



ORIGINALS

Nursing teachers' perceptions of the implementation of a competency-based educational model

Percepción de docentes de Enfermería sobre la implementación de un modelo educativo basado en competencias

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ABSTRACT:

Introduction: The curriculum for the Nursing Degree Programme at the Austral University of Chile (UACH) has been redesigned with a competency-based approach.

Objective: To explore the perceptions of Nursing faculty at the Universidad Austral de Chile (UACH) regarding the implementation of the educational model centered on competency-based learning.

Materials and methods: A qualitative descriptive study with a phenomenological approach, using an intrinsic case design and purposive theoretical sampling. Eight semi-structured interviews were conducted with Nursing faculty. Data were analyzed using content analysis. The research was approved by the Scientific Ethics Committee Servicio de Salud Valdivia (Chile).

Results: A central theme emerged: faculty perceptions regarding the implementation of the institutional educational model, which includes two categories with their subcategories. The first, "institutional educational model," describes conceptions regarding principles, requirements for its implementation, and faculty attitudes. The second, "development of generic competencies and institutional seal," highlights generic competencies and institutional seals, factors that facilitate and hinder their development.

Conclusion: Teaching staff demonstrate a high level of ownership of the MECEA (Mechanical Education and Training Model); however, they require training and support to optimize its application. The development of generic competencies is closely linked to factors such as the characteristics of teachers

and students, the use of active methodologies, the conditions of clinical fields, and institutional aspects such as academic management, infrastructure, and human resources.

Key words: Students Nursing; Education Nursing; Competency-Based Education; Social Skills; Learning; Faculty Nursing.

RESUMEN:

Introducción: la adaptación curricular de la Carrera de Enfermería en la Universidad Austral de Chile (UACH) se ha rediseñado con enfoque curricular basado en competencias.

Objetivo: Explorar las percepciones del personal docente de la carrera de Enfermería de Universidad Austral de Chile (UACH) respecto a la implementación del modelo educativo centrado en el aprendizaje basado en competencias.

Material y método: Estudio cualitativo descriptivo con enfoque fenomenológico, mediante diseño intrínseco de casos y muestreo teórico intencionado. Se realizaron ocho entrevistas semiestructuradas a docentes de la carrera de Enfermería. Los datos se analizaron mediante análisis de contenido. La investigación fue aprobada por el Comité Ético Científico Servicio de Salud Valdivia (Chile).

Resultados: Emergió como tema central las percepciones docentes sobre la implementación del modelo educativo institucional, que albergaba dos categorías con sus subcategorías. La primera, “modelo educativo institucional”, aborda las concepciones sobre sus principios, los requerimientos para su implementación y la actitud del docente. La segunda, “desarrollo de competencias genéricas y sello institucional”, incluye las competencias genéricas y las propias del sello institucional, así como los factores que facilitan y dificultan su desarrollo.

Conclusión: El personal docente demuestra un alto grado de apropiación del MECEA, aunque identifica la necesidad de capacitación y acompañamiento para optimizar su aplicación. El desarrollo de competencias genéricas se relaciona con factores como las características del cuerpo docente y estudiantado, el uso de metodologías activas, las condiciones de los campos clínicos y aspectos institucionales como la gestión académica, la infraestructura y los recursos humanos.

Palabras clave: Estudiantes de Enfermería; Educación en Enfermería; Educación basada en competencias; Habilidades Sociales; Aprendizaje; Docentes de Enfermería.

INTRODUCTION

In 2017, the Nursing degree at the Universidad Austral de Chile (UACH) initiated its curricular analysis process, re-designing the courses under institutional guidelines based on the educational model centered on learning (MECEA), with a competency-based curricular approach⁽¹⁾. The undergraduate teaching policy of the UACH provides guidelines for implementing the MECEA through a competency-based curriculum design, focusing its attention on the performance of the actions required to address challenges inherent to the area of work⁽¹⁾.

This design promotes comprehensive training that favors the development of competencies, understood as the ability to efficiently perform in a specific context, by combining knowledge, skills, attitudes, and values. These competencies are divided into general, common to diverse degrees, and specific, directly related with the discipline, in this case, Nursing⁽²⁾. Within this framework, the Tuning Educational Structures in Europe project⁽²⁾ identified 30 general competencies, while the Tuning América Latina project⁽³⁾ recognized 27 classified as instrumental, interpersonal, and systemic.

