

Project Title:ENhANCE: EuropeaN curriculum for fAmily aNd
Community nursEContract No:2017 - 2976 / 001 - 001

EU Programme: Erasmus plus

Start of project: 1 January 2018

Duration:

3 years

Deliverable N.: 3.1.2

FCN European Curriculum – final release

Due date of deliverable: April 30 ^t	^h 2021
--	-------------------

V1

Actual submission date: April 30th 2021

Version:

Authors:

Serena Alvino (SI4LIFE), Barbara Mazzarino (SI4LIFE), Yuri Piccione (SI4LIFE), Ioanna V. Papathanasiou (UTH), Evangelos C. Fradelos (UTH), Sofia Kastanidou (UTH), Georgia Garani (UTH), Konstantinos Tsaras (UTH), Dimitrios Papagiannis (UTH), Madeleine Diab (AFBB), Lars Oertel (AWV), Francesca Pozzi (ITD-CNR), Francesca Dagnino (ITD-CNR), Flavio Manganello (ITD-CNR), Marta Romagnoli (ITD-CNR), Loredana Sasso (UNIGE), Annamaria Bagnasco (UNIGE), Milko Zanini (UNIGE), Gianluca Catania (UNIGE), Giuseppe Aleo (UNIGE), Hannele Turunen (UEF), Mina Azimarad (UEF), Eftychia S. Evangelidou (ENE), Aristides Daglas (ENE), Alise Vitola (ENE), Christos Kleisiaris (HMU), Isabella Roba (ALISA), Nadia Kamel (Eurocarers).



Co-funded by the Erasmus+ Programme of the European Union



The European Commission's support for the production of this publication does not constitute an endorsement of the contents, which reflect the views only of the authors, and the Commission cannot be held responsible for any use which may be made of the information contained therein

Project ref. number	591946-EPP-1-2017-1-IT-EPPKA2-SSA	
Project title	ENhANCE - EuropeaN curriculum for fAmily aNd Community nursE	

Deliverable title	FCN European Curriculum – final release	
Deliverable number	D3.1.2	
Deliverable version	V1	
Previous version(s)	-	
Contractual date of delivery	April 30 th 2021	
Actual date of delivery	April 30 th 2021	
Deliverable filename	ENhANCE_D3.1.2_v20210430.pdf	
Type of deliverable	Report	
Language	EN	
Dissemination level	PU = Public	
Number of pages	153	
Work package	WP3	
Partner responsible	SI4LIFE	
Author(s)	Serena Alvino (SI4LIFE), Barbara Mazzarino (SI4LIFE), Yuri Piccione (SI4LIFE), Ioanna V. Papathanasiou (UTH), Evangelos C. Fradelos (UTH), Sofia Kastanidou (UTH), Georgia Garani (UTH), Konstantinos Tsaras (UTH), Dimitrios Papagiannis (UTH), Madeleine Diab (AFBB), Lars Oertel (AWV), Francesca Pozzi (ITD-CNR), Francesca Dagnino (ITD-CNR), Flavio Manganello (ITD-CNR), Marta Romagnoli (ITD-CNR), Anna Maria Bagnasco	

	(UNIGE), Milko Zanini (UNIGE), Gianluca Catania (UNIGE), Giuseppe Aleo (UNIGE), Hannele Turunen (UEF), Mina Azimarad (UEF), Eftychia S. Evangelidou (ENE), Aristides Daglas (ENE), Alise Vitola (ENE), Christos Kleisiaris (HMU), Isabella Roba (ALISA), Nadia Kamel (Eurocarers).
EC Project Officer	Urska Primec

Abstract	This document includes the main result of the ENhANCE project, i.e. the Final Release of the FCN EU Curriculum, targeting EQF7, as well as the description of the work carried out in order to refine the first release delivered at the end of the first year of the project. The document also includes an example of the instantiation of the Curriculum at EQF6 level.
Keywords	Family and Community Nurses, EU curriculum, core competencies, knowledge, competency, skills.

Signatures

Reviewed by	Role (Organization)	Date
Reviewer 1	Mina Azimirad (UEF)	23/04/2021
Reviewer 2	Isabella Roba (ALISA)	23/04/2021
Approved by	Role (Organization)	Date
Francesca Pozzi	Project Coordinator (CNR-ITD)	29/04/2021
Flavio Manganello	Quality Manager (CNR-ITD)	29/04/2021

Table of Contents

1	Execut	ive summary 6	;
2	Definiti	on and Acronyms7	,
3	Introdu	ction	}
4	The FC	CN EU Curriculum review process 10)
	4.1 C	ollection of stakeholders' feedback10)
	4.2 Fe	edback analysis 12) -
	4.3 R	emedial actions and Curriculum refinement15	,
	4.3.1	Issues related to the EQF level 15	;
	4.3.2	Issues related to the Assessment Table18	}
	4.3.3	Other issues 22) -
5	The FC	CN EU Reference Curriculum – final release 24	ŀ
	5.1 U	nits of Learning Outcomes and Learning Outcomes	;
	5.1.1	Unit of Learning Outcomes A: Needs Assessment)
	5.1.2	Unit of Learning Outcomes B: Decision-Making Process)
	5.1.3	Unit of Learning Outcomes C: Health Promotion and Education 47	,
	5.1.4	Unit of Learning Outcomes D: Communication	3
	5.1.5 Patient	Unit of Learning Outcomes E: Navigation as Care Coordinator and Advocate	
	5.1.6	Unit of Learning Outcomes F: Evidence-Based Approach71	
	5.1.7 Family	Unit of Learning Outcomes G: Enhance and Promote Individual and Health Including E-Health to Support the Quality of Nursing Care 81	
	5.2 Tł	ne Assessment Table)
6	An exa	mple of the instantiation the FCN Curriculum at EQF6 level)
	6.1.1	Unit of Learning Outcomes A: Needs Assessment	}
	6.1.2	Unit of Learning Outcomes B: Decision-Making Process	5
	6.1.3	Unit of Learning Outcomes C: Health Promotion and Education 110)
	6.1.4	Unit of Learning Outcomes D: Communication	
	6.1.5 Patient	Unit of Learning Outcomes E: Navigation as Care Coordinator and Advocate	
	6.1.6	Unit of Learning Outcomes F: Evidence-Based Approach 134	ŀ
	6.1.7 Family	Unit of Learning Outcomes G: Enhance and Promote Individual and Health Including E-Health to Support the Quality of Nursing Care 144	
7	Discus	sion and conclusions	, -
8	Refere	nces	3

1 Executive summary

This document includes the main outcome of the ENhANCE project, i.e. the Final Release of the FCN EU Curriculum, as well as the description of the work carried out in order to evaluate and refine the first release delivered at M13 (Jan 2019).

In **Section 4** we describe the evaluation process set up in the project, under the coordination of different WPs, to collect feedback for the Curriculum improvement and refinement. In addition, this section outlines the main criticalities identified through the evaluation process, as well as the main remedial actions implemented in order to tackle and solve each criticality and refine the Curriculum for its final release.

In **Section 5** the final release of the FCN Curriculum is described in detail. Section 5.1 includes the description of the 52 Learning Outcomes composing the Curriculum, while Section 5.2 outlines the Assessment Table.

Then, in **Section 6**, a specific example of the Curriculum instantiation at EQF6 is provided in order to demonstrate its flexibility across EQF7/EQF6 levels, actually implemented in the Greek pilots.

Section 7 provides a final discussion and conclusions.

2 Definition and Acronyms

The present section presents the list of acronyms and other specific terms used within the present document.

EU	European
ECTS	European Credit Transfer and Accumulation System
ECVET	European Credit system for Vocational Education and Training
EQF	European Qualification Framework
ESCO	European Skills, Competences, Qualifications and Occupations
FCN	Family and Community Nurse
LO	Learning Outcome
М	Month
РНС	Primary Health Care
PP	Professional Profile
т	Task
UoL	Unit of Learning Outcome
VET	Vocational and Educational Training
WP	Work Package

3 Introduction

This report is aimed to outline the Final Release of the FCN EU Curriculum, which is the main expected result of ENhANCE project. The Curriculum is:

- *"learning outcome oriented*" and compliant with the main EU standard and tools for VET, such as ECVET, EQAVET, ESCO, EQF, etc.;
- *general and "across-the-board*", since it can play a reference role for any VET designer targeting FCNs in any EU country;
- modular and flexible, since it is adaptable to different contexts and rules in different EU countries.

These characteristics will allow for transparency and comparability of the local curricula and will support the recognition of FCN qualification by regulatory bodies.

A first release of the FCN EU Curriculum was delivered in M13 (January 2019). In the framework of WP3, this version of the Curriculum was used by the ENhANCE pilot coordinators in order to design their own "localized curricula" and then design the specific pilots which have been implemented in WP5. These design processes were a "testing field" for the Curriculum, especially concerning its flexibility and adaptability, since the general Curriculum was localized into 3 different countries and 3 different courses.

In **Italy** the Curriculum was localized into a 12-month FCN course at Master's level, corresponding to 60 ECTS at EQF level 7. Upon completion, the student received a Certificate in Family and Community Nursing officially recognized by UNIGE.

In **Finland** the Curriculum was localized into an academic course which provides 30 ECTS at EQF-level 7. It is a 12-month course 100% online programme. Upon completion, the student received a Certificate in Family and Community Nursing officially recognized by UEF.

In **Greece** the Curriculum was localized into a 250-hours Lifelong Learning Programme which awards 40 ECTS at EQF-6 level and leads to a Certificate of Specialization in Family and Community Nursing.

The implementation in such different courses "highlights" the Curriculum flexibility, modularity and adaptability and revealed the quality of work carried out in the project. Especially the Greek pilots, which addressed EQF-6 level, demonstrated the flexibility of the Curriculum across EQF7/EQF6 levels.

During the pilot design and implementation, different evaluation processes were carried out, through different perspectives in different WPs. The collection and the analyses of the results allowed for the refinement of the first release of the Curriculum. This document reports the main criticalities identified through the evaluation process, as well as the main remedial actions implemented in order to tackle and solve the criticalities and refine the Curriculum for its final release.

SI4LIFE, as WP3 and T3.1 leader, coordinated the review process by:

- analysing the evaluation results communing from different tasks/WPs;
- defining remedial actions and organizing partners' contribution in order to implement these actions;
- integrate partners' contributions in the final release of the FCN EU Curriculum.

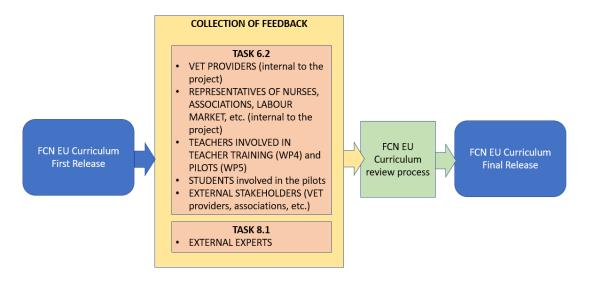
Because of the pandemic emergency the whole project has been affected by a delay, formalized through an amendment approved by the EACEA. The end of the project has been delayed to May 2021 and the delivery of the final version of the Curriculum has been postponed from M35 to M40, i.e. April 2021.

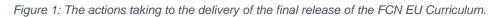
4 The FCN EU Curriculum review process

After the release of the first version of the FCN EU Curriculum some parallel (but integrated and coherent) evaluation processes have been set up in the project, under the coordination of WP6 and WP8, in order to collect feedback for the Curriculum improvement and refinement. In this Section the review process of the first release of the Curriculum is described, starting from the analysis of the results of the evaluation processes and then detailing the remedial actions undertaken in order to refine the curriculum for its final release.

4.1 Collection of stakeholders' feedback

As depicted in Figure 1, the collection of stakeholders' feedback about the first release of the Curriculum involved different partners in the framework of WP6 and WP8.





WITHIN TASK 6.2, coordinated by ITD-CNR, an overall evaluation of the results of WP3 was carried out, particularly the FCN EU Curriculum (outcome of Task 3.1) and the Guidelines for designers of local curricula (outcome of Task 3.2). An iterative process of evaluation was carried out involving different representatives of stakeholders in the provision of feedback concerning the first versions of the above mentioned project outcomes.

As detailed in D6.2, the evaluation process involved the following categories of stakeholders:

- 1. **VET providers (internal to the project)**. This group of stakeholders is peculiar, as they were the main users of the European Curriculum. For this reason, ITD-CNR considered them as the most informed group of stakeholders and so decided to deliver both questionnaires and interviews. This allowed them to go deeper in the evaluation and to collect more qualitative and fine-grained data.
- 2. Representatives of nurses, associations, labour market, etc. (internal to the project). Even if not direct users of the WP3 outcomes, ITD-CNR collected their opinions especially regarding the adherence of the EU Curriculum to the

Professional Profile, and the expected impact of these project outcomes on the health system and labour market.

- 3. **Teachers involved in our teacher training (WP4) and pilots (WP5)**. Teachers were exposed to WP3 project outcomes twice in the project: they familiarized with them during the training path preceding the pilots (WP4) and later on they were direct users, along with students, during the pilots (WP5). For this reason, under Task 6.2 they were asked to provide their preliminary impressions and then requested to provide a more in-depth evaluation after the pilots.
- 4. **External stakeholders** were reached through an online survey1, developed in collaboration with WP7 and published on the project website. The survey had a double aim, i.e. to disseminate the project outcomes and raise awareness about them, and to engage stakeholders by asking for their feedback. Data collection happened once, in Autumn 2020; a total of 47 participants filled out the survey (see D6.2 for details).

The main indicators investigated by T6.2 FCN EU Curriculum evaluation process were:

- Compliance with ECVET and EQF
- Coherence of EUC Learning Outcomes with the PP competencies
- Adaptivity of the EUC to own national context
- Ability to support modularity
- Ability to support practice sharing
- Ability to support work based learning
- Ability to support assessment
- Ability to support recognition and validation of prior formal, informal and nonformal learning
- Usefulness
- Overall satisfaction after use
- Usability
- Expected efficacy/impact
- Positive evaluation of 3 pilots following the evaluation plan indicators and the EQAVET indicators

WITHIN TASK 8.1, under the coordination of AWV/AFBB 4 external experts were involved in the evaluation of the FCN EU Curriculum in order to get an additional external perspective. The main purpose of the evaluation by the external experts was to assure the validation and the general quality of the main project outputs, thus to check their compliance with the European standards that are not under the subject of WP6.

The focus was thus on the compliance with ECVET and EQF as well as on the general quality of the FCN EU Curriculum.

¹ <u>https://www.enhance-fcn.eu/stakeholder-engagement/</u>

The evaluation process has been carried out in 2 main steps:

- first round evaluation of the EU Curriculum (first release) by the External Experts, whose results have been included in D8.2.1 (M15); the feedback given by the External Experts on the EU Curriculum and the Localized Curricula was collected and assessed in a table² with the goal to re-evaluate issues mentioned by the experts in upcoming evaluations, especially during the pilots;
- second round evaluation of the EU Curriculum (first release), after pilots' implementation, by the External Experts, whose results will be included in D8.2.2 (due by M41); a draft version of the results of this evaluation process has been shared by AWV/AFBB (T8.1 leader) with SI4LIFE in order to support the review process.

The main indicators of the FCN EU Curriculum evaluation process carried out in T8.1 are depicted in the Table 1 below and will be detailed in D8.2.2.

Criterion	Indicator(s)	
Compliance with ECVET	 Validity of learning outcomes Description of learning outcomes "Suitability to assessment" of Units of learning outcomes 	
Compliance with EQF	 The selected entrance level The matching of the learning outcomes with the EQF7 level descriptors 	
General design of the EU Curriculum (usability and user- friendliness of the format)	 The format of the EU Curriculum (in terms of comprehensibility, usability) 	
Appropriateness of assigned ECTS	- The amount of ECTS assigned to the learning outcomes of the EU Curriculum	

Table 1: Indicators of FCN EU Curriculum evaluation under WP8

4.2 Feedback analysis

The overall evaluation carried out about the FCN EU Curriculum gave very positive results. All our stakeholders agree that the flexibility of the Curriculum, as well as its ability to support modularity, practice sharing, work based learning and recognition of prior learning, are quite high. Impact of the Curriculum is also highly appreciated. The associations have stressed the key role that regulatory bodies should play for the uptake of the Curriculum.

Anyway, some important suggestions have been provided by different stakeholders in order to improve the first release. The results of the evaluation have been analysed and taken on board by SI4LIFE in order to identify possible "*issues to be tackled*" and improve the first release of the FCN EU Curriculum.

² See D8.1.2 for details.

The main documents analysed were: D6.2, D8.2.1 and the draft version of D8.2.2. In addition, specific feedback collected by SI4LIFE throughout the WP3 implementation, while interacting and collaborating with pilot designers, have been integrated in the analysis in order to focus on the proper issues.

Table 2 outlines the main identified issues, related to the specific stakeholders providing the feedbacks

lssue N.	Reference Task for the Evaluation	Stakeholder type providing the feedback	Description of the issue	
1	T8.1	External Expert	"The level of the curriculum does currently reflect the entrance level EQF LEVEL 6/registered practitioner."	
2	T8.1	External Expert	"The Learning Outcomes do not match the EQF LEVEL 7 descriptions; they are too low (FCN needs to demonstrate that they know how to manage complex and unpredictable situations)."	
3	T8.1	External Expert	"No clear determination of the progression from previous learning - EQF6 to EQF 7."	
4	T8.1	External Expert	"There is a repetition of a number of competences found in registered nursing practice (Directive EC/36/2005 amendment EU/55/2013)"	
5	T8.1	External Expert	"The learning outcome descriptions are mostly compliant with ECVET, although some of them need improvement in terms of quality and level of learning. The verb "know" is not specific enough."	
6	T8.1	External Expert	"Some Learning Outcomes need to be strengthened with respect to "caring in complex situations" and "caring for families with complex needs at home". This could encapsulate a wide range of activity including personalized care plans and meeting special and individual needs in complex care situation."	
7	T8.1	External Expert	"The text contains some typos and spelling errors"	
8	T7.1/T6.2	External Stakeholders	"Need to emphasize the FCN collaboration with the "social world" aside to the multidisciplinary approach to the health world"	
9	T6.2	VET providers (internal)	"Learning Outcomes targeting the core competence about ICTs (CC 28: "Health promotion, education, treatment and monitoring supported by ICTs (e-Health)"), have been evaluated as too general and not sufficiently structured."	
10	T6.2	VET providers (internal)	"E-health could be better covered as a topic"	
11	T6.2	VET providers (internal)	"The existing redundancy between LO27a and LO13a (same description) should be removed."	
12	T6.2/WP3	VET providers (internal)	"The first release of the Assessment Table doesn't mirror the actual evaluation strategies implemented in pilots"	
13	T6.2/WP3	VET providers (internal)	"Overall readability should be improved by adding an introduction, disambiguating titles, etc."	

Table 2: The main "issues to be tackled" identified through the analysis of the results of the FCN UE Curriculum evaluation process

4.3 Remedial actions and Curriculum refinement

Once analysed the feedback collected from stakeholders, different remedial actions have been enacted in order to tackle the issues pointed out. In the following sections the remedial actions will be described according to the targeted issues.

4.3.1 Issues related to the EQF level

Some of the issues pointed out by the stakeholders involved in the evaluation processes concern the EQF level targeted by the Learning Outcomes included in the Curriculum (see *Issue 1, 2, 3, 4 and 5 in Table 2*). The FCN EU Curriculum targets EQF Level 7 and, so, the Curriculum reviewers expected to find this level "mirrored" in each Learning Outcome. But, sometimes, actually, the specific LOs identified as fundamental in order to "master a specific Core Competence" were set at a lower level.

Partners discussed about this issue in an online meeting and they agreed that "being set at EQF 7 level doesn't imply that the whole set of LOs should target EQF7 level'.

After a comparison of the descriptions of the EQF levels provided by EUROPASS³, partners agreed on the fact that:

- the FCN Curriculum should target "*highly specialized knowledge*" (EQF 7) when this knowledge is *SPECIFIC for FCN*, while other topics can be mastered at an "advanced level" (EQF6);
- general "cognitive and practical skills" can be mastered at EQF6 level, while "specialized problem solving skills" concerning FCN KEY ACTIVITIES should be targeted at EQF7 level;
- "*taking responsibility*" is already mastered at EQF6 level, but, in order to perform some KEY ACTIVITIES, the FCN should to be able to adopt "*new strategic approaches*" (EQF7).

