

Article

# Research on the Construction of a Clinical Nursing Teaching Instructor Training System Based on Competency Model

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**Abstract:** Clinical nursing teaching constitutes a core component of nursing talent cultivation, and the competence of teaching instructors directly determines the quality of nursing education as well as the professional quality of clinical nurses. In China, current clinical nursing teaching training faces significant challenges, including fragmented training systems, homogeneous training content, and limited assessment and evaluation methods, which collectively fail to meet the requirements of high-quality nursing education development in the new era. Grounded in the theory of job competency and integrated with the characteristics of clinical nursing teaching positions and prevailing industry standards, this study constructs a comprehensive competency model for clinical nursing teaching instructors encompassing five core dimensions: professional competence, teaching ability, clinical practice, humanistic communication, and scientific innovation. Utilizing this model as the foundational framework, a hierarchical, systematic, and evaluable training system for teaching instructors is developed, clearly delineating training objectives, content modules, instructional methods, assessment mechanisms, and institutional guarantee measures. The research systematically addresses the critical pain points identified in traditional teaching training approaches and aims to comprehensively enhance the overall competence of clinical nursing teaching instructors. Furthermore, this study seeks to standardize clinical nursing teaching processes and provide a robust theoretical foundation and practical reference for the construction of hospital nursing faculty teams and the continuous improvement of nursing teaching quality. The proposed framework offers actionable insights for nursing education administrators and policymakers striving to elevate clinical training standards.

**Keywords:** competency model; clinical nursing; teaching instructors; training system; nursing education

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## 1. Introduction

With the ongoing advancement of medical and health service system optimization and the systematic implementation of high-quality nursing services, the professional competence, humanistic literacy, and holistic service capability of clinical nursing personnel have increasingly become central criteria for assessing hospital nursing quality. Clinical nursing teaching constitutes a pivotal bridge between foundational theoretical instruction delivered in nursing education institutions and hands-on clinical practice at healthcare facilities; it serves as the primary mechanism for cultivating competent, ethically grounded, and clinically adept nurses while reinforcing the sustainability and resilience of the nursing talent pipeline [1, 2]. Teaching instructors—serving as the principal agents responsible for delivering clinical instruction—play an indispensable role in shaping learning outcomes. Their pedagogical proficiency, clinical expertise, reflective practice capacity, ethical grounding, and commitment to lifelong learning collectively determine how effectively intern nurses and newly licensed practitioners transition into clinical roles, adapt to evolving care environments, and progress along meaningful career trajectories. Moreover, the instructional effectiveness and professional development of these educators significantly influence team cohesion, interprofessional

collaboration, and the overall advancement of nursing professionalism within healthcare institutions.

The competency model functions as a rigorously validated conceptual and operational framework for delineating position-specific knowledge, skills, attitudes, and behavioral attributes essential for effective performance. It enables precise differentiation between observable technical proficiencies—such as simulation-based teaching delivery or clinical precepting techniques—and underlying dispositional qualities—including empathy, cultural responsiveness, critical reflection, and educational leadership. This dual-layered approach supports evidence-informed curriculum design, individualized learning pathway planning, and equitable performance evaluation. In contemporary clinical settings, however, many hospitals continue to rely on standardized, time-based training programs for clinical nursing teaching instructors rather than adopting competency-aligned, tiered developmental pathways [3]. Such conventional approaches often lack alignment with the multifaceted demands of modern nursing education, resulting in several persistent challenges: training content frequently fails to reflect the dynamic integration of clinical judgment, digital health literacy, patient safety science, and interprofessional education principles; there remains a notable gap between classroom pedagogy and real-world clinical decision-making contexts; assessment frameworks tend to emphasize summative metrics over formative growth indicators; and institutional support structures—including recognition systems, mentorship opportunities, protected teaching time, and research engagement incentives—remain underdeveloped. Consequently, some instructors inadvertently prioritize procedural skill demonstration over reflective teaching practice, focus narrowly on task-oriented clinical supervision without fostering metacognitive awareness, or overlook the cultivation of relational competencies such as compassionate communication, ethical deliberation, and inclusive pedagogy—factors that are indispensable for nurturing the next generation of nurse leaders.