On its part, the UACH adopted all the ones declared by the Tuning America Latina Project, with the addition of one of their own: commitment with freedom and respect for diversity, declaring a total of 28 general competencies. From these, 6 were recognized as representative of their values, and the vision and mission of the institution, denominating them as “seal” competencies, being distinctive in all those who graduate from the UACH⁽¹⁾.

More specifically, the Nursing degree considered, in its curricular project, all 6 institutional seal competencies in its curricular project: commitment with knowledge, nature, and sustainable development; quality and excellence; freedom and respect for diversity; with its sociocultural medium; skills to work independently, and to act with social responsibility. In addition, it included 4 general competencies: ability to identify, propose, and resolve problems; ethics commitment; take the lead in actions and processes specific to the professional field; and an innovative, entrepreneurial, and adaptive attitude with respect to changes in global and local contexts, with the first two consigned in the Tuning America Latina Report⁽³⁾, also considered in the UACH, and the latter two corresponding to the final report of the Tuning Educational Structures in Europe report⁽²⁾.

The aim of the curricular analysis process was to develop a curricular project assembled with the guidelines of the educational model and based on competencies, having as its core axis of the new graduation profile, the 6 seal competencies, and the 4 general ones described above⁽⁴⁾. The curricular implementation period ended in 2023.

During the implementation of the competency-based curriculum, difficulties were described associated to the institutional setting and the professors^(5,6), and due to this, the university must provide resources and deliver the conditions for its development^(7,8). As for the recommendations for the hiring of human resources, these individuals must be qualified and of excellent quality⁽⁹⁾. Intrapersonal and interpersonal skills must be identified, and assessments must be made based on an adult learning approach^(5,10,11).

It is important to highlight that this process of curricular change requires the educational strategies to integrate diverse disciplines, and to consider the learners within the core of the teaching-learning process⁽⁷⁾, in which they are able to actively participate, to strengthen their critical thinking, to become motivated to question their knowledge, and to promote their clinical judgement⁽¹²⁾. In this transformation of curricular change, the assessment process is important, with feedback being a core axis⁽¹³⁻¹⁵⁾.

For this learning to take place, under a competency-based curricular approach and so that the Nursing staff are able to perform their functions effectively and with a high quality, they must have academic training in both their clinical area of specialization and in teaching⁽¹⁶⁾, which demands the creation of specific training programs⁽¹⁷⁾. In the case of the UACH, most do not have training in the area of teaching⁽¹⁸⁾.

Given that there is no evidence on the implementation of the educational model since its launch, and given that it is known that the actors involved are key for its successful execution, with one of the them being the professors, there is a need for this study, to explore the perceptions of the Nursing degree professors at the UACH with respect to the implementation of the educational model centered on competency-based learning.

MATERIALS AND METHODS

This is a qualitative study through an intrinsic case study⁽¹⁹⁾. A theoretical and intentional sampling was performed of cases according to specific criteria and by convenience⁽²⁰⁾, composed of 8 professors who taught classes in the degree, without rejection or leaving the study. The inclusion criteria were to participate as a clinical professor in different disciplines of the degree, with more than four years of experience and in charge of the course during the implementation process.

The collection of data was performed in the second semester of 2023 through semi-structured interviews, after a pilot test with two professors through the use of guidelines with guiding questions, with the corresponding adjustments performed. This process was executed by the main researcher, a nurse and professor, with post-graduate training in education and 15 years of experience.

The professors interviewed were invited personally. An explanation was given about the motivation for conducting the research study, related with the need to explore the perceptions of the Nursing degree teaching staff at the UACh, with respect to the implementation of the educational model centered on competency-based learning.

On the day of the interview, the participants were given the informed consent form, and enough time was provided for reading and asking any questions, which were answered by the researchers. The interviews were conducted on university grounds. These lasted about 60 minutes, and were audio-recorded. Field notes were taken, protecting anonymity in the transcription through a correlational number, and the final version was sent to the participants for their reading and approval. The dimensions explored were: educational model, competencies developed, and factors that have an influence on the development of general and UACh seal competencies. The data were stored in the computer located in the office of the main researcher.

The collection and analysis of the data was performed simultaneously until reaching a saturation point⁽²¹⁾. A qualitative content analysis scheme through a process of codification and identification of subjects or patterns was manually performed⁽²²⁾. The codes were defined deductively considering the object of study. However, others emerged inductively.

The analysis plan was divided into three phases: construction of the codification framework, piloting, and main analysis. In the first, a codification framework was created, in which a formal segmentation criterion was used. In the second, the codification framework was evaluated and modified by two researchers, who agreed on the definition of the categories and sub-categories, ending with a third phase in which the segmentation and codification of all the interviews was performed⁽²²⁾.