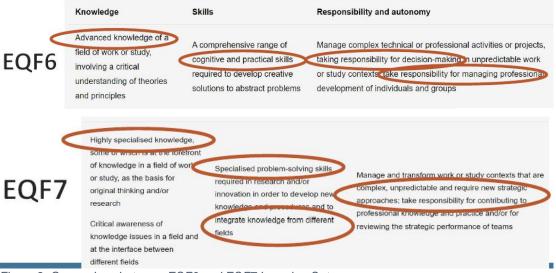


Figure 2: Comparison between EQF6 and EQF7 Learning Outcomes

Based on these premises, under the guidance of SI4LIFE, a specific activity for Curriculum refinement has been set up. The activity was aimed to distinguish in the set of Learning Outcomes:

³ <u>https://europa.eu/europass/en/description-eight-eqf-levels</u>

- LOs which concern an FCN ACTUAL SPECIALIZATION which is needed to perform FCN KEY ACTIVITIES (named LOs "TYPE X"); these LOs have to be targeted at EQF7 level.
- LOs which are not directly related with a "specialization in Family and Community Nursing" (named LOs "TYPE Y"); although fundamental for the overall curriculum, they CAN (but not MUST) be targeted at EQF6.

In a first step (**STEP 1**) partners (UNIGE, UEF, UTH, ENE and HMU) have been invited to fill in a template prepared by SI4LIFE in order to define the specific "type" of each LO. Partners contributions have been collected by SI4LIFE and merged in a table approved by partners (see Table 3).

UNIT OF LEARNING	LO code	LO TYPE
	LO1a	х
	LO1b	х
	LO1c	х
	LO3a	х
UNIT OF LEARNING A: NEEDS ASSESSMENT	LO3b	х
ASSESSIMENT	LO3c	х
	LO19a	х
	LO19b	х
	LO21a	Y
	LO2a	Y
	LO2b	х
UNIT OF LEARNING B:	LO11a	х
DECISION MAKING PROCESS	LO22a	Y
	LO22b	х
	LO23a	х
	LO4a	х
	LO4b	х
	LO5a	х
	LO16a	Y
UNIT OF LEARNING C:	LO16b	х
HEALTH PROMOTION AND EDUCATION	LO17a	Y
	LO17b	х
	LO18a	х
	LO18b	х
	LO25a	Y

	LO6a	х
UNIT OF LEARNING D: COMMUNICATION	LO15a	Y
	LO15b	Y
	LO8a	Y
	LO8b	Y
	LO13a	Y
UNIT OF LEARNING E:	LO13b	Y
NAVIGATION AS CARE COORDINATOR AND	LO14a	х
PATIENT ADVOCATE	LO20a	Y
	LO20b	Y
	LO27a	Y
	LO27b	х
	LO9a	х
	LO10a	Y
	LO10b	х
	LO12a	х
UNIT OF LEARNING F: EVIDENCE BASED APPROACH	LO12b	х
EVIDENCE BASED APPROACH	LO12c	х
	LO12d	х
	LO26a	Y
	LO26b	х
	LO24a	х
UNIT OF LEARNING G:	LO24b	х
ENHANCE AND PROMOTE INDIVIDUAL AND FAMILY HEALTH INCLUDING E-	LO7a	х
	LO7b	х
HEALTH TO SUPPORT THE	LO28a	Y
QUALITY OF NURSING CARE	LO28b	х
	LO28c	х

Table 3: The LOs types identified by partners.

Secondly **(STEP 2)**, three partners (UEF, ENE and UNIGE) worked at an overall review of the Curriculum focused especially on LOs "TYPE X": the review should have assured that these LOs would have been actually targeted at EQF7 level.

As to LOs "TYPE Y", partners were free to propose modifications in order to target a more specialized level or to let them as they were in the first release.

Then SI4LIFE merged the proposed reviews by maintaining a coherent approach in the phrasing of LOs and in the selection of the proper "action verbs". Table 4 provides some examples of changes introduced in the "phrasing" of learning outcomes in order to target competences at an higher level (proposed changes are in CAPITAL LETTERS)

AS TO KNOWLEDGE

- IDENTIFY AND DESCRIBE IN DETAIL the main educational strategies and tools for promoting health and safety of individual and families, DEMONSTRATING HIGHLY SPECIALIZED KNOWLEDGE ABOUT THEM
- Recognize and describe families' health needs, EVEN IN COMPLEX SITUATIONS
- Define, describe and IS CRITICALLY AWARE OF specific community, societal and population characteristics which could influence the selection of the proper decisionmaking process.

AS TO SKILLS

- INTEGRATE KNOWLEDGE FROM DIFFERENT FIELDS in order to take effective and appropriate decisions
- Apply procedures for monitoring nursing care, DEMONSTRATING SPECIALIZED PROBLEM SOLVING SKILLS.
- PERFORM SPECIALIZED ASSESSMENT of the outcomes of nursing care with standardized and validated tools.

AS TO PERSONAL AND TRANSVERSAL COMPETENCES

- Apply CRITICAL THINKING AND SPECIALISED PROBLEM-SOLVING SKILLS when planning future care
- TAKE RESPONSIBILITY on managing COMPLEX failure situations.

Table 4: Examples of changes introduced in the "phrasing" of LOs (changes are in CAPITAL LETTERS)

The proposed modifications have been approved by partners in the last round of evaluation carried out asynchronously by e-mail.

4.3.2 Issues related to the Assessment Table

The Assessment Table provided in the first release of the FCN Curriculum was aimed to provide designers with 2 main types of information for each LO included in the Curriculum:

a) Suggested assessment methods: the suggested methods have been defined by partners among 5 main possible types, taking into consideration the suggested teaching strategies; the possible methods were: written exam/assignments [WE], Oral exam [OE], Assessment of WBL [A-WBL], Simulation/skill demonstration [SSK] and Assessment based on other data [OTH] b) Suggested assessment criteria: three main levels were foreseen (satisfactory, good, excellent); in each cell, the table reported a sentence describing the specific level for the LO; for instance, a student got the LO at satisfactory level if s(he) 'Identify and assess individuals' health status and health needs under supervision'.

Both the suggested assessment methods and the suggested assessment criteria have been defined by partners working at T3.1 in a top-down approach, but their suitability and usefulness needed to be tested during pilots' design and implementation in order to verify their efficacy.

The feedback collected by SI4LIFE from pilot coordinators during the implementation of T3.3 (Pilots design) and pilots running (WP5) pointed out two main criticalities (see *Issue 12 in Table 2*):

- a) The assessment methods suggested in the table should represent all the possible methods which could be implemented in order to assess a specific LO; but, sometimes, in pilots' implementation, the methods actually applied (and formalized in the Assessment Matrix - see D3.3 and D3.2.2) were different from the ones suggested.
- b) During the implementation of pilots, partners realized that the modelling of student assessment could be managed through tables and templates only partially, since templates delivered by the project could not cover the variability and heterogeneity of cases that actually occur in courses organized by different VET providers operating in different EU countries; so, in the most practical and detailed tool about assessment provided by the project, i.e. the Assessment Matrix (see D3.3 and D3.2.2) designers are finally supposed to make explicit an "assessment approach", but no details are asked about a possible qualitative evaluation of the "achievement level" of each LO as well as the related assessment criteria; the definition of these criteria is necessary only when designers opt for an ASSESSMENT APPROACH type 3⁴; in ENhANCE pilots the "approach 3" has never been selected, for any tool, since partners deemed that this kind of assessment for each specific LO would have required too much time with respect to the actual added value of the collected information.

Based on these premises, SI4LIFE proposed to partners the following remedial actions:

a) The suggested assessment methods included in the first release of the FCN Curriculum have been revised adopting a bottom-up approach based on the analysis of the methods actually implemented in the pilots.

⁴ In the Assessment Matrix designers have to select for each listed assessment tool a specific "assessment approach" among the following:

ASSESSMENT APPROACH 1 - The teacher should specify if the WHOLE EXAM is PASSED or FAILED. If the exam is PASSED, each LO assessed through that exam have to be considered as PASSED.

ASSESSMENT APPROACH 2 - The teacher should specify if EACH LEARNING OUTCOME is PASSED or FAILED.

ASSESSMENT APPROACH 3 - The teacher should specify if EACH LEARNING OUTCOME is PASSED or FAILED. In case or PASSED the teacher have to specify the specific level (satisfactory, good, excellent).

b) The final version of the assessment table does not include suggestions for suitable assessment criteria allowing for the qualitative evaluation of the "achievement level" of each LO; generally, the project templates will support ASSESSMENT APPROACH 1 and 2, while, in case of approach 3, designers will be able to adopt the most suitable criteria based on their experience and the context of the training.

Partners agreed on this proposal.

The review of the assessment methods has been planned by SI4LIFE and carried out by EUROCARERS in the framework of T3.1.

SI4LIFE analysed the main tools delivered by the project used by pilot coordinators to formalize the design of their courses (see Figure 3).

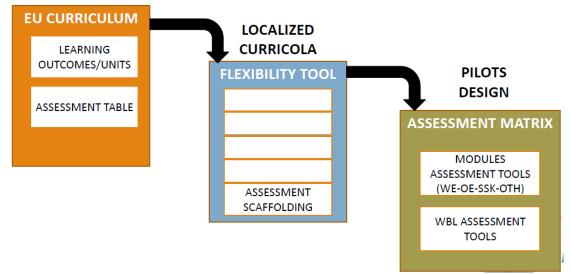


Figure 3: the main tools delivered by the project used by pilot coordinators to formalize the design of their courses

Based on the methods suggested in the Assessment Table, pilot coordinators should have filled in a specific sheet of the Flexibility Tool (see D3.2.1 and D3.2.2) about *Assessment Scaffolding*. As depicted in the example provided in Figure 4, this sheet helped pilot designers to define which assessment methods would have been implemented for each LO.

МЗ	Organizational models and priority health problems	ASSESSMENT TOOLS				
		WE	OE	A-WBL	SSK	OTH
		28,57%	23,81%	23,81%	23,81%	0,00%
LO 3b	Implement nursing care to meet the needs of individuals, families, and the community within their scope of competence		x	x	x	
LO 22a	Know and apply leadership techniques that ensures clinical and healthcare effectiveness and appropriateness	x				
LO 22b	Know and apply decision-making techniques that ensures clinical and healthcare effectiveness and appropriateness	x				
LO 4b	Know unique needs of subpopulations and detect and contrast the main inequities which affect them	x				
LO 15b	Know advanced strategies and techniques of team working and professional collaboration and apply them to specific contexts and needs	x				
LO 8a	Know and evaluate the main problems and needs which could affect workers in a specific community context.		x	x	x	
LO 14a	Know which changes are needed to improve FCN practice and act in order to target and reach them		x	x	x	
LO 13a	Work and collaborate in a multidisciplinary team.		х	х	x	
LO 13b	Plan and prioritize the activities of the multidisciplinary team in order to address problems related to health and illness	x				
LO 27a	Work and collaborate in a multidisciplinary team		х	x	x	
LO 24b	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	x				

Figure 4: A screenshot of the Assessment Scaffolding sheet in the Flexibility Tool

Then, methods identified in the Assessment Scaffolding should have been implemented into different assessment tools detailed in the Assessment Matrix (see D3.3 and D3.2.2).

Adopting a bottom-up approach, SI4LIFE suggested to analyse the contents of the *Assessment Matrixes* and the *Assessment Scaffolding sheets* delivered by each pilot coordinator in order to detect which methods have been actually implemented in each pilot (see Figure 5). Then a new version of the Assessment Table could be defined including all the methods actually implemented in pilots.

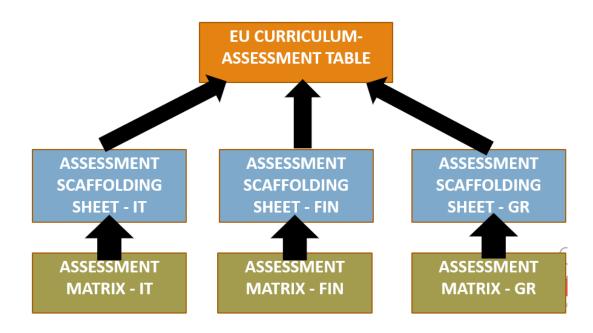


Figure 5: The bottom-up review process of the Assessment Table

EUROCARERS carried out this punctual analysis providing at the end an Excel File summing up the data concerning each pilot (one sheet per pilot) (see Figure 6).

UNIGE		UNIGE Pilot 🕞	UNIGE Localized FCN Curriculum	Function FCN Curriculum
	Module 🖵		curriculum	European FCN Curriculum -
Learning Outcome	Module	Assessment Matrix	Flexibility Tool	EUC Assessment Table
1a	1	WE, OE, SSK	OE, A-WBL, SSK	WE, OE, A-WBL, SSK, OTH
1b	1	WE, OE, SSK, A-WBL	OE, A-WBL, SSK	WE, OE, A-WBL, SSK, OTH
1c	1	WE, OE, SSK	OE, A-WBL, SSK	WE, OE, A-WBL, SSK, OTH
3a	1	WE, OE, SSK, A-WBL	OE, A-WBL, SSK	OE, SSK, OTH
3c	1	WE, OE, SSK	OE, A-WBL, SSK	OE, SSK, OTH
19a	1	WE	WE	WE, OE, A-WBL, OTH
19b	1	WE, SSK, A-WBL	WE	WE, OE, SSK, OTH
17a	1	WE	WE	WE, OE, A-WBL, OTH
17b	1	WE	WE	WE, OE, A-WBL, OTH
18a	1	WE	WE	WE, OE, A-WBL, SSK, OTH
18b	1	WE	WE	WE, OE, A-WBL, OTH
21a	2	WE, OE, SSK, A-WBL	OE, A-WBL, SSK, OTH	WE, OE, OTH
2a	2	WE, OE, SSK	OE, A-WBL, SSK, OTH	WE, OE, OTH
2b	2	WE, OE, SSK	OE, A-WBL, SSK, OTH	WE, OE, SSK, OTH

Figure 6 A screenshot of the sheet including the results of the analysis of the assessment methods and tools implemented in the Italian Pilot

The resulting Assessment Matrix has been approved by partners and included in this report in Section 5.2.

4.3.3 Other issues

The other issues listed in Table 2 have been tackled as follows:

• **Issue 6** - "Some Learning Outcomes need to be strengthened with respect to "caring in complex situations" and "caring for families with complex needs at home".

In order to tackle this, an asynchronous discussion with partners has been set up by SI4LIFE through the WP3 mailing list, trying to formalize a possible definition of "*complex situations*" to be included in the Curriculum. Partners agreed on ENE's proposal to avoid the formalization of such a definition, since it could correspond to any situation beyond routine. In the LOs review process carried out by ENE, UNIGE and UEF and merged by SI4LIFE (STEP 2 described in Section 4.3.1), some explicit references to COMPLEX SITUATIONS have been included in the description of a numbers of LOs (Type X), as exemplified in Table 4.

• Issue 7 - "The text contains some typos and spelling errors".

Once defined the final version of the Curriculum, after the LOs review described in Section 4.3.1 and the implementation of the other remedial actions described in this Section, the text has been revised by an English mother-tongue reviewer in order to remove possible typos and spelling errors.

• **Issue 8** - "Need to emphasize the FCN collaboration with the "social world" aside to the multidisciplinary approach to the health world".

In the LOs review process described in Section 4.3.1- STEP 2, partners have been invited to integrate LOs description with more details concerning possible collaborations of the FCN with other professional or stakeholders, including those ones working in the social care context. The current version of the Curriculum integrates many references to the "COLLABORATION WITH SOCIAL CARE PROFESSIONALS AND PROVIDERS AND OTHER RELEVANT STAKEHOLDERS". The social dimension has been also pointed out in a number of LOs where previously neglected.

 Issue 9 and 10 - "LOs targeting the core competence about ICTs, have been evaluated as too general and not sufficiently structured" - "E-health could be better covered as a topic"

In the LOs review process described in Section 4.3.1- STEP 2, partners have been invited to focus on *CC 28 "Health promotion, education, treatment and monitoring supported by ICTs (e-Health)"* in order to improve its description. Although partners deemed that additional LOs were not necessary, the current version of the Curriculum includes a refined, improved and more detailed description of the LOs targeting such CC.

• **Issue 11** - "The existing redundancy between LO27a and LO13a (same description) should be removed".

LO13a has been removed and LO13b has become 13a. In the NOTES of LO13a specific comments have been added in order to explain these changes⁵. In the current version of the Curriculum (final release) the **total number of LOs is thus 52** instead of 53. All of the design tools have been updated taking into account this change.

• **Issue 13** - "Overall readability should be improved by adding an introduction, disambiguating titles, etc.".

A simplified digital version of the final release EU FCN Curriculum is published on the project website⁶. In addition, a specific section about the Curriculum has been integrated in the web-based free tool "Designers' Kit" delivered as D3.2.2 (see the report D3.2.2 for details). This tool provides VET designers with a step-by-step guide which helps them to understand the main elements of the Curriculum and to instantiate it in their own context.

The final version of the FCN EU Curriculum integrating the results of the above described remedial actions has been approved in writing by partners and is published in Section 5 of this report.

⁵ "In order to effectively address CC13, this LO needs to be completed with LO27a (Work and collaborate in a multidisciplinary team)"; "In the first release of the Curriculum, implemented in pilots, this LO was named LO13b."

⁶ <u>https://www.enhance-fcn.eu/european-fcn-curriculum/</u>

5 The FCN EU Reference Curriculum – final release

The final release of the FCN EU Curriculum includes **52 Learning Outcomes grouped into 7 Units of Learning Outcomes.**

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 the 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.

The Curriculum in addition:

- includes a strong Work Based Learning component;
- fosters the development of **Practice Sharing** through both **formal and nonformal/informal learning.**

The European Reference Curriculum for FCN developed by the ENhANCE Project targets graduate nurses (entry level: EQF6) and is aimed at EQF7 level. Thus, taken as a whole, the Curriculum can be used to design FCN specialization courses awarding 60 ECTS, and due to its flexible and modular design, it can also be used to design localized curricula awarding more or fewer ECTS (see D.3.2.1 and D3.2.2 – "Definition of the EQF level – User Manual" for details). This means it can award an FCN certificate at either EQF7 or EQF6 level.

The final version of the FCN European Curriculum outlined in this document targets Learning Outcomes at EQF7 level. In Section 6 is provided an example of adaptation to EQF6 level.

Learning Outcomes (LOs) are grouped into Units of Learning Outcomes, and described in terms of Knowledge, Skills and Personal and Transversal Competences. 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).

In Section 5.1 the Units of Learning Outcomes are listed, corresponding to the FCN Key Activities, which are defined as "an integrated group of professional competences, which are in their entirety necessary to perform the tasks which are relevant to the FCN Professional Profile; FCN Key Activities together cover all activities for the performance of the FCN Professional Profile, regardless of its application context"

Each Unit groups from 3 to 7 Core Competences (out of the 28 included in the FCN Professional Profile - PP), which maintained the same progressive number provided in the PP document (D2.2). For each Core Competence are listed one or more subcompetences (a, b, c, etc.), which correspond to specific Learning Outcomes. 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" (eg. LO19B means "the second LO of the Core Competence 19).

Sections from 5.1.1 to 5.1.7 include, for each Unit, the description of the associated Learning Outcomes, according to the template agreed by project partners.

Finally, in Section 5.2 is presented the **Assessment Table** accompanying the Curriculum.

The **Flexibility Table** included in D3.2.2 assures the proper instantiation of each LO in the specific context, providing suggestions about:

- the compulsoriness of the LO (mandatory/optional);
- the suggested learning strategy, both in face-to-face and in online learning;
- the suggested level of study (basic/advanced);
- a possible range of credits (in terms of ECTS) to be assigned to the LO.

NOTES to the CURRICULUM:

- 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.
- 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.

5.1 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, 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 centres.

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 that affect them.

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

a. Know and apply the main educational strategies that 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 goals of the community

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 the family and community level
- b. Effectively coordinate develop and implement policies for health promotion at the family and community level

25. Mentoring students to promote the health, to prevent disease and injuries and to promote 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

13. Participate in the prioritization of activities of the multidisciplinary team to address problems related to health and illness.

a. Plan and prioritize the activities of the multidisciplinary team in order to address problems related to health and illness.

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

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 own practice

- a. Know and use standardized and validated tools in order to evaluate own practice.
- b. Know and use the main monitoring and reporting procedures in order to document 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
- b. Know the main characteristics of chronic and rare diseases that could be monitored remotely 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 remotely and use the most common ones
- c. Know the main ICTs supporting distance health monitoring and use the most common ones

5.1.1 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			

• Perform a highly specialized analysis of health status and health needs of individuals within a specific cultural and community context.

