

DEVELOPING PROFESSIONAL COMPETENCIES IN NURSING EDUCATION BASED ON INTERNATIONAL STANDARDS: THE GERMAN EXPERIENCE AND OPPORTUNITIES FOR ITS INTEGRATION INTO VOCATIONAL EDUCATION

Dilafroz Tohirjon qizi Salimova

Instructor at the Siyob Abu Ali ibn Sino Public Health Technical School

Abstract

This article analyses the clinical and pedagogical practices studied during the Train the Trainer programme held in Rostock, Federal Republic of Germany. Particular attention is paid to transforming theoretical knowledge into practical competence, assessing patients' conditions using standardized tools, systematizing nursing diagnoses, station-based learning, problem-based learning, and interprofessional collaboration. Drawing on the author's direct professional development experience, the article identifies aspects of German practice that can be adapted to the context of vocational education in Uzbekistan. It argues for integrating the effective elements of the foreign model with existing curricula, facilities and equipment, and pedagogical capacities rather than replicating the model exactly.

Keywords: Nursing education, professional competence, Train the Trainer, dual education, clinical didactics, Pflegeparcours, NANDA-I, expert standards, patient assessment, interprofessional collaboration.

Introduction

In modern nursing education, retaining information is no longer sufficient as a final learning outcome. Future professionals must be able to assess a clinical situation, identify the priority problem, anticipate risks, develop a care plan, justify their actions, and reassess the outcome. Therefore, alongside the question "What does the learner know?", the question "What can the learner do in a real-life situation?" is becoming central to vocational education.

Participation in the Train the Trainer programme during an official visit to Rostock, Federal Republic of Germany, from 18 July to 2 August 2026 provided an opportunity to observe this issue directly in clinical and educational settings. The programme comprised 96 academic hours, including 16 hours of online preparation and 80 hours of clinical and classroom-based training. The professional development programme covered Germany's dual education system, expert standards in nursing, clinical didactics, patient assessment, rehabilitation, ethics, and various interactive methods.

The aim of this article is to analyse, from a pedagogical perspective, the approaches observed and applied during the professional development programme in Rostock and to demonstrate opportunities for their gradual integration into vocational nursing education in Uzbekistan.





MATERIALS AND METHODS

The article is based on a descriptive and analytical review of observations collected through the author's direct participation in the Train the Trainer programme held in Rostock from 18 July to 2 August 2026, the content of its educational and practical sessions, and materials from the official visit report. The analysis identified approaches related to competency-based education, clinical reasoning, standardized patient assessment, nursing diagnoses, expert standards, and interprofessional collaboration. The findings were systematized in terms of their potential adaptation to vocational nursing education in Uzbekistan. This work is not an experimental clinical study; no patients' personal or medical data were analysed.

RESULTS

Competency-Based Education in the German Experience

One of the most prominent features of the training in Rostock was the inseparability of theory and clinical practice. A topic is first introduced as a theoretical concept and then translated into action through a clinical scenario, task, simulation, or problem-based case. Rather than repeating a ready-made answer, the learner or trainee is expected to analyse the situation and explain the decision made. In this approach, an error is viewed not only as a shortcoming but also as learning material for analysis and reflection.

For example, the sessions on diabetes mellitus were not limited to the theoretical aspects of the disease; they also addressed the use of modern insulin pens, glucose sensors, and insulin pumps. Planning the nursing process, identifying the patient's needs, and considering safety factors were linked to practical tasks. In the sessions on chronic wounds, participants discussed wound assessment, the selection of modern dressing materials, and the sequence of aseptic and septic dressing procedures.

The use of expert standards to improve the quality of care in Germany was another important area of experience. The German Network for Quality Development in Nursing (DNQP) develops expert standards as instruments for defining, implementing, and evaluating the quality of care [1]. During the professional development programme, reference to standards concerning fall risk, chronic wounds, pain, and other clinical conditions encouraged participants to view nursing care not as a matter of personal habit but as professional practice based on evidence and established criteria.

Methods That Develop Clinical Reasoning

The value of the methods studied during the programme lay not in their outward format, but in their ability to compel learners to think. The Siebensprung ("Seven-Step") problem-based learning model provides a useful structure for exploring a clinical situation step by step, activating prior knowledge, identifying missing information, and arriving at a well-founded solution. The World Café method enables a problem to be examined from the perspectives of several small groups, facilitates the exchange of experience, and supports the development of a shared conclusion.





Blitzlicht was used for brief and rapid reflection, Rollenspiel for experiencing clinical or ethical situations through role-play, and Gruppenpuzzle for distributing separate parts of a topic among groups and subsequently integrating them into a unified body of knowledge. A Jeopardy-style quiz transformed final review from a simple question-and-answer exercise into a process of active competition and rapid thinking. These methods can also be used in our technical school without substantial expense; however, each method should be selected in accordance with the learning objective.

Pflegeparcours, a station-based learning model, is particularly noteworthy for practice-oriented subjects. In this model, the trainee or learner moves through several stations and performs a specific clinical task at each one. A simulator, medical equipment, a scenario-based task, and assessment criteria are combined at a single station. Consequently, the instructor can observe not only the final answer, but also the sequence of performance, compliance with safety rules, communication, and the learner's justification of decisions.

