

Methodological Guide for Teaching Spa Nursing Care

Practical methodology for vocational healthcare education using the outputs of the SPA3 project

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1. Introduction and purpose of the methodological guide

This methodological guide has been developed as a practical pedagogical tool for teachers of vocational healthcare subjects, teachers of practical training and coordinators of vocational education. Its purpose is not merely to describe the SPA3 project or to present the Spanursing platform technically. Its main task is to translate the topic of spa nursing care into teaching so that learners acquire knowledge that is professionally accurate, practically usable and connected to situations they may encounter in spa, rehabilitation and nursing environments.

The guide therefore connects three layers. The first layer is the professional content of spa nursing care. The second layer is the didactic transformation of this content into thematic plans, lessons, practical tasks and reflection. The third layer is the use of specific SPA3 project outputs, especially the multilingual picture dictionary, tutorials, worksheets, tests and the overview of spa facilities. In this guide these outputs are understood as supporting resources, not as the only framework for teaching.

Methodological purpose of the chapter

The chapter defines the purpose of the guide, the way it should be used and the basic boundaries of its application in teaching spa nursing care.

1.1 Why a methodological guide is needed

The SPA3 project responds to the need to strengthen the preparedness of future healthcare workers for the specific features of spa nursing care. The project application describes the objective of developing learners' and students' knowledge and skills in this field and of providing the education sector with tools that bring teaching closer to the requirements of spa facilities. In the methodological guide this objective is translated into concrete teaching decisions: how to select a topic, how to place it within a vocational subject, how to prepare an activity, how to involve digital resources and how to verify that learners understand not only terminology, but also the practical role of the nurse.

In vocational education it is not enough for a learner to hear the definition of a procedure or complete a test. Learners need to gradually understand indication, contraindication, preparation of the environment, communication with the client, safety, hygiene, monitoring of the client's response, recording and continuity with the therapeutic regimen. This corresponds to the logic of professionally oriented education, where knowledge is connected with skills, attitudes and responsibility. The European framework for vocational education and training

has long emphasised quality, flexibility and the link between VET and labour market needs (Council of the European Union, 2020).

The guide should therefore function as a bridge between the project output and everyday teaching practice. Teachers should not look in it only for a ready-made text to read to learners. They should find a way to turn one topic into a teaching sequence, to vary the level of difficulty according to learners' level, to work with multilingualism and to maintain clinical caution in a topic that may otherwise drift towards promotional or tourism-oriented language.

Editorial decision for the whole publication
Spa nursing care is not presented in this guide as wellness, tourism or leisure relaxation. It is described as a specific professional field where healthcare indication, patient education, rehabilitation regimen, safety, cultural sensitivity and responsible use of natural resources meet.

1.2 Who the guide is intended for

The primary target group consists of teachers of vocational healthcare subjects and teachers of practical training. The guide is written so that it can be used by teachers of nursing, practical training, clinical exercises, communication in healthcare, healthcare documentation, first aid, public health or vocational foreign language. The secondary target group includes coordinators of vocational education, school management and staff responsible for thematic plans, project activities and cooperation with professional practice.

Teacher of a vocational subject Transforms an SNC topic into an objective, activity, reflection and assessment.	Teacher of practical training Connects procedure, communication, safety and client monitoring.
Education coordinator Uses the guide when adjusting thematic plans, modules and school materials.	School project team Receives a common framework for SPA3 outputs and sustainability.

1.3 What type of teaching the guide supports

The guide supports teaching that is active, professionally grounded and safely transferable into the school environment. In this context, active teaching does not mean superficial entertainment. It means that the learner works with a concrete situation, makes decisions based on information, formulates an instruction for the patient, distinguishes risk and adequately reflects on their own procedure. This approach is close to experiential learning, in which knowledge is based on experience, reflection and subsequent generalisation (Kolb, 2014).

In the digital dimension, the guide builds on the idea that digital tools should increase the quality, accessibility and usability of education, not replace the teacher's professional judgement. The Digital Education Action Plan 2021-2027 emphasises high-quality, inclusive and accessible digital education (European Commission, 2021). In the SPA3 context this means that the Spanursing platform, the dictionary, tutorials, worksheets and tests should be integrated into teaching in a methodologically guided way. They should not function as a separate repository of materials without pedagogical logic.

Teaching problem	Recommended SPA3 element	Methodological use
Learners know the term but cannot	Multilingual picture dictionary	Transforming a professional term into a short

explain it to the patient.		patient instruction.
Learners do not see the link between the procedure, indication and risk.	Worksheet + case situation	Analysis of indication, contraindication and the nurse's role before the procedure.
The teacher needs a quick professional input on the topic.	Tutorial	Brief activation of knowledge before discussion or practical training.
Understanding needs to be checked without a long written task.	Test	Diagnosis of weak points before moving on to a model situation.
Teaching should be connected with practice and career orientation.	Overview of facilities, locations and indications	Comparison of the nurse's role in different types of spa facilities.

Table 1. Initial mapping of SPA3 outputs to common teaching needs.

1.4 Four working modes of the guide

To prevent the guide from functioning as a conventional catalogue of chapters, each chapter works with four recurring modes. These modes help teachers quickly recognise the purpose of a given section and how it can be transferred into a lesson.

<p>Framework Briefly defines why the topic is important for SNC and vocational education.</p>	<p>Transfer into teaching Shows how to turn the topic into a lesson objective, activity, question or learning task.</p>
<p>Working with SPA3 resources Suggests when to use the dictionary, tutorial, worksheet, test or overview of facilities.</p>	<p>Verification of learning Recommends what the teacher should observe, how to ask questions and how to assess the result.</p>

1.5 What the guide deliberately does not do

The guide does not replace a nursing textbook, clinical standards, local facility regulations or medical instructions. It does not prescribe healthcare procedures beyond the competences of the school and learners. It does not describe spa facilities in promotional language and does not build teaching on the tourist attractiveness of locations. Nor does it function as a stand-alone technical manual for the Spanursing platform. Wherever the platform is used, the guide explains why it is being used and what didactic purpose it should serve.

Safety boundary of the methodology
When using the guide, the teacher must always distinguish between school-based training, a model situation and real care. In a real facility, the learner follows their competences, the instructions of the responsible staff member, facility rules and the client's current health condition.

1.6 How to read methodological elements in the following chapters

Short methodological boxes recur in the following chapters. Their purpose is not to decorate the text, but to help teachers orient themselves quickly. The "Methodological purpose" box summarises why the chapter exists. The "Teaching example" box offers a short scenario or a specific procedure. The "Check question" box helps verify whether learners are moving towards the intended result. The "Risk of simplification" box draws attention to places where teaching could slide into inaccuracy, promotional language or dangerously general claims.

Check question for the teacher

If I had to transform this chapter into one lesson, what exactly would the learner be able to say, demonstrate, decide or justify at the end?

1.7 Link to the European and professional framework

The methodological guide is situated within the European framework of vocational education and training and within the logic of Erasmus+ Cooperation Partnerships. Cooperation Partnerships are intended to increase the quality and relevance of the activities of participating organisations, strengthen their networks and develop their capacity to cooperate at international level (European Commission, 2025). In the SPA3 project, this logic is reflected in the joint development of materials, multilingualism and the sharing of experience from four partner countries.

For the digital part, the guide also uses the DigCompEdu framework, which describes educators' digital competences in six areas and is applicable across education sectors, including vocational education and training (Redecker, 2017). For the inclusive dimension, it will also be appropriate to use the principles of Universal Design for Learning, which support the design of education so that learners can participate meaningfully in different ways (CAST, 2024). In the following chapters, the nursing part of the guide will emphasise safety, effective practice and professional responsibility, which are principles commonly highlighted in nursing professional frameworks and in interprofessional collaboration (World Health Organization, 2010).