- Take responsibility on cooperation with individuals in order to detect health problems and assess health needs.
- Apply critical thinking to the identification of individuals' health problems.
- 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

NOTES:

Competencies related to professional standards are addressed in LO15a

Knowledge	Skills
 Differentiate needs assessment on the base of the systemic – family approach. Classify the determinants of families' health status. Recognize and describe families' health needs, even in complex situations, demonstrating highly specialized knowledge about them. Define and describe frailty situations of family members (caregivers), demonstrating highly specialized knowledge about them. 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. 	 Evaluate all the dimensions (biological, mental, spiritual, social) of families' health status. Estimate family members' relations. Perform a specialised assessment on families' health status with the use of standardized and validated evaluation tools. Perform a specialised assessment on 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.
Personal and transversal competences	
 Take responsibility on the identification of possible health threa Cooperate with family members in order to detect health proble Apply critical thinking to the identification of families' health pro 	ems and assess health needs.
NOTES:	
Team working competencies are addressed in LO15b	
Compatancias related to professional standards are addressed in LO1	50

Competencies related to professional standards are addressed in LO15a

nowledge	Skills
Define, describe and be critically aware of specific community characteristics that affect needs assessment, such as geographical profile, immigration, social dimensions, etc. Define, describe and be critically aware of specific population characteristics that affect needs assessment, such as socio- demographic, economic, and those related to work status. Describe and identify possible hazards (physical, chemical, biological and sociological) of a community.	 Evaluate and handle possible hazards (physical, chemical, biological and sociological) of a community. Measure specific community characteristics that affect needs assessment, such as geographical profile, immigration, social dimensions, etc. Measure specific population characteristics that affect needs assessment, such as socio-demographic, economic and work status related ones. Apply evidence-based measurement standards of health needs that take in to account cultures, communities and their social world.
ersonal and transversal competences	
 Refer to specific population characteristics, such as socio-de AUTONOMOUSLY evaluate possible hazards of a community Demonstrate cultural sensitivity. Demonstrate critical thinking skills. Demonstrate an aptitude for cultural and community awaren Collaborate with social care professionals and providers. 	ty and its social world.

LO3a: Plan nursing care to meet the needs of individuals, families, and the community within their scope of competence.			
 Knowledge Outline the components and types of Nursing Diagnoses – NANDA/ICNP. Identify and describe in detail possible health problems and needs, demonstrating highly specialized knowledge about them. Identify and set priorities of nursing care, even in complex situations, demonstrating highly specialized knowledge about them. Establish expected outcomes (goals/objectives) of nursing care – NOC/ICNP. Identify the proper nursing interventions for achieving outcomes. Prioritize nursing interventions, even in complex situations. Classify priorities of nursing care: High- Emergent, Intermediate, Low. 	 Skills Set individual-centred, family-centred and community-centred short-term and long-term goals and outcomes. Organize, develop and write nursing care plans/nursing kardex/critical pathways, based on the nursing diagnosis and fulfilling specific needs. Set and develop nursing care plans according to preferences, values and expressed needs and within a cultural context Create concept maps and care plans 		
 Personal and transversal competences Adopt the holistic approach Respect ethical issues. Collaborate and partner with individuals, families and communities. Apply original thinking and specialised problem-solving skills to trans interventions Apply critical thinking and specialised problem-solving skills to set go 			

• Create concept maps and care plans AUTONOMOUSLY

NOTES:

Inowledge	Skills
 Outline nursing practice interventions / standards / guidelines and protocols – NIC/ICNP. 	 Provide independent, dependent and collaborative nursing interventions.
 Discriminate among different ways of treatment and interventions based on clinical judgment to enhance expected outcomes for individuals, families and communities, demonstrating highly specialized knowledge about them. Outline, identify and select the proper direct and indirect advanced nursing care measures for individuals, families and communities, demonstrating highly specialized knowledge about them. Outline, recognize and describe all nursing documentation types. 	 Provide high-quality and safe person-centred communit 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.

sal competences

- Act respectfully
- Apply critical thinking and specialised problem-solving skills when implementing advanced nursing care
- Take responsibility for setting strategies to recognize all possible consequences associated with the provided nursing actions.
 Act with accountability and in compliance with legal requirements.

NOTES:

Document nursing activities: overlaps with LO10a and LO10b

D3.1.2 - FCN European Curriculum	ENhANCE	Sector	Skills
- final release	Alliances EAC	CEA 04/201	7

LO3c: Assess nursing care to meet the needs of individuals, families, and the community within their scope of competence.			
 Knowledge Differentiate, describe and select the means and tools that are used to assess the effectiveness of nursing care, being critically aware of their potential. Outline and illustrate the nursing planning process. Outline, identify and select the proper criteria for nursing care quality assurance and effectiveness Identify complex failure situations. 	 Skills Analyse individuals', families' and communities' responses to the proposed/applied nursing interventions. Apply the criteria for nursing care quality assurance and effectiveness Perform a highly qualified evaluation of the outcomes of nursing interventions, based on the goals identified in the nursing plan. Critically analyse nursing plans and identify possible errors. Evaluate family strengths and areas of concern, the family's living environment including the community in which the family lives. Identify factors contributing to success or failure. Monitor the quality of nursing care Document results. Plan future care. 		
 Personal and transversal competences Learn from experiences with individuals, families, communities Apply critical thinking and specialised problem-solving skills wh Take responsibility for managing complex failure situations. 			
NOTES: This LO overlaps with LO10a and LO10b and with LO12a LO12b LO12 Competencies related to professional standards are addressed in LO13			

D3.1.2 - FCN European Curriculum	ENhANCE	Sector	Skills
 – final release 	Alliances EAC	CEA 04/2017	7

LO19a: Assess community health needs in a multidimensional perspective		
 Knowledge Define, describe and is critically aware of specific community healthcare needs at physical, mental, spiritual and social level, demonstrating highly specialized knowledge about them. Distinguish and describe the most common assessment tools that are standardized for specific populations and societies. Identify the impact of conducting comprehensive community and social assessments with individuals, families and communities 	 Skills Analyse data about the needs of specific populations and applies the analysis to his/her practice Identify and interact with key community leaders and influencers. Identify and assess target populations that may be at risk Select and apply the most common assessment tools that are standardized for specific populations and societies. 	
 Personal and transversal competences Cooperate with other health professionals, e.g. with primary, se Apply critical thinking to review the strategic performance of the Cooperate with supportive social and spiritual services NOTES:		

Team working competencies are addressed in LO15b

Competencies related to professional standards are addressed in LO15a

LO19b: Identify the appropriate clinical interventions and care management strategies for communities		
Knowledge	Skills	
 Outline, differentiate and describe care management strategies used in community settings, demonstrating highly specialized knowledge about them. Outline, identify and select the proper clinical and social interventions -NIC/ICNP for community settings. Compare and select community interventions targeting primary, secondary, and tertiary prevention. Recognize community resources and available social support providers. 	 Identify specific clinical interventions for specific community populations. Adapt clinical interventions for specific community populations to complex situations. Indicate strategies for quality social and health care management in community settings. Identify proper social interventions tailored on each community 	
 Personal and transversal competences Respect ethical aspects of specific populations. Collaborate with community members and leaders Cooperate with other health professionals, eg. with primary, secondary and tertiary social/health care providers Apply critical thinking and specialised problem-solving skills when defining the proper clinical interventions 		
NOTES:		
Team working competencies are addressed in LO15b		
Competencies related to professional standards are addressed in LO15a		

D3.1.2 - FCN European Curriculum	ENhANCE	Sector	Skills
 – final release 	Alliances EAC	CEA 04/201	7

Knowledge Skills			
 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.) 	 Collect 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 Evaluate the meaning of information from socio-cultural, ethical, and economic perspectives 		
 Personal and transversal competences Approach patients and families WITH RESPONSIBILITY, open- AUTONOMOUSLY evaluate the social status, cultural aspects 			

5.1.2 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, disease and injury 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 centres	
	6 Learning Outcomes	
LO2a:	Know the main professional ethical standards	
LO2b:	Take decisions based on professional ethical standards	
LO11a:	Involve individuals and families in the decision-making process	
LO22a:	Know and apply leadership techniques that ensure clinical and healthcare effectiveness and appropriateness	
LO22b:	Know and apply decision-making techniques that ensure clinical and healthcare effectiveness and appropriateness	
LO23a:	Know and apply communication, counselling and negotiation strategies and techniques with different actors	

LO2a: Know the main professional ethical standards	
 Knowledge State the moral and ethical principles of the nursing profession. Illustrate human rights according to international agreements Describe professional codes, laws and regulations related to nursing practice. Outline all nursing protocols/guidelines approved by scientific associations and health authorities 	 Skills Comply with ethical principles, professional code of conduct, laws and regulations. Practise the observation of 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 report practices that can lead to
	 misconduct. Comply with and stimulate a culture of misconduct reporting

- Comply with ethical principles and professional codes of conduct.
- Protect 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 skills in ensuring adherence to ethical principles to protect the rights and well-being of individuals.

NOTES:

Define the relations (preparatory or not) with LO20a and LO20b

Competencies related to professional standards are addressed in LO15a

D3.1.2 - FCN European Curriculum	ENhANCE	Sector	Skills
 – final release 	Alliances EAC	CEA 04/2017	7

LO2b: Take decisions based on professional ethical standards		
 Knowledge Describe in detail the decision-making process. Outline standards for patients' and families' safety, as well as for a safe environment Identify potential and actual ethical issues arising from FCN practice 	 Skills Take decisions according to international agreements integrating knowledge from different fields Take informed decisions in accordance with professional ethical standards. Take into consideration the safety of patients and families when making decisions. 	
 Personal and transversal competences Take the responsibility for decisions. Take decisions integrating knowledge from different fields Apply specialized problem-solving skills to take decisions. Collaborate with other professionals in order to take decisions. Comply with professional ethical standards throughout the process. Act in safety while taking 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. 		
NOTES: Competencies related to professional standards competencies are addressed in LO15a Team working competencies are addressed in LO 15b		

D3.1.2 - FCN European Curriculum	ENhANCE	Sector	Skills
 – final release 	Alliances EAC	CEA 04/2017	7

LO11a: Involve individuals and families in the decision-making process		
 LO11a: Involve individuals and fam Mowledge Differentiate and describe strategies and techniques aimed at involving individuals and families in decision-making (including communication and motivation strategies and techniques), even in complex situations Differentiate and describe the main strategies to encourage shared decision-making concerning health promotion, disease and injury prevention and wellbeing. Understand and interpret preferences and choices of patients 	 ilies in the decision-making process Skills Properly and effectively apply strategies and techniques aimed at involving individuals and families in decision-making. Properly and effectively apply communication strategies and motivation techniques to induce informed willingness, of individuals and families, for active involvement in decision-making processes. Act by following the steps and the rules of the decision- 	
and families, integrating knowledge from different fields.	 Apply and ensure 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. 	

- Apply critical thinking and specialised problem-solving skills in order to understand and interpret preferences and choices of patients and families.
- Critically reflect on different choices in decision making.
 Respect patients' and families' choices in decision making.
- AUTONOMOUSLY organize the job following the steps and the rules of the 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.
- Create a trusting atmosphere where individuals and families feel safe, respected and have their say in making decisions.

Overlaps with LO22b

Competencies related to communication strategies are addressed in LO16a

LOZZA: Know and apply leadership techniques that ensure clinical and healthcare enectiveness and appropriateness		
Knowledge		Skills
	 Describe leadership and management techniques that are fit for the targeted strategy and population. Describe the role of a positive working environment in ensuring clinical and healthcare effectiveness and enpropriateness. 	 Implement the right leadership strategies to ensure clinical and healthcare effectiveness and appropriateness. Act as a change agent and foster innovation Constantly evaluate the leadership strategy.

appropriateness.
Describe and distinguish leadership roles in order to ensure clinical and healthcare effectiveness and appropriateness
Change the leadership strategy if needed.
Build coalitions, inter-sectorial partnership and networks
Review the strategic performance of the team

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.

NOTES:

Team working strategies are addresses in LO15b

Knowledge	Skills
 Outline the effective and appropriate decision-making process, even in complex situations Identify and interpret different strategic thinking methods including thinking outside the box, if required Be critically aware of the main potentialities of the different strategic thinking methods and decision-making processes. Define, describe and be critically aware of specific community, societal and population characteristics that could influence the selection of the proper decision-making process. 	 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 needed. Integrate knowledge from different fields in order to take effective and appropriate decisions Act as a change agent and foster innovation

• Demonstrate aptitude for original and critical thinking applied to the decision-making processes (e.g. cognitive-maturity, truth seeking, open-mindedness, analyticity, systematism)

• Communicate effectively and promote cooperative behaviours.

NOTES:

Overlaps with LO11a

Competencies related to communication strategies competencies are addressed in LO16a

Knowledge	Skills
 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. Define, describe and is critically aware of specific community, societal and population characteristics that could influence the selection of the proper counselling and communication techniques. 	 Demonstrate empathy, creativity, genuine interest, compassion and a non-judgemental behaviour. Devote adequate time to individuals and families when expressing health related concerns and feelings. Support patients and families in their relations with the multidisciplinary team and healthcare centres. Assure proper deals when a patient loses his/her autonomy. Evaluate and address the needs of informal carers. Review the strategic performance of the multidisciplinary team

- 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 aimed at ensuring the physical and mental wellbeing of patients and their families
- Create a trusting atmosphere for discussions 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 negotiation process.
- Collaborate with social care professionals and providers

Team working competencies are addressed in LO15b. Competencies related to communication strategies competencies are addressed in LO16a. Communication and counselling techniques to manage relations with patients in palliative care are targeted in LO7b

5.1.3 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, to prevent disease and injuries and to promote 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 that affect them	
LO5a:	Know and apply the main educational strategies that 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 goals of the community	
LO18a:	Evaluate policies for health promotion at the family and community level	
LO18b:	Effectively coordinate, develop and implement policies for health promotion at the family and community level	
LO25a:	Know strategies and techniques for mentoring students and apply them in daily practice	

Knowledge	Skills
 Identify, describe in detail and health promotion and education theories, guidelines and procedures, demonstrating highly specialized knowledge about them. Identify and explain conditions and/or behaviours that are detrimental to the health of individuals, families and communities. 	 Detect conditions and/or health risk behaviours
	• Apply in daily practice interventions of health promotion and education that enhance the health status of community populations.
	 Integrate knowledge from different fields to enhance and promote health and prevent disease and injuries.
	• Constantly monitor the 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.

• Take responsibility when detecting 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.

NOTES:

Team working competencies are addressed in LO15b

D3.1.2 - FCN European Curriculum	ENhANCE	Sector	Skills
 – final release 	Alliances EAC	EA 04/2017	7

LO4b: Know unique needs of subpopulations and detect and contrast the main inequities that affect them		
Knowledge Skills		
 Recognize and be critically aware of the unique needs of subpopulations that face inequities, such as populations with different cultural or religious backgrounds or situations of abuse 	• Detect and report the unique needs of subpopulations that face inequities, such as populations with different cultural or religious backgrounds or situations of abuse	
Outline and describe social rights pillars	Perform a specialized assessment of the inequities and unique	
 State and is critically aware of how health and illness are affected by socioeconomics, culture, race, spiritual beliefs, gender, lifestyle, and age. 	health needs of subpopulations when providing health promotion and prevention of disease and injuries.	
Personal and transversal competences		
 AUTONOMOUSLY evaluate the needs of individuals, families Collaborate with other members of the multidisciplinary health 		
NOTES:		
Team working competencies are addressed in LO15b		

D3.1.2 - FCN European Curriculum	ENhANCE	Sector	Skills
– final release	Alliances EAC	CEA 04/2017	7

LO5a: Know and apply the main educational strategies that can be adopted to promote the health and safety of individuals and families		
Knowledge	Skills	
 Identify and describe in detail the main educational strategies and tools for promoting health and safety of individual and families, demonstrating highly specialized knowledge about them Explain and is critically aware of the benefits of health education programs for individuals' and families' health status. 	 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 education programs that promote the 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 the health promotion activities 	

- Select the right educational strategy TAKING ON RESPONSIBILITY for the 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 the health promotion and education process
- Motivate collaborators to responsibility and dedication

NOTES:

Team working competencies are addressed in LO15b

Competencies related to professional standards are addressed in LO15a

D3.1.2 - FCN European Curriculum	ENhANCE	Sector	Skills
 – final release 	Alliances EAC	CEA 04/201	7

LO16a: Know the main educational strategies for patient education and apply them in daily practice		
 Outline, identify and select the proper patient education strategies, techniques and tools. 	 Skills Apply the appropriate techniques to assess patients' learning needs and educate them accordingly Organize and implement educational sessions/programs regarding health promotion for patients and families Integrate knowledge from different fields in order to educate patients effectively 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 acceptability and compliance with educational interventions 	
Personal and transversal competences		
AUTONOMOUSLY evaluate educational deficits and interve	entions	
Collaborate with other professionals of the multidisciplinary team		
NOTES:		
Team working competencies are addressed in LO15b		

D3.1.2 - FCN European Curriculum	ENhANCE	Sector	Skills
- final release	Alliances EAC	CEA 04/201	7

LO16b: Know the main strategies and techniques for building an effective therapeutic relation with patients and families and apply them in daily practice		
Knowledge	Skills	
 Describe the main characteristics of an effective therapeutic relation with patients and families 	 Apply the appropriate techniques to build a therapeutic relation with patients and families. 	
 Select and describe the main strategies and techniques that foster a therapeutic interpersonal relationship. 	 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 in order to set an effective therapeutic relation with patients and families 	
	 Evaluate the therapeutic relationship with patients and their families. 	
	 Encourage acceptability and compliance with the therapeutic relationship 	
Personal and transversal competences		
 TAKES RESPONSIBILITY for the therapeutic relation with pa 	tients and families	
 Respect people as unique individuals with differing beliefs and 	d cultural backgrounds.	
 Enact a comprehensive communication of facts and circumstance 	ances.	
 Enact culturally responsive communication. 		
 Recognize patient and family preferences, values, and needs 		
 Establish a holistic, compassionate, and respectful partnershi 	p with patients and families.	
Evaluate the therapeutic relationship AUTONOMOUSLY		
NOTES:		
Competencies related to professional standards competencies are ad	dressed in LO15a	
Competencies related to communication strategies are addressed in I	_O16a	

D3.1.2 - FCN European Curriculum	ENhANCE	Sector	Skills
 – final release 	Alliances EAC	CEA 04/2017	,

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 with the implementation of community health promotion goals 	
Personal and transversal competences		
 Evaluate community health promotion goals AUTONOMOUSLY Collaborate with other professionals of the multidisciplinary team Collaborate with social care professionals and providers 		
NOTES:		
Team working competencies are addressed in LO15b		

LO17b: Carry out health promotion programs and activities that meet the goals of the community		
 Knowledge Describe and select the best practices for the implementation of programs and activities that meet the health promotion goals and societal needs of the community, demonstrating highly specialized knowledge about them. List, differentiate and describe the healthcare and community services, as well as social support providers, of a particular area of practice, demonstrating highly specialized and contextualized knowledge about them 	 Skills Apply community and social dimensions of practice Organize and implement health promotion programs and interventions that pursue the goals of the community Organize and implement social strategies and interventions that pursue the goals of the community. Evaluate the effectiveness of the implemented programs Communicate regularly with healthcare and community services, as well as social care professionals and providers, to better organize the provision of family and community health care Foster acceptability and compliance with health promotion/provision recommendations 	
 Personal and transversal competences AUTONOMOUSLY evaluate the community and social dimension Collaborate with other professionals of the multidisciplinary team 	s of practice and available services.	
 Collaborate with social care professionals and providers 		

Team working competencies are addressed in LO15b

D3.1.2 - FCN European Curriculum	ENhANCE	Sector	Skills
– final release	Alliances EAC	CEA 04/2017	7

LO18a: Evaluate policies for health promotion at the family and community level		
Knowledge Skills		
 Define, describe and is critically aware of health promotion policies for the family and the community, demonstrating highly specialized knowledge about them. Outline and select standardized assessment tools for health promotion policies. 	 Demonstrate a critical understanding of health promotion policies for the family and the community. Evaluate the social dimension of policies for health promotion integrating knowledge from different fields Assess health promotion policies by using standardized tools. 	
 Personal and transversal competences Apply original and critical thinking skills to the evaluation of policies. Show aptitude for evaluation, interpretation, explanation, systematism. AUTONOMOUSLY evaluate the policies to be implemented 		
NOTES: Competencies related to professional standards competencies are addressed in LO15a		

D3.1.2 - FCN European Curriculum	ENhANCE	Sector	Skills
 – final release 	Alliances EAC	CEA 04/2017	•

LO18b: Effectively coordinate, develop and implement policies for health promotion at the family and community level		
 Skills Develop and implement evidence-based health promotion policies according to universal and country recommendations. Evaluate the policy implementation process Advocate for policies that improve family and community health, bringing the nursing perspective to policy makers and stakeholders 		

- Act as a leader in the development, implementation and evaluation of health promotion 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 implementation process AUTONOMOUSLY
- Collaborate with social care professionals and providers

Team working competencies are addressed in LO15b

Competencies related to communication strategies are addressed in LO16a

LO25a: Know strategies and techniques for mentoring students and apply them in daily practice		
Knowledge Skills		
Describe and select the proper mentoring strategies and techniques about health promotion and educational issues.	 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. Support the implementation of the appropriate health promotion and disease/injury prevention measures in the community setting with the students. Provide interactive mentoring to new and experienced nurses and other members of the multidisciplinary team 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 students' acceptability and compliance 	
 Personal and transversal competences Evaluate the teaching and mentoring process AUTONOMOU 	SLY	
 TAKE RESPONSIBILITY for the mentoring process 		

Skills

NOTES:

Competencies related to communication strategies are addressed in LO16a

5.1.4 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 that can be adopted by an 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		