The rigor of the study was determined by the four criteria of rigor: truth value (credibility), applicability (transferability), consistency (dependency) and neutrality (confirmability)⁽²³⁾. The research was authorized by the Scientific Ethics Committee of the Valdivia Health Services (Ord: N°316 from 18.07.2022).

RESULTS

The sample was composed of 8 participants, mostly women, with a mean age of 47.7 years, ranging from 36 to 62 years of age, with a mean of 12.7 years of teaching, ranging from 4 to 20 years. The interviews were performed by the main researcher.

From the analysis of the data, a core theme was identified that corresponded to the "Professors' perceptions on the implementation of the institutional educational model", which is the result of the inductive and deductive process of the discourses from the participating professors, which at the same time responds to the objective of the study.

This core theme was composed of 2 categories: "Institutional Educational Model" and "Development of general and institutional seal competencies during the education process". Each category had different sub-categories, and these at the same time were composed of codes, as shown in Table 1.

Table 1: Categories, subcategories, and codes for "Professors' perceptions of the implementation of the institutional educational model"

MAIN TOPIC	CATEGORIES	SUB-CATEGORIES	CODES
Institutional Educational Model	Professors' perceptions of the implementation of the institutional educational model	Principles of the model	<u>Student-centered approach</u> <u>Constructivism and the use of active learning methodologies</u> <u>Comprehensive student development</u>
		Requirements for its implementation	<u>Teacher training and development</u> <u>Institutional support</u>
		Professor attitude in the educational process	<u>Facilitator and reflective role</u> <u>That it incorporates the ethical and human dimension of teaching</u>
		Development of general and institutional seal competencies during the training process	<u>Practical skills: Teamwork - identifying, formulating, and solving problems - applying knowledge in practice - searching, processing, and analyzing information</u> <u>Personal qualities: Ethical commitment - leadership - decision-making skills - ability to give and receive constructive criticism - adaptability to new situations</u> <u>Social skills: Oral and written communication - interpersonal skills - appreciation and respect for diversity and multiculturalism</u> <u>Social responsibility</u> <u>Commitment to freedom and respect for diversity</u> <u>Commitment to knowledge, nature and sustainable development</u> <u>Commitment to quality and excellence</u>
Factors that facilitate development	institutional Seal Competencies	<u>Professor characteristics (interpersonal skills, teacher training, teaching experience)</u> <u>Teaching methodologies focused on student learning (in-hospital and community-based practice - small group work - clinical simulation - community outreach activities - PBL - case studies)</u> <u>Student characteristics (positive interpersonal relationships, participation, dedication to studies)</u>	

MAIN TOPIC CATEGORIES	SUB-CATEGORIES	CODES
	Institutional academic resources)	barriers (infrastructure, management, human
Factors that hinder development	Professor idiosyncrasies (attitudes, bad practices)	
	Student difficulties (academic and personal)	
	Conditions of clinical internships (hostile environment, lack of support from staff)	

Below, each of the categories and sub-categories will be described, including extracts from the participants' discourses.

Institutional Educational Model

The Institutional Educational Model category was composed of 3 sub-categories: principles of the model, requirements for its implementation, and attitude of professors during the educational process.

With respect to the principles of the model, which specifically referred to how the professors perceived the MECEA, and how they operationalized and applied it, the teaching staff pointed out that it is a student-centered model, constructivist, which uses active methodologies and leads to the comprehensive development of the students:

“(...) it is student-centered, the student is responsible for his or her own learning and in that sense, active methodological strategies have been sought that promote that aspect in the plans and programs. (...)” E 1.

With regard to the requirements of the professors for its application, which corresponded to the needs for launching it, they recognized that for its implementation, training and monitoring by the institution is necessary:

“(...) there is a lack of training for the teaching team on this type of methodologies (...)” E 4.

Lastly, to be able to implement the educational model, and in relation with the attitude of the professors towards the students, the professors identified qualities that the person who teaches must have; mainly that professors are empowered in their role, that they provide support during the learning process, promote reflection, and be interested in the human dimension of their students:

“(...) the tutor(s) must have general skills linked to being, they must like what they do, with a lot of patience, respect, (...) commitment to learning (...)” E 1.

Development of general and institutional seal competencies during the training process

This category was composed of 4 sub-categories: general competencies, institutional seal competencies, factors that facilitate the development of general and institutional

seal competencies, and factors that hinder the development of general competencies and institutional seals competencies.