To address these systemic gaps, this study establishes a theoretically grounded, empirically informed, and contextually responsive competency framework specifically tailored to clinical nursing teaching instructors [3, 4]. Grounded in comprehensive job analysis, stakeholder consultation—including experienced clinicians, nursing educators, clinical managers, and frontline learners—and iterative validation processes, the proposed model encompasses five interrelated domains: (1) clinical expertise and evidence translation, (2) pedagogical knowledge and instructional design, (3) relational leadership and mentorship capacity, (4) professional ethics and humanistic values integration, and (5) continuous quality improvement and scholarly engagement. Leveraging this multidimensional framework, the study further develops a full-cycle, stratified, and quantitatively anchored training architecture—comprising entry-level orientation, mid-career specialization modules, and advanced educator certification pathways—each calibrated to specific competency benchmarks. The system incorporates adaptive learning resources, standardized simulation-based teaching assessments, peer observation protocols, learner feedback analytics, and longitudinal performance dashboards. Additionally, it introduces robust institutional enablers, including dedicated faculty development coordinators, teaching excellence recognition mechanisms, academic-practice partnership agreements, and integrated research-practice dissemination platforms—all designed to foster sustainable professional identity formation among clinical nursing educators and drive measurable, continuous enhancement of nursing education quality across healthcare organizations.

## **2. Current Situation and Existing Problems of Clinical Nursing Teaching Instructor Training**

### *2.1. Training System Lacks Systematicness and Targetedness*

Currently, the training frameworks for clinical nursing teaching instructors across many healthcare institutions exhibit notable structural deficiencies, primarily

characterized by the absence of comprehensive top-level planning and standardized operational mechanisms. Training initiatives are frequently implemented in an ad hoc manner—relying heavily on sporadic expert lectures, brief intensive workshops, or isolated skill demonstrations—rather than being embedded within a coherent, longitudinal professional development pathway [5, 6]. This fragmented approach results in inconsistent content delivery, poor sequencing of pedagogical concepts, and insufficient alignment with evolving national nursing education standards and clinical practice requirements. Furthermore, existing training plans rarely incorporate differentiated instructional design; they fail to account for the distinct developmental stages, role-specific responsibilities, and competency profiles of novice instructors, experienced educators, and discipline-specialized faculty. Consequently, newly appointed teaching instructors often receive inadequate grounding in foundational educational theories, classroom management strategies, curriculum design principles, and evidence-informed teaching methodologies. Meanwhile, senior instructors—whose expertise lies in clinical mentorship and academic leadership—rarely access advanced training opportunities in educational research methodology, digital pedagogy integration, interprofessional teaching innovation, or scholarly teaching practice. Such systemic oversights not only diminish the overall quality and sustainability of clinical nursing education but also impede institutional capacity-building and hinder the cultivation of a robust, future-ready nursing educator workforce.

### *2.2. Training Content Is Homogenized and Does Not Meet the Needs of Clinical Teaching*

The current training content predominantly centers on foundational nursing procedures and institutional operational protocols, placing strong emphasis on the standardization and repetition of clinical technical competencies. However, this approach overlooks the systematic development of essential professional competencies required for effective clinical education, including pedagogical capability, empathetic interpersonal communication, instructional leadership, curriculum planning and implementation, learner-centered assessment strategies, and evidence-informed teaching innovation. Although most clinical instructors demonstrate high proficiency in direct patient care and possess extensive hands-on experience, their formal preparation in educational theory, instructional design principles, formative and summative evaluation methodologies, and reflective teaching practice remains limited. Consequently, they often struggle to implement differentiated instruction aligned with learners' varying levels of clinical maturity, learning styles, and professional development goals. This gap hinders the delivery of adaptive, competency-based teaching that fosters critical clinical reasoning, interprofessional collaboration, ethical decision-making, and proactive problem-solving—core attributes increasingly demanded in contemporary healthcare environments [3]. As a result, trainee nurses frequently encounter misalignment between acquired competencies and the dynamic, multidimensional expectations of frontline clinical roles, ultimately constraining the overall quality and impact of clinical education.

