

Guidelines for the Curriculum Evaluation of Nursing Education Programmes Based on a Clinical Leadership Competency Framework

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Introduction

Welcome to the Guidelines for the Evaluation of Nursing Education Curricula, developed as part of the Erasmus+ Clinical Leadership in Nursing Education project. These guidelines are intended to support the evaluation of nursing education programmes, using the Clinical Leadership (CL) Competency Framework developed within the project as the reference framework.

The evaluation aims to identify potential gaps between the competencies and content defined in the CL Competency Framework and those currently included in nursing education curricula. It also seeks to understand how CL competencies are addressed within the curriculum, whether explicitly or implicitly, and the extent to which the different items of the Competency Framework are explored.

The evaluation will also identify the strengths, weaknesses, opportunities, and threats associated with integrating the development of CL competencies into nursing curricula. This will provide an overview of the current state of CL integration in nursing education and help identify areas that may benefit from further development or reinforcement within the curriculum.

The findings of this evaluation may support the development of strategies for a broader, more consistent, and more effective integration of CL into nursing education, contributing to the development of the competencies required for future nurses to lead and practise effectively in clinical settings.

General instructions

These guidelines were initially developed for a series of workshops conducted within the Erasmus+ KA220-HED project "Clinical Leadership in Nursing Education."

The workshops were designed to identify the gap between the competencies outlined in the CL Competency Framework and the extent to which these are explicitly addressed in the current curriculum. The proposed evaluation should be undertaken independently by groups of educators, mentors, and final-year nursing students.

The analysis should be conducted in two phases. The first phase will consist of a direct comparison between the domains and competencies outlined in the Competency Framework and the nursing curriculum content. The second phase will involve participants responding to guiding questions for curriculum analysis, informed by the principles of SWOT analysis.

Key points for using the guidelines

SWOT Analysis

- All participants shall have prior access to explanatory materials on the nursing course curriculum. They must be sufficiently familiar with the proposed curriculum plan to respond appropriately and knowledgeably to the questions presented.
- SWOT analysis responses shall be provided collectively by each group, with one response per group for each question. However, if a group has more than ten participants attending the workshop, it is advisable to divide them into two subgroups, thereby generating two sets of responses for each SWOT element. Questions shall be presented exclusively during the SWOT analysis, and not beforehand. Supplementary explanatory material on the nursing course curriculum should be made available during the workshops for participants' consultation or clarification of doubts.
- Resolving disagreement within a group: where members of a group do not

initially agree on a response, the group should first seek consensus through discussion. If full consensus cannot be reached within a reasonable time, the majority position should be recorded as the group's formal response, and any significant minority or divergent position should be additionally recorded in the free-text comment field for that question or domain. This ensures that a single collective response does not conceal meaningful disagreement among participants.

- Mitigating the group consensus effect: facilitators are encouraged to explicitly invite dissenting views before a response is finalised (e.g., by asking "does everyone agree with this?" before recording an answer) and to note, in the comment field, when a response was reached quickly without full discussion versus after active debate.
- Regarding the questions posed for each element of the SWOT acronym, please note the following:

Under the **Strengths** element:

- Q1 – "Which modules, if any, address leadership most prominently, and in what ways?"

In this question, the term *modules* may be adapted to the terminology used by each partner institution. It may refer to curricular units, subjects, modules or other specific components or thematic areas that constitute the curriculum.

Under the **Opportunities** element:

- Q6 – "Is clinical leadership emerging as a trend in nursing education, for example through advanced simulation, virtual reality, or problem-based learning?"
- Q7 – "Does this institution have partnerships with hospitals or healthcare units that facilitate the development of clinical leadership skills?"

These questions should be posed to all participants: nursing teachers, mentors, and students. Although students may be less familiar with these issues, their perspectives are relevant for assessing the extent of their awareness beyond the curriculum and the educational institution.

Under the **Weaknesses/Threats** elements:

Linking answers to curricular evidence: whenever a Weakness or a Threat is identified, the group should, wherever possible, note the specific curricular unit(s), teaching strategy, or assessment method the statement refers to, rather than describing the issue only in general or institutional terms. This does not require an exhaustive audit, but a brief indication (e.g., "limited assessment of leadership in Year 3 clinical placement" rather than "assessment is insufficient") that allows the statement to be traced back to a concrete part of the curriculum.