With respect to the general competencies, these corresponded to the abilities and skills that the staff identified as part of the training of their students, with the intention of being taught through the different active methodological strategies they used:

- **Instrumental:** team work, identify, propose, and resolve problems, apply knowledge in practice, search for, process, and analyze information:

“(...) within the clinical field, I believe that we are teaching them to work as a team, to be supportive (...) to learn to work with other professionals (...)” E 5.

- **Personal:** ethical commitment, leadership, ability to: make decisions, criticize, and self-criticize, act in new situations:

“(...) as health professionals, we have internalized it as a code of life, so having students with this ethical commitment is a goal that cannot be missed.” E 3.

- **Social:** oral and written communication skills, interpersonal skills, appreciation and respect for diversity and multiculturalism:

“(...) communicating with an older person is not the same as communicating with an adult, or with a child (...) they have to communicate in a multidisciplinary environment, (...) it will make their job easier (...)” E 5.

In the second sub-category, the professors identified institutional seal competencies, which they recognized as being distinctive of the professionals who graduated from the university, and which were declared in the MECEA. They correspond to: social responsibility, commitment: with freedom and appreciation for diversity, with knowledge, with nature and sustainable development, and with quality and excellence:

“(...) in social responsibility, the student must understand that he or she develops in an environment and also the role he or she plays is important in society (...)” E 1.

In the third sub-category, factors that facilitated the development of general and institutional seal competencies, the following were identified: characteristics of the professors, student-centered methodological strategies, and characteristics of the students.

The “characteristics of the professors” were associated with the competencies they must have that result in the effective learning of the students, in both the classroom and the clinical setting, highlighting interpersonal skills, training, and teaching experience. As for the “interpersonal skills”, they recognized the importance of establishing effective communication, propitiating multidisciplinary work, demonstrating empathy, authenticity, understanding, respect, ethical performance, being willing, and enhancing human qualities:

“(...) the role of the tutor through good communication, respect, knowing how to speak, empathy, and commitment to learning to empower the student and help them achieve confidence (...)” E 1.

They also recognized teacher training, which they characterized as training in teaching to become a guide and a role model, able to periodically provide feedback, promote safety, propitiate reflection and self-regulation, implement active methodologies, and conducting student-based assessments:

“(...) we have a fundamental role in reinforcing those capacities that are developed, encouraging them to be maintained and also being able to guide the student to reflect on those competencies that they have not developed. (...)” E 3.

As for having teaching experience, for the interviewees, it meant having enough practice to attain the expected learning through the use of relevant strategies, both in the classroom and the clinic:

“(...) not with just any educator, but with educators who have had a career, who have had clarity in what they are talking about, because if not, they confuse them. (...)” E 6.

With respect to the student-centered methodological strategies, they recognized didactics that promote autonomy, foment critical thinking, and motivate for becoming involved in their learning process. The professors pointed out to various strategies, working in small groups, clinical simulation, activities to connect with the environment, problem-based learning (PBL), and case studies, among others, underlining clinical practice as fundamental:

“(...) clinical simulation, workshops, and case analysis promote teamwork (...) that can simulate these real contexts and that may have the possibility of making mistakes (...)”

E 2

“(...) clinical practice, develops (...) the competencies of knowing, being and doing (...)” E 5.

Lastly, with respect to the characteristics of the students, the professors referred to the qualities that contribute to the successful development of the learning process, among which they highlighted: participation, good interpersonal relations, and being studious.

“(...) a motivated student is also one who doesn't settle for just what they learned that day, but rather wants to explore further and asks questions (...)” E 4.

In the last sub-category, factors that hindered the development of general and institutional seal competencies emerged in the discourses: institutional barriers, idiosyncrasy of the professors, difficulties of the students, and conditions in the clinical internships.

With respect to the institutional barriers, the following were mentioned: the infrastructure, academic management, and human resources, where the lack of training and academic overload were identified. As for the academic management and infrastructure, the latter was recognized as inadequate, due to the insufficient resources for simulation, and scarce interdisciplinary curricular activities:

“(...) the lack of teaching resources (...), all of these methodologies require many hours of dedication (...)” E 1

“(...) physical spaces as well, as places that propitiate this interdisciplinary work (...).”
E 4.