LO6a: Know the main communication strategies and techniques that can be adopted by an FCN and apply them to specific contexts and needs		
 Knowledge Outline, identify and select the proper evidence-based and culturally responsive communication strategies and techniques. Be critically aware of the main potentialities of the main communication strategies and techniques that can be adopted by an FCN Clarify the nursing principals of communication in relation to the specific context of the care recipient(s) in the family and the community. Define, describe and be critically aware of the main strategies and techniques for verbal and non-verbal communication as well as communication breakdowns. Define the conditions required to establish an effective communication context, even in complex situations. 	 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 up a therapeutic environment that promotes discussion by using an appropriate communication style and community resources Apply the proper strategies and techniques in order to explain complex information to healthcare recipients and families Use verbal, non-verbal and written or graphic communication skills properly Speak and write in plain language Use culturally relevant and linguistically appropriate communication when building relationships 	
 Personal and transversal competences Relate communication strategies to the specific context Respect people as unique individuals with differing beliefs and 	cultural backgrounds.	
NOTES: Preparatory for a number of transversal competencies (see notes for each of them) The therapeutic relationship is targeted in LO16b		

D3.1.2 - FCN European Curriculum	ENhANCE	Sector	Skills
– final release	Alliances EAC	CEA 04/2017	7

LO15a: Know professional standards and act in compliance with them		
Knowledge Skills		
 Define, describe in detail and be critically aware of all the FCN professional standards. Apply professional standards in nursing practice. 		
 Personal and transversal competences Apply critical thinking dispositions; truth-seeking, open-mindedness, self-confidence, cognitive maturity. Share own expertise with other professionals to meet professional standards Collaborate with the multidisciplinary team and with social care professionals and providers 		
NOTES:		
Preparatory for a number of transversal competencies (see notes for each of them)		

D3.1.2 - FCN European Curriculum	ENhANCE	Sector	Skills
- final release	Alliances EA0	CEA 04/2017	7

LO15b: Know advanced strategies and techniques of team working and professional collaboration and apply them to specific contexts and needs		
 Knowledge Outline, identify and describe strategies and techniques of team working and professional collaboration. State roles, responsibilities and legitimations that support intra- and inter-professional effective relationships. 	 Skills Select the proper strategies and techniques of team working and professional collaboration and apply them to specific contexts and needs Demonstrate nursing leadership to facilitate inter-professional collaboration and team building in health care Set up a positive and collaborative working environment. Facilitate inter-professional relationships to address complex medical issues. Act as part of a professional team Interpret the ways colleagues relate to one another in workplaces. 	
 Personal and transversal competences Define own professional identity through interaction with other Define his/her role in the team while gaining an understanding Act as part of a professional team Collaborate with social care professionals and providers NOTES:	of commitment in the workplace	

Preparatory for a number of transversal competencies (see notes for each of them)

5.1.5 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		
	8 Learning Outcomes		
LO8a:	LO8a: Know and evaluate the main problems and needs that could affect workers in a specific community context.		
LO8b:	LO8b: Know and apply strategies and techniques to motivate workers and engage them in community healthcare promotion		
LO13a:	Plan and prioritize the activities of the multidisciplinary team in order to address problems related to health and illness		
LO14a:	LO14a: Know which changes are needed to improve FCN practice and act in order to target and reach them		
LO20a:	LO20a: Know the main ethical principles to manage disparity and diversity and apply them in daily practice		
LO20b:	LO20b: Know the main guidelines to foster inclusiveness and apply them in daily practice		
LO27a:	LO27a: Work and collaborate in a multidisciplinary team		
LO27b:	Effectively address problems related to health and illness through the multidisciplinary team		

LO8a: Know and evaluate the main problems and needs that could affect workers in a specific community context		
 Knowledge Identify problems and needs that affect workers in a specific community context. 	 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. Analyse relevant information to identify major health and social issues. Prioritize the main problems and needs for action decisions Communicate and cooperate with community health care workers and social care providers in order to support the identification of the problems and needs related to a specific community context. 	

- Show aptitude for interpretation, analysis, evaluation and systematism
- Apply critical thinking and specialised problem-solving skills when evaluating problems and needs affecting workers.
- Collaborate with social care professionals and providers

NOTES:

Competencies related to communication strategies are addressed in LO16a

Team working competencies are addressed in LO15b

LO8b: Know and apply strategies and techniques to motivate workers and engage them in community healthcare promotion			
Knowledge	Skills		
 Outline, identify and select the proper motivation strategies and techniques for employees' health care in the community. Define and describe healthcare activities that support workers 	 Apply motivation strategies and techniques for employees' health care in the community within a specific community context. 		
in community healthcare promotion.	 Set accountability standards that enhance community healthcare promotion. 		
	 Coordinate supportive activities for community healthcare workers. 		
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 			
NOTES:			
Competencies related to communication strategies are addressed in LO16a			
Competencies related to professional standards are addressed in LO15a			

D3.1.2 - FCN European Curriculum	ENhANCE	Sector	Skills
- final release	Alliances EAC	CEA 04/201	7

LO13a: Plan and prioritize the activities of the multidisciplinary team in order to address problems related to health and illness			
Knowledge	Skills		
 Identify, categorize and define the activities that the multidisciplinary team should carry out to address problems related to health and illness. Outline the main principles to prioritize needs and activities addressing community problems 			
 Personal and transversal competences Accept different views and opinions within the multidisciplinary team about issues related to health and illness 			
Provide reasonable justifications for own choices about priorities			
NOTES:			
In the first release of the Curriculum, implemented in pilots, this LO was named LO13b.			
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			
In order to effectively address CC13, this LO needs to be completed with LO27a (Work and collaborate in a multidisciplinary team)			

LO14a: Know which changes are needed to improve Knowledge	FCN practice and act in order to target and reach them Skills
 Describe, compare and be critically aware of the main health management strategies, including business and economic principles and practices, demonstrating highly specialized knowledge about them Identify and be critically aware of the need for changes in FCN's daily practice. Outline and be critically aware of changing processes and policies in the health sector. 	 Integrate theory, evidence and clinical judgment to improve and innovate FCN practice Critically evaluate the need for changes in daily FCN practice Redesign nursing care plans to improve FCN practice. Design and 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 up a supportive environment for changes and the implementation of new actions.

- TAKE RESPONSIBILITY for the identification of individuals' and families' preferences, values and needs for change.
- Provide responsible explanations to multidisciplinary health team members about the necessity of the required changes.
- TAKE RESPONSIBILITY for the management of changing situations with AUTONOMY and critical thinking.
- Collaborate with the multidisciplinary team.
- Collaborate with social care professionals and providers
- Demonstrate purposeful, informed, outcome-oriented thinking.

NOTES:

Team working competencies are addressed in LO15b

Multidisciplinary team working competencies are addressed in LO27a

Knowledge	Skills
 Recognize disparity and diversity in family and community settings. State specific disparity situations, such as abuse in children, women and older people. Compare and select strategies and techniques for managing disparity and diversity. 	 Analyse and evaluate disparity and diversity in family and community contexts Manage disparity and diversity in daily FCN practice. Apply principles of equity and social justice in daily practice.
 Personal and transversal competences Support vulnerable social groups. TAKE RESPONSIBILITY for managing disparity WITH RESPO Reduce disparity through comprehensive communication. 	NSIBILITY.
NOTES:	
Define the relations (preparatory or not) with LO2a	
Competencies related to communication strategies are addressed in LO16a	

D3.1.2 - FCN European Curriculum	ENhANCE	Sector	Skills
 – final release 	Alliances EAC	CEA 04/201	7

LO20b: Know the main guidelines to foster inclusiveness and apply them in daily practice		
 Outline, identify and select the proper strategies and techniques to foster inclusiveness in health and social care systems. 	 Skills Apply strategies and techniques to foster inclusiveness in health and social care systems Plan activities that promote inclusiveness. Coordinate initiatives in the multidisciplinary team and in collaboration with social care professionals and providers in order to foster inclusiveness Apply principles of equity and social justice in daily practice 	
 Personal and transversal competences Support vulnerable social groups. Adopt inclusiveness behaviour WITH RESPONSIBILITY. Enhance inclusiveness through comprehensive communication Collaborate with social care professionals and providers 	n	
NOTES: Define the relations (preparatory or not) with LO2a Competencies related to communication strategies are addressed in L	-O16a	

LO27a: Work and collaborate in a multidisciplinary team			
Knowledge	Skills		
 Identify the most effective collaboration principles, methods and techniques in a context of multidisciplinary professionals, both in a formalized multidisciplinary team and when collaborating with social services providers and other stakeholders Distinguish and outline the main roles and activities characterizing each professional who is supposed to collaborate with FCN Describe and be critically aware of the main roles of each professional involved in the multidisciplinary team, but also the roles of social service providers and other important stakeholders 	 Apply the most effective collaboration principles, methods and techniques in a context of multidisciplinary professionals, both in a formalized multidisciplinary team and when collaborating with social services providers and other stakeholders Act taking into consideration the main roles of each professional involved in the multidisciplinary team, but also the roles of social service providers and other important stakeholders 		
 Personal and transversal competences Communicate effectively and promote cooperative behaviours. 			
 Accept different views and opinions within the multidisciplinary team and when collaborating with social services providers and other stakeholders AUTONOMOUSLY support multidisciplinary professionals to express views and opinions. Respect the roles of each professional 			
NOTES:			
This LO is fundamental to effectively address CC13.			
Team working competencies are addressed in LO15b			
Competencies related to communication strategies are addressed in LO16a			
This LO addresses only specific competencies related to the work in a multidisciplinary team			

D3.1.2 - FCN European Curriculum	ENhANCE	Sector	Skills
 – final release 	Alliances EACEA 04/2017		

LO27b: Effectively address problems related to health and illness through the multidisciplinary team			
Knowledge	Skills		
 Identify and describe effective multidisciplinary interventions that successfully address problems related to health and diseases, even in collaboration with social services providers and other relevant stakeholders 	 Plan and implement activities of the multidisciplinary team to address problems related to health and illness, even in collaboration with social services providers and other relevant stakeholders 		
	 Perform a specialized assessment and review of the activities of the multidisciplinary team to address problems related to health and illness 		
	 Integrate different opinions of the multidisciplinary team, social services providers and other relevant stakeholders into activities that prevent disease and promote and maintain health. 		
	 Integrate knowledge from different fields in order to foster innovation. 		

- Motivate multidisciplinary team members to actively participate in actions that aim to prevent disease, (and) promote and maintain health.
- Motivate social service providers and other relevant stakeholders to actively participate in actions that aim to prevent disease, (and) promote and maintain health.
- Accept diverse opinions within a multidisciplinary context.

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 in LO15b

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 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 definition of the outcomes and apply them in daily practice	
LO10a:	Know and use standardized and validated tools in order to evaluate own practice	
LO10b:	Know and use the main monitoring and reporting procedures in order to document 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 evidence properly and apply it in daily practice	

5.1.6 Unit of Learning Outcomes F: Evidence-Based Approach

LO9a: Know the main guidelines, procedures and tools for the monitoring and definition of the outcomes and apply them in daily practice				
 Knowledge Outline, identify and select the proper guidelines, procedures 	SkillsSet appropriate outcomes of nursing care			
and validated tools for the definition of the outcomes, demonstrating highly specialized knowledge about them.	 Apply procedures for monitoring nursing care, demonstrating specialized problem-solving skills. 			
 Outline, identify and select the proper guidelines, procedures and validated tools for monitoring nursing care, 	 Systematically collect data related to patient outcomes. 			
demonstrating highly specialized knowledge about them.	 Perform specialized assessment of the outcomes of nursing care with standardized and validated tools. 			
Define and describe the data collection process. Personal and transversal competences				
Evaluate implemented nursing actions AUTONOMOUSLY.				
 Collaborate with other multidisciplinary team professionals. 				
Collaborate with social care professionals and providers				
 Foster users' acceptability and compliance with implemented actions set. 				
 Set up a healthy and collaborative atmosphere among nursing care deliverers to address and improve the targeted outcomes for the individuals, families and the community. 				
 TAKE RESPONSIBILITY on independent practice in multiple s 	ettings with multiple stakeholders			
 Demonstrate professional accountability in independent practice in multiple settings with multiple stakeholders 				
NOTES:				
Competencies related to the evaluation of the outcomes are addressed in LO12c and LO12d (this LO focuses on definition and the monitoring)				
Competencies related to professional standards are addressed in LO15a				
Team working competencies are addressed in LO15b				
This LO is preparatory for LO24b				

D3.1.2 - FCN European Curriculum	ENhANCE	Sector	Skills
 – final release 	Alliances EAC	CEA 04/2017	7

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

D3.1.2 - FCN European Curriculum	ENhANCE	Sector	Skills
 – final release 	Alliances EAC	CEA 04/201	7

LO10b: Know and use the main monitoring and reporting procedures in order to document own practice		
Knowledge	Skills	
 Outline the main monitoring and reporting procedures in order to document own practice 	 Select the proper document type and use it for evaluating own practice. 	
• Outline, identify and select the proper nursing documentation	 Systematically document own practice. 	
types and procedures.	Fill in nursing sheets and plans.	
Personal and transversal competences		
TAKE RESPONSIBILITY on reporting own practice.		
AUTONOMOUSLY report own practice		
 Foster users' acceptability and compliance with the chosen documentation. 		
NOTES:		

D3.1.2 - FCN European Curriculum	ENhANCE	Sector	Skills
 – final release 	Alliances EAC	CEA 04/2017	7

LO12a: Know the main standards about nursing activities in people's homes and apply them in daily practice		
Knowledge	Skills	
 Define, describe and be critically aware of the main standards related to nursing activities in people's homes, demonstrating highly specialized knowledge about them 	 Set/apply standards related to nursing activities in people's homes in his/her homecare practice. 	
	 Apply specialized problem-solving skills to the setting of standards. 	
	 Apply standards taking into account feedbacks from social care professionals and providers and other relevant stakeholders 	
Personal and transversal competences		
TAKE RESPONSIBILITY for setting the proper standards.		
Collaborate with other multidisciplinary team professionals.		
Collaborate with social care professionals and providers		
 Foster the acceptability and compliance of the user with the applied standards. 		
NOTES:		
Competencies related to professional standards are addressed in LO15a		
Team working competencies are addressed in LO15b		

D3.1.2 - FCN European Curriculum	ENhANCE	Sector	Skills
 – final release 	Alliances EAC	EA 04/2017	7

LO12b: Know the main standards about nursing activities in the community and apply them in daily practice		
Knowledge	Skills	
• Define, describe and is critically aware of the main standards related to nursing activities in the community, demonstrating highly specialized knowledge about them	 Set/apply standards related to nursing activities in the community in homecare practice. 	
	 Apply specialized problem-solving skills to the setting of standards. 	
	 Apply standards taking into account feedbacks from social care professionals and providers and other relevant stakeholders 	
Personal and transversal competences		
 TAKE RESPONSIBILITY for setting the proper standards. 		
Collaborate with other multidisciplinary team professionals.		
 Collaborate with social care professionals and providers Foster the acceptability and compliance of the user to the applied standards. 		
NOTES:		
Competencies related to professional strategies are addressed in LO15a		
Team working competencies are addressed in LO15b		

D3.1.2 - FCN European Curriculum	ENhANCE	Sector	Skills
 – final release 	Alliances EA0	CEA 04/201	7

LO12c: Evaluate the outcomes related to nursing activities in people's homes.		
 Knowledge Compare and select the proper methods and tools to evaluate the outcomes related to nursing activities in people's homes, demonstrating highly specialized knowledge about them Be critically aware of the role of outcomes monitoring in the evaluation process. 	 Skills Apply the proper methods and specialized problem-solving skills in order to evaluate the outcomes related to nursing activities in people's homes. Use properly the information collected through the monitoring process for the evaluation Use properly the available tools to evaluate the outcomes related to nursing activities in people's homes. Report the results of the outcome evaluation using the proper tools. 	
 Personal and transversal competences Collaborate with other multidisciplinary team professionals. Collaborate with social care professionals and providers Foster the acceptability and compliance of the user with the appendix of the user with the us	plied standards.	

Competences related to the definition and the monitoring of the outcomes are addressed in LO9a (this LO focuses on evaluation)

Team working competencies are addressed in LO15b

D3.1.2 - FCN European Curriculum	ENhANCE	Sector	Skills
 – final release 	Alliances EA0	CEA 04/201	7

LO12d: Evaluate the outcomes related to nursing activities in the community.		
 Knowledge Compare and select the proper methods and tools to evaluate the outcomes related to nursing activities in the community, demonstrating highly specialized knowledge about them Be critically aware of the role of outcomes monitoring in the evaluation process. 	 Skills Apply the proper methods and specialized problem-solving skills in order to evaluate the outcomes related to nursing activities in the community. Use properly the information collected through the monitoring process for the evaluation Use properly the available tools to evaluate the outcomes related to nursing activities in the community. Report the results of the outcome evaluation using the proper tools. 	
 Personal and transversal competences Collaborate with other multidisciplinary team professionals. Collaborate with social care professionals and providers and other social care professionals and providers and other social care professionals. 	other relevant stakeholders	
 Foster the acceptability and compliance of the user with the applied standards. 		

Competences related to the definition and the monitoring of the outcomes are addressed in LO9a (this LO focuses on evaluation) Team working competencies are addressed in LO15b

D3.1.2 - FCN European Curriculum	ENhANCE	Sector	Skills
– final release	Alliances EAC	CEA 04/2017	7

LO26a: Know the main scientific evidence databases and make an effective search.		
Knowledge	Skills	
 Outline the main scientific databases. Compare and select the proper methods, strategies and tools for literature research in scientific databases. 	 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 the literature. 	
	 Identify and share reliable evidence. 	
Personal and transversal competences		
 AUTONOMOUSLY select evidence-based data. 		
Show aptitude for sharing the results of own searches in order	to foster improve the performance of a team	
 Collaborate with other multidisciplinary team professionals. 		
 Foster the acceptability and compliance of the evidence-based 	process.	
NOTES:		
Team working competencies are addressed by LO15b		

D3.1.2 - FCN European Curriculum	ENhANCE	Sector	Skills
 – final release 	Alliances EAC	CEA 04/201	7

LO26b: Use the best scientific evidence properly and apply them in daily practice.		
 Knowledge Define, describe in detail and be critically aware of the principles and importance of evidence-based practice, demonstrating highly specialized knowledge about them. Describe and select the main methods of scientific research in nursing, demonstrating highly specialized knowledge about them. Demonstrate comprehensive professional knowledge of current research 	 Skills Enact specialized problem-solving skills in order to apply evidence-based methods of nursing care in daily practice. Use the best scientific evidence properly Apply the best scientific evidence in daily nursing practice, integrating knowledge from different fields. Independently research issues relevant to advanced nursing Enhance the continuous improvement of nursing care 	
 Personal and transversal competences Value the need for continuing improvement of clinical practice to Encourage healthcare team members to implement evidence-based 	•	

5.1.7 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 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 that could be monitored remotely 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 remotely and use the most common ones		
LO28c:	Know the main ICTs supporting remote health monitoring and use the most common ones		

LO24a: Know and use the main procedures and tools for monitoring people affected by chronic and rare illnesses in the community		
Knowledge	Skills	
 Outline, identify and select the proper health monitoring procedures, techniques and tools for 	 Monitor populations affected by chronic and rare illnesses in the community in collaboration with a multidisciplinary team. 	
people affected by chronic and rare illnesses, demonstrating highly specialized knowledge	• Enact specialized problem-solving skills in order to integrate standardized and validated monitoring tools into own daily practice.	
 about them. State the elements to be monitored in the specific family environment, demonstrating highly specialized knowledge about them. 	 Integrate knowledge from different fields in order to integrate standardized and validated monitoring tools into own daily practice. 	
	 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 on a more active role in monitoring own health.	

- Explain processes and results in a plain language so that users clearly understand
- Assure horizontal communication across disciplines
- Collaborate with other multidisciplinary team professionals.
- Collaborate with social care professionals and providers and other relevant stakeholders
- TAKE REPOSNSIBILITY for the selection of the main monitoring procedures and tools.

NOTES:

Competencies related to ICT tools for remote health monitoring are targeted in LO28c

nowledge	Skills
 Identify and describe in detail the main guidelines about the monitoring process and the expected outcomes, demonstrating highly specialized knowledge about them. Be critically aware and identify causes and symptoms of a chronic or rare illness as well as the changes caused by the illness. Be critically aware and describe the impact of a chronic or rare disease on individuals and their families. Recognize the main indicators to be assessed in the specific context of community nursing, demonstrating highly specialized knowledge about them. Identify the main competencies that patients and families should have for self-assessment 	 Enact specialized problem-solving skills to 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

- Work as part of a professional team to develop support methods, and act in a patient-oriented way.
- Collaborate in a multidisciplinary team
- Collaborate with social care professionals and providers
- Offer appropriate support to deal with chronic or rare illness in an effective way.
- Assure horizontal communication between disciplines.
- TAKE RESPONSIBILITY for setting up collaboration with social workers, discharge planners, pharmacists, home health providers and informal carers.

