the Curriculum template.

The template should support us to **describe one or more learning outcomes for each Core Competence (CC).**

To carry out this activity you have to take into account these premises:

- The baseline of our work are the 28 CORE COMPETENCES of the Professional Profile
- They have been grouped into 7 KEY ACTIVITIES
- For each CC we have to define ONE OR MORE learning outcomes;
- Learning outcomes are identified by a number (1, 2, 3, etc.) and not by a name and they are formulated in terms of 3 dimensions:
    - Knowledge,
    - Skills
    - Personal and transversal competences.

In the last section of this document you'll find short definitions of these terms according to the project glossary.

How to fill in the template

STEP1: CHOOSE A KEY ACTIVITY AND THE RELATED CORE COMPETENCES

STEP2: CHOSE A CORE COMPETENCE AND IDENTIFY POSSIBLE DIMENSIONS OR SUB-COMPETENCES

Here are some examples:

5. Apply educational strategies to promote health and safety of individuals and families.

1) Educational strategies
2) Health promotion in the community
3) Safety at home and in the community

12. Set standards and evaluate the outcomes related to nursing activities in people's homes and in the community.

1) Set standards related to nursing activities in people's homes.
2) Set standards related to nursing activities in the community.
3) Evaluate the outcomes related to nursing activities in people's homes
4) Evaluate the outcomes related to nursing activities in the community.

17. Analytic assessment, cultural competence, program planning, and community dimensions of practice to pursue community health promotion goals together with the community multidisciplinary team.

1) Pursue community health promotion goals
2) Analytic assessment of practice together with the community multidisciplinary team.
3) Cultural competence
4) Program planning with the community multidisciplinary team.
5) Community dimensions of practice

STEP3: TAKE THE TEMPLATE AND FILL IN THE TITLES FOR THE KEY ACTIVITY AND THE CORE COMPETENCE YOU SELECTED

STEP4: DESCRIBE A LEARNING OUTCOME (in terms of knowledge, skills and personal and transversal competences) FOR EACH OF THE DIMESIONS YOU'VE IDENTIFIED "INSIDE THE CORE COMPETENCE"

Here is an example for Core Competence 12.

Since in STEP 2 we've identified 4 main dimensions, here we detail 4 Learning Outcomes.

<table>
<tr><td colspan="2">TITLE OF THE UNIT OF LEARNING OUTCOMES / KEY ACTIVITY: EVIDENCE BASED APPROACH</td></tr>
<tr><td colspan="2">DESCRIPTION OF THE UNIT: xxxx</td></tr>
<tr><td colspan="2">Core Competence 12: Set standards and evaluate the outcomes related to nursing activities in people's homes and in the community</td></tr>
<tr><td colspan="2">Learning Outcome 1</td></tr>
<tr><td>Knowledge
Knows the main standards related to nursing activities in people's homes</td><td>Skills
Is able to set/apply standards related to nursing activities in people's homes in his/her homecare practice</td></tr>
<tr><td colspan="2">Personal and transversal competences
Evaluate the proper standard to be set autonomously
Collaborate with the other professionals of the multidisciplinary team
Foster the acceptability and compliance of the user to the applied standards</td></tr>
<tr><td colspan="2">Learning Outcome 2</td></tr>
<tr><td>Knowledge
Knows the main standards related to nursing activities in the community</td><td>Skills
Is able to set/apply standards related to nursing activities in the community</td></tr>
<tr><td colspan="2">Personal and transversal competences
Evaluate the proper standard to be set autonomously
Collaborate with the other professionals of the multidisciplinary team
Foster the acceptability and compliance of the user to the applied standards</td></tr>
</table>

STEP 5: DESCRIBE ALL OF THE CC OF THE SAME KEY ACTIVITY IN TERMS OF LEARNING OUTCOMES

STEP 6: FILL IN THE SUM-UP TABLE IN THE FIRST PAGE OF THE TEMPLATE LISTING THE KEY ACTIVITIES IN THE SAME ORDER YOU'RE DESCRIBING THEM

Key Activities (Groups of Core Competences)
Key activity 1: EVIDENCE BASED APPROACH
Core Competence 12: *Set standards and evaluate the outcomes related to nursing activities in people's homes and in the community*.
Core Competence 2
Core Competence 3
…
Key activity 2
Core Competence 4
Core Competence 5
Core Competence 6
…
Key activity 3
Core Competence 21
Core Competence 22
Core Competence 23
…