The “idiosyncrasy of the professors” was also identified, considered as the attitude related with the lack of self-criticism, resistance against change, imposing attitude, and paternalism, as well as bad praxis, understood as the lack of inclusion of active strategies, centered on the professor, and different criteria among colleagues:

“(...) we will always have some power over the students, so we must take steps to ensure that this power doesn't diminish their potential or create obstacles for them; we must be mindful of what we say and do (...).” E 3.

At the same time, the recognized the difficulties of the students, considered as the qualities that interfere with the development of general and seal competencies. The following were revealed: personal and academic. The first referred to stress, self-sufficiency, and shyness, and the second referred to lack of knowledge about competencies, and the lack of integration of the learning:

“(...) the stress they experience when they arrive at the clinical setting, and that fear ends up overwhelming them (...).” E 5.

Lastly, with respect to the conditions of the clinical internships, they declared that the hostile learning environment, and the lack of wiliness of the staff had repercussions on the performance of the students for attaining the competencies:

“(...) the clinical environment can also be a hostile environment for the student, with little effective communication; often, when a student asks a question, they don't receive a satisfactory answer (...).” E 1.

DISCUSSION

The present research study explored the perceptions of Nursing degree professors from the UACh with respect to the implementation of the competency-based learning educational model. The results from this study will be discussed in the sections below, according to each category.

Institutional Educational Model

With respect to this category, it was revealing that those in charge of teaching clearly and precisely recognized the principles of the educational model, as this demonstrates their understanding of the curricular guidelines declared by the institution⁽¹⁾. At the same time, it shows that the institution's efforts to provide the theoretical guidelines and to transmit them to the education community were effective, and also highlight the “professor's attitude in the educational process” towards the students, knowing their role and facilitating learning, which is in accordance with the MECEA guidelines⁽¹⁾. However, its implementation became a concern, and the participants demanded training for carrying it out. This coincides with the evidence, which proposes that for the development of competencies in the area of teaching to take place, specific programs are needed that address aspects of the innovation. In addition, support is needed to help

professors put into practice institutional guidelines in an environment of trust, ensuring their implementation^(7,8,18).

Development of general and institutional seal competencies during the training process

The professors identified 7 of the 10 competencies declared in the curricular project of the Nursing degree, 3 out of 4 of the general ones, and 4 out of 6 seal competencies, which could be attributed to a certain level of ownership of the MECEA, and the implementation of innovation in the subjects where they participate, which may be, in part, due to the efforts of the institution for transmitting the guidelines of the model and their operationalization into the programs.

It is important that of the general competencies declared in the curricular project, the professors did not recognize the following: innovative and entrepreneurial attitude, and the ability to adapt to change in global and local contexts. The explanation could be that these are only mentioned in non-disciplinary courses, suggesting that these are not taught intentionally by the Nursing degree professors, in agreement with Pramila-Savukoski et al.⁽²⁴⁾, who pointed out this aspect as a weakness in the creation of the curriculum, leading to an insufficient visibility of competencies in the design of the course and its implementation. This indicates the need for a review of the curricular project in order to make the necessary modifications, or to seek strategies to perceive them, in order to ensure the progression of these competencies in the Nursing discipline courses. The importance of providing continuity to the learning process also comes from its association with the worldwide Sustainable Development Goals (SDG) established by the United Nations, specifically SDG 3. This goal is designed to guarantee a healthy life and to promote the well-being of people in different age groups, so that Nursing could contribute through care, promotion, and prevention, commitment with gender equality, reduction of inequalities, and even in the construction of policies that guarantee access to health care⁽²⁵⁾.

In relation to the seal competencies declared by the [Omitted for peer review]⁽¹⁾ and by the curricular project of the Nursing career⁽⁴⁾, the teaching staff did not identify "ability to work independently" or "commitment with their sociocultural medium". This could be explained by only one of these competencies being declared in a disciplinary Nursing course Nursing, and as they are not operationalized in the programs, they lose strength as the focus of attention. In this sense, the findings make us think that for the design, development, and assessment of a curricular project, it must be conducted by professors of the Nursing discipline, with training in the area of education, and experience in curricular processes, with advice from curricular experts as a way to safeguard the assignment of competencies, projecting the best possibilities for their development. In addition, the idea of continuous assessment of the implementation of curricular processes is reinforced, in order to opportunely address weaknesses.