<u>Competency Framework evaluation</u>

- The Competency Framework should also be shared with participants in advance so that they may become familiar with it. Detailed knowledge is not required; rather, an initial understanding of its organization is sufficient. We suggest that an explanatory note describing its development should accompany the Competency Framework.
    - *The Competency Framework presented is the result of an initial literature review, followed by revisions based on the opinions of nursing students, mentors, and nursing professors during workshops organised within the three partner institutions involved in the project: Portugal, Belgium, and Finland. The Competency Framework was also analysed and commented on by experts in the field of CL.*

- One completed response shall be provided per group of nursing educators, one per group of mentors, and one or two responses per group of students, depending on the number of groups formed during the workshop.
- Responses should be recorded on the provided form. The form is organized by the Competency Framework's domains and uses a Likert scale for ratings.
- A line has been added at the end of each domain to allow participants to provide feedback on the domain as a whole or on specific aspects

requiring attention. To avoid overburdening participants, to keep the workshop within a reasonable duration, and to facilitate management of the Competency Framework, feedback was requested at the end of each domain rather than item by item.

- Rating scale: the GAP identification form uses a single Likert scale of 0 to 4 throughout, where 0 corresponds to “Unable to respond appropriately” and 4 corresponds to “Fully addressed and developed” (see full scale under “GAP identification” below).
- Documenting evidence: for each descriptor, participants are asked to briefly record, in the “Evidence/Curricular Unit(s)” column, the specific curricular unit(s), teaching strategy, or assessment method that supports the score given. Where an item is rated 0 or 1, this field may instead briefly note why no evidence could be identified. This documentation step is what allows scores to be traced back to concrete curricular content during later analysis.
- Stakeholder groups and aggregation: nursing educators, mentors, and students are considered to offer complementary but not interchangeable perspectives. Their responses should be reported and analysed separately by stakeholder group, rather than merged into a single weighted composite score; no stakeholder group is assigned greater weight than another. Where an overall figure is reported across groups, this should be presented alongside, never instead of, the per-group breakdown.
- Aggregating domain and competency scores: the domain-level score is calculated as the mean of the descriptor scores within that domain, and each domain contributes with equal weight to any overall summary score, irrespective of the number of descriptors it contains (e.g., the “Professional nursing” domain, with 16 descriptors, does not carry more weight than “Influencing and advocacy”, with 4). The same principle of equal weighting applies to competency-level averages. In addition to rating each descriptor, participants provide one direct/global rating per domain and per competency; both the direct rating and the descriptor-based average should be reported, as the difference between them (self-

perception versus detailed curricular content) is itself a meaningful indicator for curricular review.

- To safeguard against unsupported responses, a '0' option was added to the Likert scale for cases in which participants had limited knowledge in a specific item, corresponding to 'Unable to respond appropriately'.
- For a fair analysis of the Competency Framework in its current form, no sentence or word was altered in the latest version provided. The intention is to analyze the version that will remain in our library and be available to everyone.

Guidelines for Workshop: Analysis of the gap between the Clinical Leadership Competency Framework and the Nursing Curriculum

Material for analysis

- Each partner should organise the analysis materials in accordance with the instruments already used within their institution and with the internal structure of the workshop. The analysis materials should provide as much detail as possible regarding the programme content and the pedagogical methodologies of each course unit, so that every participant may develop a comprehensive understanding of the curriculum.
- These materials should be sent to the participants well in advance, without specifying the particular questions to be addressed, but outlining the scope of the analysis that will subsequently be requested, in order to guide the review of the documentation provided.
- At the start of the workshop, a brief presentation of the project and of the nursing course curriculum is recommended.

Dynamic

World Café

The questions proposed for the SWOT analysis should be printed in advance and displayed on different tables. Participants should move from table to table and answer the questions accordingly. The suggested table arrangement is presented below.

Table	Description
Overall	Table of general questions, the answers to which may be categorised as Strengths or Weaknesses.
Strengths	Table of questions whose answers may be related to Strengths.
Weaknesses	Table of questions whose answers may be related to Weaknesses.
Opportunities	Table of questions whose answers may be related to Opportunities.
Threats	Table of questions whose answers may be related to Threats.

- At the conclusion of each discussion, participants should be invited to provide a concise written summary of the main points to be incorporated into the analytical dataset.
- Where relevant, this summary should note the specific curricular unit(s) or evidence referred to (see "Linking answers to curricular evidence" above), and any minority position not reflected in the collective response (see "Resolving disagreement within a group" above).

Questions for a SWOT analysis of nursing curricula, regarding the development of CL competencies in nursing students

General questions

The group of general questions (Q14-Q20) can be allocated to different sections of the SWOT analysis.

- The general questions may be categorised as Strengths or Weaknesses, depending on the participants' responses or perspectives.

