

## Teaching Strategies for Writing Admission Reports in German Language Classes

Prof. Assoc. Dr. Jonida Bushi<sup>1\*</sup>, Msc. Alma Kosova<sup>2</sup>

University of Tirana.

### \*Corresponding Author

Prof. Assoc. Dr. Jonida Bushi

University of Tirana.

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**Abstract:** The precise and professional preparation of admission reports is a key skill in the nursing profession, particularly for nurses working in German-speaking countries. This article examines linguistic and didactic strategies to support nurses in German language classes in preparing admission reports. It highlights the importance of the admission report as the first document during patient admission, containing key information for treatment and care. The linguistic requirements for nurses, such as the correct use of specialist terminology, grammatical structures, and neutral, objective expression, are discussed. The article also highlights the application of didactic methods such as task-based learning, CLIL (Integrated Content and Language Learning), and communicative approaches to prepare participants for the real-life demands of everyday nursing practice. Furthermore, practice-oriented exercises such as simulations, role plays, and analytical activities are presented to help students develop their linguistic and professional skills. In summary, it is emphasized that linguistic competence in the area of documentation is not only crucial for the quality of patient care, but also for the professional integration and recognition of nurses in German-speaking countries.

**Keywords:** Admission reports, Nursing documentation, German language competence, Task-based learning, CLIL in nursing education, Professional integration of nurses.

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## 1. Introduction

Communication in healthcare is of utmost importance for nurses, especially when working in German-speaking countries or with German-speaking patients. Nurses must be confident in both verbal and written communication. This includes not only everyday conversations with patients and families, but also precise communication with colleagues and other specialist departments. Learning and using German medical and nursing terminology presents a particular challenge for many Albanian nurses in Germany. Linguistic insecurity can not only impair the quality of patient care but also impede professional self-confidence and integration into the team. Bushi and Neçaj (2024, pp. 27–35) emphasize in their qualitative study that a lack of language skills among Albanian nurses often leads to misunderstandings in everyday clinical practice and is perceived as one of the main reasons for professional overload and social isolation.

Studies show that high language proficiency is closely linked to more effective patient communication, better documentation quality, and overall higher job satisfaction. Written communication tasks include, among others, the drafting of reports such as biographical reports, care plans, or admission summaries. These

written documents are essential for interdisciplinary collaboration and continuity of care. Errors in terminology or unclear wording can lead to misunderstandings that can have serious consequences in healthcare. Bushi and Neçaj (2024, pp. 27–35)

This article focuses on the admission report, an important document that also plays a central role in the written exam for the telc German B1/B2 Nursing exam. The admission report serves to systematically record a patient's health status upon admission and provide an initial basis for further care planning.

Various textbooks are available to prepare for the exam, such as Menschen (A1, A2, B1, B2), Menschen im Beruf – Pflege (People in the Profession – Nursing), Linie 1 Pflege (Line 1 Nursing), Training Units German Nursing, or German in Nursing. These materials help to specifically develop both linguistic and professional skills. They offer practical exercises, vocabulary work in the field of nursing, and numerous examples from everyday professional life that help learners develop linguistic confidence and successfully master job-specific communication. As Bushi (2020, pp. 84–92) emphasizes, the use of well-structured textbooks is of central importance for the targeted development of skills in German as a foreign language, especially when it comes to job-

specific requirements. The continuous linking of language and nursing practice is particularly important so that learners not only master vocabulary and grammar rules but can also apply them appropriately in specific situations. The admission report is particularly relevant because it provides an initial assessment of a patient's health status. Important information such as current complaints, medications, allergies, and other medical details are recorded here. Precise and accurate documentation is essential. Therefore, nurses must not only be familiar with medical terminology but also with correct language structure and grammar.

## 2. Function of the admission report on the healthcare system

The admission report represents a central element of nursing and medical documentation. As the first official document created upon a patient's admission to a healthcare facility, it provides a structured overview of the patient's current health status and relevant medical history. The information contained in the admission report forms the basis for planning and implementing subsequent nursing and medical interventions.

The key contents of the admission report include:

- documentation of the patient's initial condition,
- the systematic recording of symptoms and complaints,
- the collection of demographic data (age, gender, origin, language),
- the collection of medical history (previous illnesses, operations),
- recording current medication and possible allergies,
- as well as an initial nursing assessment with recommendations for further action.