As for the factors that facilitate the development of general and institutional seal competencies, in the present study, the "characteristics of the professor", in both the classroom and the clinic, were underlined as relevant. In first place, the "interpersonal skills" stood out, such as the ability to communicate effectively, be close, kind, and ethical, among others, which is broadly addressed in the literature, giving value to the social skills of those who teach adults, as it allows establishing a quality relationship with

students in order to support their learning process from a comprehensive approach in an environment of trust, and to create learning and assessment experiences under a competency-based model^(5,7,9,10). In second place, having “teachers training”, that is, so that they learn how to provide guidance and feedback, generate reflection, and use active methodologies. These aspects coincide with that proposed by other authors, who stated that high quality teaching practice requires having qualified and experienced staff with the right attitudes, skills, and knowledge; only then will they be able to create effective learning spaces, through personalized teaching^(9,16).

The findings regarding “student-centered methodological strategies”, as another facilitating factor recognized by the professors, coincides with what is reported in the literature, which underlined that these didactics strengthen the development of critical thinking and clinical judgement through the active participation of students, with the student being at the center of the process and the professor acting as a facilitator^(7,12); among them, clinical practice, working in small groups, clinical simulation, and case studies.

Lastly, the “characteristics of the students” was also a factor that according to the results obtained in the present study, was considered relevant for the development of general competencies. In this sense, the staff highlighted that they must be participative, with good interpersonal relations and studious, in line with what was declared by the MECEA⁽¹⁾, which considers the role of the students as active, participative, and resolute, through knowledge, knowing how to act, and how to be⁽⁴⁾. Along this line, the authors Barragán and Ramírez⁽²⁶⁾ and Pramila-Savukoski et al.⁽²⁴⁾ recognized that the profile of the student in a competency-based model requires them to be participative, communicative, and willing to study.

With respect to the factors that hinder the development of general and institutional seal competencies, the teaching staff interviewed alluded to institutional barriers, underlining the lack of professors to implement student-centered methodologies, a lack of material resources and training, and clinical-simulation specific infrastructure. This finding coincides with the results from other studies, which indicated that institutional problems, such as the lack of human resources, policies that safeguard curricular implementation, and scarce teaching-learning resources, inadequate infrastructure, and a lack of training and support to professors with regard to the educational model and curricular approach, in addition to a high academic load, impedes an adequate implementation^(5-8,16).

Another element that was identified that hindered the development of general competences and [Omitted for peer review] corresponded to the “idiosyncrasy of the professor”, related with the personal attitudes and approaches to teaching, which tend to be more behaviorist-oriented. This was also identified in another study as a resistance to change due to a lack of knowledge about the institutional guidelines of the innovation processes, and a lack of skills with regard to how the competencies are defined, developed, implemented, and assessed⁽⁸⁾. In addition, according to Corica⁽²⁷⁾, this resistance is evidenced in attitudes such as becoming defensive, negativity, decreasing collaboration, open or covert opposition, resistance, resignation, and creating conflict with agents of change.

The difficulties of the students were also identified as a hindering element, associated with a rather passive or shy attitude, or when they did not meet their academic responsibilities. In this case, the training of the professors becomes important, as it will

determine the ability to support, guide, and provide learning experiences that motivate the students, and also explain to them the goals to be reached^(7,9).

Lastly, the conditions of the clinical internship were also an element that interfered with the development of general and institutional seal competencies. The results from the present study coincided with proposals from other studies, where it was recognized that the clinical environment is not very welcoming due to the tense relationships with the clinical staff, a lack of willingness to support, indifferent attitudes, rejection, and lack of respect⁽²⁸⁻³⁰⁾. This could be found in contexts determined by the characteristics and dynamics of each health center, which could be minimized with collaborative efforts and guidelines from the institution.

With respect to the limitations of the present study, it is important to point out that the UACH, from the year 2022, has been undergoing a situation of financial stress that has led to a process of changes and adaptations at the structural and operational level, which could have influenced the opinions of the participants. In addition, the educational community has had to overcome challenges in the area of teaching derived from the pandemic.

CONCLUSIONS

The study participants evidenced a certain degree of ownership of the MECEA. This allows them to base their teaching practices and put into practice active methodologies that enhance the development of general and institutional seal competencies. However, they require training, support, infrastructure, and human resources that allow for the development of student-centered active methodologies and assessments to optimize teaching practices, in order to respond to the guidelines of the educational model.

The competency-based learning educational model promotes the development of instrumental, personal, and social skills. Of the six competencies with an institutional seal, the teaching staff recognized four: social responsibility; commitment with freedom, and respect for diversity; commitment with knowledge, nature, and sustainable development; and commitment with quality and excellence.