Patient Assessment and Standardized Nursing Practice

During the professional development programme, a systematic approach to assessing patients' functional status, nutritional risk, and mobility was studied using tools such as the Barthel Index, the Mini Nutritional Assessment, and the Timed Up and Go test. Familiarity with the epaAC electronic assessment system demonstrated that digitalization in the care process does not merely mean converting documentation into electronic form; it also supports regular monitoring of a patient's condition using comparable indicators.

Using the NANDA-I classification to formulate nursing diagnoses helps express clinical reasoning in a shared and comprehensible professional language. NANDA-I defines a nursing diagnosis as the





central expression of clinical judgement within the nursing process, and its standardized classification supports clinical reasoning and care documentation [2]. When introducing this approach into education, it is important to teach the logical relationship among assessment findings, diagnosis, goals, and nursing interventions rather than requiring learners merely to memorize diagnostic labels.

Ethics, Teamwork, and Patient-Centred Care

Professional competence is not limited to technical skills. During the training in Rostock, clinical and ethical situations, the confidentiality of patient information, professional responsibility, and collaboration among different specialists were also addressed as a distinct area of study. The ICN Code of Ethics is an international guideline that defines nurses' ethical values, duties, and professional accountability [3].

Through the Case Management approach, a patient's problem was analysed not merely as the responsibility of a single professional, but as a collaborative process integrating medical, social, and functional needs. References to kinaesthetics, the Bobath concept, Basal Stimulation, and Dorothea Orem's model in rehabilitation once again demonstrated the need to regard the patient not as a passive recipient of assistance, but as an active participant to the greatest extent possible.



DISCUSSION

Integrating the Experience into Vocational Education

The value of international experience lies not in replicating it exactly, but in adapting it to local conditions. Taking into account the technical school's existing skills laboratories, curricula,





instructional hours, and learners' level of preparation, it is advisable to introduce the methods studied in Germany gradually.

At the first stage, internal seminars and master classes should be organized for instructors of specialized subjects, and the didactic purpose of each method should be explained. At the second stage, clinical cases, patient assessment tools, and station-based tasks may be piloted in selected topics. At the third stage, unified criteria should be developed for practical skills, and learners should be assessed not only on what they know but also on what they can perform, explain, and justify.

For example, within a diabetes mellitus topic, one station may require assessment of the patient's condition; a second may focus on an algorithm for the safe use of insulin-delivery devices; a third may involve educating the patient about foot care; and a fourth may require developing a nursing care plan based on a clinical scenario. In this way, a single topic integrates knowledge, practical skills, communication, and clinical reasoning.

Such a model also changes the instructor's role: the instructor becomes not merely a provider of information, but a professional who designs learning situations, observes performance, provides feedback, and facilitates reflection. This, in turn, requires instructors to update their own professional competencies regularly.

The experience in Rostock showed that expensive equipment alone is not sufficient for high-quality nursing education. Without a clear learning objective, a standardized task, comprehensible assessment criteria, and meaningful feedback, even simulation will not produce the expected outcome. Conversely, even in a simply equipped room, a well-designed clinical case and station-based task can be used to assess a learner's reasoning and practical performance effectively.

Moreover, studying international standards does not mean rejecting local experience. These standards provide criteria for analysing existing practice. The expert standards of the DNQP (German Network for Quality Development in Nursing) are aimed at improving quality through evidence-based criteria [1], while NANDA-I serves to standardize clinical nursing judgement [2]. Using these instruments for educational purposes familiarizes learners with an international professional language and a culture of clinical reasoning.

CONCLUSION

The Train the Trainer programme completed in Germany provided practical experience that fostered a new perspective on nursing education. The programme demonstrated that the principles of dual education, clinical cases, problem-based learning, Pflegeparcours, standardized patient assessment, expert standards, ethics, and interprofessional collaboration are not isolated methods, but components of a unified competency-based system.

Adapting and implementing these practices in vocational education in Uzbekistan will help strengthen learners' practical preparation, improve the objectivity of assessment, and deepen understanding of nursing as a profession grounded in independent clinical reasoning. The most important task is to transform the methods observed abroad from occasional demonstrations into part of the everyday methodological framework of teaching.





REFERENCES

1. German Network for Quality Development in Nursing (DNQP). Expert Standards and Quality Development in Nursing. Osnabrück, 2026.
2. Herdman, T. H., Kamitsuru, S., and Lopes, C. T. (eds.). NANDA International Nursing Diagnoses: Definitions and Classification, 2024–2026. 13th ed. Thieme, 2024.
3. International Council of Nurses. The ICN Code of Ethics for Nurses. Revised 2021. Geneva: ICN, 2021.
4. Salimova, D. T. Report on the Outcomes of an International Official Visit: Professional Development within the Train the Trainer Programme at Rostock University Medical Center. Samarkand, 2026. Author's official visit report.

This article was prepared on the basis of the author's direct observations and pedagogical conclusions from the professional development programme completed in Germany in 2026.