1.8 Mini-template for using a chapter in teaching

Teacher's step	Recommended procedure
1. Define the topic	Select one concrete SNC topic, e.g. client education before a procedure.
2. Set the learning outcome	Formulate what the learner can do: explain, recognise risk and give an instruction.
3. Choose a SPA3 output	Select dictionary entries, a tutorial, worksheet or test according to the lesson purpose.
4. Verify and reflect	Ask learners to demonstrate an instruction or analyse a model situation and reflect briefly.

Table 2. Basic procedure for transforming a chapter into one teaching sequence.

2. The importance of spa nursing care in vocational healthcare education

CHAPTER ENTRY | Purpose of the chapter

The chapter explains why spa nursing care should be taught as a clearly recognisable professional area, not merely as a marginal note within rehabilitation, balneology or general nursing practice. Teachers will find arguments for thematic plans, project-based learning, practical training and work with Spanursing outputs.

2.1 Spa nursing care as a bridge between school and professional practice

Spa nursing care is important for healthcare education because it connects clinical thinking, communication with the client, safe performance of procedures, work with regimen measures and orientation in the operation of a facility. In the SPA3 project, this area was defined as a response to the need to better prepare learners and

students in nursing fields for the specific requirements of spa facilities and for a shorter adaptation period after entering practice.

Teaching is not only about naming procedures. The teacher should lead learners to understand the relationship between indication, contraindication, the client's response, procedural safety, documentation, education and teamwork. Spa nursing care therefore becomes a suitable environment for developing competences that are transferable to hospital, community, rehabilitation and long-term care.

DIDACTIC TRACE | Practical implication for the teacher

When planning teaching, it is not appropriate to include SNC only as a list of procedures. Each teaching unit should include at least one link to the nurse's decision-making, client safety, communication, documentation or patient education.

2.2 Why general nursing teaching is not enough

General nursing teaching provides a basic framework for caring for a person, but spa operations bring different situations. The client is often not acutely ill in the hospital sense, but comes with a chronic condition, functional limitation, pain, fatigue, expectations of a change in regimen and sometimes also uncertainty about the environment. The nurse's role therefore shifts significantly towards education, monitoring of response to a procedure, risk prevention and coordination with other professions.

This shift corresponds to the broader European emphasis on learning outcomes, transferable competences and the connection between vocational education and labour market needs. Cedefop emphasises that learning outcomes should describe what a learner is expected to know, be able to do and understand after completing the learning process. For SNC, this means that it is not enough to formulate a topic such as "hydrotherapy". It is more appropriate to express what the learner can safely explain, prepare, monitor, record and reflect on in a model situation (Cedefop, 2022).

Table 3. Difference between a general topic and competence-based teaching of SNC.

Common thematic approach	Competence-based approach	Benefit for practice
The learner knows types of procedures.	The learner explains the purpose of the procedure to the client and recognises situations requiring increased caution.	Safer communication and a lower risk of mechanical performance of the task.
The learner describes the aids.	The learner selects suitable aids, checks their cleanliness and connects them with a hygiene rule.	A direct link to operational responsibility and the prevention of infection risks.
The learner lists indications.	The learner works with indication, contraindication and the client's current condition in a short case situation.	Development of clinical judgement at a level appropriate to VET.
The learner completes a test.	The learner combines a test, worksheet, dictionary and a short reflection on the decision.	Stronger transfer of knowledge into action in practice.

2.3 SNC as a learning space for professional judgement

A strong feature of SNC teaching is the possibility of working with short clinical-operational scenarios. The learner does not learn only the isolated definition of a procedure, but learns to assess the situation, prepare the client, point out a risk, observe the body's response, communicate respectfully and record essential information. Such teaching supports professional judgement while remaining appropriate to the level of vocational education.

The WHO interprofessional framework notes that quality healthcare requires collaboration between professions and the preparation of workers for team-based practice (World Health Organization, 2010). Spa care is highly suitable for this principle because the nurse comes into contact with the physician, physiotherapist, balneotherapy staff, nutrition therapist, reception staff, the client and often also the client's family.

TEACHING EXAMPLE | Model situation

After hydrotherapy, the client reports weakness, mild dizziness and uncertainty when standing up. In the role of a nurse, the learner should describe what they will do immediately, how they will communicate, which data they will check, whom they will inform and what they will record. The aim is not to diagnose, but to respond safely within the role of a future nurse.

2.4 Relationship to the labour market and graduates' adaptation

The SPA3 project is based on the understanding that graduates of nursing fields need to understand the specific features of spa care better so that they are more usable in practice and their induction in spa facilities is not unnecessarily long. Education focused on SNC should therefore not be understood as an addition without relevance to employability. It has a direct relationship to the professional profile of a graduate who understands regimen measures, procedure safety, communication with the client and the environmental context of operations.

From the school's perspective, the benefit is twofold. The first benefit lies in the professional extension of teaching. The second lies in making another possible career pathway visible for learners and students in healthcare fields. This is particularly important where the regional network of spa, rehabilitation or balneotherapy facilities represents a significant employment environment.

Table 4. Link between SNC teaching and the needs of the graduate and employer.

Need of practice	Teaching response	Learner output	Link to Spanursing
Faster orientation in spa operations.	Work with a map of facilities, team roles and the client's typical day.	The learner explains the basic flow of care from indication to reflection on effect.	Overview of facilities, tutorials.
Safe performance of supportive tasks.	Scenarios involving checking aids, hygiene and risks.	The learner names risks and proposes preventive steps.	Dictionary, worksheets.
Communication with the client in a sensitive situation.	Role-play using simple patient-oriented language.	The learner transforms a professional term into an understandable instruction.	Multilingual dictionary, worksheets.
Ability to learn from digital resources.	Guided work with online materials and short reflection on resources.	The learner uses a digital resource and assesses its usability.	Tutorials, tests, platform.

2.5 SNC as a suitable topic for active and experiential learning

Spa nursing care is well suited to active teaching because it allows professional explanation to be connected with practice, observation, decision-making and reflection. Experiential learning emphasises the cycle of experience, reflection, generalisation and new application. This principle is practical for SNC because the learner can first work with a concrete situation, then describe what they observed or decided, and only afterwards formulate a general rule for similar situations (Kolb, 2014).

In the SPA3 environment, this cycle can be transformed into a simple procedure. The teacher selects a topic, a short tutorial and 5 to 8 dictionary entries, continues with a worksheet and ends the work with a brief check. The test should not be only a memory check, but a signal of whether the learner understands the relationship between the term, procedure, risk and communication with the client.

METHODOLOGICAL PROCEDURE | Quick procedure for one lesson

1. short teacher input on the client situation
2. 5 to 8 terms from the dictionary
3. one tutorial or part of it
4. worksheet with a case situation
5. two-minute reflection on the decision
6. short test or oral verification

2.6 Added value of multilingualism and multicultural sensitivity

Spa care is often connected with clients from different countries, with different language needs, cultural expectations and rules concerning physical contact, modesty, pain, rest or diet. SNC teaching therefore naturally provides space for developing culturally sensitive communication. This is not a general declaration of tolerance, but a concrete skill: formulating a safe, respectful and understandable instruction.

In this respect, the Spanursing multilingual picture dictionary is important not only as a terminology aid. The teacher can use it to help learners transform a professional term into a short sentence for the client, compare which terms differ across partner languages and practise communication without professional overload. This procedure also supports inclusive teaching, because an image, a brief definition and multilingualism reduce barriers in learning professional language.