Question 14	To what extent do you agree that clinical leadership competencies are explicitly addressed in the nursing curriculum?
Question 15	Are there any simulation-based learning activities, role-play sessions, or clinical placements that encourage the development of clinical leadership skills? If so, please describe them.
Question 16	Do the nursing faculty or members bring specific expertise in clinical leadership? If so, in what ways or what extent does this clinical leadership expertise contribute to the programme?
Question 17	Is clinical leadership addressed in a theoretical and formal way?
Question 18	Are there components of the programmes focused on experiential leadership training?
Question 19	Do students have opportunities to take on responsibilities that strengthen their clinical leadership skills? If so, please describe them.
Question 20	Is there sufficient time within the curriculum to address clinical leadership without compromising other areas of study?

- **Strengths**

Question 1	Which modules, if any, address leadership most prominently, and in

	what ways?
Question 2	If applicable, how is the integration between leadership theory and practice achieved?

- **Weaknesses**

Question 3	Does the curriculum prioritize other competence skills over clinical leadership? To what extent?
Question 4	Does the curriculum provide sufficient opportunities for assessing leadership skills, or is it primarily focused on other competences?
Question 5	Are there gaps in the current educational strategies that hinder the effective integration of clinical leadership into practice?

- **Opportunities**

Question 6	Is clinical leadership emerging as a trend in nursing education, for example through advanced simulation, virtual reality, or problem-based learning?
Question 7	Does this institution have partnerships with hospitals or healthcare units that facilitate the development of clinical leadership skills?
Question 8	Do national or international recommendations emphasise the importance of integrating clinical leadership into nursing education?
Question 9	Does the school offer short courses or training on clinical leadership outside the curriculum?

- **Threats**

Question 10	Are there any barriers (e.g., institutional) or limitations that prevent nurses from demonstrating effective clinical leadership in practice?
Question 11	Are there any cultural or institutional barriers that hinder the development of leadership skills among students?
Question 12	Do you think there is sufficient discussion about clinical leadership in nursing, for example at scientific events? Has there been relevant discussion in the field of nursing education?
Question 13	Are there, within clinical placement settings, enough nurses or other care providers whose objectively observable professional behaviour serves as a role model of clinical leadership for nursing students?

GAP identification

Instructions for analysis

Analyse each item, taking into account how it is addressed within the nursing curriculum presented. Rate each item using the Likert scale below, where 1 corresponds to “not addressed at all” and 4 to “fully addressed and developed”. Use 0 when you are unable to provide an appropriate response.

Note that the items are organised into separate sections. Each domain represents a main area that includes several smaller or specific aspects with a common theme. Competencies are subdivisions within these domains that help organise the specific aspects addressed within each domain.

Consider both domains and competencies in terms of the subject matter itself, rather than how it is implemented or applied in practice. Items that are not in bold describe specific details or provide further explanation of how the subject matter is applied.

Likert scale:

0 – “Unable to respond appropriately”

1 – “Not addressed at all”

2 – “Inadequatelly addressed”

3 – “Adequately addressed”

4 – “Fully addressed and developed”

Examples of evidence by domain

The following examples illustrate what may be considered evidence of curricular coverage for each domain. They are illustrative, not exhaustive, and are intended to reduce inconsistency between evaluators when CL is addressed implicitly rather than as a named learning outcome.

Ethical domain: a curricular unit or clinical teaching moment that explicitly requires students to justify a care decision on ethical grounds, or to reflect on a professional integrity dilemma.

Professional nursing domain: assessment of the nursing process in a clinical placement report; a simulation scenario scored against quality-of-care or patient-safety criteria. Items 8 and 16–18 (nursing process, critical thinking,

decision making, problem solving) may be interpreted as reflecting the clinical reasoning process, even though the Competency Framework does not name it explicitly.

Innovation and change domain: a project, assignment, or seminar in which students are asked to propose or justify a change to a care process or service, rather than only apply existing protocols.

Influencing and advocacy domain: a documented moment where students are required to advocate for a patient's interests to another professional or within a team discussion.

Team leadership domain: a clinical placement or simulation in which a student is assigned a coordinating or supervisory role within a peer or care team, even temporarily.

Communication and collaboration domain: an interprofessional education activity, or a documented instance of structured, constructive communication within a team.