Team working competencies are addressed in 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

nowledge	Skills
 Define, describe and be critically aware of principles, guidelines, procedures and ethical issues in advanced palliative nursing care and end-of-life care, demonstrating highly specialized knowledge about them. State specific aspects of quality of life in end-of-life care, demonstrating highly specialized knowledge about them. 	 Enact specialized problem-solving skills to apply in daily practice strategies and techniques that improve patients' quality of life.
	• Enact specialized problem-solving skills to apply principles, guidelines, procedures and ethical issues in palliative nursing care and end-of-life care.
	 Perform a specialized 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 ment health until end of life.
	 Detect and prevent elderly abuse.

- Set up the proper working environment
- Offer ongoing support.
- Work independently as an individual practitioner in targeted pain management.
- Collaborate with social care professionals and providers and other relevant stakeholders

NOTES:

LO7b: Know the main communication and counselling techniques to manage relations with patients (and families) in palliative care		
 Knowledge Select and outline specific communication and counselling techniques for end-of-life patients and their families. Be critically aware of and describe the main variables of culture, ethnicity, spirituality, religious beliefs and/or age that may impact the patient's perception of pain. 	 Skills Enact specialized problem-solving skills to 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 to individuals' and carers' concerns and emotions in daily practice. Provide psychological and emotional support to patients and 	

- 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
- Collaborate with social care professionals and providers and other relevant stakeholders

NOTES:

General communication and counselling techniques are targeted in LO23a (this LO focuses only on techniques for palliative care)

Team working competencies are addressed in LO15b

Competencies related to communication strategies are addressed in LO16a

LO28a: Know the main ICTs supporting health prom	notion and education and use the most common ones
 Knowledge Identify and describe the most common and emerging ICTs for health promotion and education. Identify and describe specific and context-related ICT applications that are fundamental for health promotion and education in the specific community. Be critically aware of and describe how to use ICTs in order to access patients' healthcare records and thus track diseases and monitor the health status of a community. Be critically aware of the FCN's need to be up to date about emerging ICTs and their potentialities 	 Skills Enact specialized problem-solving skills to integrate in daily practice the most common and emerging ICT tools for health promotion and education. Enact specialized problem-solving skills to integrate in daily practice specific and context-related ICT applications that are fundamental for health promotion and education in the specific community. Assess the suitability and effectiveness of ICT tools and services for health promotion and education. Provide guidance on the integration of ICT for health promotion and education
 Personal and transversal competences Have a positive attitude towards ICT technologies in health pro AUTONOMOUSLY integrate ICT tools in daily nursing practice Disseminate the role of ICT in health promotion, education and Show an aptitude for continuous learning about ICT NOTES:	9

LO28b: Know the main ICTs supporting the treatment of patients remotely and use the most common ones		
Knowledge	Skills	
 Identify and describe the most common and emerging ICTs that support the treatment of patients remotely 	 Enact specialized problem-solving skills in to integrate in daily practice the most common and emerging ICT tools that support the treatment of patients remotely. 	
 Identify and describe specific and context- related ICT applications that support the treatment of patients remotely in the specific 	 Enact specialized problem-solving skills to integrate in daily practice specific and context-related ICT applications that are fundamental for the treatment of patients remotely. 	
community.Be critically aware of and describe how to	 Assess the suitability and effectiveness of ICT tools and services for the treatment of patients remotely. 	
use ICTs to enhance treatment adherence.Be critically aware of and describe how ICTs	 Train patients and families about how to use ICT tools for the treatment of patients remotely. 	
can reduce errors in diagnosis, medication, and treatment without medication.	 Inform individuals and families about advantages of ICT treatment utilization in terms of independence and time saving. 	
• Be critically aware of the FCN need to be up	Provide guidance in the integration of remote treatment in FCN practice	
to date about emerging ICTs and their potentialities	 Support professional development through ICT with regard to tracking data and monitoring situations 	

- Have a positive attitude towards ICT technologies in the treatment of patients remotely
- AUTONOMOUSLY integrate ICT tools in daily nursing practice
- Disseminate the role of ICT in the treatment of patients
- Support professional development through ICTs.
- Establish professional collaboration through ICTs.
- Show an aptitude to continuing learning about ICTs.

NOTES:

LO28c: Know the main ICTs supporting remote health monitoring and use the most common ones		
 LO28c: Know the main ICTs support Identify and describe the most common and emerging ICTs that support remote health monitoring Identify and describe specific and context-related ICT applications that support remote health monitoring in the specific community. Be critically aware of and describe how to use ICTs to enhance remote health monitoring Be critically aware of the FCN need to be updated about emerging ICTs and their 	 orting remote health monitoring and use the most common ones Skills Enact specialized problem-solving skills to integrate in daily practice the most common and emerging ICT tools that support remote health monitoring. Enact specialized problem-solving skills to integrate in daily practice specific and context-related ICT applications that are fundamental for remote health monitoring Assess the suitability and effectiveness of ICT tools and services for remote health monitoring Train patients and families how to use ICT tools for remote health monitoring Inform individuals and families about advantages of ICTs in supporting remote health monitoring 	
potentialities	 Provide guidance in the integration of remote heath monitoring in FCN practice Support professional development through ICTs with regard to tracking data and monitoring situation 	

- Have a positive attitude towards ICT technologies supporting remote health monitoring
- AUTONOMOUSLY integrate ICT tools in daily nursing practice
- Disseminate the role of ICTs in health monitoring
- Support professional development through ICTs.
- Establish professional collaboration through ICTs.
- Show an aptitude for continuing learning about ICTs.

NOTES:

Competencies related to tools for health monitoring are targeted in LO24a (this LO targets specifically ICT tools for remote monitoring)

5.2 The Assessment Table

The Assessment Table is provided aside to the Curriculum in order to support the selection and adoption of the proper assessment methods for each Learning Outcome.

Assessment methods have been grouped into 5 categories:

- Written exam/assignments [WE];
- Oral exam [OE];
- Assessment of WBL [A-WBL];
- Simulation/skill demonstration [SSK];
- Assessment based on other data [OTH].

Learning Outcome	SUGGESTED ASSESSMENT METHODs	
code	(one or more methods for each LO)	
UNIT OF LEARNING A: NEEDS ASSESSMENT		
LO 1a	WE, OE, A-WBL, SSK, OTH	
LO 1b	WE, OE, A-WBL, SSK, OTH	
LO 1c	WE, OE, A-WBL, SSK, OTH	
LO 3a	OE, SSK, OTH	
LO 3b	WE, OE, A-WBL, SSK, OTH	
LO 3c	OE, SSK, OTH	
LO 19a	WE, OE, A-WBL, OTH	
LO 19b	WE, OE, SSK, OTH	
LO 21a	WE, OE, OTH	
UNIT OF LEARNING B: DECISION-MAKING PROCESS		
LO 2a	WE, OE, OTH	
LO 2b	WE, OE, SSK, OTH	
LO 11a	WE, OE, A-WBL, SSK, OTH	
LO 22a	WE, OE, SSK, OTH	
LO 22b	WE, OE, A-WBL, SSK, OTH	
LO 23a	WE, OE, A-WBL, SSK, OTH	
UNIT OF LEARNING C: HEALTH PROMOTION AND EDUCATION		
LO 4a	WE, OE, A-WBL, OTH	
LO 4b	WE, OE, A-WBL, OTH	
LO 5a	WE, OE, A-WBL, SSK, OTH	
LO 16a	WE, OE, A-WBL, SSK, OTH	
LO 16b	WE, OE, A-WBL, SSK, OTH	
LO 17a	WE, OE, A-WBL, OTH	

D3.1.2 - FCN European Curriculum – final release

LO 17b WE, OE, A-WBL, OTH LO 18a WE, OE, A-WBL, SSK, OTH LO 25a WE, OE, A-WBL, OTH LO 25a WE, OE, A-WBL, OTH LO 25a WE, OE, A-WBL, SSK, OTH LO 6a WE, OE, A-WBL, SSK, OTH LO 15a WE, OE, A-WBL, SSK, OTH LO 15a WE, OE, A-WBL, SSK, OTH LO 15b WE, OE, A-WBL, SSK, OTH LO 8a WE, OE, OTH LO 8a WE, OE, OTH LO 14a WE, OE, A-WBL, SSK, OTH LO 20a WE, OE, A-WBL, SSK, OTH LO 20a WE, OE, A-WBL, SSK, OTH LO 20a WE, OE, A-WBL, SSK, OTH LO 20b WE, OE, A-WBL, SSK, OTH LO 20c WE, OE, A-WBL, SSK, OTH LO 27a WE, OE, A-WBL, SSK, OTH LO 27b WE, OE, A-WBL, OTH LO 12a WE, OE, OTH LO 12b WE, OE, OTH LO 12c			
LO 18b WE, OE, A-WBL, OTH LO 25a WE, OE, A-WBL, OTH UNIT OF LEARNING D: COMMUNICATION LO 6a WE, OE, A-WBL, SSK, OTH LO 15a WE, OE, A-WBL, SSK, OTH LO 15b WE, OE, A-WBL, SSK, OTH UNIT OF LEARNING D: COMMUNICATION AS CARE COORDINATOR AND PATIENT ADVOCATE LO 8a WE, OE, OTH LO 8b WE, OE, A-WBL, SSK, OTH LO 14a WE, OE, A-WBL, SSK, OTH LO 20a WE, OE, A-WBL, SSK, OTH LO 20b WE, OE, A-WBL, SSK, OTH LO 20b WE, OE, A-WBL, SSK, OTH LO 20a WE, OE, A-WBL, SSK, OTH LO 20b WE, OE, A-WBL, SSK, OTH LO 20a WE, OE, A-WBL, SSK, OTH LO 20b WE, OE, A-WBL, OTH LO 27a WE, OE, A-WBL, OTH LO 27b WE, OE, A-WBL, OTH LO 10a WE, OE, A-WBL, OTH LO 10a WE, OE, A-WBL, OTH LO 10a WE, OE, A-WBL, OTH LO 12b WE, OE, OTH LO 12c WE, OE, OTH LO 26a WE, OE, A-WBL, OTH	LO 17b	WE, OE, A-WBL, OTH	
LO 25a WE, OE, A-WBL, OTH UNIT OF LEARNING D: COMMUNICATION LO 6a WE, OE, A-WBL, SSK, OTH LO 15a WE, OE, A-WBL, SSK, OTH LO 15b WE, OE, A-WBL, SSK, OTH UNIT OF LEARNING E: NAVIGATION AS CARE COORDINATOR AND PATIENT ADVOCATE LO 8a WE, OE, OTH LO 8b WE, OE, A-WBL, SSK, OTH LO 14a WE, OE, A-WBL, SSK, OTH LO 20a WE, OE, A-WBL, SSK, OTH LO 20b WE, OE, A-WBL, SSK, OTH LO 27a WE, OE, A-WBL, OTH LO 27a WE, OE, A-WBL, OTH LO 19a WE, OE, OTH LO 26a <	LO 18a	WE, OE, A-WBL, SSK, OTH	
UNIT OF LEARNING D: COMMUNICATIONLO 6aWE, OE, A-WBL, SSK, OTHLO 15aWE, OE, A-WBL, SSK, OTHLO 15bWE, OE, A-WBL, SSK, OTHUNIT OF LEARNING E: NAVIGATION AS CARE COORDINATOR AND PATIENT ADVOCATELO 8aWE, OE, OTHLO 8bWE, OE, A-WBL, SSK, OTHLO 14aWE, OE, A-WBL, SSK, OTHLO 20aWE, OE, A-WBL, SSK, OTHLO 20bWE, OE, A-WBL, SSK, OTHLO 14aWE, OE, A-WBL, SSK, OTHLO 20bWE, OE, A-WBL, SSK, OTHLO 27aWE, OE, A-WBL, OTHLO 27bWE, OE, A-WBL, OTHLO 10aWE, OE, A-WBL, OTHLO 10aWE, OE, A-WBL, OTHLO 10aWE, OE, A-WBL, OTHLO 12aWE, OE, OTHLO 12bWE, OE, OTHLO 12cWE, OE, OTHLO 12dWE, OE, OTHLO 26aWE, OE, OTHLO 26bWE, OE, A-WBL, OTHLO 24aWE, OE, A-WBL, OTHLO 24aWE, OE, A-WBL, OTHLO 24aWE, OE, A-WBL, OTHLO 24bWE, OE, A-WBL, OTHLO 24bWE, OE, A-WBL, OTHLO 24bWE, OE, A-WBL, OTHLO 24bWE, OE, OTHLO 24bWE, OE, OTH	LO 18b	WE, OE, A-WBL, OTH	
LO 6a WE, OE, A-WBL, SSK, OTH LO 15a WE, OE, A-WBL, SSK, OTH LO 15b WE, OE, A-WBL, SSK, OTH UNIT OF LEARNING E: NAVIGATION AS CARE COORDINATOR AND PATIENT ADVOCATE LO 8a WE, OE, OTH LO 8b WE, OE, A-WBL, SSK, OTH LO 14a WE, OE, A-WBL, SSK, OTH LO 20a WE, OE, A-WBL, SSK, OTH LO 20a WE, OE, A-WBL, SSK, OTH LO 20a WE, OE, A-WBL, SSK, OTH LO 20b WE, OE, A-WBL, SSK, OTH LO 20a WE, OE, A-WBL, SSK, OTH LO 20b WE, OE, A-WBL, OTH LO 27a WE, OE, A-WBL, OTH LO 27b WE, OE, A-WBL, OTH LO 10a WE, OE, A-WBL, OTH LO 10a WE, OE, OTH LO 10b WE, OE, OTH LO 12c WE, OE, OTH LO 12d WE, OE, OTH LO 26a WE, OE, A-WBL, OTH LO 26b WE, OE, OTH LO 26b WE, OE, A-WBL, OTH LO 26b WE, OE, A-WBL, OTH LO 26b WE, OE, A-WBL, OTH LO	LO 25a	WE, OE, A-WBL, OTH	
LO 15a WE, OE, A-WBL, SSK, OTH LO 15b WE, OE, A-WBL, SSK, OTH UNIT OF LEARNING E: NAVIGATION AS CARE COORDINATOR AND PATIENT ADVOCATE LO 8a WE, OE, OTH LO 8b WE, OE, OTH LO 8a WE, OE, OTH LO 14a WE, OE, A-WBL, SSK, OTH LO 20a WE, OE, A-WBL, SSK, OTH LO 20b WE, OE, A-WBL, SSK, OTH LO 21a A-WBL, SSK, OTH LO 20b WE, OE, A-WBL, SSK, OTH LO 21a A-WBL, SSK, OTH LO 21a A-WBL, SSK, OTH LO 21a A-WBL, SSK, OTH LO 27a WE, OE, A-WBL, OTH LO 27a WE, OE, A-WBL, OTH LO 10a WE, OE, A-WBL, OTH LO 10a WE, OE, A-WBL, OTH LO 10a WE, OE, OTH LO 12a WE, OE, OTH LO 12b WE, OE, OTH LO	UNIT OF LEARNING D: COMMUNICATION		
LO 15b WE, OE, A-WBL, SSK, OTH UNIT OF LEARNING E: NAVIGATION AS CARE COORDINATOR AND PATIENT ADVOCATE LO 8a WE, OE, OTH LO 8b WE, OE, OTH LO 14a WE, OE, A-WBL, SSK, OTH LO 20a WE, OE, A-WBL, SSK, OTH LO 20b WE, OE, A-WBL, SSK, OTH LO 13a A-WBL, SSK, OTH LO 27a WE, OE, A-WBL, OTH LO 27b WE, OE, A-WBL, OTH LO 27b WE, OE, A-WBL, OTH LO 27b WE, OE, A-WBL, OTH LO 102 WE, OE, A-WBL, OTH LO 102 WE, OE, A-WBL, OTH LO 102 WE, OE, A-WBL, OTH LO 10a WE, OE, A-WBL, OTH LO 10a WE, OE, A-WBL, OTH LO 10b WE, OE, OTH LO 12c WE, OE, OTH LO 12b WE, OE, OTH LO 12c WE, OE, OTH LO 12d WE, OE, OTH LO 26a WE, OE, OTH LO 26b WE, OE, A-WBL, OTH LO 26b WE, OE, A-WBL, OTH LO 26b WE, OE, A-WBL, OTH	LO 6a	WE, OE, A-WBL, SSK, OTH	
UNIT OF LEARNING E: NAVIGATION AS CARE COORDINATOR AND PATIENT ADVOCATE LO 8a WE, OE, OTH LO 8b WE, OE, OTH LO 14a WE, OE, A-WBL, SSK, OTH LO 20a WE, OE, A-WBL, SSK, OTH LO 20b WE, OE, A-WBL, SSK, OTH LO 14a A-WBL, SSK, OTH LO 20b WE, OE, A-WBL, SSK, OTH LO 27a WE, OE, A-WBL, OTH LO 27b WE, OE, A-WBL, OTH LO 27b WE, OE, A-WBL, OTH LO 19a WE, OE, A-WBL, OTH LO 10a WE, OE, A-WBL, OTH LO 10a WE, OE, A-WBL, OTH LO 10b WE, OE, OTH LO 12a WE, OE, OTH LO 12b WE, OE, OTH LO 12c WE, OE, OTH LO 12d WE, OE, OTH LO 26a WE, OE, A-WBL, OTH LO 26b WE, OE, A-WBL, OTH UNIT OF LEARNING G: ENHANCE AND PROMOTE I	LO 15a	WE, OE, A-WBL, SSK, OTH	
PATIENT ADVOCATE LO 8a WE, OE, OTH LO 8b WE, OE, OTH LO 14a WE, OE, A-WBL, SSK, OTH LO 20a WE, OE, A-WBL, SSK, OTH LO 20b WE, OE, A-WBL, SSK, OTH LO 13a A-WBL, SSK, OTH LO 27a WE, OE, A-WBL, OTH LO 27b WE, OE, A-WBL, OTH LO 10a WE, OE, A-WBL, OTH LO 10b WE, OE, A-WBL, OTH LO 12a WE, OE, OTH LO 12b WE, OE, OTH LO 12c WE, OE, OTH LO 12d WE, OE, OTH LO 26a WE, OE, A-WBL, OTH LO 26b WE, OE, A-WBL, OTH LO 26b WE, OE, A-WBL, OTH LO 26b WE, OE, A-WBL, OTH LO 24a WE, OE, A-WBL, OTH LO 24a WE,	LO 15b	WE, OE, A-WBL, SSK, OTH	
LO 8b WE, OE, OTH LO 14a WE, OE, A-WBL, SSK, OTH LO 20a WE, OE, A-WBL, SSK, OTH LO 20b WE, OE, A-WBL, SSK, OTH LO 13a A-WBL, SSK, OTH LO 27a WE, OE, A-WBL, OTH LO 27b WE, OE, A-WBL, OTH LO 10a WE, OE, A-WBL, OTH LO 10a WE, OE, A-WBL, OTH LO 10a WE, OE, A-WBL, OTH LO 10b WE, OE, OTH LO 12a WE, OE, OTH LO 12b WE, OE, OTH LO 12c WE, OE, OTH LO 26a WE, OE, A-WBL, OTH LO 26a WE, OE, A-WBL, OTH LO 26b WE, OE, A-WBL, OTH LO 24a WE, OE, A-WBL, OTH LO 24a WE, OE, A-WBL, OTH LO 24b WE, OE, A-WBL, OTH			
LO 14a WE, OE, A-WBL, SSK, OTH LO 20a WE, OE, A-WBL, SSK, OTH LO 20b WE, OE, A-WBL, SSK, OTH LO 13a A-WBL, SSK, OTH LO 27a WE, OE, A-WBL, OTH LO 27a WE, OE, A-WBL, OTH LO 27b WE, OE, A-WBL, OTH UNIT OF LEARNING F: EVIDENCE-BASED APPROACH LO 9a WE, OE, A-WBL, OTH LO 10a WE, OE, OTH LO 12a WE, OE, OTH LO 12c WE, OE, OTH LO 12d WE, OE, A-WBL, OTH LO 26a WE, OE, A-WBL, OTH LO 26b WE, OE, A-WBL, OTH LO 26b WE, OE, A-WBL, OTH LO 24a WE, OE, A-WBL, OTH LO 2	LO 8a	WE, OE, OTH	
LO 20a WE, OE, A-WBL, SSK, OTH LO 20b WE, OE, A-WBL, SSK, OTH LO 13a A-WBL, SSK, OTH LO 27a WE, OE, A-WBL, OTH LO 27b WE, OE, A-WBL, OTH LO 10a WE, OE, A-WBL, OTH LO 10a WE, OE, A-WBL, OTH LO 10a WE, OE, A-WBL, OTH LO 10b WE, OE, A-WBL, OTH LO 10b WE, OE, OTH LO 12a WE, OE, OTH LO 12b WE, OE, OTH LO 12c WE, OE, OTH LO 26a WE, OE, A-WBL, OTH LO 26a WE, OE, A-WBL, OTH LO 26b WE, OE, A-WBL, OTH LO 26b WE, OE, A-WBL, OTH LO 24b WE, OE, A-WBL, OTH LO 24a WE, OE, A-WBL, OTH LO 24a WE, OE, A-WBL, OTH LO 24b WE, OE, A-WBL, OTH LO 24b WE, OE, A-WBL, OTH LO 24b WE, OE, OTH	LO 8b	WE, OE, OTH	
LO 20b WE, OE, A-WBL, SSK, OTH LO 13a A-WBL, SSK, OTH LO 27a WE, OE, A-WBL, OTH LO 27b WE, OE, A-WBL, OTH LO 27b WE, OE, A-WBL, OTH UNIT OF LEARNING F: EVIDENCE-BASED APPROACH LO 9a WE, OE, A-WBL, OTH LO 10a WE, OE, A-WBL, OTH LO 10a WE, OE, A-WBL, OTH LO 10b WE, OE, A-WBL, OTH LO 12a WE, OE, OTH LO 12b WE, OE, OTH LO 12c WE, OE, OTH LO 26a WE, OE, A-WBL, OTH LO 26b WE, OE, A-WBL, OTH LO 24b WE, OE, A-WBL, OTH LO 24a WE, OE, A-WBL, OTH LO 24a WE, OE, A-WBL, OTH LO 24b WE, OE, A-WBL, OTH LO 24b WE, OE, A-WBL, OTH LO 24b WE, OE, OTH	LO 14a	WE, OE, A-WBL, SSK, OTH	
LO 13a A-WBL, SSK, OTH LO 27a WE, OE, A-WBL, OTH LO 27b WE, OE, A-WBL, OTH UNIT OF LEARNING F: EVIDENCE-BASED APPROACH LO 9a WE, OE, A-WBL, OTH LO 10a WE, OE, A-WBL, OTH LO 10a WE, OE, A-WBL, OTH LO 10b WE, OE, A-WBL, OTH LO 10b WE, OE, A-WBL, OTH LO 12a WE, OE, OTH LO 12b WE, OE, OTH LO 12c WE, OE, OTH LO 12d WE, OE, A-WBL, OTH LO 26a WE, OE, OTH LO 26b WE, OE, A-WBL, OTH LO 26a WE, OE, A-WBL, OTH LO 26b WE, OE, A-WBL, OTH LO 26b WE, OE, A-WBL, OTH LO 26b WE, OE, A-WBL, OTH UNIT OF LEARNING G: ENHANCE AND PROMOTE INDIVIDUAL AND FAMILY HEALTH INCLUDING E-HEALTH TO SUPPORT THE QUALITY OF NURSING CARE LO 24a WE, OE, A-WBL, OTH LO 24a WE, OE, A-WBL, OTH LO 24b WE, OE, A-WBL, OTH LO 7a WE, OE, OTH	LO 20a	WE, OE, A-WBL, SSK, OTH	
LO 27a WE, OE, A-WBL, OTH LO 27b WE, OE, A-WBL, OTH UNIT OF LEARNING F: EVIDENCE-BASED APPROACH LO 9a WE, OE, A-WBL, OTH LO 10a WE, OE, A-WBL, OTH LO 10b WE, OE, A-WBL, OTH LO 10b WE, OE, A-WBL, OTH LO 10b WE, OE, A-WBL, OTH LO 12a WE, OE, OTH LO 12b WE, OE, OTH LO 12c WE, OE, OTH LO 12d WE, OE, OTH LO 26a WE, OE, A-WBL, OTH LO 26b WE, OE, A-WBL, OTH LO 24b WE, OE, A-WBL, OTH LO 24a WE, OE, A-WBL, OTH LO 24a WE, OE, A-WBL, OTH LO 24b WE, OE, A-WBL, OTH LO 24b WE, OE, A-WBL, OTH LO 7a WE, OE, OTH	LO 20b	WE, OE, A-WBL, SSK, OTH	
LO 27b WE, OE, A-WBL, OTH UNIT OF LEARNING F: EVIDENCE-BASED APPROACH LO 9a WE, OE, A-WBL, OTH LO 10a WE, OE, A-WBL, OTH LO 10b WE, OE, A-WBL, OTH LO 10b WE, OE, A-WBL, OTH LO 12a WE, OE, OTH LO 12b WE, OE, OTH LO 12c WE, OE, OTH LO 12d WE, OE, OTH LO 26a WE, OE, A-WBL, OTH LO 26b WE, OE, A-WBL, OTH LO 26b WE, OE, A-WBL, OTH LO 26b WE, OE, A-WBL, OTH LO 24a WE, OE, A-WBL, OTH LO 24a WE, OE, A-WBL, OTH LO 24a WE, OE, A-WBL, OTH LO 24b WE, OE, A-WBL, OTH LO 24b WE, OE, A-WBL, OTH LO 7a WE, OE, OTH	LO 13a	A-WBL, SSK, OTH	
UNIT OF LEARNING F: EVIDENCE-BASED APPROACHLO 9aWE, OE, A-WBL, OTHLO 10aWE, OE, A-WBL, OTHLO 10bWE, OE, A-WBL, OTHLO 12aWE, OE, OTHLO 12bWE, OE, OTHLO 12cWE, OE, OTHLO 12dWE, OE, OTHLO 12dWE, OE, OTHLO 26aWE, OE, A-WBL, OTHLO 26bWE, OE, A-WBL, OTHUNIT OF LEARNING G: ENHANCE AND PROMOTE INDIVIDUAL AND FAMILY HEALTH INCLUDING E-HEALTH TO SUPPORT THE QUALITY OF NURSING CARELO 24aWE, OE, A-WBL, OTHLO 24bWE, OE, A-WBL, OTHLO 24bWE, OE, A-WBL, OTH	LO 27a	WE, OE, A-WBL, OTH	
LO 9a WE, OE, A-WBL, OTH LO 10a WE, OE, A-WBL, OTH LO 10b WE, OE, A-WBL, OTH LO 10b WE, OE, A-WBL, OTH LO 12a WE, OE, OTH LO 12b WE, OE, OTH LO 12c WE, OE, OTH LO 12d WE, OE, OTH LO 12d WE, OE, OTH LO 12d WE, OE, OTH LO 26a WE, OE, A-WBL, OTH LO 26b WE, OE, A-WBL, OTH LO 26b WE, OE, A-WBL, OTH LO 24a WE, OE, A-WBL, OTH LO 24a WE, OE, A-WBL, OTH LO 24b WE, OE, A-WBL, OTH LO 24b WE, OE, A-WBL, OTH LO 24b WE, OE, A-WBL, OTH	LO 27b	WE, OE, A-WBL, OTH	
LO 10a WE, OE, A-WBL, OTH LO 10b WE, OE, A-WBL, OTH LO 12a WE, OE, OTH LO 12b WE, OE, OTH LO 12c WE, OE, OTH LO 12c WE, OE, OTH LO 12d WE, OE, OTH LO 12d WE, OE, OTH LO 12d WE, OE, OTH LO 26a WE, OE, A-WBL, OTH LO 26b WE, OE, A-WBL, OTH UNIT OF LEARNING G: ENHANCE AND PROMOTE INDIVIDUAL AND FAMILY HEALTH INCLUDING E-HEALTH TO SUPPORT THE QUALITY OF NURSING CARE LO 24a WE, OE, A-WBL, OTH LO 24b WE, OE, A-WBL, OTH LO 24b WE, OE, A-WBL, OTH LO 24b WE, OE, A-WBL, OTH	UNIT OF LEARNING F: EVIDENCE-BASED APPROACH		
LO 10bWE, OE, A-WBL, OTHLO 12aWE, OE, OTHLO 12bWE, OE, OTHLO 12cWE, OE, OTHLO 12dWE, OE, OTHLO 26aWE, OE, A-WBL, OTHLO 26bWE, OE, A-WBL, OTHUNIT OF LEARNING G: ENHANCE AND PROMOTE INDIVIDUAL AND FAMILY HEALTH INCLUDING E-HEALTH TO SUPPORT THE QUALITY OF NURSING CARELO 24aWE, OE, A-WBL, OTHLO 24bWE, OE, A-WBL, OTHLO 24aWE, OE, A-WBL, OTHLO 24bWE, OE, A-WBL, OTHLO 7aWE, OE, OTH	LO 9a	WE, OE, A-WBL, OTH	
LO 12aWE, OE, OTHLO 12bWE, OE, OTHLO 12cWE, OE, OTHLO 12dWE, OE, OTHLO 26aWE, OE, A-WBL, OTHLO 26bWE, OE, A-WBL, OTHUNIT OF LEARNING G: ENHANCE AND PROMOTE INDIVIDUAL AND FAMILY HEALTH INCLUDING E-HEALTH TO SUPPORT THE QUALITY OF NURSING CARELO 24aWE, OE, A-WBL, OTHLO 24bWE, OE, A-WBL, OTHLO 24bWE, OE, A-WBL, OTHLO 24bWE, OE, A-WBL, OTHLO 24bWE, OE, A-WBL, OTH	LO 10a	WE, OE, A-WBL, OTH	
LO 12bWE, OE, OTHLO 12cWE, OE, OTHLO 12dWE, OE, OTHLO 26aWE, OE, A-WBL, OTHLO 26bWE, OE, A-WBL, OTHUNIT OF LEARNING G: ENHANCE AND PROMOTE INDIVIDUAL AND FAMILY HEALTH INCLUDING E-HEALTH TO SUPPORT THE QUALITY OF NURSING CARELO 24aWE, OE, A-WBL, OTHLO 24aWE, OE, A-WBL, OTHLO 24bWE, OE, A-WBL, OTHLO 24bWE, OE, A-WBL, OTHLO 7aWE, OE, OTH	LO 10b	WE, OE, A-WBL, OTH	
LO 12cWE, OE, OTHLO 12dWE, OE, OTHLO 26aWE, OE, A-WBL, OTHLO 26bWE, OE, A-WBL, OTHUNIT OF LEARNING G: ENHANCE AND PROMOTE INDIVIDUAL AND FAMILY HEALTH INCLUDING E-HEALTH TO SUPPORT THE QUALITY OF NURSING CARELO 24aWE, OE, A-WBL, OTHLO 24bWE, OE, A-WBL, OTHLO 24bWE, OE, A-WBL, OTHLO 24bWE, OE, A-WBL, OTHLO 7aWE, OE, OTH	LO 12a	WE, OE, OTH	
LO 12dWE, OE, OTHLO 26aWE, OE, A-WBL, OTHLO 26bWE, OE, A-WBL, OTHUNIT OF LEARNING G: ENHANCE AND PROMOTE INDIVIDUAL AND FAMILY HEALTH INCLUDING E-HEALTH TO SUPPORT THE QUALITY OF NURSING CARELO 24aWE, OE, A-WBL, OTHLO 24bWE, OE, A-WBL, OTHLO 24bWE, OE, A-WBL, OTHLO 7aWE, OE, OTH	LO 12b	WE, OE, OTH	
LO 26aWE, OE, A-WBL, OTHLO 26bWE, OE, A-WBL, OTHUNIT OF LEARNING G: ENHANCE AND PROMOTE INDIVIDUAL AND FAMILY HEALTH INCLUDING E-HEALTH TO SUPPORT THE QUALITY OF NURSING CARELO 24aWE, OE, A-WBL, OTHLO 24bWE, OE, A-WBL, OTHLO 24bWE, OE, A-WBL, OTHLO 7aWE, OE, OTH	LO 12c	WE, OE, OTH	
LO 26bWE, OE, A-WBL, OTHUNIT OF LEARNING G: ENHANCE AND PROMOTE INDIVIDUAL AND FAMILY HEALTH INCLUDING E-HEALTH TO SUPPORT THE QUALITY OF NURSING CARELO 24aWE, OE, A-WBL, OTHLO 24bWE, OE, A-WBL, OTHLO 24bWE, OE, A-WBL, OTHLO 7aWE, OE, OTH	LO 12d	WE, OE, OTH	
UNIT OF LEARNING G: ENHANCE AND PROMOTE INDIVIDUAL AND FAMILY HEALTH INCLUDING E-HEALTH TO SUPPORT THE QUALITY OF NURSING CARELO 24aWE, OE, A-WBL, OTHLO 24bWE, OE, A-WBL, OTHLO 7aWE, OE, OTH	LO 26a	WE, OE, A-WBL, OTH	
HEALTH TO SUPPORT THE QUALITY OF NURSING CARELO 24aWE, OE, A-WBL, OTHLO 24bWE, OE, A-WBL, OTHLO 7aWE, OE, OTH	LO 26b	WE, OE, A-WBL, OTH	
LO 24bWE, OE, A-WBL, OTHLO 7aWE, OE, OTH	HEALTH INCLUDING E-HEALTH TO SUPPORT THE QUALITY OF NURSING		
LO 7a WE, OE, OTH	LO 24a	WE, OE, A-WBL, OTH	
	LO 24b	WE, OE, A-WBL, OTH	
LO 7b WE, OE, OTH	LO 7a	WE, OE, OTH	
	LO 7b	WE, OE, OTH	