This data contributes to interdisciplinary communication and continuity of care. A correctly worded admission report enables all those involved in care to quickly and reliably access the most important patient-related information. According to Bushi and Neçaj (2024, p. 31), the quality of documentation is crucial for how confidently nurses can function within the interprofessional team, especially in multilingual and multicultural work contexts. In addition, the admission report also fulfills a legal function: It documents the patient's condition upon entry into the facility and thus protects the nursing staff from liability consequences in the event of later complications.

## 3. Significance in the context of labor mobility

Due to increasing labor mobility, the number of international nurses in German-speaking countries is steadily increasing. This development brings with it new challenges, particularly with regard to the linguistic and communicative demands of everyday nursing practice.

The ability to write an admission report in German accurately, accurately, and comprehensively is not only a demonstration of professional competence but is also considered a key qualification for integration into the German labor market. Such a report promotes effective collaboration within interdisciplinary teams,

reduces the risk of errors in care, and contributes to the recognition of foreign qualifications. Bushi and Neçaj (2024, p. 34) emphasize that learning job-specific vocabulary is closely linked to the professional self-esteem and social integration of nurses.

In addition, the admission report is an integral part of many language and subject-specific examinations, such as the telc German B1/B2 Nursing exam. The ability to write this document correctly in the exam situation also reflects professional competence in real-life professional life. As Bushi (2020, p. 87) emphasizes, targeted didactic measures are necessary to convey specialist language in realistic communication situations – especially in the context of exam preparation and the professional integration of migrants. A professionally written admission report thus becomes an instrument of quality assurance and an expression of professional competence, which is of central relevance both in everyday clinical practice and in examination formats.

## 4. Linguistic Tools for Expression

In vocational foreign language teaching, especially in the nursing field, didactic methods are becoming increasingly important. Modern concepts such as project-based learning, cooperative learning formats, and the targeted use of digital media not only promote learner motivation but also the sustainability of the learning process. As Bushi (2021, p. 322) emphasizes, these methods offer the opportunity to make language teaching practical and career-oriented—a key aspect in the field of specialized language teaching. By combining theoretical knowledge with practical application, learners can be better prepared for real-life communication situations in everyday professional life. Especially when training nurses to write an admission report in the nursing field at level B1/B2, a variety of linguistic tools are essential and must be used specifically. The goal is to write a report that is clear, structured, technically accurate, and linguistically neutral.

### 4.1. Formal language and professional register in nursing reports

Nursing reports, especially the admission report, require a formal language level. To remain objective and professional, colloquial language and personal opinions should be avoided. Instead, precise specialist terminology must be used – terms such as medical history, care plan, medication, vital signs, or pressure ulcer prevention are part of the linguistic repertoire. The use of these terms not only demonstrates professional competence but also reduces misunderstandings in everyday professional life. As Bushi (2021, p. 262) points out, the inaccurate or incorrect translation of medical terms often leads to communication breakdowns, which can have serious consequences in the healthcare system. Incorrect translation of nursing terminology often leads to misunderstandings and errors in nursing practice. Therefore, it is especially important to familiarize yourself with the correct terminology and use it precisely. Incorrect terminology can not only compromise the quality of documentation but also endanger patient safety. Furthermore, the admission report should be logically structured: beginning with general patient information, followed by the current medical history, vital signs, and an initial assessment of nursing needs. A clear structure makes it easier for colleagues and other professionals to quickly grasp the relevant information and contributes to efficient patient care.

## 4.2. Tenses and their function in nursing documentation

An admission report typically uses the present tense, the perfect tense, and the past tense to document current information and previous care.

The present tense is suitable for describing the current condition, such as: "The patient is 78 years old and suffers from type II diabetes mellitus." "The patient is alert, oriented, and complains of headaches."

The perfect tense is used to document actions that have already taken place, for example: "The patient received his medication yesterday." "The patient has already taken her medication."

The simple past tense is used to depict the main plot sequence of events: "The patient was admitted on June 25, 2025 with acute abdominal pain." "The patient was admitted yesterday with severe pain." or for the reproduction of examinations or findings, e.g. "The examination revealed inflammation in the abdominal cavity." "The examination revealed no evidence of infection."

The passive is often used to focus on the activity or process rather than the person performing it. An example is: "The blood pressure was measured." This helps keep the report objective and focuses on the nursing actions.

## 4.3 Coherence through connectors

One linguistic skill is the use of logical connectors such as therefore, afterward, furthermore, while, however, to structure the text coherently and clearly. These connecting words make it possible to clearly represent cause and effect, temporal sequences, and comparisons, as in the example:

*"The patient showed great restlessness, so a calming conversation was held."* "The patient is in severe pain, so the medication has been adjusted." This helps to make the report logical and understandable.