Clinical Leadership Competency Framework			
Number	**Item**	**Score**	**Evidence/Curricular Unit(s)**
1	**Ethical domain**		
2	**Ethical competence**		
3	Ethical principles and values as the ability to lead and work based on ethical principles and nursing values		
4	Professional integrity and accountability as the ability to demonstrate accountability and integrity by aligning words with actions, admitting mistakes, and maintaining self-awareness of both strengths and limitations.		
Comment on the domain			
5	**Professional nursing domain**		
6	**Clinical competence**		
7	Clinical competence in specific clinical area as the ability to demonstrate clinical knowledge and skills in general nursing and in specific clinical areas		
8	Nursing process as the ability to assess, plan, implement and evaluate nursing care		
9	Health promotion as the ability to promote health, ommunicate effectively and therapeutically with patients, share clinical information, and provide appropriate support.		

10	**Quality management competence**		
11	Quality of care as the ability to monitor and facilitate quality of care		
12	Patient safety as the ability to provide and enhance safe care		
13	**Evidence based practice-competence**		
14	Evidence based practice as the ability to provide evidence-based care		
15	**Decision making competence**		
16	Critical thinking as the ability to think, reflect and evaluate critically and systematically		
17	Decision making as the ability to make decisions		
18	Problem solving as the ability to prevent and solve problems and unpredictable situations		
19	**Self-development competence**		
20	Continuous professional development as the willing to educate oneself, professional development		
Comment on the domain			
21	**Innovation and change domain**		
22	**Visioning competence**		
23	Future-oriented thinking as the ability to vision and set directions		
24	Understanding the big picture as the ability to form a comprehensive understanding of a situation by considering multiple perspectives		
25	Finding innovative approaches as the ability to discover new ways of working		
26	Questioning as the ability to think critically and open-mindedly by questioning established practices and identifying inefficiencies		
27	**Change management competence**		
28	Initiating change as the ability to initiate change		
29	Advocating change as the ability to advocate for change		
30	Implementing change as the ability to implement change		
Comment on the domain			
31	**Influencing and advocacy domain**		
32	**Influencing competence**		
33	Influencing others as the ability to influence and inspire others		
34	Motivating others as the ability to motivate and empowering others		

35	**Patient advocacy competence**		
36	Patient advocacy as the ability to advocate for patients		
Comment on the domain			
37	**Team leadership domain**		
38	**Team leadership competence**		
39	Team formation as the ability to form a team		
40	Team coordination as the ability to coordinate a team		
41	Positive working atmosphere as the ability to promote positive working atmosphere		
42	**Guidance competence**		
43	Supervision as the ability to supervise others		
44	Mentoring as the ability to mentor and coach others and promote their autonomy and responsibility at work		
Comment on the domain			
45	**Communication and collaboration domain**		
46	**Communication competence**		
47	Effective communication as the ability to communicate effectively		
48	Dialogical competence as the ability to engage in open, constructive, and reflective communication by asking questions, sharing opinions, listening actively		
49	**Collaboration competence**		
50	Interprofessional collaboration as the ability to collaborate inter- professionally		
51	Professional collaboration as the ability to establish professional relationships and networks		
Comment on the domain			

Opinion Questionnaire of the Workshop: SWOT Analysis of the Gap Between the CL Competency Framework and the Nursing Curriculum

A supplementary opinion questionnaire is provided to assess participants' satisfaction and the relevance they attribute to their involvement in the workshop or curriculum evaluation process. The instrument enables an assessment of both the relevance of the subject matter and the structure of the curriculum evaluation process.

PARTICIPANT (please, mark with an X)

Student (final year)	
Nursing teacher	
Nursing mentor	

Please fill in each item with a value from 1 to 5 according to the Likert scale presented below.

Likert Scale (1–5):

1 – Strongly disagree

2 – Disagree

3 – Neither agree nor disagree

4 – Agree

5 – Strongly agree

Item	Score
Content and Relevance	
The content presented was relevant to my professional practice or my development as a student.	
The SWOT analysis contributed to a better understanding of the nursing education curriculum.	
The approach used was appropriate for exploring the integration of clinical leadership in nursing curriculum.	
Methodology and Structure	
The workshop methodology facilitated discussion.	
Group dynamics encouraged reflection and active participation.	
Group dynamics were indicated for the type of subjects addressed.	
The instructions provided during the activities were clear.	
Clinical Leadership and Professional Development	
The workshop enhanced my understanding of clinical leadership competencies.	
The SWOT activity helped identify areas for improvement in the curriculum related to clinical leadership.	
I feel better prepared to integrate leadership competencies into my practice or development.	
The workshop increased my awareness of the importance of clinical leadership in nursing education.	
Overall Evaluation	
The workshop met my expectations.	
The knowledge gained is applicable to my professional context or development as a student.	
This type of strategic reflection is valuable for nursing education.	
I would recommend this workshop to other healthcare professionals or students.	