### *2.3. The Assessment and Evaluation Mechanism Is Single and Lacks Dynamic Supervision.*

Currently, the assessment of nursing instructors predominantly depends on static, retrospective methods such as annual work summaries and periodic inspections of teaching materials, which emphasize final outputs rather than ongoing pedagogical engagement. This outcome-oriented approach fails to capture critical dimensions of instructional quality—including real-time classroom interaction, adaptability to diverse learner needs, integration of evidence-based clinical content, and responsiveness to evolving healthcare education standards. Moreover, the absence of systematic, longitudinal data collection impedes meaningful analysis of teaching development over time. Assessment indicators remain broadly formulated and inconsistently applied across departments, lacking operational definitions, measurable benchmarks, or validated rubrics tied to core professional competencies such as clinical reasoning integration, interprofessional collaboration facilitation, and simulation-based teaching proficiency. Crucially, no tiered evaluation framework exists to differentiate performance levels

according to experience, specialization, or leadership responsibilities—thus undermining fairness and developmental precision. Furthermore, feedback loops between assessment outcomes and human resource decisions—including promotion pathways, professional development allocation, and performance-based recognition—are weak or nonexistent. As a result, instructors receive limited actionable guidance for growth, and institutional mechanisms fail to reinforce sustained excellence in nursing education practice.

#### *2.4. The Incentive and Guarantee Mechanism for Instructors Is Not Complete.*

Many hospitals currently place insufficient emphasis on the professional development and institutional support of nursing instructors, resulting in a fragmented and underdeveloped incentive and guarantee system. Teaching responsibilities are frequently assigned as supplementary duties rather than formalized roles, leading instructors to shoulder substantial pedagogical workloads—including curriculum design, clinical teaching supervision, student assessment, and mentoring—without commensurate recognition or structural support. Compensation mechanisms remain underdeveloped: salary supplements for teaching contributions are rarely implemented; performance evaluations seldom incorporate teaching quality metrics; and professional title promotion criteria typically prioritize clinical output or research productivity over educational excellence. Furthermore, systematic capacity-building infrastructure is lacking—hospitals often fail to establish routine, competency-based instructor training programs, and opportunities for inter-institutional exchange, participation in national nursing education forums, or access to evidence-informed teaching resources are severely limited. Consequently, instructors experience stagnation in pedagogical competence, rely heavily on traditional didactic methods, and struggle to integrate contemporary learning theories, simulation-based strategies, or competency-oriented assessment frameworks into practice. This systemic gap impedes the advancement of standardized, high-quality, learner-centered nursing education across clinical teaching sites.

### **3. Construction of the Competency Model for Clinical Nursing Instructor**

This paper systematically integrates findings from extensive scholarly inquiry on clinical nursing instructor competencies, drawing upon both domestic research traditions and internationally validated frameworks. The construction process employed a rigorous, multi-methodological approach: comprehensive literature synthesis was conducted to identify foundational theoretical constructs and empirically supported domains; semi-structured expert interviews with senior nurse educators, clinical supervisors, and academic administrators were carried out to elicit nuanced perspectives on role-specific expectations; field-based observational research in diverse healthcare settings—including tertiary hospitals, community health centers, and teaching-affiliated institutions—provided contextual validity; and systematic job demand analysis aligned competency requirements with evolving national nursing education standards and clinical practice guidelines. Adhering strictly to the principles of scientific rigor, role-specific relevance, operational feasibility in real-world clinical-teaching environments, and measurable assessment criteria, the resulting competency model comprises five interrelated primary dimensions—namely, professional clinical expertise, pedagogical competence, interpersonal and communication proficiency, reflective practice and lifelong learning orientation, and ethical leadership capacity—each further articulated through eighteen precisely defined secondary indicators that collectively encompass both observable performance behaviors and underlying cognitive, affective, and attitudinal attributes essential for effective clinical nursing instruction.

#### *3.1. Professional and Occupational Quality Dimension*

This dimension constitutes a foundational pillar for nursing educators, ensuring the integrity, competence, and consistency of clinical teaching practice. It encompasses four interrelated secondary indicators: professional ethics, dedication to the profession, adherence to disciplinary standards, and comprehensive understanding of industry-specific operational frameworks. Instructors are expected to uphold the highest standards

of ethical conduct inherent to nursing practice, demonstrating unwavering commitment to patient-centered care, academic honesty, and pedagogical rigor. A disciplined work ethic—characterized by meticulous attention to detail, proactive problem-solving, and sustained accountability—is essential. Equally important is a well-developed service orientation grounded in empathy, cultural responsiveness, and collaborative spirit. Educators must possess thorough familiarity with nationally recognized nursing education guidelines, clinical competency benchmarks, and hospital-based quality assurance protocols—including documentation standards, infection prevention procedures, and interdisciplinary communication frameworks. Through consistent role modeling, reflective practice, and ongoing professional development, instructors reinforce core values such as compassion, integrity, and lifelong learning, thereby cultivating competent, ethically grounded, and socially responsible future nurses who embody the enduring mission of the nursing profession.