## 4.4. Adjectives, adverbs and time references in admission reports and nursing documentation

Descriptive adjectives and adverbs are also important for accurately and objectively describing the patient's condition. The patient's condition should be stated clearly and without judgment, such as: "The patient is showing a significant improvement in breathing." or "The patient's condition is stable." "The general condition is stable.", "Breathing is regular."

Professional and precise information is also essential for accurately documenting the care history. An example would be: "On March 25, the patient's wound was cleaned at 2:30 p.m." "On May 16, the IV was inserted at 8:45 a.m." Precise time information ensures that the course of care remains traceable.

## 4.5. Direct and indirect speech

Finally, both direct and indirect speech can be used to record the statements of the patient or relatives.

In direct speech, the words of the patient or family member are reproduced, such as: "The patient says he has been in pain for two days." "The patient says: 'I have been in pain for two days.'"

Indirect speech reports what other people have said, for example: "The patient reports that he has been in pain for two days."

Switching between these two forms offers flexibility in expression and can also be assessed in the exam (e.g. telc Pflege B1/B2).

By combining linguistic resources, learners develop linguistic confidence," it sounds as if the mere fact of combining resources automatically leads to confidence. As Bushi (2020, p. 89) emphasizes, the central challenge of specialized language teaching is to establish an "appropriate balance between linguistic correctness, technical precision, and situational appropriateness."

## 5. The Structural Components of an admission report

When writing a nursing admission report at language level B1/B2, it is crucial to use clear, structured, and easily understandable language. Both the nursing needs and the patient's current condition should be documented comprehensively and precisely. A proven guide is the 13 AEDL (Activities and Existential Experiences of Life) model developed by Monika Krohwinkel, which encompasses all important areas of life relevant to nursing care. Considering these areas ensures a holistic and systematic assessment of the patient's status. These 13 areas enable a comprehensive assessment of the nursing situation and promote professional and systematic documentation (see Krohwinkel 2016). The individual AEDL areas are explained below and supplemented by language examples and typical formulations, as suggested in textbooks such as "Training Units telc German B1-B2 Nursing" (telc g GmbH 2017) and "Linie 1 Nursing B2" (Scholze/KoB 2020).

### 5.1. Communicate:

The report should begin by assessing the patient's communication skills. This includes the ability to express themselves verbally or non-verbally and to interact with their environment. An example of language structure might be: "The patient can express themselves verbally well and understands spoken language. However, due to mild hearing loss, they have difficulty understanding softly spoken sentences. A hearing aid is used."

### 5.2. Moving:

This section assesses the patient's mobility, whether they can walk independently or require assistance. An example might be: "The patient can walk short distances with the help of a walker. They require assistance when standing and sitting down due to limitations caused by joint pain."

### 5.3. Maintain vital functions of life:

Here, the patient's most important vital signs are checked. Documentation includes blood pressure, pulse, temperature, and respiration. An example might be: "The patient's blood pressure is 130/85 mmHg, pulse is 78 beats/min, and respiration is regular and normal. The temperature is within the normal range at 36.8°C."

### 5.4. Taking care of yourself:

The patient's ability to perform personal hygiene is assessed, particularly whether he or she can wash, shower, or brush his or her teeth independently. An example report might be: "The patient

requires assistance with personal hygiene, especially showering, due to limited shoulder mobility. However, he or she can brush his or her teeth independently."

### **5.5. Food and drink:**

This assesses whether the patient is able to eat and drink independently. An example might be: "The patient can eat and drink independently, but requires assistance with eating due to mild paralysis on the right side due to a stroke."

### **5.6. Retirement:**

This section includes an assessment of the patient's excretory functions, such as their ability to control urine or stool and whether assistance with toileting is required. An example might be: "The patient is able to go to the toilet independently, but suffers from mild urinary incontinence, which is why incontinence products are regularly used."

### **5.7. Dressing:**

The patient's ability to dress independently is documented here. An example might be: "The patient requires assistance with dressing, especially with choosing clothes and putting on socks due to limited mobility in his hands."

### **5.8 Rest and sleep:**

This section describes the patient's sleep habits and quality. An example might be: "The patient has difficulty sleeping through the night because of frequent back pain. Taking a painkiller before bed helps relieve the discomfort."

### **5.9 Keep yourself busy:**

This assesses whether the patient is able to engage in activities that promote their mental and physical health. An example might be: "The patient spends his time reading and occasionally taking walks in the garden. He shows interest in board games but sometimes needs help choosing appropriate games."