The development of these general and seal competencies are favored by the characteristics of the professors, students, and the implementation of active methodology strategies. Therefore, the factors that hinder them are institutional barriers, and the unfavorable attitudes of the professors, the difficulties of the students, and the adverse conditions in the clinical settings.

To promote and strengthen the implementation of this education model, the institution must address the aspects identified by forming a cohesive team that includes professionals of the discipline supported by experienced curriculum experts, working together continuously over time, independently of the political changes in the institution. At the same time, the academic team of the degree must work together with all the actors in this process: students, professors, administrators, and health center staff, in order to safeguard the comprehensive development of students in accordance with the curricular proposal.

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REFERENCES

1. Modelo Educacional y Enfoque Curricular de la Universidad Austral de Chile [Internet]. 1^a ed. Valdivia: Universidad Austral de Chile; 2007 [citado 3 mar 2025]. Disponible en: https://www.uach.cl/uach/_file/modelo-educacional-y-enfoque-curricular.pdf
2. González J, Wagenaar R, editores. Tuning Educational Structures in Europe. Informe Final. Fase 1. [Internet]. Bilbao: Universidad de Deusto; 2003 [citado 3 mar 2025]. Disponible en: https://tuningacademy.org/wp-content/uploads/2014/02/TuningEUI_Final-Report_SP.pdf
3. Beneitone P, Esquetini C, González J, Martí Maletá M, Siufi G, Wagennar R, editores. Reflexiones y perspectivas de la Educación Superior en América Latina. Informe Final – Proyecto Tuning – América Latina 2004-2007 [Internet]. Bilbao: Universidad de Deusto; 2007 [citado 3 mar 2025]. Disponible en: http://tuning.unideusto.org/tuningal/index.php?option=com_docman&task=docclick&Itemid=191&bid=54&limitstart=0&limit=5
4. Proyecto Curricular Carrera de Enfermería. Universidad Austral de Chile; 2019.
5. Nguyen ATH, Kunaviktikul W, Stone TE, Sripusanapan A, Thungjaroenkul P, Pham DTT. The implementation of a competency-based Nursing curriculum in a developing country: A qualitative descriptive study. *F1000Research* 2022; 11:969. <https://doi.org/10.12688/f1000research.122867.1>
6. Mmari V, Mselle L, Kibusi S, Osaki K. Experiences of Nurse Educators on the Implementation of the Competency-Based Curriculum for Nursing and Midwifery Programmes in Tanzania: A mixed methods study. *Merit Res J Med Me Sci.* 2020; 8(5):139-152. <https://doi.org/10.5281/zenodo.3832710>
7. Poblete-Troncoso M, Cofre-González CG, Guerra-Guerrero VT, Miño-González CG, Ceballos-Vásquez PA, Jara-Rojas AV. Experiencias de estudiantes de enfermería frente al cambio: desde un currículo tradicional a uno por competencias. *Rev Enf Ref* 2017; 4(14):49-55. <https://doi.org/10.12707/RIV17036>
8. Guerra-Guerrero V, Miño-González CG, Poblete-Troncoso M, Cofré-González CG, Ceballos-Vásquez P, Jara-Rojas A. Innovación curricular en la educación superior: Experiencias vividas por docentes en una Escuela de Enfermería. *Univ Salud.* 2018; 20(1):53-63. <https://doi.org/10.22267/rus.182001.109>
9. Alaban AG, Buran-Omar AP, Abduraji ST. Acceptability of the proposed competency-based curriculum and instruction model to further improve the quality of Nursing education. *Int J Instr.* 2023; 16(2):1037-1058. https://www.e-iji.net/dosyalar/iji_2023_2_55.pdf
10. World Health Organization. Nurse educator core competencies [Internet]. Geneva: WHO; 2016 [citado 3 mar 2025]. Disponible en: <https://iris.who.int/bitstream/handle/10665/258713/9789241549622-eng.pdf>