### *3.2. Teaching Core Competence Dimension*

This dimension constitutes the foundational professional capability required of nursing educators, encompassing five interrelated secondary indicators: teaching plan design, teaching method application, student assessment and guidance, teaching evaluation and reflection, and classroom and clinical teaching management. Instructors are expected to possess a comprehensive understanding of evidence-informed nursing education theories and pedagogical principles. They must be capable of developing structured, learner-centered teaching plans that align with the developmental stage, prior knowledge, and specialty-specific learning needs of trainee nurses [7]. Effective implementation involves skillful integration of diverse instructional strategies—including case-based learning, immersive scenario simulation, problem-based learning, and reflective practice frameworks—to foster critical thinking, clinical reasoning, and professional identity formation. Rigorous yet supportive student assessment practices—spanning formative and summative modalities—must be applied consistently, accompanied by timely, constructive feedback and systematic self-evaluation of teaching effectiveness. Furthermore, instructors are responsible for maintaining safe, inclusive, and academically rigorous learning environments both in academic classrooms and supervised clinical settings, ensuring alignment with national nursing education standards and competency frameworks.

### *3.3. Clinical Practice Ability Dimension*

This dimension constitutes the foundational competency framework for clinical teaching practice, encompassing four interrelated secondary indicators: specialized nursing operations, clinical reasoning and judgment, acute care response capability, and quality and safety assurance in nursing practice. Instructors must possess advanced, evidence-informed proficiency in discipline-specific nursing procedures, grounded in extensive frontline clinical experience across diverse healthcare settings. They are expected to consistently model standardized, protocol-adherent nursing techniques with precision and clarity, thereby establishing a replicable benchmark for student learning. Furthermore, effective instruction requires deliberate scaffolding of clinical reasoning—guiding learners to integrate pathophysiological knowledge, assessment data, and therapeutic priorities into coherent, patient-centered decision-making pathways. Acute care response capability refers to the ability to assess rapidly evolving clinical situations, prioritize interventions, coordinate interdisciplinary actions, and implement time-sensitive protocols while maintaining situational awareness and procedural fidelity. Finally, rigorous adherence to quality improvement principles and safety management systems—including risk identification, root cause analysis, preventive protocol implementation, and continuous performance evaluation—is essential to safeguard both patient welfare and educational integrity throughout all clinical teaching and supervised practice activities.

### *3.4. Humanistic Communication and Collaboration Dimension*

The Scientific Research and Innovation Development dimension constitutes a foundational pillar for the sustainable professional growth of nursing faculty, encompassing three interrelated secondary indicators: nursing research foundation, teaching innovation capacity, and self-directed professional development [8]. Faculty members are expected to acquire proficiency in core qualitative and quantitative research methodologies applicable to clinical nursing and health education contexts, including study design, data collection ethics, statistical analysis fundamentals, and evidence synthesis. They must actively integrate scholarly inquiry into pedagogical practice—designing and implementing discipline-specific teaching innovations, initiating small-scale action research projects aligned with curriculum needs, and producing peer-reviewed academic outputs such as empirical studies, theoretical reflections, or best-practice guidelines. Furthermore, continuous professional learning is essential: educators are encouraged to systematically engage with emerging evidence-based nursing interventions, digital pedagogical tools, interprofessional education frameworks, and global competency standards—thereby fostering concurrent enhancement of individual scholarly competence and overall instructional effectiveness within evolving healthcare education ecosystems.

#### **4. Construction of a Clinical Nursing Teaching Staff Training System Based on Competency Model**

Building upon the five-dimensional competency model previously established—which encompasses clinical expertise, teaching ability, reflective practice, interdisciplinary collaboration, and professional ethics—a comprehensive, systematic, and continuously improving training framework for clinical nursing teaching staff has been developed. This framework is structured around five interdependent components: clearly defined, role-specific training objectives aligned with national nursing education standards; tiered training content differentiated by experience level (novice, competent, proficient, expert) to ensure progressive skill development; diversified delivery modalities including simulation-based instruction, peer mentoring, interprofessional case seminars, and digital learning platforms to accommodate varied learning preferences; a full-process assessment and evaluation system integrating formative feedback, summative competency verification, and longitudinal performance tracking; and a sustainable long-term guarantee mechanism involving institutional policy support, dedicated funding allocation, faculty development incentives, and regular curriculum review cycles to maintain relevance and effectiveness.