### **5.10. Feeling like a man/woman:**

This item describes how the patient perceives their gender and whether they feel supported in their identity. An example might be: "The patient is proud of their masculinity and continues to wear the clothing they prefer, which is important to them in maintaining their identity."

### **5.11. Ensure a safe environment:**

This describes how the patient perceives safety in their environment and whether support is needed to avoid hazards. An example might be: "The patient lives in a safe environment but needs help removing tripping hazards to prevent falls because they have difficulty walking."

### **5.12. Securing social areas of life:**

This section documents how the patient maintains their social relationships and whether they need support in maintaining their social ties. An example might be: "The patient has regular contact

with their children and grandchildren but would like support in using communication tools such as the telephone and computer."

### **5.13. Dealing with life's existential experiences:**

This area covers how the patient copes with their illness and the challenges associated with it. Psychosocial aspects are also considered here. An example might be: "The patient demonstrates a positive attitude toward their treatment and has no major anxieties about their illness. They regularly participate in group therapy to cope with their psychological stress."

### **5.14 Structure of an admission report**

The admission report begins with a brief introduction stating the patient's name, age, gender, and the reason for their hospital stay or admission to the care facility. An example might be: "This morning, Mr. Müller, 78 years old, was referred to our ward for a medication adjustment."

It then continues with the habits, desires, resources, need for help, and type of help provided in the medical history form. Various linguistic means are used to connect the sections or areas and create a coherent, coherent text. For example,

1. Transition words and phrases: "Over and beyond... ", "In relation to... ", "Regarding the social situation... ", "Regarding mobility", "In connection with the pain... "
2. Cohesive pronouns: "The resident.../She... ", "Your needs include... "
3. Referencing and Linking Information: "Picking up information from previous sections... "; "These restrictions also affect... "; "Due to the pain mentioned, she needs... "
4. Causal connections: "Therefore, support is required for... "; "Consequently, the following must be taken into account when caring for... "; "For this reason, it is recommended... "
5. Temporal structuring: "First of all...should be considered ". As the story progresses...

These linguistic links help to create a flowing, logically structured text that connects the various aspects of the admission report into a coherent whole.

## **6. Didactic methods**

Based on the previously outlined subject-specific and linguistic requirements for an admissions report, specific didactic methods can be derived. The goal of this section is to present practical suggestions for lesson planning that optimally prepare students for preparing admissions reports. The methods described are to be understood as recommendations by the author and can be adapted or expanded depending on the teaching situation.

### **6.1. Task-based learning**

Task-based learning focuses on authentic, job-relevant tasks that reflect the actual work of nurses. This approach promotes the use of language in meaningful, practical contexts and motivates learners through a clear connection to future professional practice (Nunan, 2004). A central element of this learning approach, for example, is the simulation of an admissions interview, in which

students learn to gather targeted information and document it in a structured manner. In another task, they practice filling out realistic admissions forms, which not only strengthens their vocabulary but also their written communication skills in a professional context.

A concrete example is provided in the book Training Units – telc German B1·B2 Nursing (telc gGmbH, 2016, p. 56):

**7 Pflegeanamnese und Biographiearbeit**

**Aufgabe für Gruppe B:**  
 Sehen Sie sich den Pflegeanamnesebogen an (1. Kommunizieren, 2. Sich bewegen).  
 Wenn Sie etwas nicht verstehen, versuchen Sie das in Ihrer Gruppe zu klären.

**Städtisches Krankenhaus**

Patient	Datum
geboren am	Einschätzung erfolgte durch
Diagnose	

**Gewohnheiten - Wünsche - Ressourcen**

	Gewohnheiten - Wünsche - Ressourcen		Hilfebedarf			
	Ja	Nein	Beauf- sichtigung	Anleitung	Teilübernahme	vollständige Übernahme
<b>1. Kommunizieren</b>						
Benötigen Sie eine Brille?						
Benötigen Sie ein Hörgerät?						
Können Sie sich mitteilen und Ihre Wünsche äußern?						
Orientierung:						
Ist zeitlich						
örtlich						
situativ						
zur Person orientiert.						
<b>2. Sich bewegen</b>						
<b>Können Sie selbstständig ...</b>						
aufstehen/zur Bett gehen?						
gehen?						
stehen?						
Benutzen Sie hierzu Hilfsmittel?						
sitzen?						
sich hinsetzen?						
Ihre Lage im Bett verändern?						