11. Arends R. Competency-based curriculum in nurse practitioner education. *J Am Assoc Nurse Pract.* 2024; 36(1):23-28. <https://doi.org/10.1097/JXX.0000000000000928>
12. Westerdahl F, Carlson E, Wennick A, Borglin G. Bachelor Nursing students' and their educators' experiences of teaching strategies targeting critical thinking: A scoping review. *Nurse Educ Pract.* 2022; 63:103409. <https://doi.org/10.1016/j.nepr.2022.103409>
13. Gil Aguilar RC. Currículo por competencias en la educación universitaria: importancia de la retroalimentación en el desarrollo del perfil profesional. *Ciencia Latina.* 2021; 5(2):1291-310. 1310. https://doi.org/10.37811/cl_rcm.v5i2.328
14. Hege I, Adler M, Donath D, Durning S, Edelbring S, Elvén M, Bogusz A, Georg C, Huwendiek S, Körner M, Kononowicz A, Parodis I, Södergren U, Wagner F, Wiegleb Edström D. Developing a European longitudinal and interprofessional curriculum for clinical reasoning. *Diagnosis.* 2023; 10(3): 218-224. <https://doi.org/10.1515/dx-2022-0103>
15. Chhabra N, Kukreja S, Chhabra S. How to Improve the Efficacy of Student Feedback. *Indian Pediatr.* 2022; 59(1):80-86. <https://doi.org/10.1007/s13312-022-2426-4>
16. Quintana-Alonso R, García-Redondo E, Miana-Ortega M, Chamorro-Rebollo E, Cieza-García JA. Teaching Competencies in Nursing Professors: Visions of Students and Academics. *Invest Educ Enferm.* 2023; 41(3):e08. <https://doi.org/10.17533/udea.iee.v41n3e08>
17. Lamri J, Lubart T. Reconciling Hard Skills and Soft Skills in a Common Framework: The Generic Skills Component Approach. *J Intell.* 2023;11(6):107. <https://doi.org/10.3390/intelligence11060107>
18. Márquez M, Sandoval J, Torres MC, Pavié S. Estudio de caso de la coherencia interna de programas de asignaturas en seis carreras que promueven competencias de la Universidad Austral de Chile. *Estud Pedagóg.* 2010; 36(2):117-133. <http://dx.doi.org/10.4067/S0718-07052010000200007>
19. Stake RE. Investigación con estudio de casos. 2º ed. Madrid: Ediciones Morata, S.L; 1999. p. 16-23.
20. Polit D, Hungler B. Investigación Científica en Ciencias de la Salud. 6º ed. México: McGraw-Hill Interamericana Editores, S.A; 2000. p. 525-45.
21. Glaser BG, Strauss AL. El método de comparación constante de análisis cualitativo. In: *The discovery of Grounded Theory: strategies for qualitative research.* New York: Aldine; 1967. p. 101-15.
22. Schreier M. Qualitative Content Analysis. In: Flick U (editors). *The SAGE Handbook of Qualitative Data Analysis.* SAGE Publications; 2014. p. 170-183 <https://doi.org/10.4135/9781446282243>
23. Guba E, Lincoln Y. Effective evaluation: Improving the usefulness of evaluation results through responsive and naturalistic approaches. San Francisco: Jossey-Bass; 1981
24. Pramila-Savukoski S, Jarva E, Kuivila H-M, Juntunen J, Koskenranta M, Kääriäinen M, Mikkonen K. Generic competence among health sciences students in higher education – a cross-sectional study. *Nurse Educ Today.* 2024; 133:106036. <https://doi.org/10.1016/j.nedt.2023.106036>
25. Taminato M, Fernandes H, Barbosa DA. Nursing and the Sustainable Development Goals (SDGs): An Essential Commitment. *Rev Bras Enferm.* 2023; 76(6):e760601. <https://doi.org/10.1590/0034-7167.2023760601es>

26. Barragán D, Ramírez C. El papel del estudiante en la formación basada en competencias. *Rev Iberoam Educ Super.* 2020; 11(30):3-21. <https://doi.org/10.22201/iisue.20072872e.2020.30.583>
27. Corica, A. G. Clinical supervision in healthcare professions: A narrative review of key issues and future directions. *Journal of Clinical Practice and Education.* 2022; 14(3): 210-218. <https://doi.org/10.1016/j.jcpe.2022.03.005>
28. Mbuthia G, Mithamo D, Kimani S. Clinical learning environment challenges for Nursing students in Kenya: A qualitative study. *BMC Nursing.* 2020; 19(1):49. <https://doi.org/10.1186/s12912-020-00480-4>
29. Bahrami M, Asgari F, Farzi S. Challenges of clinical education from the perspective of Nursing students: A qualitative study. *Nursing Open.* 2021; 8(5):2428-2435. <https://doi.org/10.1002/nop2.993>
30. Mejía N, Suárez D. Estrategias para promover un ambiente académico respetuoso en el ámbito clínico. *ARS MEDICA Revista De Ciencias Médicas.* 2021; 46(4):51–59. <https://doi.org/10.11565/arsmed.v46i4.1840>