D3.1.2 - FCN European Curriculum	
- final release	

LO 28a	WE, OE, OTH
LO 28b	WE, OE, OTH
LO 28c	WE, OE, OTH

6 An example of the instantiation the FCN Curriculum at EQF6 level

As described in Section 5, the EU Curriculum for FCN proposed by the ENhANCE Project targets graduated nurses (with at least EQF6), aiming to take them towards EQF7; in particular, the final release outlined in this report targets EQF7 level / 60 ECTS, although it supports the design of localized curricula awarding more or fewer credits.

In the Guide "*Definition of the EQF level – User Manual*" included in D3.2.1 and published in the Designers' Toolkit (see D3.2.2), some good practices for the instantiation of the general Curriculum into localized curricula which award more or less than 60 credits are provided:

- if a localized curriculum doesn't reach 60 ECTS, the designer has adapted the general EU Curriculum by selecting a subset of LOs from the list and/or by addressing many LOs at basic level; awarding less than 60 ECTS means that the final course won't be able to certify an EQF7; since the target users of the EU Curriculum are supposed to be EQF6, their EQF level will remain the same;
- *if a localized curriculum goes beyond 60 ECTS*, the designer has adapted the general EU Curriculum by selecting more LOs than advised and/or by addressing them in an advanced way; awarding more than 60 ECTS doesn't mean to reach an EQF higher than 7, although the localized curriculum may be integrated in a Second Cycle Degree1 with 120 ECTS (two academic years); in this case the FCN EU Curriculum.

Adapting the ENhANCE Curriculum to EQF6 affects substantially the Curriculum itself, since the formulation of Learning Outcomes requires a modification, too. Since the description of Learning Outcomes should take into account the specific level of knowledge, skills and responsibility/autonomy identified by the European Qualification Framework (see Figure 2: Comparison between EQF6 and EQF7 Learning OutcomesFigure 2 in section 4.3.1), the curriculum should be thoroughly revised not just in terms of number of LOs and ECTS but also the way in which LOs are stated and phrased.

As explained in the introductory section of this report, the design of project pilot courses has been a "testing field" for the Curriculum, especially concerning its flexibility and adaptability, since the general curriculum has been localized into 3 different countries and 3 different courses. In particular, in **Greece** the Curriculum has been localized into 3 editions of a 250-hours Lifelong Learning Programme **which awarded 40 ECTS at EQF-6 level** and awarded a Certificate of Specialization in Family and Community Nursing. The implementation of such courses demonstrated the flexibility of the Curriculum across EQF7/EQF6 levels.

In this Section is provided an example of the instantiation od the general EU Curriculum at EQF6 level. The example refers to the pilots actually implemented in Greece. All the 52 Learning Outcomes have bee revised by UTH in order to set them at EQF6 level.

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	

6.1.1 Unit of Learning Outcomes A: Needs Assessment

LO1a: Identify and assess individuals' health status and health needs		
 Knowledge Know 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, in common health situations, demonstrating advanced knowledge about 	 Skills Evaluate all the dimensions (biological, mental, spiritual, social) of individuals' health status. Perform an advanced assessment on health status with the use of standardized and validated evaluation tools. Assess individuals' health needs within a specific cultural context, in common health situations 	
 them. Identify the determinants of individuals' health and illness. Have critical understanding of the "frailty" concept, identify the related issues and recognize frailty conditions of individuals, in common health situations. Know 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. 	 Detect frequent health problems of individuals within a specific cultural context. Collect individuals' data through observation, interview and physical examination. Compose an advanced nursing report of the identified level of individuals' health status, health needs and health risks 	
 Personal and transversal competences Perform an advanced analysis of health status and health need Take responsibility on cooperation with individuals in order to d Take responsibility for managing individuals' health problems. 	tect health problems of individuals within the context of their cultures	

 Skills Evaluate all the dimensions (biological, mental, spiritual, social) of families' health status. Estimate family members' relations. Perform an advanced assessment on families' health status with the use of standardized and validated evaluation tools. Perform an advanced assessment on 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 an advanced nursing report of the identified level of 		
cultural context and the targeted community. individuals' health status, health needs and health risks. Personal and transversal competences Perform an advanced analysis of health status and health needs of families within a specific cultural and community context. Take responsibility on the identification of possible health threats or risks for families Cooperate with family members in order to detect health problems and assess health needs. Take responsibility for managing families' health problems. Demonstrate an intra and interdisciplinary team approach to detect health problems of families within the context of their cultures and communities. Take responsibility for composing the nursing report AUTONOMOUSLY. NOTES: Team working competencies are addressed in LO15b		
s n e		

Knowledge	Skills
 Define and describe specific community characteristics that affect needs assessment, such as geographical profile, immigration, social dimensions, etc. Define and describe specific population characteristics that affect needs assessment, such as socio-demographic, economic, and those related to work status. Describe and identify possible hazards (physical, chemical, biological and sociological) of a community. 	 Evaluate and handle possible hazards (physical, chemical, biological and sociological) of a community. Measure specific community characteristics that affect needs assessment, such as geographical profile, immigration, social dimensions, etc. Measure specific population characteristics that affect needs assessment, such as socio-demographic, economic and work status related ones. Apply evidence-based measurement standards of health needs that take in to account cultures, communities and their social world.

- Refer to specific population characteristics, such as socio-demographic, economic, and those related to work status.
- AUTONOMOUSLY evaluate possible hazards of a community and its social world.
- Demonstrate cultural sensitivity.
- Demonstrate problem solving skills.
- Demonstrate an aptitude for cultural and community awareness.
- Collaborate with social care professionals and providers.

Knowledge	Skills
 Outline the components and types of Nursing Diagnoses – NANDA/ICNP. Identify and describe in detail possible health problems and needs, demonstrating advanced knowledge about them. Identify and set priorities of nursing care, for common health situations, demonstrating advanced knowledge about them. Establish expected outcomes (goals/objectives) of nursing care – NOC/ICNP. Identify the proper nursing interventions for achieving outcomes. Prioritize nursing interventions, for common health situations. Identify priorities of nursing care: High- Emergent, Intermediate, Low. 	 Set individual-centred, family-centred and community-centred short-term and long-term goals and outcomes. Organize, develop and write nursing care plans/nursing kardex/ pathways, based on the nursing diagnosis and fulfilling specific needs. Set and develop nursing care plans according to preferences, values and expressed needs and within a cultural context Develop concept maps and care plans
 Personal and transversal competences Adopt the holistic approach Respect ethical issues. Collaborate and partner with individuals, families and communit Apply critical understanding and take responsibility for transform interventions Apply critical understanding and take responsibility for setting n Develop concept maps and care plans AUTONOMOUSLY 	ning health problems and needs into nursing diagnoses and

Knowledge	Skills
 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, demonstrating advanced knowledge about them. Outline, identify and select the proper direct and indirect advanced nursing care measures for individuals, families and communities, demonstrating advanced knowledge about them. Outline, identify and select the proper direct and indirect advanced nursing care measures for individuals, families and communities, demonstrating advanced knowledge about them. Outline, recognize and describe all nursing documentation types. 	 Provide independent, dependent and collaborative nursing interventions. Provide high-quality and safe person-centred community nursing care. Supervise delegated care. Organize resources and care delivery. Review and revise the existing nursing care plan. Anticipate and prevent complications. Develop creative solutions to manage potential complications. Document nursing activities.
 Personal and transversal competences Act respectfully Apply critical understanding and take responsibility for impleme Take responsibility for making decisions about possible conseq Act with accountability and in compliance with legal requirement NOTES: Document nursing activities: overlaps with LO10a and LO10b 	uences associated with the provided nursing actions.

Knowledge	Skills
 Identify and select the means and tools that are used to assess the effectiveness of nursing care, by having critical understanding of their main principles. Outline and illustrate the nursing planning process. Outline, identify and select the proper criteria for nursing care quality assurance and effectiveness Identify failures in common health situations. 	 Analyse individuals', families' and communities' responses to the proposed/applied nursing interventions. Apply the criteria for nursing care quality assurance and effectiveness Perform an advanced evaluation of the outcomes of nursing interventions, based on the goals identified in the nursing plan. Analyse nursing plans, identify possible errors and develop creative solutions. Evaluate family strengths and areas of concern, the family's living environment including the community in which the family lives. Identify factors contributing to success or failure. Monitor the quality of nursing care Document results. Plan future advanced nursing care.