Sie werden gleich ein Pflegeanamnesegespräch mit der neu eingelieferten Patientin Frau Wichmann führen. Überlegen Sie sich in der Gruppe, wie man die Fragen zu den einzelnen Punkten des Anamnesebogens stellen kann. Überlegen Sie auch, was Sie sagen können, wenn Frau Wichmann Ihre Fragen nicht direkt beantwortet, weil sie die Fragen nicht gleich versteht oder weil sie etwas anderes erzählen will.

56 Trainingseinheiten telc DEUTSCH B1·B2 PFLEGE

**7 Pflegeanamnese und Biographiearbeit**

Figure 1. Nursing history task

Tasks like these train not only language skills but also professional competencies. Other examples include transcribing notes into structured reports, summarizing oral information, and clearly conveying complex medical information in understandable language—skills that are essential for nursing staff.

### 6.2. Integrated Content and Language Learning (CLIL)

Content and Language Integrated Learning (CLIL) combines the teaching of language skills with subject-specific content and has proven to be an effective approach, particularly in vocational education (Coyle, Hood, & Marsh, 2010). In the context of nursing, this means that students simultaneously learn nursing procedures and the associated specialist language. For example, in class, learners work on a clinical case involving a patient admitted with a chronic illness. They analyze an authentic admission form, discuss symptoms, document relevant information in German, and simulate an admission interview or nursing intervention in the target language. This approach directly links subject-specific knowledge with language use—a strategy that, according to Dreyer and Schmitt (2020), is particularly effective for long-term skill development.

In addition, learners engage with authentic documents such as handover protocols, medication plans, or nursing reports and

reflect on their linguistic and content structure (Schmölzer-Eibinger, 2011). Clinical situations are discussed in small groups, promoting both professional understanding and communicative expression in the foreign language. The integration of language and content in realistic learning scenarios not only increases motivation but also demonstrably improves professional language skills (cf. Coyle et al., 2010; Schmölzer-Eibinger, 2011).

### 6.3. The communicative approach in nursing language teaching

The communicative approach in foreign language teaching emphasizes functional language use and promotes communication in realistic nursing situations. Role-plays that simulate typical admission situations are particularly effective in preparing students for their professional lives (see Richards & Rodgers, 2014). Communication activities focused on information gathering, as well as dialogues and simulations of various clinical scenarios, support learners in using language actively and purposefully. The emphasis is on the principles of effective communication in healthcare—clarity, politeness, and precision (see Dreyer & Schmitt, 2020).

The Linie 1 Pflege B2 coursebook (German for nursing professions, page 40) is rich in such practice-oriented scenarios.

An example on page 40 describes a role-playing situation in which students simulate an admission interview. In this exercise, one student assumes the role of the nurse, the other the patient. The goal is to systematically request and document relevant health

information, e.g.: Nurse: "Hello, what is your name and how old are you?" Patient: "My name is Mr. Müller; I am 72 years old." Nurse: "What complaints are you bringing us today?" Patient: "I've had severe back pain for the past two days."

**Szenario als Möglichkeit der Selbstevaluation durch aktives Sprachhandeln der Lernenden**

## Szenario 2

### Die Situation

Person A nimmt Person B in einer Senioreneinrichtung in Empfang. A zeigt B ihr neues Zimmer, geht auf ihre Wünsche ein und informiert B über die Beschäftigungsangebote im Haus. Zusammen mit Person C unterstützt sie Person B bei der Grundpflege. Dabei erklärt sie C wichtige Arbeitsschritte.

### Die Rollen

<b>Rolle A: Pflegefachkraft</b> - arbeitet in einer Senioreneinrichtung. - hat schon Erfahrung im Umgang mit älteren Menschen. - lebt seit 9 Jahren in Deutschland.	<b>Rolle B: Bewohner/in</b> - ist neu in der Senioreneinrichtung. - hat aufgrund von Diabetes ein amputiertes Bein. - ist auf den Rollstuhl angewiesen.	<b>Rolle C: Auszubildende/r</b> - ist im ersten Ausbildungsjahr. - ist interessiert. - kann gut mit den Bewohnern umgehen.
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### Schritt 1: Gespräch: Pflegefachkraft und Bewohner/in

A nimmt B in der Senioreneinrichtung in Empfang.

**A:** Greet Person B, introduce yourself, and show them to their new room. Ask them about their wishes.

**B:** You have just arrived in the new nursing home and are unsure, everything is new and strange. React friendly to the welcome in the house. Your room is already set up, but your pictures are still hanging on the walls. You would like to decide yourself what should hang there.

### Schritt 2: Gespräch: Pflegefachkraft und Bewohner/in

A informiert B über die Beschäftigungsangebote in der Einrichtung.

