Core Competencies for Nursing Educators to teach Spiritual Care

(Criteria for the Erasmus Spirit4care Train-the-Trainer session in 2026)

These are competencies expected at the end of the 'Train the trainers" session.

Competencies The "educator" will be able to:	Core Competency (**C**) or **Advanced** Competency (**A**)
Basic knowledges	
Spirituality and Spiritual Care - present spirituality as a broad, inclusive of diverse spiritual, religious, and secular perspectives.	C
- define spiritual care in both its theoretical and clinical dimensions and illustrates its relevance through examples and applications in nursing practice.	C
Self-Awareness - cultivate their own personal self-awareness through deep reflection on values, beliefs, and spiritual experiences, spiritual self-care, in order to be more sensitive when students express their spirituality.	C
Frameworks and reference - refer to proven teaching practices and competency frameworks to guide the structuring of its teaching.	A
- choose appropriate tools or clinical situations to explain the impact of spirituality on health and well-being	C
Teaching strategies - use diverse teaching strategies (lectures, case studies, role play, reflective exercises, simulation, blended methods), and creative approaches (e.g., storytelling, arts-based methods) in an active pedagogy approach.	C
- guide learning activities that help students in self-reflection on their spirituality, with adapted methodology creating a safe space for this intimate exploration.	C

- guide experiential clinical learning (before, during, and after) clinical placements or interviews, or supervised practices :
  o (Before) preparing clinical learning (also for placements/internships ensuring communication of the objectives with the team, mentor,...);
  o (During) ensuring that good observations are reported during the clinical learning and promoting the transfer of skills (implementation of theory);
  o (After) providing feed-back and debriefing time after the clinical learning.
	A

Interdisciplinary Teaching/learning	
- develop learning activities in interdisciplinary collaboration to promote other perspectives on learning with professionals from different disciplines such as chaplaincy, psychology, ethics, sociology, etc.	A
- demonstrate the ability to address spiritual care issues within simulation-based learning environments (both face-to-face and telesimulation), in collaboration with the simulation team, and to actively contribute to structured debriefing processes.	A
Assessment and Feedback	
- know and adapt methods and criteria (transparent, clear and objective) to assess knowledge, skills, and attitudes in spiritual care.	C
- provide constructive feedback that supports both professional and personal development, drawing on established feedback models (e.g., the Sandwich model, Pendleton's rules, etc.).	C
Safety	
- create a safe and inclusive environment where students can explore sensitive issues without judgement and with a shared confidentiality agreement.	C
Attitudes	
- demonstrate empathy, presence, tact, and authenticity throughout the teaching process, fostering a learning environment grounded in respect and genuine human encounter.	C
- embody the professional and ethical values of spiritual care—such as openness, empathy, non-judgment, compassion, humility, trust, and respect—and know observable indicators that reflect these attitudes in educational and clinical contexts.	C
Interculturality	

- cultivate students' sensitivity to the diversity of worldviews, understandings of health/ illness/care, and expressions of spirituality:
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     o (Before) Prepare them to engage thoughtfully and respectfully with this diversity in clinical practice.
     o (During) Support students facing challenging situations, unsettled by exposure to human suffering, existential distress, or situations involving conflicting values and beliefs.
     ⊖ (After) Help students take a step back from difficult or cross-cultural situations promoting reflective analysis of their own attitudes, assumptions, and professional posture; explore openness and personal boundaries.
	C

Integration of SC	
- identify barriers and recognizes strategies/opportunities for implementing learnings in spiritual care	A
- Promote holistic care with the integration of spiritual care education across the curriculum, ensuring it is not confined to a single module but embedded within clinical placements, mentorship, and the broader framework of nursing education.	A

This document is the result of an expert consultation involving members of the SPIRIT4CARE group (Erasmus+ project partners) and members of the Pedagogical Implementation Commission of RESSPIR (ww.resspir.org), who met three times in September and October 2025. The experts drew on various resources, including the EPICC Spiritual Care Education Competencies Standards and its adaptation for the Spirit4care project by the Spirit4care , as well as the Competency frameworks for trainers and supervisors in spiritual care within healthcare developed by the Ecumenical Chaplaincy of the Lausanne University Hospital (CHUV).
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