2.7 Digital and environmental dimension of teaching

SNC teaching in the SPA3 project is not separated from digital transformation. Digital outputs allow the teacher to combine tutorials, worksheets, tests, the dictionary and the overview of facilities according to the specific topic and the learners' level. The Digital Education Action Plan 2021-2027 defines a shared European vision of high-quality, inclusive and accessible digital education. For this guide, this means that digital resources should increase the accessibility and quality of teaching, not merely replace printed materials (European Commission, 2021).

The environmental dimension of SNC is important because spa care works with natural healing resources, energy, water, linen, disinfection, disposable and reusable aids and the movement of people. The teacher should not turn teaching into environmental awareness detached from the profession. It is more appropriate to lead learners to ask how care can be provided safely, hygienically and effectively while avoiding unnecessary waste.

Table 5. Three dimensions of the importance of SNC for vocational education.

Professional dimension	Pedagogical dimension	European/project dimension
Indication, contraindication, monitoring, safety, documentation.	Case-based learning, role-play, reflection, mapping of terms.	Quality of VET, digital transformation, accessible outputs.
Patient education and understandable communication.	Transformation of professional language into patient instructions.	Multilingualism, inclusion, multicultural sensitivity.
Management of aids, water, energy and time.	Decision-making in a concrete situation, not general slogans.	Environmentally responsible vocational education.

2.8 Mini-template of argumentation for a thematic plan

The following text can be adapted by a teacher or coordinator for a thematic plan, school methodological document or internal justification for including SNC in teaching:

ADAPTATION TEXT | Text for adoption and adaptation

Including spa nursing care in teaching develops learners' professional competences in safe care, client monitoring, patient education, communication and orientation in the operation of a spa or rehabilitation facility. The topic also supports digital competences when working with the Spanursing learning platform and environmentally responsible thinking in the use of aids, water, energy and hygiene procedures. Teaching is implemented through case situations, the dictionary, worksheets, tutorials and brief knowledge checks.

3. Competence framework for teaching SNC

CHAPTER ENTRY | Purpose of the chapter

The chapter translates the topic of spa nursing care into a competence framework that can be used when planning teaching, preparing thematic plans, designing worksheets and assessing learners. It is not a formal list of skills, but a map of what the learner should be able to use in a concrete professional situation.

3.1 Why a competence framework is needed

In teaching, spa nursing care can easily be reduced to the names of procedures, aids and facilities. Such an approach is not sufficient if the learner is to genuinely understand the role of the nurse in spa operations. A competence framework helps the teacher transform teaching content into concrete action. It enables the teacher to decide in advance whether the learner should merely know a term, or use it in client education, preparation of aids, monitoring of response to a procedure or recording in documentation.

The European approach to vocational education has long emphasised learning outcomes and their clear expression. Cedefop recommends formulating learning outcomes so that they describe what a learner is expected to learn, understand and be able to use after completing the learning process. For SNC teaching, this approach is practical. It makes it possible to move away from general topics such as “spa procedures” and replace them with verifiable outcomes, for example: “the learner explains the purpose of the procedure to the client, states the main safety principles and describes which client responses need to be monitored” (Cedefop, 2022).

DIDACTIC TRACE | Rule for formulating a competence

A good competence for SNC contains a verb, professional content, a situation and evidence. “The learner knows hydrotherapy” is not enough. A better formulation is: “in a model situation, the learner explains the purpose of a selected hydrotherapy procedure to the client, states two safety principles and records one item that must be monitored”.

3.2 Basic logic of the SPA3 competence framework

The competence framework in this guide is based on three layers. The first layer is professional. It includes knowledge of natural healing resources, procedures, indications, contraindications, aids, monitoring, documentation and safety. The second layer is pedagogical. It defines how the learner demonstrates understanding of professional content and the ability to use it. The third layer is project-related. It connects competences with Spanursing outputs, namely the dictionary, tutorials, worksheets, tests and the overview of spa facilities.

The framework is not intended as a binding curricular standard for all schools. It should serve as a practical support that teachers adapt according to the field of study, year group, thematic plan, available time and learners' level. For a lower year group, a competence may mean correctly naming aids and giving a simple patient instruction. For a higher year group or higher vocational education, the same area may include a more complex case situation, work with contraindication, decisions about passing on information and reflection on documentation.

Table 6. Working competence card for SNC teaching planning.

Competence area	What the learner should be able to do	Evidence in teaching	Supporting SPA3 output
Professional understanding of SNC	Explains the purpose of the procedure, basic indication, possible risk and the nurse's role.	Oral explanation, short case response, work with terms.	Tutorial, dictionary, worksheet.
Safety and hygiene	Recognises hygiene requirements, checking of aids and situations requiring increased caution.	Checklist, model preparation of aids, reflection on risk.	Dictionary, worksheet, test.
Client monitoring	Monitors selected data before, during and after the procedure and distinguishes a normal response from a signal that information must be passed on.	Scenario with observation record, work with vital signs.	Dictionary, worksheet, tutorial.
Patient education	Transforms a professional term into an understandable instruction for the client.	Role-play, short educational text, peer feedback.	Multilingual dictionary, worksheet.
Multicultural communication	Chooses respectful communication in situations involving touch, modesty, a language barrier or different expectations.	Model dialogue, reflection on wording, pair work.	Dictionary, scenarios, test.
Digital work with resources	Uses digital material for learning and checks whether the information corresponds to the learning objective.	Brief search, comparison of resources, use of the platform.	Spanursing platform, tutorials, tests.
Environmental responsibility	Proposes a safe procedure without unnecessary waste of water, energy, linen or aids.	Mini decision-making in an operational situation, argumentation.	Worksheet, case task.

3.3 Eight competence areas for teaching SNC

For the purposes of this methodological guide, it is useful to work with eight competence areas. These areas correspond to the SPA3 thematic modules and allow the teacher to plan teaching so that it is based not only on knowledge, but also on decision-making, communication and safe action.

Table 7. Eight competence areas and their interpretation for teachers.

Area	Teacher interpretation	Typical activity
1. Introduction to SNC	The learner understands how SNC differs from general nursing care and rehabilitation operations.	Mind map of the nurse's role in a spa facility.
2. Natural healing resources and procedures	The learner connects a resource or procedure with its purpose, risk and regimen measure.	Short case situation with indication and contraindication.
3. Client monitoring	The learner monitors selected data and understands when a response is necessary.	Record of the client's response before and after a procedure.
4. Safety, hygiene and risk prevention	The learner prepares a safe environment and identifies critical points of the task.	Checklist of aids and hygiene steps.
5. Patient education	The learner explains the procedure to the client clearly and without professional	Role-play with a client before a procedure.

	overload.	
6. Multicultural communication	The learner communicates sensitively in relation to modesty, touch, a language barrier and different expectations.	Rewriting a professional message into a respectful instruction.
7. Environmentally responsible SNC	The learner looks for safe procedures without unnecessary waste of resources.	Mini decision-making task with water, linen and aids.
8. Digital skills	The learner uses a digital resource for learning, checking knowledge and orientation in the topic.	Work with the platform, tutorial and test.

3.4 Levels of competence mastery

Competences must be assessed appropriately. The teacher should not expect the same depth of performance from a learner encountering the topic for the first time and from a student who has already completed practical training or is working with a more complex case study. This guide therefore recommends three levels of mastery. They are not intended for administrative grading, but for teaching planning and clearer task assignment.

Table 8. Three levels of competence mastery in SNC.