**A:** Invite Person B to spend their free time at home and inform them about the activity offers in the house. Ask them about their interests and make them concrete suggestions. Motivate them.

**B:** You always like to cook and play board games. You are not sure, but you should use the group offers. You still don't know anyone. React skeptically to the suggestions of Person A.

### Schritt 3: Gespräch: Pflegefachkraft, Bewohner/in und Auszubildende/r

A unterstützt B bei der Oberkörperwäsche und erklärt C die einzelnen Schritte.

**A:** Support Person B with upper body washing. Ask them about their preferences (e.g., water temperature, soap). Explain the steps to Person C.

**B:** React friendly to the support with body care and the presence of Person C.

**C:** Show that you are willing and interested. Ask Person A if you don't understand something or if it's still unclear.

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Figure 2. Scenario - Line 1 Care B2, page 40

By reenacting such scenarios, students improve their oral expression skills, practice subject-specific conversation strategies and are simultaneously prepared for the communicative demands of their everyday professional lives.

#### 6.4. Corpus-based approach in special language teaching

The corpus-based approach uses authentic language examples from professional practice to provide learners with a realistic insight into the specialized language. Students analyze real, anonymized admission reports or nursing documentation to identify linguistic patterns, typical collocations, and frequently used phrases (see Biber, Conrad, & Reppen, 1998). Through this analysis, learners gain a better understanding of the specific vocabulary and sentence structures common in nursing communication. Another important component of this approach is the collection of word and phrase banks, drawn directly from the documents examined, which serve as reference tools in the learning process.

Furthermore, examining dialectal and institutional language variants increases sensitivity to linguistic differences that may occur in different care facilities or regions (cf. Müller-Spitzer,

2013). This is particularly important for avoiding linguistic misunderstandings in everyday work and improving communication in an intercultural context. A concrete practical example is the analysis of admission reports, in which students filter out typical phrases such as "The patient complains of...", "There is an allergy to...", or "Vital signs are stable" and systematically summarize them in a glossary list. These glossaries then serve as the basis for further exercises, such as writing their own documentation or practicing conversational situations.

#### 6.5. Strategies for differentiated learning

Strategies for differentiated learning take into account the different language and professional levels of students. The goal is to accommodate all learners and create an inclusive, motivating learning environment. Internal differentiation refers to the targeted adaptation of content, methods, and tasks within a learning group to enable individual support (Dölle, 2013, p. 25). In heterogeneous learning groups, such as those often found in vocational language classes, it is especially important that the learning content and methods are adapted to individual learning requirements. This includes personalized support measures for learners with special

needs and differentiated task formats tailored to the students' respective levels of difficulty and learning pace. While advanced learners are further challenged through in-depth additional materials, more complex tasks or project-based activities, less advanced students receive targeted support, for example through simplified materials, structured learning aids or individual feedback.

The goal of this differentiated approach is to support all learners equally, avoid over- or under-challenge, and create an inclusive, motivating learning environment (Richter & Riemer, 2011).

Here is a concrete example of differentiated learning in German lessons for nursing staff: A German course for nurses includes learners with varying levels of language proficiency and professional experience. Some participants have already reached level B2 and have practical work experience in Germany. Others are still at level A2 or B1 and have no or only limited professional experience in the nursing field. (Schmölzer-Eibinger, 2011).

#### **Differentiation measures in teaching:**

- Common theme: "Communication with patients in the hospital"

The goal is for all learners to work on the same topic, but at a level of difficulty appropriate to their language level and experience. This way, no one is overwhelmed or under-challenged, and the lessons remain relevant and motivating for everyone.

#### • **Tasks for advanced learners (e.g. B2):**

- Role plays with more complex conversation situations, such as briefing sessions or dealing with difficult patients.
- Writing a nursing report at B2 level.
- Discussion session on "Intercultural communication in everyday nursing" with argumentation training.

#### • **Tasks for less advanced learners (e.g. A2-B1):**

- Practice simple dialogues, such as greetings, introductions, and asking how people are.
- Gap-fill texts on frequently used phrases in patient contact.
- Listening comprehension with short and clear audio recordings, e.g. typical questions during the recording.

#### • **Additional support:**

- Vocabulary cards with pictures to visualize important terms (e.g. "fever", "measure blood pressure").
- Tandem work: advanced learners support weaker participants in oral exercises.

Note: These differentiated measures are not exclusively about preparing admission reports. Rather, they train the entire range of communication skills required in everyday nursing practice – from patient contact and conversations with colleagues to documentation activities such as nursing reports. In this way, linguistic, professional, and intercultural skills are simultaneously developed.