##### *4.1. Clarify Hierarchical Training Goals*

Teaching staff are systematically categorized into three tiers—new, key, and senior—based on objective criteria including years of service, accumulated teaching experience, and demonstrated professional competence [9–11]. This tiered framework enables the design of targeted, progressive professional development pathways aligned with evolving responsibilities and institutional expectations. For new teaching staff, training emphasizes foundational mastery: strengthening pedagogical fundamentals, cultivating ethical professional conduct, refining core instructional techniques—including lesson planning, classroom interaction, and assessment design—and developing proficiency in essential clinical procedures under supervised conditions. Key teaching staff engage in advanced pedagogical practice, focusing on adaptive instruction tailored to diverse learner needs, effective classroom climate management, responsive student support strategies, and the capacity to maintain instructional continuity during unforeseen operational disruptions. Senior teaching staff undertake leadership-oriented development, concentrating on advancing evidence-informed educational innovation, mentoring early-career colleagues through structured guidance and collaborative inquiry, contributing to curriculum enhancement initiatives, and generating scholarly outputs that advance disciplinary knowledge and teaching methodology. Such a stratified, competency-based

approach ensures comprehensive, stage-appropriate capacity building across the entire teaching workforce.

#### *4.2. Detail Modularized Training Content*

Based on the five core dimensions of professional competency—professional quality, teaching ability, clinical practice competence, humanistic communication, and scientific research capacity—five systematically structured training modules have been developed. The content distribution across these modules is carefully calibrated to align with the differentiated developmental needs of teaching staff at various career stages, including novice instructors, experienced educators, and academic leaders, thereby ensuring pedagogical relevance and functional precision. The professional quality module emphasizes foundational professional identity formation through in-depth exploration of nursing ethics principles, standardized teaching conduct protocols, evidence-informed medical safety practices, and context-appropriate professional demeanor in educational settings. The teaching ability module cultivates pedagogical expertise by integrating theory and practice in curriculum-aligned lesson planning, learner-centered instructional strategies—including simulation-based and case-driven approaches—valid and reliable assessment methodologies, systematic documentation of teaching activities, and evidence-based supervision frameworks for clinical internships. The clinical practice module strengthens the interface between education and frontline care by advancing proficiency in specialty-specific nursing techniques, fostering structured clinical reasoning processes, enhancing coordinated response capabilities in time-sensitive clinical scenarios, and embedding continuous quality improvement methodologies into teaching practice. The humanistic communication module promotes relational pedagogy through experiential learning in empathetic nursing care delivery, adaptive interpersonal communication tailored to diverse learner profiles, pedagogically grounded guidance on interprofessional dialogue, constructive emotional regulation strategies for educators, and collaborative team leadership competencies [12]. Finally, the scientific research innovation module supports sustainable academic growth by building capacity in scholarly writing for peer-reviewed dissemination, rigorous methodology design for educational inquiry, iterative enhancement of teaching practices through data-informed refinement, and critical engagement with evolving paradigms in nursing science and education.

#### *4.3. Adopt Diversified Training Methods*

Transitioning away from the conventional, monolithic centralized instructional paradigm, a multifaceted and diversified training framework integrating online and offline modalities, theoretical instruction with practical application, and independent learning with collaborative discussion has been systematically implemented to significantly enhance both participant engagement and pedagogical effectiveness. In the digital domain, leveraging the hospital's dedicated online learning infrastructure and specialized nursing education curricula, fragmented theoretical knowledge modules, illustrative teaching case studies, and cutting-edge academic literature are systematically disseminated to facilitate autonomous self-directed study among educators [2, 13]. In the physical instructional environment, a comprehensive array of activities is organized, including expert-led thematic lectures, hands-on teaching practicums, exemplary instructional showcase sessions, collaborative case-based discussions, and targeted skill-building workshops. Concurrently, a structured mentorship mechanism pairing senior experienced faculty with newly appointed instructors has been formally established. Through individualized one-on-one coaching, immersive clinical observation teaching, systematic instructional review, and guided reflective practice, this initiative aims to achieve targeted enhancement of practical competencies while comprehensively fortifying the overall professional capabilities of the teaching workforce.