- Apply critical understanding and take responsibility for planning future advanced nursing care
- Take responsibility for managing common failure situations.

NOTES:

This LO overlaps with LO10a and LO10b and with LO12a LO12b LO12c and LO12d

LO19a: Assess community health needs in a multidimensional perspective		
 Knowledge Define, describe and has acritical understanding of specific community healthcare needs at physical, mental, spiritual and social level, demonstrating advanced knowledge about them. Distinguish and describe the most common assessment tools that are standardized for specific populations and societies. Identify the impact of conducting comprehensive community and social assessments with individuals, families and communities Skills Analyse data about the needs of specific populations and applies the analysis to his/her practice Identify and interact with key community leaders and influencers. Identify the impact of conducting comprehensive community and social assessments with individuals, families and communities 		
 Personal and transversal competences Cooperate with other health professionals, e.g. with primary, secondary and tertiary social/health care providers Take responsibility for managing the strategic performance of the health care team. Cooperate with supportive social and spiritual services 		
NOTES: Team working competencies are addressed in LO15b Competencies related to professional standards are addressed in LO15	5a	

LO19b: Identify the appropriate clinical interventions and care management strategies for communities		
Knowledge	Skills	
 Describe care management strategies used in community settings, demonstrating advanced knowledge about them. Identify the proper clinical and social interventions -NIC/ICNP for community settings. Compare and select community interventions targeting primary, secondary, and tertiary prevention. Identify community resources and available social support providers. 	 Identify specific clinical interventions for specific community populations. Adapt clinical interventions for specific community populations to common health situations. Develop creative solutions for quality social and health care management in community settings. Identify proper social interventions tailored on each community 	
 Personal and transversal competences Respect ethical aspects of specific populations. Collaborate with community members and leaders Cooperate with other health professionals, eg. with primary, see Take responsibility for decisions about the proper clinical interv 	• •	
NOTES:		
Team working competencies are addressed in LO15b		
Competencies related to professional standards are addressed in LO1	5a	

LO21a: Assess the social, cultural, and economic context of patients and their families	
 Knowledge Identify 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 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.) 	 Skills Collect 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 Evaluate the meaning of information from socio-cultural, ethical, and economic perspectives
 Personal and transversal competences Approach patients and families WITH RESPONSIBILITY, open TAKE RESPONSIBILITY to assess the social status, cultural as 	0
NOTES:	

	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 injury prevention, and wellbeing	
CC22:	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 centres	
	6 Learning Outcomes	
LO2a:	Know the main professional ethical standards	
LO2b:	Take decisions based on professional ethical standards	
LO11a:	11a: Involve individuals and families in the decision-making process	
LO22a:	2a: Know and apply leadership techniques that ensure clinical and healthcare effectiveness and appropriateness	
LO22b:	22b: Know and apply decision-making techniques that ensure clinical and healthcare effectiveness and appropriateness	
LO23a:	Know and apply communication, counselling and negotiation strategies and techniques with different actors	

LO2a: Know the main professional ethical standards	
 Knowledge State the moral and ethical principles of the nursing profession. Clarify human rights according to international agreements Describe professional codes, laws and regulations related to nursing practice. Describe the nursing protocols/guidelines approved by scientific associations and health authorities 	 Skills Comply with ethical principles, professional code of conduct, laws and regulations. Practise the observation of 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 report practices that can lead to misconduct. Comply with and stimulate a culture of misconduct reporting

- Comply with ethical principles and professional codes of conduct.
- Protect human rights in accordance with international agreements in decision-making.
- Protect the dignity of individuals and their families, and consequently of their community.
- Demonstrate practical skills in ensuring adherence to ethical principles to protect the rights and well-being of individuals.

NOTES:

Define the relations (preparatory or not) with LO20a and LO20b

LO2b: Take decisions based on professional ethical standards	
 Knowledge Describe in detail the decision-making process. Outline standards for patients' and families' safety, as well as for a safe environment Identify potential and actual ethical issues arising from FCN practice 	 Skills Develop creative solutions according to international agreements integrating knowledge from nursing theories and principles. Take informed decisions in accordance with professional ethical standards. Take into consideration the safety of patients and families when developing creative solutions.
 Personal and transversal competences Take the responsibility for decisions. Take decisions integrating knowledge from nursing theories an Apply cognitive and practical problem-solving skills to take decisions. Collaborate with other professionals in order to take decisions. Comply with professional ethical standards throughout the procession of the take responsibility for safety actions while taking decisions. Protect the dignity of individuals and their families, and consequences in the take of the take constraints. NOTES: 	ess. uently of their community.
Competencies related to professional standards competencies are add	ressed in LO15a
Team working competencies are addressed in LO 15b	

Knowledge	Skills
 Describe strategies and techniques aimed at involving individuals and families in decision-making (including communication and motivation strategies and techniques), according to nursing theories and principles. Describe the main strategies to encourage shared decision-making concerning health promotion, disease and injury prevention and wellbeing. Understand and interpret preferences and choices of patients and families, integrating knowledge from different fields. 	 Properly and effectively apply cognitive and practical skills aimed at involving individuals and families in decision-making. Properly and effectively apply communication practical skills and motivation techniques to induce informed willingness, of individuals and families, for active involvement in decision-making processes. Act by following the steps and the rules of the decision-making process. Develop creative solutions for shared decision-making concerning health promotior 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.

Personal and transversal competences

- Apply critical understanding and advanced problem-solving skills in order to interpret preferences and choices of patients and families.
- Critically reflect on different choices in decision making.
- Respect patients' and families' choices in decision making.
- TAKE RESPONSIBILITY for following the steps and the rules of the decision-making process when developing nursing care plans.
- 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.
- Create a trusting atmosphere where individuals and families feel safe, respected and have their say in making decisions.

NOTES:

Overlaps with LO22b

Competencies related to communication strategies are addressed in LO16a

Knowledge	e clinical and healthcare effectiveness and appropriateness Skills
 Describe leadership and management techniques that are fit for the targeted strategy and population. Describe the role of a positive working environment in ensuring clinical and healthcare effectiveness and appropriateness. Describe and distinguish leadership roles in order to ensure clinical and healthcare effectiveness and appropriateness. 	 Implement the right leadership strategies to ensure clinical and healthcare effectiveness and appropriateness. Act as a change agent and foster innovation Constantly evaluate the leadership strategy. Change the leadership strategy if needed. Build coalitions, inter-sectorial partnership and networks Review the strategic performance of the team
 Personal and transversal competences Work as part of a multidisciplinary team. Create an atmosphere of respect and trust between the leader Create an atmosphere of respect and trust between the team a Create a positive working climate that supports cooperation and 	and the targeted population.
NOTES:	
Team working strategies are addresses in LO15b	

 Knowledge Outline the effective and appropriate decision-making process, in common health situations. Identify different strategic thinking methods including thinking outside the box, if required. Have critical understanding of the main potentialities of the different strategic thinking methods and decision-making processes. Define and describe the main community, societal and population characteristics that could influence the selection of the proper decision-making processes. 	 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 needed. Integrate knowledge from nursing theories and principles in order to take effective and appropriate decisions Apply cognitive and practical skills to foster innovation
--	---

• Communicate effectively and promote cooperative behaviours.

NOTES:

Overlaps with LO11a

Competencies related to communication strategies competencies are addressed in LO16a

LO23a: Know and apply communication, counselling and negotiation strategies and techniques with different actors		
 Knowledge Identify the proper counselling strategies and techniques. Describe the therapeutic communication strategies and techniques. Outline the effective negotiation strategies and techniques. Outline the main healthcare directives. Define and describe the common community, societal and population characteristics that could influence the selection of the proper counselling and communication 	 Skills Demonstrate empathy, creativity, genuine interest, compassion and a non-judgemental behaviour. Devote adequate time to individuals and families when expressing health related concerns and feelings. Support patients and families in their relations with the multidisciplinary team and healthcare centres. Apply cognitive and practical skills when a patient loses his/her autonomy. Evaluate and address the needs of informal carers. 	
techniques. Review the strategic performance of the multidisciplinary team Personal and transversal competences Demonstrate coping attitudes • Apply critical understanding for problem solving. Interact with other members of the multidisciplinary team and healthcare centres when negotiating healthcare actions with patients and families • Take responsibility for managing proper time and location for negotiation. Support inter-professional collaborations aimed at ensuring the physical and mental wellbeing of patients and their families • Manage a trusting atmosphere for discussions between the patients and their families, with the multidisciplinary team and healthcare		
 Assure that patients and their families feel respected, value Collaborate with social care professionals and providers NOTES:	d and considered throughout the negotiation process.	
Team working competencies are addressed in LO15b Competencies related to communication strategies competencies a	are addressed in LO16a	
Competencies related to communication strategies competencies a Communication and counselling techniques to manage relations wi		

6.1.3 Unit of Learning Outcomes C: Health Promotion and Education

UN	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 that affect them		
LO5a:	Know and apply the main educational strategies that 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 goals of the community		
LO18a:	Evaluate policies for health promotion at the family and community level		
LO18b:	Effectively coordinate, develop and implement policies for health promotion at the family and community level		
LO25a:	Know strategies and techniques for mentoring students and apply them in daily practice		

Knowledge	Skills
• Identify and describe health promotion and education theories,	Detect conditions and/or health risk behaviours
 guidelines and procedures, demonstrating advanced knowledge about them. Identify conditions and/or behaviours that are detrimental to the health of individuals, families and communities. 	• Apply in daily practice interventions of health promotion and education that enhance the health status of community populations.
	 Integrate knowledge from nursing theories to enhance and promote health and prevent disease and injuries.
	 Demonstrate practical skills in the implementation process an 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.

• Take responsibility for managing conditions and/or health risk behaviours.

• 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.

NOTES:

Team working competencies are addressed in LO15b

Knowledge	Skills
 Recognize the unique needs of subpopulations that face inequities, such as populations with different cultural or religious backgrounds or situations of abuse 	 Report the unique needs of subpopulations that face inequities, such as populations with different cultural or religious backgrounds or situations of abuse
Describe social rights pillars	• Perform an advanced assessment of the inequities and unique
 State how health and illness are affected by socioeconomics, culture, race, spiritual beliefs, gender, lifestyle, and age. 	health needs of subpopulations when providing health promotio and prevention of disease and injuries.
Personal and transversal competences	
 TAKE RESPONSIBILITY to evaluate the needs of individuals, i backgrounds Collaborate with other members of the multidisciplinary health is a second secon	C C

Knowledge	Skills
 Identify the common educational strategies and tools for promoting health and safety of individual and families, demonstrating advanced knowledge about them Explain and have critical understanding of the benefits of health education programs for individuals' and families' health status. 	 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. Implement education programs that promote the 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 the health promotion activities

- Play a professional 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 the health promotion and education process
- Motivate collaborators to responsibility and dedication

NOTES:

Team working competencies are addressed in LO15b

Competencies related to professional standards are addressed in LO15a

LO16a: Know the main educational strategies for patient education and apply them in daily practice	
Knowledge	Skills
 Outline, identify and select the proper patient education strategies, techniques and tools. 	 Apply the appropriate techniques to assess patients' learning needs and educate them accordingly Organize and implement educational sessions/programs regarding health promotion for patients and families Integrate knowledge from different fields in order to educate patients effectively 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 acceptability and compliance with educational interventions
Personal and transversal competences	
 AUTONOMOUSLY evaluate educational deficits and interve 	ntions
 Collaborate with other professionals of the multidisciplinary t 	eam
NOTES:	
Team working competencies are addressed in LO15b	

Knowledge	Skills	
 Describe the main characteristics of an effective therapeutic relation with patients and families 	 Apply the appropriate practical techniques to build a therapeutic relation with patients and families. 	
• Describe the main strategies and techniques that	 Apply the cognitive skills of compassion, empathy and genuine interest. 	
foster a therapeutic interpersonal relationship.	 Engage with patients and their families to improve health-related outcomes. 	
	 Use effective communication strategies in order to set an effective therapeutic relation with patients and families 	
	• Evaluate the therapeutic relationship with patients and their families.	
	 Encourage acceptability and compliance with the therapeutic relationship 	
Personal and transversal competences		
TAKES RESPONSIBILITY for the therapeutic relation with patients and families		
 Respect people as unique individuals with differing beliefs and cultural backgrounds. 		
TAKE RESPONSIBILITY when communicating facts and circumstances.		
TAKE RESPONSIBILITY for developing culturally responsive communication.		
 Recognize patient and family preferences, values 	, and needs.	
 Establish a holistic, compassionate, and respectful 	Il partnership with patients and families.	
Evaluate the therapeutic relationship AUTONOMOUSLY		

NOTES:

Competencies related to professional standards competencies are addressed in LO15a Competencies related to communication strategies are addressed in LO16a

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 with the implementation of community health promotion goals
Personal and transversal competences	
 Evaluate community health promotion goals AUTONOMOUSLY Collaborate with other professionals of the multidisciplinary team 	
Collaborate with social care professionals and providers	
NOTES:	
Team working competencies are addressed in LO15b	

LO17b: Carry out health promotion programs and activities that meet the goals of the community	
Knowledge	Skills
 Describe the best practices for the implementation of programs and activities that meet the health promotion goals and societal needs of the community, demonstrating advanced knowledge about them. Describe the healthcare and community services, as well as social support providers, of a particular area of practice, demonstrating advanced knowledge about them 	 Apply community and social dimensions of practice Implement health promotion programs and interventions that pursue the goals of the community Implement nursing strategies and interventions that pursue the goals of the community. Evaluate the effectiveness of the implemented programs Communicate regularly with healthcare and community services, as well as social care professionals and providers, to better implement the provision of family and community health care Foster acceptability and compliance with health promotion/provision recommendations
Personal and transversal competences	
 AUTONOMOUSLY evaluate the community and social dimensions of practice and available services. 	
Collaborate with other professionals of the multidisciplinary team	
Collaborate with social care professionals and providers	
NOTES:	

Team working competencies are addressed in LO15b

LO18a: Evaluate policies for health promotion at the family and community level		
Knowledge	Skills	
 Describe the health promotion policies for the family and the community, demonstrating advanced knowledge about them. 	• Demonstrate practical skills of health promotion policies for the family and the community.	
 Outline standardized assessment tools for health promotion policies. 	• Evaluate the social dimension of policies for health promotion integrating knowledge from nursing theories.	
	Assess health promotion policies by using standardized tools.	
Personal and transversal competences		
 Apply practical and cognitive skills to the evaluation of policies. 		
Show aptitude for evaluation, interpretation, explanation, systematism.		
 TAKE RESPONSIBILITY for managing the evaluation of the policies to be implemented 		
NOTES:		
Competencies related to professional standards competencies are addressed in LO15a		

LO18b: Effectively coordinate, develop and implement policies for health promotion at the family and community level		
Knowledge	Skills	
 Describe the theoretical and evidence-based principles of family and community health promotion policies development and 	 Implement evidence-based health promotion policies according to universal and country recommendations. 	
implementation.	 Evaluate the policy implementation process 	
 Outline nursing leadership roles in the healthcare system. 	 Apply policies that improve family and community health, bringing the nursing perspective to policy makers and stakeholders 	
Personal and transversal competences		
 TAKE RESPONSIBILITY for the implementation and evaluation of health promotion 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.		
TAKE RESPONSIBILITY for managing the evaluation of the implemented policies		
Collaborate with social care professionals and providers		
NOTES:		
Team working competencies are addressed in LO15b		
Competencies related to communication strategies are addressed in LO16a		

health promotion and education.	LO25a: Know strategies and techniques for mentoring students and apply them in daily practice	
 strategies and techniques about health promotion and educational issues. 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 health promotion and education. 	Knowledge	Skills
prevention measures in the community setting with the students.	strategies and techniques about health promotion and educational	 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. Support the implementation of the appropriate health promotion and disease/injury prevention measures in the community setting with the students. Provide interactive mentoring to new and experienced nurses and other members of the multidisciplinary team Provide positive feedbacks to students. Adapt communication and counselling competencies in order to develop students' responsibility and autonomy. Evaluate the teaching and mentoring process

- Evaluate the teaching and mentoring process AUTONOMOUSLY
- TAKE RESPONSIBILITY for the mentoring process

NOTES:

Competencies related to communication strategies are addressed in LO16a

6.1.4 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 that can be adopted by an 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	

LO6a: Know the main communication strategies and techniques that can be adopted by an FCN and apply them to specific contexts and needs		
 Knowledge Identify the proper evidence-based and culturally responsive communication strategies and techniques. Have a critical understanding of the main communication strategies and techniques that can be adopted by an FCN Describe the nursing principals of communication in relation to the specific context of the care recipient(s) in the family and the community. Define the main strategies and techniques for verbal and non-verbal communication as well as communication breakdowns. Define the conditions required to establish an effective communication context, even in complex situations. 	 Skills Apply practical skills to set the proper communication conditions in the interaction with care recipient(s) in the family and the community. Apply communication skills and techniques for successful relations and for care recipients' activation or rehabilitation Develop a therapeutic environment that promotes discussion. Apply the proper skills and techniques in order to explain information to healthcare recipients and families Use verbal, non-verbal and written or graphic communication skills properly Speak and write in plain language Use cognitive skills to address unique communication styles Use culturally relevant and linguistically appropriate communication when building relationships 	
 Personal and transversal competences TAKE RESPONSIBILITY for managing communication activities to the specific context Respect people as unique individuals with differing beliefs and cultural backgrounds. 		

NOTES:

Preparatory for a number of transversal competencies (see notes for each of them) The therapeutic relationship is targeted in LO16b

LO15a: Know professional standards and act in compliance with them		
Knowledge	Skills	
 Define and describe of all the FCN professional standards. 	Apply professional standards in nursing practice.	
 Personal and transversal competences Apply critical thinking dispositions; truth-seeking, open-mindedness, self-confidence, cognitive maturity. Share own expertise with other professionals to meet professional standards Collaborate with the multidisciplinary team and with social care professionals and providers 		
NOTES:		
Preparatory for a number of transversal competencies (see notes for each of them)		

LO15b: Know advanced strategies and techniques of team working and professional collaboration and apply them to specific contexts and needs		
 Knowledge Describe strategies and techniques of team working and professional collaboration. State roles, responsibilities and legitimations that support intra- and inter-professional effective relationships. 	 Skills Select the proper strategies and techniques of team working and professional collaboration and apply them to specific contexts and needs Demonstrate nursing skills to facilitate inter-professional collaboration and team building in health care Set up a positive and collaborative working environment. Facilitate inter-professional relationships to address common 	
 Personal and transversal competences Define own professional identity through interaction with other 		
 Define his/her role in the team while gaining an understandin Act as part of a professional team Collaborate with social care professionals and providers NOTES: Preparatory for a number of transversal competencies (see notes for a number of transversal competencies).		