## **6.6. Practical activities**

Practical activities for vocational language training include simulations and role-playing exercises that help students apply what they have learned in realistic situations. Exercises such as admission and handover simulations, in which learners assume the roles of nurses and patients, are particularly effective (see Richter & Riemer, 2011; Schlüter & Zimmermann, 2014). An admission simulation, in which students assume the roles of nurses and patients, is an effective method for practicing information gathering and communication. A handover simulation is also conducted, in which nurses must relay information from an admission report. This exercise emphasizes the accuracy and completeness of the information. The textbooks with which participants are constantly learning also include authentic audio texts. For example, they can first listen to a handover conversation and then act it out themselves as a role-play. An example of such an exercise can be found in Richter and Riemer (2011), where an admissions interview between a nurse and a new patient is practiced. Learners practice typical phrases such as: "Hello, my name is... I'm in charge of you today.", "Are you in pain? Since when?", "Do you take any medication regularly?" Such discussions promote both communication skills and technical understanding in the target language.

Handover conversations, as covered in German for the Nursing Profession B1–B2 (Schlüter & Zimmermann, 2014), are also ideal for role-playing. In one scenario presented there, a nurse must accurately and completely convey information from the admission report during the shift handover – for example: "Mrs. Müller was admitted this morning with severe back pain. She has known osteoporosis and is currently taking ibuprofen 600 mg three times a day."

Learners first listen to an authentic handover conversation (audio), note key information, and then reenact it in a role-play. The exercise places particular emphasis on precision, technical vocabulary, and correct sentence structure, which, according to Dreyer and Schmitt (2020), are crucial for successful professional communication.

## **6.7. Document-based exercises to promote specialist language skills**

Document-based exercises such as gap-filling exercises or document completion are effective methods for expanding students' subject-specific vocabulary while simultaneously training their ability to produce precise and accurate documentation.

In a typical fill-in-the-blank task, for example, learners are given a partially completed admissions report that is missing key words or phrases. Their task is to fill in the gaps with appropriate technical terms, thereby sharpening their understanding of the terminology and linguistic structure. Document completion also involves supplementing partially completed admission forms using predefined patient information. Students must not only use the correct terminology but also pay attention to technical and linguistic accuracy. These exercises not only promote text comprehension and technical vocabulary skills, but also the ability to create correct and complete documents in professional practice – an essential skill in everyday nursing practice (see Dreyer & Schmitt, 2020).

In addition to printed materials, such exercises are increasingly available digitally. For example, the platform [e-deutsch.de](https://e-deutsch.de). Numerous interactive exercises that can be completed directly

online. Learners receive immediate feedback, which further supports and motivates the learning process.

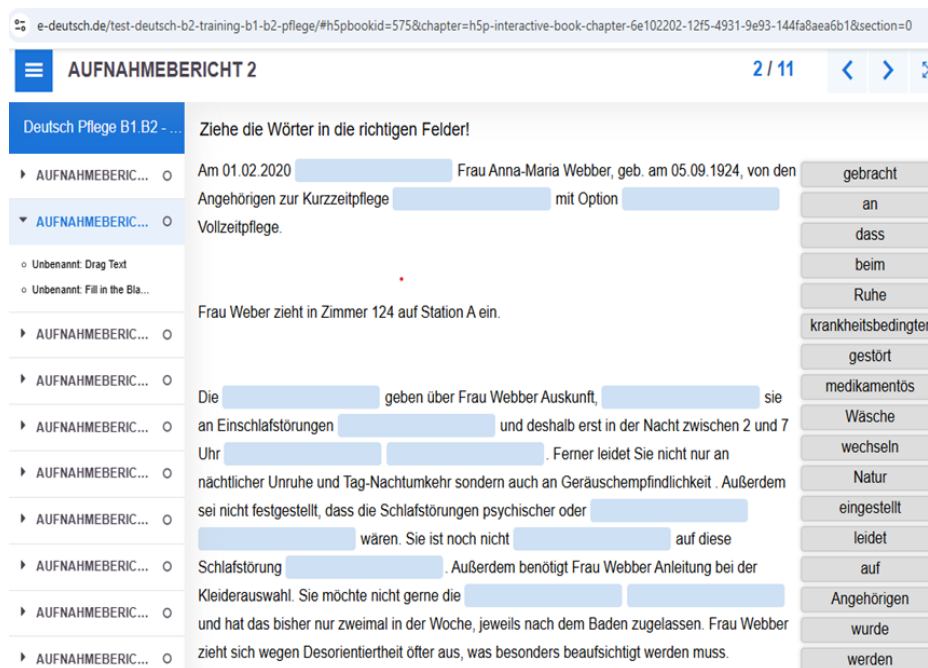


Figure 3. Admission report [e-deutsch.de](https://e-deutsch.de)