Level	Nature of performance	Example formulation of a learning outcome	Suitable evidence
Basic	The learner names, describes and recognises.	The learner names basic aids for client monitoring and states their purpose.	Short test, work with the dictionary.
Application	The learner uses knowledge in a simple situation.	In a model situation, the learner selects a suitable aid, explains the procedure to the client and states a hygiene rule.	Worksheet, role-play, oral check.
Integration	The learner connects several aspects and justifies a decision.	The learner assesses the client's response after a procedure, proposes a safe procedure, informs a team member and records an essential item.	Case study, assessment rubric.

METHODOLOGICAL PROCEDURE | How to work with the levels

One lesson does not have to develop all levels. In an introductory topic, the basic level is sufficient. During revision or a practical block, it is appropriate to move to the application level. The integration level belongs mainly in case studies, practical training, project blocks and summative assessment.

3.5 Mapping competences to Spanursing outputs

Spanursing outputs should be used in teaching as an interconnected methodological system. The dictionary helps name and visualise professional terms. A tutorial provides professional input. A worksheet guides the learner towards application. A test checks understanding. The overview of facilities connects teaching with practice and shows that SNC is not an abstract topic, but a real area of healthcare operations.

Table 9. Recommended combinations of Spanursing outputs by competence objective.

Competence objective	Start of the activity	Application	Verification
Understanding a procedure	Tutorial on the topic.	Worksheet with a simple client	Short test and oral summary.

		situation.	
Terminology and aids	5 to 8 entries from the dictionary.	Matching an aid to purpose and risk.	Mini quiz or description of an aid in the learner's own words.
Patient education	Dictionary and short sample instruction.	Role-play before a procedure.	Feedback according to a rubric.
Safety and hygiene	Checklist from a worksheet.	Model preparation of environment and aids.	Identification of two risks and one preventive step.
Orientation in practice	Overview of facilities and indications.	Comparison of the nurse's role in different types of operation.	Short reflection on professional orientation.

3.6 Competence formulations for thematic plans

The following formulations can be adopted or shortened for thematic plans. They are written to express a learning outcome, not merely the topic covered.

Table 10. Bank of learning outcome formulations for SNC.

Area	Example learning outcome
Procedures and natural healing resources	The learner explains the purpose of a selected spa procedure, states a basic indication, possible risk and a simple regimen recommendation for the client.
Monitoring	The learner describes which data should be monitored before, during and after a selected procedure and when the responsible person must be informed.
Safety	The learner prepares aids and environment for a model situation in accordance with hygiene and safety requirements.
Education	The learner transforms professional information into a short, understandable and respectful instruction for the client.
Multicultural communication	The learner chooses appropriate wording in a situation where the client feels modesty, does not understand a professional term or has different cultural expectations.
Digital resources	The learner uses a digital learning resource to prepare for a topic and briefly justifies which information is usable in practice.
Environmental responsibility	The learner proposes a care procedure that maintains safety and hygiene while reducing unnecessary consumption of material, water or energy.

3.7 Assessment of competences in SNC

Assessment of competences in SNC should be combined. A test checks basic understanding of terms and rules, but by itself it does not show whether the learner can communicate with the client or make a decision in a model situation. It is therefore appropriate to combine short tests with worksheets, practical scenarios, role-play activities and simple assessment rubrics.

A rubric should be concise. In ordinary teaching, three to five criteria are sufficient, such as professional accuracy, safety, clarity of communication, respect for the client and the ability to justify the procedure. The teacher can use the same rubric repeatedly so that learners see that competence is not a one-off performance, but a gradually developing ability.

ASSESSMENT | Mini-rubric for an SNC scenario

- Criterion 1: professional accuracy of the procedure
- Criterion 2: recognition of risks and safety measures
- Criterion 3: understandable communication with the client
- Criterion 4: respectful approach and work with modesty or uncertainty
- Criterion 5: ability to record or pass on essential information

3.8 Inclusive use of the competence framework

The competence framework should also be usable for learners with different educational needs and different language levels. An inclusive approach does not mean reducing professional demands without quality control. It means dividing performance into manageable steps, offering several ways of working with information and enabling the learner to demonstrate understanding also through an image, explanation, dialogue, practical matching or a structured answer. This approach corresponds to the principles of Universal Design for Learning, which emphasise learner variability and the need for multiple ways of engagement, representation of learning content and expression of outcomes (CAST, 2024).

In practice, this means that the dictionary can support learners with language uncertainty, the worksheet can offer structured questions and role-play can be carried out with prepared sentences. The teacher still assesses the professional sense of the answer, safety and the ability to communicate with the client.

4. Integrating SNC into vocational subjects and thematic plans

Integrating spa nursing care into teaching should not mean adding an isolated topic at the end of the school year. It should be a considered connection between vocational subjects, practical training, language support and digital resources. If SNC is taught only as a separate lecture, learners usually gain basic orientation, but they acquire decision-making in concrete situations, communication with the client and work with risk less effectively.

This chapter therefore offers a model for transforming SPA3 project outputs into thematic plans. It is based on the principle of learning outcomes. Planning does not start with the question of what the teacher will lecture on, but with the question of what the learner should recognise, explain, perform safely, evaluate and transfer into communication with the client after teaching. This approach corresponds to the European understanding of vocational education, which emphasises clear learning outcomes, employability and the ability to use knowledge in practice (Cedefop, 2022; Council of the European Union, 2020).

Methodological principle of the chapter

SNC is not included in the thematic plan as a separate add-on, but as a cross-cutting professional topic. The teacher can integrate it into nursing, clinical exercises, communication, a vocational foreign language, informatics, environmental education and project-based teaching.

4.1 Where SNC belongs in teaching

It is most useful to understand SNC as a connecting topic between theory and practice. In vocational subjects, it makes it possible to explain indications, contraindications, effects of natural healing resources, client monitoring and procedural safety. In practical training, it enables practice in preparing aids, communicating, checking the client's condition and recording observations. In language teaching, it develops the ability to transform a professional term into an understandable sentence for the client. In digital teaching, it supports information searching, work with the platform and critical assessment of sources.

The teacher does not have to create a new subject. In most schools, it will be more effective to insert SNC into existing thematic units. The advantage of this approach is a lower administrative burden, better continuity with subject content and easier use across different years of study.

Teaching area	Natural place for SNC	Example objective	Suitable SPA3 output
Nursing	client care, condition monitoring, risk prevention	The learner explains why selected vital signs are monitored before a procedure.	tutorial, dictionary, test
Clinical and vocational practice	preparation of the environment, aids and client	The learner prepares aids and describes a safe procedure before the procedure.	worksheet, dictionary
Communication	client education and response to concerns	The learner formulates a short instruction for the client before the procedure.	role-play, dictionary
Vocational foreign language	terminology and simple patient instruction	The learner explains selected terms in Czech and one foreign language.	multilingual dictionary
Informatics and digital skills	work with sources and online materials	The learner verifies information about a procedure and distinguishes a professional source from promotional text.	platform, worksheet
Environmental education	responsible use of resources and materials	The learner proposes a saving measure that does not compromise hygiene or safety.	worksheet, case task

Table 11. Natural entry points for SNC in existing teaching areas.

4.2 Procedure for adapting a thematic plan

The adaptation of a thematic plan should be concise, evidence-based and usable. The teacher or subject guarantor should first identify which parts of the existing plan already relate to SNC. Then one or more learning outcomes are selected, suitable Spanursing outputs are assigned and the form of verification is defined. This creates a realistic change that can be implemented without intervening in the whole curriculum.

Recommended working procedure

1. Select an existing thematic unit.
2. Identify which practical SNC problem the topic opens.
3. Write one to three learning outcomes.
4. Assign the dictionary, tutorial, worksheet or test.
5. Decide how the teacher will verify understanding and transfer into practice.