6.1.5 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	
	8 Learning Outcomes	
LO8a:	Know and evaluate the main problems and needs that could affect workers in a specific community context.	
LO8b:	Know and apply strategies and techniques to motivate workers and engage them in community healthcare promotion	
LO13a:	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:	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	

Knowledge	Skills
 Identify problems and needs that affect workers in a specific community context. 	 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. Analyse relevant information to identify major health and social issues. Prioritize the main problems and needs for action decisions Communicate and cooperate with community health care workers and social care providers in order to support the identification of the problems and needs related to a specific community context.

transversal competences

- Show aptitude for interpretation, analysis, evaluation and systematism
- Apply cognitive skills to develop creative solutions when evaluating problems and needs affecting workers.
 Collaborate with social care professionals and providers

NOTES:

Competencies related to communication strategies are addressed in LO16a

Team working competencies are addressed in LO15b

LO8b: Know and apply strategies and techniques to motivate workers and engage them in community healthcare promotion		
 Knowledge Outline and identify the proper motivation strategies and techniques for employees' health care in the community. Define and describe healthcare activities that support workers in community healthcare promotion. 	 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. 	
 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 		
NOTES: Competencies related to communication strategies are addressed in LO16a Competencies related to professional standards are addressed in LO15a		

LO13a: Plan and prioritize the activities of the multidisciplinary team in order to address problems related to health and illness		
Knowledge	Skills	
 Identify, categorize and define the activities that the multidisciplinary team should carry out to address problems related to health and illness. Outline the main principles to prioritize needs and activities addressing community problems 	 Select and prioritize activities of the multidisciplinary team to address problems related to health and illness. 	
 Personal and transversal competences Accept different views and opinions within the multidisciplinary team about issues related to health and illness TAKE RESPONSIBILITY for own choices about priorities 		
NOTES:		
In the first release of the Curriculum, implemented in pilots, this LO was named LO13b.		
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		
In order to effectively address CC13, this LO needs to be completed with LO27a (Work and collaborate in a multidisciplinary team)		

 Skills Integrate theory, evidence and clinical judgment to improve and innovate FCN practice Evaluate the need for changes in daily FCN practice. 		
 Evaluate the need for changes in daily FCN practice. Redesign nursing care plans to improve FCN practice. Design and implement changes in daily FCN practice that improve the quality of care. Take advanced measures to ensure maintenance of changes. Set new practice objectives and assess them Set up a supportive environment for changes and the implementation of new actions. 		
 Personal and transversal competences TAKE RESPONSIBILITY for the identification of 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 complex changing situations with AUTONOMY and critical understanding. Collaborate with the multidisciplinary team. Collaborate with social care professionals and providers Demonstrate purposeful, informed, outcome-oriented thinking. 		
NOTES: Team working competencies are addressed in LO15b		

Multidisciplinary team working competencies are addressed in LO27a

LO20a: Know the main ethical principles to manage disparity and diversity and apply them in daily practice		
Knowledge	Skills	
 Recognize disparity and diversity in family and community settings. State common disparity situations. Compare and select strategies and techniques for managing disparity and diversity. 	 Analyse and evaluate disparity and diversity in family and community contexts Manage disparity and diversity in daily FCN practice. Apply principles of equity and social justice in daily practice. 	
 Personal and transversal competences Support vulnerable social groups. TAKE RESPONSIBILITY for managing disparity. Reduce disparity through comprehensive communication. 	·	
NOTES:		
Define the relations (preparatory or not) with LO2a		
Competencies related to communication strategies are addressed in L	.O16a	

LO20b: Know the main guidelines to foster inclusiveness and apply them in daily practice		
 Outline, identify and select the proper strategies and techniques to foster inclusiveness in health and social care systems. 	 Skills Apply strategies and techniques to foster inclusiveness in health and social care systems Plan activities that promote inclusiveness. Coordinate initiatives in the multidisciplinary team and in collaboration with social care professionals and providers in order to foster inclusiveness Apply principles of equity and social justice in daily practice 	
 Personal and transversal competences Support vulnerable social groups. Adopt inclusiveness behaviour WITH RESPONSIBILITY. Enhance inclusiveness through comprehensive communication Collaborate with social care professionals and providers 		
NOTES: Define the relations (preparatory or not) with LO2a Competencies related to communication strategies are addressed in L	_O16a	

LO27a: Work and collaborate in a multidisciplinary team			
Knowledge	Skills		
 Identify the most effective collaboration principles, methods and techniques in a context of multidisciplinary professionals, both in a formalized multidisciplinary team and when collaborating with social services providers and other stakeholders Distinguish and outline the main roles and activities characterizing each professional who is supposed to collaborate with FCN 	 Apply the most effective collaboration principles, methods and techniques in a context of multidisciplinary professionals. Act taking into consideration the main roles of each professional involved in the multidisciplinary team. 		
 Describe the main roles of each professional involved in the multidisciplinary team. 			
Personal and transversal competences Communicate effectively and promote cooperative behaviours.			
 Accept different views and opinions within the multidisciplinary team and when collaborating with social services providers and other stakeholders AUTONOMOUSLY support multidisciplinary professionals to express views and opinions. Respect the roles of each professional 			
NOTES:			
This LO is fundamental to effectively address CC13.			
Team working competencies are addressed in LO15b			
Competencies related to communication strategies are addressed in LO16a			
This LO addresses only specific competencies related to the work in a multidisciplinary team			

Knowledge	Skills
 Describe multidisciplinary interventions that successfully address problems related to health and diseases, demonstrating advanced knowledge from nursing theories. 	 Plan and implement activities of the multidisciplinary team to address problems related to health and illness. Perform an advanced assessment of the 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. Integrate knowledge from nursing theories in order to foster innovation.

Personal and transversal competences

- TAKE RESPOSNIBILITY for managing motivation of the multidisciplinary team members to actively participate in actions that aim to prevent disease, (and) promote and maintain health.
- Accept diverse opinions within a multidisciplinary context.

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 in LO15b

	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 definition of the outcomes and apply them in daily practice	
LO10a:	Know and use standardized and validated tools in order to evaluate own practice	
LO10b:	Know and use the main monitoring and reporting procedures in order to document 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 evidence properly and apply it in daily practice	

6.1.6 Unit of Learning Outcomes F: Evidence-Based Approach

LO9a: Know the main guidelines, procedures and tools for the monitoring and definition of the outcomes and apply them in daily practice	
 Knowledge Outline and identify the proper guidelines, procedures and validated tools for the definition of the outcomes, demonstrating advanced knowledge about them. Outline and identify the proper guidelines, procedures and validated tools for monitoring nursing care, demonstrating advanced knowledge about them. 	 Skills Set appropriate outcomes of nursing care Apply practical skills for monitoring nursing care by demonstrating cognitive skills to develop creative solutions. Systematically collect data related to patient outcomes. Perform advanced assessment of the outcomes of nursing care with standardized and validated tools.
 Define the data collection process. Personal and transversal competences TAKE RESPONSIBILITY for the evaluation of the implemented Collaborate with other multidisciplinary team professionals. Collaborate with social care professionals and providers. MANAGE users' acceptability and compliance with implemented 	ed actions set.
 MANAGE nursing activities to develop a healthy and collaborativity improve the targeted outcomes for the individuals, families and TAKE RESPONSIBILITY for managing nursing practice in multiple Demonstrate professional accountability in complex nursing provided in the individual of the indin of the individual of the inditial of the individual of the	I the community. tiple settings with multiple stakeholders.
	I in LO12c and LO12d (this LO focuses on definition and the monitoring) 5a

LO10a: Know and use standardized and validated tools in order to evaluate own practice		
 Knowledge Outline standardized and validated tools to evaluate own 	 Skills Use standardized and validated tools to evaluate own 	
practice.	practice.	
	 Systematically evaluate own practice. 	
Personal and transversal competences		
• Evaluate own practice continuously and AUTONOMOUSLY.		
 Foster the acceptability and compliance of the user to the cor 	ntinuous feedback procedure	
 Apply critical thinking skills when using tools 		
Show aptitude for interpretation, evaluation, self-regulation, truth-seeking, analyticity, systematism.		
NOTES:		

LO10b: Know and use the main monitoring and reporting procedures in order to document own practice		
Knowledge	Skills	
 Outline the main monitoring and reporting procedures in order to document own practice. 	Apply practical skills to document own practice.Systematically document own practice.	
 Identify the proper nursing documentation types and procedures, involving a critical understanding of nursing principles. 	Fill in nursing sheets and plans.	
Personal and transversal competences		
TAKE RESPONSIBILITY on reporting own practice.		
AUTONOMOUSLY report own practice.		
 MANAGE users' acceptability and compliance with the chosen documentation. 		
NOTES:		

LO12a: Know the main standards about nursing activities in people's homes and apply them in daily practice		
Knowledge	Skills	
 Describe the main standards related to nursing activities in people's homes, demonstrating advanced knowledge about 	 Apply standards related to nursing activities in people's homes in his/her homecare practice. 	
them.	 Apply practical skills to develop solutions for the setting of standards. 	
	 Apply standards taking into account feedbacks from nursing care professionals and providers. 	
Personal and transversal competences		
MANAGE the setting of the proper standards.		
Collaborate with other multidisciplinary team professionals.		
Collaborate with social care professionals and providers		
MANAGE the acceptability and compliance of the user with the	e applied standards.	
NOTES:		
Competencies related to professional standards are addressed in LO ²	5a	
Team working competencies are addressed in LO15b		

LO12b: Know the main standards about nursing activities in the community and apply them in daily practice		
Knowledge	Skills	
 Define the main standards related to nursing activities in the community, demonstrating advanced knowledge about them. 	 Apply standards related to nursing activities in the community in homecare practice. 	
	 Apply practical skills to develop solutions for the setting of standards. 	
	 Apply standards taking into account feedbacks from nursing care professionals and providers. 	
Personal and transversal competences		
MANAGE the setting of the proper standards.		
Collaborate with other multidisciplinary team professionals.		
 Collaborate with social care professionals and providers MANAGE the acceptability and compliance of the user to the applied standards. 		
NOTES:		
Competencies related to professional strategies are addressed in LO1	5a	
Team working competencies are addressed in LO15b		

LO12c: Evaluate the outcomes related to nursing activities in people's homes.	
 Knowledge Describe the proper methods and tools to evaluate the outcomes related to nursing activities in people's homes, demonstrating advanced knowledge about them. Define the role of outcomes monitoring in the evaluation process. 	 Skills Apply the practical skills in order to evaluate the outcomes related to nursing activities in people's homes. Collect information through the monitoring process for the evaluation. Implement the available tools to evaluate the outcomes related to nursing activities in people's homes.
Personal and transversal competences	 Report the results of the outcome evaluation using the proper tools.
 Collaborate with other multidisciplinary team professionals. 	
 Collaborate with social care professionals and providers 	
 MANAGE the acceptability and compliance of the user with th 	ie applied standards.
NOTES: Competences related to the definition and the monitoring of the outco Team working competencies are addressed in LO15b	omes are addressed in LO9a (this LO focuses on evaluation)

Competencies related to professional standards are addressed in LO15a

LO12d: Evaluate the outcomes related to nursing activities in the community.	
 Knowledge Describe the proper methods and tools to evaluate the outcomes related to nursing activities in the community, demonstrating advanced knowledge about them. Define the role of outcomes monitoring in the evaluation process. 	 Skills Apply practical skills in order to evaluate the outcomes related to nursing activities in the community. Collect information through the monitoring process for the evaluation. Implement the available tools to evaluate the outcomes related to nursing activities in the community. Report the results of the outcome evaluation using the proper tools.
 Personal and transversal competences Collaborate with other multidisciplinary team professionals. Collaborate with social care professionals and providers and other relevant stakeholders MANAGE the acceptability and compliance of the user with the applied standards. 	
NOTES:	

Competences related to the definition and the monitoring of the outcomes are addressed in LO9a (this LO focuses on evaluation) Team working competencies are addressed in LO15b

LO26a: Know the main scientific evidence databases and make an effective search.		
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 the literature. 		
 Identify and share reliable evidence. 		
AUTONOMOUSLY select evidence-based data.		
Show aptitude for sharing the results of own searches in order to foster improve the performance of a team		
based process.		

LO26b: Use the best scientific evidence properly and apply them in daily practice.	
 Knowledge Describe the principles and importance of evidence-based practice, demonstrating advanced knowledge about them. Describe the methods of scientific research in nursing, demonstrating advanced knowledge about them. Demonstrate advanced nursing knowledge of current research. 	 Skills Enact cognitive and practical skills in order to apply evidence- based methods of nursing care in daily practice. Use the best scientific evidence properly Apply the best scientific evidence in daily nursing practice, integrating knowledge from nursing theories. Independently research issues relevant to advanced nursing practice. Develop the improvement of nursing care.

- MANAGE the new knowledge and evidence for the improvement of daily nursing practice.
- TAKE RESPONSIBILITY for managing the implementation of evidence-based practice by the healthcare team members.

NOTES:

6.1.7 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 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 that could be monitored remotely 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 remotely and use the most common ones	
LO28c:	Know the main ICTs supporting remote health monitoring and use the most common ones	

Knowledge	Skills
 Outline the proper health monitoring procedures, techniques and tools for people affected by chronic and rare illnesses, demonstrating advanced knowledge about them. Describe the elements to be monitored in the specific family environment, demonstrating advanced knowledge about them. 	 Monitor populations affected by chronic and rare illnesses in the community in collaboration with a multidisciplinary team. Apply practical skills in order to integrate standardized and validated monitoring tools into own daily practice. Integrate knowledge from nursing theories in order to implement standardized and validated monitoring tools into own daily practice. 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 Manage family in order to complete self-monitoring and assessment. Define care assignment and competence areas in a patient-oriented and family-oriented way. Manage patients to take on a more active role in monitoring own health.
Personal and transversal competences	
	ain language so that users clearly understand
Assure horizontal communication acr	·
 Collaborate with other multidisciplinar 	y team professionals.
 Collaborate with social care profession 	nals and providers and other relevant stakeholders

TAKE REPOSNSIBILITY for managing monitoring procedures and the use of proper tools.

NOTES:

Competencies related to ICT tools for remote health monitoring are targeted in LO28c

Knowledge	Skills
 Describe the main guidelines about the monitoring process and the expected outcomes, demonstrating advanced knowledge about them. Identify causes and symptoms of a chronic or rare illness as well as the changes caused by the illness. Describe the impact of a chronic or rare disease on individuals and their families. Recognize the common indicators to be assessed in the specific context of community nursing, demonstrating advanced knowledge about them. Identify the main competencies that patients and families should have for self-assessment. 	 Apply cognitive skills in order to apply the main guidelines about the monitoring process. Observe the symptoms of the illness and on this basis recognize change in the organism of the person. Support the person to deal with the changes in his/her organism. Collaborate and manage caregivers to set routines and manage resources for optimal disease management over time. 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 nursing knowledge. Observe the impacts of a chronic and rare illnesses in a targeted population.

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.
- Collaborate with multiple caregivers.
- MANAGE nursing activities to deal with chronic or rare illness in an effective way.
- Assure communication between multidisciplinary team member .
- TAKE RESPONSIBILITY for managing collaboration with social workers, discharge planners, pharmacists, home health providers and informal carers.

NOTES:

Team working competencies are addressed in 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

Knowledge	Skills
 Define the principles, guidelines, procedures and ethical issues in 	 Apply practical skills to develop creative solutions about daily practice strategies and techniques that improve patients' quality of life.
advanced palliative nursing care and end-of-life care, demonstrating	 Apply practical skills to implement principles, guidelines, procedures and ethical issues in palliative nursing care and end-of-life care.
 knowledge from nursing theories. State aspects of quality of life in end- of-life care, demonstrating advanced knowledge about them. 	 Perform advanced 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 healt until end of life.
	 Detect and prevent elderly abuse.

- TAKE RESPONSIBILITY for managing the implementation of work objectives.
- MANAGE a proper working environment.
- Offer ongoing support.
- Work independently as an advanced nursing practitioner in targeted pain management.
- Collaborate with social care professionals and providers and other relevant stakeholders

NOTES:

LO7b: Know the main communication and counselling techniques to manage relations with patients (and families) in palliative care		
Knowledge	Skills	
 Identify communication and counselling techniques for end- of-life patients and their families. Describe the common variables of culture, ethnicity, spirituality, religious beliefs and/or age that may impact the patient's perception of pain. 	 Apply cognitive skills to manage relations with patients and carers in end-of-life care. Implement in daily practice communication and counselling techniques, empathy, creativity, compassion and genuine interest. Devote adequate time to listening to 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. 	

Personal and transversal competences

- 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.
- MANAGE effective communication and counselling with patients and their families.
- Explain in plain language processes and outcomes to patients
- Collaborate with social care professionals and providers and other relevant stakeholders

NOTES:

General communication and counselling techniques are targeted in LO23a (this LO focuses only on techniques for palliative care)

Team working competencies are addressed in LO15b

Competencies related to communication strategies are addressed in LO16a

Knowledge	Skills
 Identify and describe the most common and emerging ICTs for health promotion and education. Identify and describe specific and context-related ICT applications that are fundamental for health promotion and education in the specific community. Describe how to use ICTs in order to access patients' healthcare records and thus track diseases and monitor the health status of a community. Have critical understanding of the FCN's need to be up to date about emerging ICTs and their potentialities 	 Apply practical skills to implement in daily practice the most common and emerging ICT tools for health promotion and education. Apply practical skills to implement in daily practice specific and context-related ICT applications that are fundamental for health promotion and education in the specific community. Assess the suitability and effectiveness of ICT tools and services for health promotion and education. Manage guidance on the integration of ICT for health promotion and education
 Personal and transversal competences Have a positive attitude towards ICT technologies in health pro AUTONOMOUSLY integrate ICT tools in daily nursing practice Disseminate the role of ICT in health promotion, education and Show an aptitude for continuous learning about ICT 	9

Knowledge	Skills
 Identify the most common and emerging ICTs that support the treatment of patients remotely. Identify the specific and context-related ICT applications that support the treatment of patients remotely in the specific community. Describe how to use ICTs to enhance treatment adherence. Describe how ICTs can reduce errors in diagnosis, medication, and treatment without medication. Have critical understanding of the FCN need to be up to date about emerging ICTs and their potentialities. 	 Apply practical skills in order to implement in daily practice the most common and emerging ICT tools that support the treatment of patients remotely. Apply practical skills in order to implement in daily practice specific and conterelated ICT applications that are fundamental for the treatment of patients remotely. Assess the suitability and effectiveness of ICT tools and services for the treatment of patients remotely. Manage training of patients and families about how to use ICT tools for the treatment of patients remotely. Inform individuals and families about advantages of ICT treatment utilization i terms of independence and time saving. Manage guidance for the integration of remote treatment in FCN practice. Support professional development through ICT with regard to tracking data at monitoring situations.

- Have a positive attitude towards ICT technologies in the treatment of patients remotely.
- TAKE RESPONSIBILITY for managing the integration of ICT tools in daily nursing practice.
- Disseminate the role of ICT in the treatment of patients
- Support professional development through ICTs.
- MANAGE professional collaboration through ICTs.
- Show an aptitude to continuing learning about ICTs.

NOTES:

 emerging ICTs that support remote health monitoring Describe the specific and context-related ICT applications that support remote health monitoring in the specific community. Describe how to use ICTs to enhance remote health monitoring Be critically aware of the FCN need to be updated about emerging ICTs and their potentialities 	
-	ge training patients and families how to use ICT tools for remote health oring n individuals and families about advantages of ICTs in supporting remote health
 Have a positive attitude towards ICT technologies su 	
	pporting remote health monitoring
TAKE RESPONSIBILITY for managing the integratio	n of ICT tools in daily nursing practice.

- Disseminate the role of ICTs in health monitoring
- Support professional development through ICTs.
- MANAGE professional collaboration through ICTs.
- Show an aptitude for continuing learning about ICTs.

NOTES:

Competencies related to tools for health monitoring are targeted in LO24a (this LO targets specifically ICT tools for remote monitoring)

7 Discussion and conclusions

The FCN Curriculum outlined in this report in the main result of the ENhANCE project. Being general and "across-the-board", it will play a reference role for any VET designer targeting FCN profile in any EU country; being modular and flexible, it will allow for transparency and comparability of the localized curricula and will support the recognition of this qualification by regulatory bodies.

Th current curriculum is the result of the work carried out throughout the project: the Professional Profile delivered in the preliminary phase set the ground for the Curriculum development; pilots design tested the Curriculum and the tools developed to support its localization; pilots implementation allowed to test the Curriculum "on the field" and to collect the needed feedback for its refinement.

The whole Alliance actively participated in the above described activities, representing 6 different EU countries and different types of stakeholder such as VET providers in the field of Nursing, Regulatory Bodies for FCN training, Professional Associations and Public and Private Employers, Universities and Research Centres.

The FCN Curriculum could play an important role in the formalization and recognition of FCN role and profession at EU level. Thanks to the important tools delivered in WP3 and formalized as the online free "Designers' Kit" (see D3.2.2) the Curriculum will be easily accessible to every VET provider would like to consult it. In such a way the impact of this result will be high in the sector for many of the beneficiaries targeted by the project.

8 References

Bloom, B.S., Engelhart, M.D., Furst, E.J., Hill, W.H., Krathwohl, D.R., 1956, Taxonomy of Educational Objectives, Handbook I: The Cognitive Domain. New York: David McKay Co Inc.

Cedefop, 2014: Terminology of European education and training policy. A selection of 130 key terms. Luxembourg: Publications Office of the European Union. Second Edition. http://www.cedefop.europa.eu/files/4117_en.pdf

CEDEFOP, 2017. Defining, writing and applying learning outcomes. A European handbook. Retrieved from <u>http://www.cedefop.europa.eu/en/publications-and-resources/publications/4156</u>

Council of the European Union, 2017, Council recommendation of 22 May 2017 on the European Qualifications Framework for lifelong learning and repealing the recommendation of the European Parliament and of the Council of 23 April 2008 on the establishment of the European Qualifications Framework for lifelong learning <u>https://publications.europa.eu/en/publication-detail/-/publication/ceead970-518f-11e7-a5ca-01aa75ed71a1/language-en</u>

ECTS Users' Guide, 2015, Luxembourg: Publications Office of the European Union. DOI: 10.2766/87192. <u>https://publications.europa.eu/en/publication-detail/-/publication/da7467e6-8450-</u> <u>11e5-b8b7-01aa75ed71a1</u>

European Commission, 2017, ESCO handbook: European Skills, Competences, Qualifications and Occupations European Commission <u>https://ec.europa.eu/esco/portal/document/en/0a89839c-098d-4e34-846c-54cbd5684d24</u>

European Qualification Framework - <u>https://europa.eu/europass/en/description-eight-eqf-levels</u>

Hawley, J., Souto Otero, M. & Duchemin, C., 2010, 2010 update of the European Inventory on Validation of Non-formal and Informal Learning - Final Report. CEDEFOP <u>https://cumulus.cedefop.europa.eu/files/vetelib/2011/77643.pdf</u>

Sellin, B., 2008, The proposal for a European Qualifications Framework. Making it a reality – Possibilities and limitations. European Journal of Vocational Training, 42(43), 4-18

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