### 6.7. Analytical activities to promote documentation skills

Analytical activities such as comparing admission reports enable students to identify differences, inaccuracies, and weaknesses in nursing documentation and to identify best practices. Such exercises promote linguistic sensitivity and help develop precise, professionally accurate language. A particularly effective method is the error analysis of admission reports in which linguistic or content errors have been deliberately inserted. Students analyze the texts in groups or individually, identify the errors, and suggest corrections. This promotes not only accuracy but also critical thinking (see Dreyer & Schmitt, 2020; Richter & Riemer, 2011).

A concrete example is offered by Nursing – German Communication Training by Dreyer and Schmitt (2020): In one exercise, learners are given two admission reports. One of them contains typical errors, such as incomplete sentences, missing time information, or incorrect medication dosages: *"Patient complains of pain. No known medications. Blood pressure high today."*

Learners should revise and clarify the report, for example: *"The patient has been complaining of persistent back pain for three days. He is currently not taking any medication. His blood pressure this morning was 160/95 mmHg."*

Such an exercise is also recommended by Richter & Riemer (2011), where, for example, two different documentations on the same patient are compared to evaluate formal and linguistic quality. Through these activities, learners improve their ability to write documentary texts that are linguistically correct, technically complete, and appropriate to the target audience – skills that are essential in the nursing profession.

### 7. Conclusion

Preparing admission reports presents a significant and complex challenge for nurses, requiring both linguistic and professional communication skills. It goes far beyond simply drafting a text: Nurses must be confident in medical and nursing terminology, present complex information precisely, and formulate their reports clearly, structured, and objectively.

This study demonstrates that targeted language support combined with practical, didactically sound teaching methods contributes significantly to systematically developing these skills and ensuring professional documentation quality. Only those who master and correctly use the specialist terminology can write admission reports that are understandable, technically sound, and legally sound. This strengthens the self-confidence of nursing staff and gives them the confidence to document their work efficiently and responsibly.

The admission report, as the central document of patient admission, plays a key role in the entire treatment process. It serves as the initial basis for subsequent nursing and medical care, enables comprehensive information sharing within the interdisciplinary team, and is thus essential for quality assurance and patient safety. Incorrect or incomplete documentation can not only lead to misunderstandings and gaps in care, but in the worst case, can also endanger the patient's health. Therefore, precision, completeness, and structure are particularly important in the preparation of admission reports.

To optimally prepare nurses for this demanding task, innovative and practice-oriented teaching methods are necessary. Methods such as project-based learning, role-playing, simulations, and action-oriented tasks not only promote language competence but

also the learners' communicative and interactive skills. Such didactic approaches make language a tangible and applicable tool for collecting, sharing, and reflecting on nursing-relevant information. Furthermore, differentiated learning opportunities that take the learners' individual requirements into account enable inclusive and equitable support that meets diverse learning needs.

Another important aspect is the professional integration of nursing staff with a migrant background. In Germany, Austria, and Switzerland, language skills are a key prerequisite for the recognition of foreign professional qualifications and successful entry into the job market. The ability to write admission reports professionally and comprehensibly in German is often a decisive criterion for professional recognition and thus for the opportunity to be integrated into interdisciplinary teams on an equal basis and to perform a qualified activity. Linguistic insecurities or errors in documentation, however, can pose barriers that complicate the integration process and hinder professional development.

Overall, it is clear that language training in the nursing context plays a central role in ensuring high-quality nursing practice. It not only enables professional documentation but also promotes professional communication and collaboration in the healthcare system. Furthermore, it contributes significantly to the development of a professional identity among nurses by strengthening their professional self-confidence and laying the foundation for competent and confident professional practice.

In light of these findings, language support should be consistently developed and strengthened within the framework of nursing training and continuing education. This requires systematically integrating language and subject-specific content and creating practical learning settings that reflect the actual demands of everyday professional life. Only in this way can nurses be optimally prepared for the diverse communication and documentation challenges they face in everyday nursing practice.

In summary, language competence in nursing is far more than simply mastering vocabulary and grammar. It is a crucial factor for quality, patient safety, professional integration, and the development of a professional personality. Consistent, practice-oriented, and individualized language training is therefore essential to meet the demands of modern healthcare and ensure excellent patient care.

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