Step	Question for the teacher	Planning output	Evidence for the school	Risk being prevented
1	Where does the topic naturally meet SNC?	selected thematic unit	adapted thematic plan	formal addition without purpose
2	Which practical problem should the learner solve?	short model situation	scenario or worksheet	explanation without application
3	What should the learner master?	learning outcome	measurable formulation	unclear lesson objective
4	Which SPA3 resources will we use?	combination of outputs	reference to material	random use of the platform
5	How will we verify learning?	test, rubric, reflection	record or assessment	missing evidence of impact

Table 12. Five-step procedure for integrating SNC into a thematic plan.

4.3 Model integration into a thematic plan

The following model shows how SNC can be inserted into a regular vocational subject. The model is intended as a template, not as the only correct version. The school may adapt the year of study, time allocation, terminology and specific procedures according to its educational programme.

Subject topic	SNC integration	Learning outcome	Verification
Measurement of vital functions	monitoring the client before and after a procedure	The learner explains when it is necessary to postpone a procedure and to whom information should be passed on.	short test and case question
Hygiene and safety	preparation of aids, disinfection, risk prevention	The learner describes a safe procedure for preparing the environment for a spa procedure.	checklist
Patient education	instructing the client before a procedure	The learner transforms professional information into an understandable patient instruction.	role-play
Team communication	passing on information about the client's response	The learner briefly passes observations on to another team member.	model record
Natural healing resources	effects, limits and risks of	The learner distinguishes an evidence-based	work with sources

	procedures	statement from a promotional message.	
Environmental responsibility	consumption of water, linen, energy and disposable aids	The learner proposes a measure that is economical and safe at the same time.	reflection in pairs

Table 13. Model integration of SNC into the thematic plan of a vocational subject.

4.4 Minimal and extended model of integration

Schools differ in time allocation, programme profiles, availability of practice and teachers' experience. It is therefore useful to work with two levels of integration. The minimal model is intended for schools that want to introduce SNC without major organisational change. The extended model is suitable where the school plans project-based teaching, cooperation with a spa facility or systematic use of the Spanursing platform.

Area	Minimal model	Extended model
Scope	2 to 4 lessons in an existing subject	thematic block of 6 to 12 lessons or a project day
Resources	dictionary, one tutorial, one worksheet	combination of the dictionary, several tutorials, worksheets, tests and case scenarios
Practice	model situation in the classroom	connection to practical training, an excursion or consultation with practice
Assessment	short test and reflection question	rubric, scenario, team presentation and self-assessment
Evidence	adapted thematic plan and used worksheet	thematic plan, photo documentation without sensitive data, samples of outputs, evaluation record

Table 14. Minimal and extended model of SNC integration.

4.5 Working with Spanursing outputs during planning

Spanursing outputs should be planned as a learning sequence. The dictionary helps with terminology and visualisation. The tutorial provides professional input. The worksheet guides the learner towards application and decision-making. The test provides a quick check of understanding. The overview of spa facilities can connect the topic with practice, indications and career orientation. This procedure supports digital pedagogy, but it does not reduce teaching to work with the platform (Redecker, 2017; European Commission, 2021).

Sequence for one lesson

Introduction: the teacher selects 5 to 8 terms from the dictionary.
 Professional input: learners watch a short tutorial or work with part of it.
 Application: pairs solve a worksheet with a model situation.
 Verification: the teacher uses a short test or oral check.
 Reflection: learners formulate one sentence for the client and one safety rule.

SPA3 output	Role in the thematic plan	When to use it	Evidence of learning	Note on inclusion
Dictionary	terminological and visual support	before explanation or during revision	correct use of the term in a sentence	helps learners with language uncertainty
Tutorial	professional input	at the beginning of a topic or as self-study	answer to a control question	can be paused and replayed
Worksheet	active work with a problem	during the lesson or homework preparation	completed procedure or scenario	allows structured support
Test	verification of understanding	after explanation or a block	test result	should be supplemented by oral explanation
Overview of facilities	connection with practice and indications	during career-oriented and comparative work	short comparison or presentation	supports a broader European context

Table 15. Use of Spanursing outputs in teaching planning.

4.6 Example entry in a thematic plan

The entry below can be used as a starting formulation for school documentation. It is written to be specific, but not to sound like a copy of the project application.

Model entry

Topic: Safe preparation of the client for a selected spa procedure.
 Content: basic orientation in indication and contraindication, checking the client's condition, preparation of aids, patient education,

hygiene and environmental rules.

Learning outcome: the learner describes the procedure for preparing the client, selects suitable aids, formulates understandable instructions and identifies a situation when it is necessary to contact the responsible person.

Methods: work with the dictionary, short tutorial, model situation, worksheet, reflection.

Verification: control questions, completed worksheet and a short role-play situation.

4.7 Evidence of integration for the needs of the school and the project

The integration of SNC into teaching should be demonstrable, but it must not burden teachers with excessive administration. For ordinary school practice, it is sufficient to keep the adapted thematic plan, the worksheet used, a short record of verification and a sample of an anonymised learner output. If the topic is implemented as a project activity, it is useful to add the programme of the block, attendance list, evaluation questions and a brief teacher reflection.

Evidence has a dual purpose. It helps the school maintain teaching after the project ends and at the same time makes it possible to show that SPA3 outputs are not only created materials, but have genuinely entered educational practice. This distinction is important for sustainability and for demonstrating impact.

Evidence item	Minimum content	Who keeps it	Purpose
Thematic plan	topic, time allocation, learning outcome, SPA3 resource	subject guarantor	evidence of curricular integration
Worksheet or task	assignment and expected output	teacher	evidence of active use
Short teacher record	what worked, what to adapt	teacher or methodologist	improvement of teaching
Sample learner output	anonymised output or summary	teacher	evidence of learning
Evaluation questions	2 to 5 questions on usefulness and clarity	coordinator or teacher	evidence of impact

Table 16. Simple evidence of SNC integration into teaching.

4.8 Most common mistakes when integrating SNC

When integrating SNC, it is useful to avoid several recurring mistakes. The first mistake is a topic that is too broad and lacks a clear learning outcome. The second mistake is confusing professional methodology with a catalogue of spa facilities. The third mistake is excessive reliance on a test that checks terms but does not show the ability to communicate and make decisions. The fourth mistake is separating the digital resource from the practical situation.

Control questions before including the topic

Is it clear what the learner should be able to do after teaching?

Is the topic connected with practice and not only with definitions?

Are we using SPA3 outputs as didactic support and not as a self-serving demonstration of the platform?

Are safety, hygiene and communication with the client included in teaching?

Does the teacher have a simple way of verification and evidence?

5. Didactic principles of teaching SNC

CHAPTER ENTRY | Purpose of the chapter

This chapter translates the professional content of spa nursing care into concrete didactic decisions. The teacher will find principles that help turn the dictionary, tutorials, worksheets, tests and overview of facilities into a coherent learning sequence. The aim is not to offer a universal scenario for all schools, but a methodological filter for planning high-quality, safe and transferable teaching.

5.1 Teaching starts from a situation, not only from a topic

The basic didactic principle of teaching SNC is work with a situation. A topic alone, for example hydrotherapy, peloid treatment or client monitoring, does not yet say what the learner should actually do in the lesson. A situation, by contrast, creates a professional context. The teacher describes who the client is, which procedure is being prepared, what information is available, what needs to be explained and which risk must be monitored.

This principle supports outcome-oriented learning. Cedefop recommends formulating learning outcomes so that they are understandable, observable and transferable to practice (Cedefop, 2022). In SNC teaching, it is therefore not sufficient for the learner merely to state the definition of a procedure. The learner should show that the definition can be used when communicating with the client, checking aids, preventing risk or reflecting on the course of care.