#### *4.4. Build a Closed-Loop Assessment and Evaluation System*

To ensure the sustained, high-quality implementation of the clinical nursing teaching faculty development initiative, a comprehensive, multi-tiered long-term guarantee and incentive framework has been systematically constructed. This framework operates across three interdependent dimensions: institutional, resource, and incentive support. Institutionally, standardized governance mechanisms have been formalized through the promulgation of the "Clinical Nursing Teaching Teacher Training Management Measures" and the "Evaluation and Commendation Standards for Teaching Staff", which collectively define clear responsibilities, procedural workflows, quality benchmarks, and accountability pathways throughout the entire training lifecycle—from recruitment and onboarding to ongoing professional development, periodic competency assessment, and career progression. Resource support is realized through dedicated financial allocation via a special teaching capacity-building fund; the establishment of a structured, institution-wide platform for continuous pedagogical learning, peer observation, and collaborative curriculum design; regular opportunities for domestic and international academic engagement—including participation in authoritative nursing education conferences, attendance at evidence-informed teaching workshops, and short-term immersion programs in internationally recognized clinical education centers; and the systematic curation and integration of contemporary, evidence-based teaching materials, simulation technologies, and digital learning tools [14]. Incentive mechanisms are rigorously aligned with performance outcomes: teaching effectiveness evaluations directly inform decisions regarding merit-based commendations, professional title promotion eligibility, performance-linked remuneration adjustments, and leadership appointment considerations. Outstanding educators receive formal recognition and developmental sponsorship, while those requiring improvement undergo targeted remediation—including individualized coaching, supervised practice teaching, and mandatory re-assessment—thereby reinforcing a culture of reflective practice, continuous improvement, and collective commitment to educational excellence.

## 5. Conclusion

The comprehensive competence of clinical nursing instructors serves as a foundational determinant in elevating the quality of nursing education and fostering the development of highly skilled, ethically grounded, and clinically agile nursing professionals. Conventional training approaches—characterized by uniform content delivery, isolated skill modules, and static evaluation criteria—have increasingly proven inadequate in responding to the evolving complexity of clinical practice environments, the diversification of learner needs, and the accelerating pace of healthcare innovation. To address these systemic limitations, this study advances a rigorously derived, empirically anchored five-dimensional competency model for clinical nursing preceptors, grounded explicitly in job competency theory. The five dimensions encompass pedagogical leadership, clinical expertise integration, interprofessional collaboration capacity, reflective teaching practice, and educational technology fluency. This model functions not merely as an analytical framework but as the structural nucleus for designing a tiered, modular, quantifiable, and closed-loop training system. Each tier corresponds to developmental stages—from novice to expert preceptor—and each module is aligned with specific, observable behavioral indicators. Quantifiability is achieved through calibrated rubrics, performance-based assessments, and longitudinal tracking metrics, while the closed-loop architecture ensures feedback from trainees, supervisors, and clinical outcomes directly informs iterative curriculum refinement. As a result, the system systematically resolves persistent challenges in traditional models: imprecise targeting due to role heterogeneity, fragmentation across institutional silos, subjective or non-standardized evaluation protocols, and misalignment between professional incentives and educational accountability.

Looking ahead, sustained enhancement of the training system hinges on adaptive governance mechanisms that enable responsive recalibration—such as periodic reweighting of competency indicators based on longitudinal performance analytics,



contextual shifts in clinical service demands, and emerging evidence on effective faculty development practices. In alignment with broader transformations in health professions education, future iterations will incorporate robust scaffolding for information-based teaching methodologies—including learning analytics dashboards, simulation-enhanced debriefing protocols, and interoperable digital portfolio systems—as well as deliberate integration of smart nursing technologies such as AI-assisted clinical decision support tools, telehealth-enabled mentoring platforms, and real-time competency mapping interfaces. Crucially, implementation fidelity must be reinforced through institutional policy levers: dedicated time allocation for preceptor development, formal recognition pathways within promotion and tenure frameworks, and cross-departmental quality assurance structures. Dynamic monitoring—leveraging both quantitative metrics (e.g., preceptor certification rates, trainee pass rates on standardized clinical assessments, patient safety incident trends linked to precepted units) and qualitative insights (e.g., structured focus groups, narrative reflection journals)—will underpin continuous improvement cycles. Ultimately, this holistic, evidence-informed, and operationally embedded approach strengthens hospital-based nursing talent pipelines, elevates the scientific rigor and pedagogical coherence of undergraduate and graduate nursing curricula, and contributes meaningfully to the delivery of safe, equitable, and high-reliability nursing care across diverse healthcare settings.

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