DIDACTIC TRACE | Quick situation check

Before the lesson, the teacher asks three questions. Which professional situation is being addressed in teaching? What decision should the learner make? What output will remain as evidence of learning? If one of these questions cannot be answered, the activity probably remains only descriptive.

Table 17. Transforming a topic into a learning situation.

Topic	Situation for the learner	Evidence of learning	Suitable SPA3 output
Natural healing resources	The client asks why temperature and application time are important during the procedure.	A short explanation for the client and one identified risk.	Tutorial, worksheet.
Client monitoring	The learner compares the condition before and after the procedure and decides what to record.	A record of vital or orientation data and a short interpretation.	Dictionary, worksheet, test.
Safety and hygiene	The learner prepares aids and must identify which rule protects both the client and the staff.	A checklist of aids and hygiene steps.	Dictionary, worksheet.
Communication	The client does not understand a professional term or feels uncertain about removing clothing.	An understandable and respectful formulation for the client.	Multilingual dictionary, role-play.

5.2 Learning moves from a term to action

Spanursing outputs should be used in four steps. The first step is the term. The learner recognises the professional term, image and basic definition. The second step is understanding. The learner explains the purpose of an aid, procedure or rule. The third step is use. The learner works with the term in a model situation. The fourth step is reflection. The learner explains why a particular procedure was chosen and how he or she would respond if the client's condition changed.

This procedure corresponds to experiential learning. Kolb emphasises that learning arises from the connection between experience, reflection, conceptualisation and active experimentation (Kolb, 2014). In SNC teaching, this means that a worksheet should not be merely a form to fill in. It should guide the learner from observation through interpretation to a concrete decision.

MINIMAL MODEL | 20-minute sequence

5 minutes dictionary and key terms. 5 minutes tutorial or professional input. 7 minutes worksheet based on a

situation. 3 minutes test or reflection question. This short sequence can be used in an ordinary lesson without the need for extensive project-based teaching.

5.3 Didactic role of the dictionary, tutorial, worksheet and test

The individual project outputs do not have the same function in teaching. The dictionary is an initial terminological and visual support. The tutorial provides the professional framework. The worksheet guides the learner towards application. The test verifies understanding and helps the teacher decide whether it is possible to move on to a more demanding situation. If these outputs are used in isolation, their impact is weaker. If they are used as a short learning chain, methodologically robust teaching emerges.

Table 18. Didactic function of the main Spanursing outputs.

Output	Main function	When to use	What it must not replace	Evidence of learning
Multilingual picture dictionary	Term, image, safety note and language support.	At the beginning of a topic, when there is language uncertainty, during role-play preparation.	Professional explanation and practice in decision-making.	The learner uses the term correctly in a sentence for the client.
Tutorial	Professional input and alignment of basic understanding.	Before a worksheet or homework preparation.	The learner's active work in a situation.	The learner summarises the main rule or risk.
Worksheet	Application, decision-making, reflection and evidence of teaching.	In the main part of the lesson or during self-study.	Teacher feedback.	Completed case response or checklist.
Test	Verification of understanding and diagnosis of weak points.	After a tutorial, after a module or as initial revision.	Practical demonstration of a skill.	Test result plus correction of errors.
Overview of facilities	Connection of teaching with practice, indications and career context.	When comparing systems, indications and facilities.	A tourist or promotional catalogue.	Short comparison of two facilities or countries.

5.4 Active learning without unnecessary complexity

Active SNC teaching does not have to mean a large project or a long simulation. It is enough for the learner to decide, explain, compare, record or reflect on something. In vocational education, it is important that the activity does not remain self-serving. Each task should be connected to the nurse's future professional action, client safety or team communication.

The teacher can work with short micro-situations. For example, the learner receives three pieces of information about a client, the name of a procedure and two aids from the dictionary. The task is to identify what must be explained to the client, what must be checked and what would be recorded after the procedure. Such an activity takes only a few minutes, but it develops professional thinking.

LESSON MODEL | Micro-situation for immediate use

The client comes to the procedure after a longer walk and reports fatigue. The learner has to identify which data would be checked before starting the procedure, how the next steps would be explained to the client and when the responsible person would be informed. The activity develops monitoring, communication, safety and clinical reasoning appropriate to the learner's level.

5.5 Differentiation and inclusive guidance in teaching

Inclusive SNC teaching is based on the assumption that learners may differ in language level, pace of work, experience with professional environments and confidence in communication. The methodological aim is not to simplify professional content so much that it loses its professional value. The aim is to offer several pathways through which the learner can reach the professional performance.

Universal Design for Learning principles recommend creating multiple options for engagement, processing information and expressing learning outcomes (CAST, 2024). In SNC teaching, this may mean that one learner answers orally, another completes a structured part of the worksheet and a third works with the visual support of the dictionary. The criteria, however, remain clear. The learner must demonstrate professional accuracy, safety and the ability to communicate understandably.

Table 19. Differentiation without lowering professional requirements.

Learner need	Teacher support	Maintained professional criterion	Possible evidence
Language uncertainty	Image, dictionary, pre-prepared sentence starters.	Correct use of the term and safe instruction.	Short sentence for the client.
Slower pace	Smaller number of items, longer time, pair work.	Understanding of the main risk and procedure.	Completed shortened part of the worksheet.
Low confidence in communication	Role-play with a clear role and supportive phrases.	Respectful and understandable communication.	Recorded or performed short reply.
Higher learner level	Extended case situation with more data.	Argumentation and reflection on the decision.	Comparison of two possible procedures.

5.6 Digital tools as support, not as the aim of teaching

The Spanursing platform and its outputs support the digital readiness of teachers and learners, but the aim of teaching is not clicking in the platform itself. A digital tool should serve better understanding, quick access to terms, revision, independent preparation and connection of the topic with European comparison.

DigCompEdu emphasises that teachers' digital competence includes, among other things, selecting suitable digital resources, integrating them pedagogically and supporting active learning (Redecker, 2017). The SNC teacher therefore decides when a digital output is useful and when it should be replaced by a practical demonstration, conversation, observation or reflection.

DIGITAL DIDACTICS | Rule of 1 digital step + 1 professional step

Every use of the platform should be connected with a professional performance. The learner searches for a term and then uses it in a sentence for the client. The learner watches a tutorial and then adds a risk to the worksheet. The learner completes a test and then corrects one wrong answer with an explanation.

5.7 Feedback as part of learning

Feedback in SNC should be short, concrete and linked to performance. The teacher does not have to comment on everything. In one activity, it is enough to observe two or three criteria, for example professional accuracy, safety and communication. The learner should receive information on what worked, what needs to be corrected and how the correction should be made.

Effective feedback is particularly important in scenarios that involve sensitive communication, removing clothing, touch, pain, embarrassment, a language barrier or different cultural expectations. In these situations, it is appropriate to assess not only the correctness of professional content, but also the respectful way in which it is formulated.

Table 20. Short feedback matrix for SNC activities.

Criterion	What the teacher observes	Example of brief feedback	Follow-up correction
Professional accuracy	Term, purpose of the procedure, connection with indication.	The explanation of the purpose is correct; add when you would ask about the client's current condition.	Add one control question.
Safety	Hygiene, aids, risk prevention, response to a change in condition.	The procedure is logical, but checking the reaction after the procedure is missing.	Add one point to the record.
Communication	Clarity, respect, linguistic sensitivity.	The instruction is factual; try to say it less technically and more for the client.	Reformulate one sentence.
Reflection	Ability to explain the decision.	You state the decision correctly, but the reason is missing.	Add why.

5.8 Safety and professionalism as a cross-cutting principle

A safety filter should be present in all SNC didactic activities. The learner should not learn a procedure as an isolated sequence of steps, but as professional action that requires client assessment, cleanliness of aids, respect for indication and contraindication, communication and recording. This principle protects the methodological quality of the guide from becoming a catalogue of procedures.

The safety filter can be integrated simply. Each worksheet should contain at least one question on risk, hygiene or the client's reaction. Each role-play should contain at least one sentence in which the nurse checks the client's understanding. Each test should contain at least one item that verifies not only a definition, but a decision in a situation.

6. Thematic modules for teaching SNC

CHAPTER ENTRY | Purpose of the chapter

This chapter transforms the competence framework into eight thematic modules. They allow the teacher to plan a shorter lesson, a multi-week thematic block or a project-oriented activity. The modules are not closed units of subject matter. They are working units that connect professional content, Spanursing outputs and verifiable learner performance.

6.1 Why work with modules

A modular structure helps the teacher keep SNC teaching practical and assessable. Spa nursing care covers a broad range of topics, from natural healing resources through client monitoring to communication, safety and environmental responsibility. Without modules, teaching could easily slide into a general overview. A module, by contrast, always defines what the learner should be able to do with specific professional content.

A module should be understood as a learning unit with a clear learning outcome. This approach builds on the European understanding of vocational education, which emphasises clear learning outcomes and the transferability of competences between school, practice and further education (Cedefop, 2022; Council of the European Union, 2020). In SNC teaching, this means that a module should not be only a list of procedures, but a route from a term to professional action.

DIDACTIC TRACE | Practical rule

Each module should answer three questions. What should the learner understand. What should the learner safely perform or explain. How will the teacher know that learning has actually taken place.

6.2 Eight modules as the backbone of teaching

The guide works with eight modules. Their order is recommended, not mandatory. The teacher may begin with an introduction to SNC if learners do not know the topic. In a more advanced group, the teacher may begin with a specific procedure, monitoring task or safety situation and only afterwards add the broader framework.

It is important that modules are not used in isolation. For example, the module on natural healing resources should be linked to safety, patient education and environmental responsibility. A vocabulary module should not end with translating terms, but with a sentence that the learner can use when communicating with a client or a team member.

Table 21. Thematic SNC modules and their methodological function.

Module	Main learning focus	Typical teaching situation	Recommended evidence of learning
1. Introduction to SNC	role of the spa nurse, character of operations, basic terms	the learner explains how SNC differs from general nursing care	short explanation, concept map
2. Natural healing resources and procedures	mineral water, peloids, gas, climate, hydrotherapy and regimen	the learner links a procedure with its purpose, risk and client education	case response, worksheet
3. Client monitoring	monitoring condition before, during and after a procedure	the learner decides what to monitor and when to pass information on	observation record, model scenario
4. Safety, hygiene and risk prevention	hygiene of aids, fall prevention, contraindications, client reaction	the learner prepares a safe procedure for a selected intervention	checklist
5. Patient education	understandable instruction, regimen measures, client cooperation	the learner transforms a professional term into patient-oriented language	role-play, education card

6. Sensitive and multicultural communication	language barrier, modesty, touch, different habits	the learner conducts a short respectful conversation	dialogue, reflection on formulations
7. Environmentally responsible SNC	saving material, water, energy and linen and choosing aids responsibly	the learner proposes a safe procedure without unnecessary waste	mini-argumentation
8. Digital skills and resources	work with the platform, digital materials, verification of information	the learner uses a digital resource to solve a professional situation	short digital task, test

6.3 Recommended structure of a thematic module

Each thematic module should have a repeatable structure. Repeatability does not mean monotony. It means that the learner understands the logic of teaching and the teacher can plan, assess and document the use of project outputs more easily. The recommended module structure begins with a situation, continues with terminology, professional understanding, application and verification, and ends with a short reflection.

This structure is also suitable for teaching units of different lengths. In one lesson, the teacher can shorten the professional input and use only one worksheet. In a two-hour block, the teacher can add role-play, group work and comparison of procedures. In a project-oriented activity, the module can lead to an education card, model record or short presentation for classmates.

Table 22. Recommended structure of one thematic module.

Step	Purpose	Teacher activity	Learner output
1. Entry situation	connect the topic to practice	presents a short scenario from spa operations	names what is professionally important in the situation
2. Terminological support	unify terms	selects 5 to 8 dictionary entries and connects them with images	uses the term in a sentence for a patient or colleague
3. Professional understanding	explain purpose and risk	works with a tutorial or short professional input	answers questions on purpose, indication and safety
4. Application	transfer knowledge into action	sets a worksheet, case task or mini role-play	proposes a procedure, instruction or record
5. Verification	identify the level of mastery	uses a short test, rubric or peer feedback	provides evidence of the learning outcome
6. Reflection	close the transfer into practice	guides a short reflection on what the learner would do in real operations	names a professional rule for next time

6.4 Modules 1 and 2: from understanding the field to the procedure

The first module creates the basic framework. Learners should understand why SNC is specific, what the role of the nurse is in spa operations and how general nursing care differs from care connected with procedures, regimen, education and the client's longer stay. Here, the teacher can work with a concept map, a short discussion of client expectations and an overview of the main areas of SNC.

The second module moves from the framework to procedures and natural healing resources. It is important not to present procedures as a spa tourism offer. In teaching, they should be embedded in professional decision-making. The learner should be able to describe the purpose of the procedure, the basic risk, the role of the nurse and the form of client education. The overview of spa facilities and indications should serve as a bridge between school and practice, not as a promotional catalogue.

MODEL SITUATION | Example of a module question

A client arrives for the first hydrotherapy procedure and asks why they should inform the nurse about dizziness or nausea. The learner should explain the purpose of monitoring, use understandable language and state what

information they would pass on to the responsible worker.

6.5 Modules 3 and 4: monitoring, safety and risk prevention

Client monitoring is at the core of professional responsibility. The learner should not learn only the names of aids, but also the purpose of monitoring. The teacher can use entries from the dictionary, such as sphygmomanometer, pulse oximeter, thermometer or blood glucose meter, and connect them with the question of when the value is monitored, why it is relevant and how it is recorded. The output does not have to be a long written record. A short table or model note is sufficient if it shows that the learner distinguishes between a normal value, a warning sign and information that should be passed on.

The safety module should be cross-cutting. It includes hygiene of aids, fall prevention, environmental checks, respect for the client's intimacy, work with contraindication and recognition of an unusual reaction. In every module, the teacher should maintain a safety filter. If a procedure is being discussed, learners should name at least one risk. If communication is being discussed, they should name the boundary of safe and dignified conduct.

6.6 Modules 5 and 6: education, language and sensitive communication

Patient education is the area where professional knowledge becomes a practical service to the client. The learner must be able to transform a professional term into a simple and precise instruction. It is not enough to know the name of a procedure. The learner must be able to say what the client should do before the procedure, what they can expect, what they should report and how they should behave after the procedure. Here, the multilingual dictionary serves not only for translation, but also for recognising that professional language and the client's language are not the same.

The module on sensitive and multicultural communication should be conducted factually and respectfully. SNC may involve touch, removing clothing, working with pain, modesty, bodily comfort and a language barrier. Learners should practise short formulations that protect the client's dignity and at the same time ensure professional safety. Short role-play scenarios with clear assessment criteria are a suitable tool.

Table 23. Combination of Spanursing outputs in thematic modules.

Module objective	Dictionary	Tutorial	Worksheet	Test or reflection
acquire terminology and aids	main input	additional context	short application of terms	quick verification of understanding
understand a procedure	aids and terms	main professional input	work with indication and procedure	questions on purpose and risk
practise patient education	words for the client	professional framework	role-play or education card	reflection with rubric
solve a safety situation	aids and protective equipment	risks and rules	checklist or case	short decision-making
connect teaching with practice	names of aids and procedures	care situation	analysis of a facility or service	summary of professional transfer

6.7 Modules 7 and 8: environmental responsibility and digital support

Environmental responsibility in SNC must not be a separate add-on. It is present in work with water, energy, linen, disinfectants, disposable aids and the organisation of operations. The teacher should lead learners to look for procedures that are safe, hygienic and at the same time do not lead to unnecessary waste. This is not moralising, but professional decision-making in concrete situations.

The digital module supports the ability to use the Spanursing platform and other digital resources as learning tools. According to the DigCompEdu framework, the teacher should choose digital resources according to their pedagogical function, not their technical attractiveness (Redecker, 2017). In SNC teaching, digital activity is

therefore always linked to a professional task. The learner uses a tutorial, dictionary, worksheet or test in order to understand the situation better and be able to solve it.

Table 24. Example of a 90-minute module block.

Time	Phase	Activity	Output
0-10 min	situation	short client case before a procedure	learners identify the main professional problem
10-25 min	terms	work with 5 to 8 dictionary entries	learners create patient-friendly sentences
25-45 min	professional input	tutorial or teacher explanation with questions	learners describe the purpose, risk and role of the nurse
45-70 min	application	worksheet or pair role-play	learners propose a procedure and education
70-82 min	verification	short test or performance rubric	the teacher obtains evidence of mastery
82-90 min	reflection	what would need to be documented or passed on in real operations	learners formulate a professional rule

6.8 How to combine modules in a thematic plan

It is not necessary to list all eight modules as separate blocks in a thematic plan. It is more appropriate to combine them according to the real needs of the subject. For example, the topic of hydrotherapy may include modules 2, 3, 4 and 5. Communication with a foreign client may connect modules 5, 6 and 8. The topic of a safe client stay in a spa facility may combine monitoring, risk prevention, mobility aids and environmental responsibility.

A simple record is sufficient for planning. The teacher states the topic, learning outcome, Spanursing output used, learner activity and form of verification. This record is clear for the teacher, school management and possible project documentation. At the same time, it does not create the impression that the school must create a new subject or extensive administration.

6.9 Evidence and assessment of modules

Evidence of modular teaching should be light but demonstrable. The teacher may keep the worksheet used, a short test, an anonymised sample of learner output, a photograph of the board without personal data, a thematic plan or a brief reflection. The essential point is to demonstrate that Spanursing outputs were used in teaching to develop knowledge and skills in SNC, not merely uploaded as materials to a digital repository.

Assessment of modules should observe three dimensions. The first is professional accuracy. The second is safety and hygiene. The third is communication and transfer into practice. This set of three criteria is simple enough for ordinary teaching and at the same time corresponds to the professional nature of SNC.

7. Working with the multilingual picture dictionary

The multilingual picture dictionary is one of the most practical outputs of the SPA3 project. In this methodological guide, it is not understood as a list of words to be memorised, but as a tool that helps transform a professional term into safe action, communication with the client and basic orientation in spa operations.

The dictionary contains 120 entries in five languages. For each entry, it combines the term, a brief definition, use in spa nursing care, a safety and hygiene note and related terms. This structure is important for teaching because it leads the learner from the word through its meaning to a practical decision.

7.1 Methodological purpose of the dictionary

The main purpose of the dictionary is to create a shared professional language for teaching SNC. The learner should not only learn the translation of an aid or procedure. They should understand when the term is used, how it relates to the client, which risk needs to be checked and how a professional term can be explained to the patient in an understandable way.

The dictionary is particularly useful where professional terminology, visual recognition of an aid, a safety rule and multilingual communication meet. The teacher can work with one entry in a short five-minute activity or with a larger group of entries in a whole thematic block.

Table 25. The dictionary as a methodological tool, not only a language aid.

Level of work with the dictionary	What the learner does	Verifiable output
Terminological	Names an aid or phenomenon in English and, where appropriate, in another language.	Uses the professional term correctly in one sentence.
Visual	Connects the term with an image and recognises it in a model situation.	Selects the correct aid from a set of options.
Safety-related	Assigns a risk, hygiene rule or limit of use to the entry.	Explains what needs to be checked before use.
Communication-related	Transforms a professional term into a sentence for the client.	Gives the client brief and understandable instruction.
Application-related	Links the entry with a procedure, monitoring or care for client comfort.	Uses the term in a short SNC scenario.

7.2 Selecting entries for one teaching unit

For a regular lesson, it is useful to select five to eight entries. A smaller number allows for deeper and safer work. The teacher should not select entries only according to thematic similarity, but also according to how well they make it possible to demonstrate a concrete professional task, communication and decision-making.

A good selection of entries includes at least one diagnostic or monitoring aid, one aid related to safety or hygiene, one term connected with a procedure and one term that can be easily transformed into patient education. This creates a small learning unit with both professional and communication value.

Methodological box. Quick selection rule

Before the lesson, the teacher asks three questions. Can the learner see or imagine the term? Can they identify a safety rule for it? Can they explain it to the client without professional jargon? If the answer is yes three times, the entry is suitable for active teaching.

Table 26. Recommended procedure for working with five to eight entries.

Step	Teacher activity	Learner activity
1. Choosing the topic	Selects thematically related entries from the dictionary.	Predicts where the terms may appear in practice.
2. Image and term	Shows an image or a term and lets learners assign meaning.	Connects the visual form with the professional name.
3. Meaning in SNC	Adds the context of a procedure, monitoring or comfort care.	Explains why the term is important in SNC.
4. Safety	Guides learners to identify a risk or hygiene rule.	Formulates one check question before use.
5. Patient sentence	Asks learners to transform a professional term into everyday language.	Gives the client a short instruction.
6. Mini-application	Assigns a short situation or worksheet.	Uses the entry in a decision or model dialogue.

7.3 From entry to professional action

The key methodological principle is to transform the entry into action. The dictionary has the highest value when the term does not stop at the name. For example, a pulse oximeter is not only an object to be named. It is an aid for which the learner considers the indication for measurement, correct application, interpretation of the result, possible measurement errors, hygiene and communication with the client.

Each entry can therefore be expanded into a short learning sequence. The sequence does not need to be long. It is enough for it to include professional meaning, a safety filter and a communication task. This approach is also suitable for learners with different language levels because it combines an image, a term, a practical context and a short formulation.

Table 27. Examples of transforming a dictionary entry into a learning activity.

Entry	Possible learning activity	What the teacher assesses
Sphygmomanometer	The learner prepares blood pressure measurement before a procedure and tells the client why the measurement is needed.	Correct preparation, communication and recording of the result.
Patient towel	The learner explains how to ensure comfort, privacy and hygiene when preparing for a procedure.	Respect for the client's dignity and hygienic accuracy.
Positioning wedge	The learner selects an aid for safe positioning and states what they monitor after its use.	Safety, prevention of discomfort and checking the condition.
Disinfectant	The learner determines when and how the product should be used in a school model situation.	Understanding of the hygiene regime and risk prevention.

7.4 Multilingualism as professional preparation

The multilingual nature of the dictionary is not a decorative element. In spa care, the client may be a foreigner, the working team may be international and the learner may encounter documentation or instructions in another language. Work with five languages therefore supports professional flexibility and more sensitive communication.

However, the teacher does not need to use all five languages equally in every lesson. In the English master, it is appropriate to work primarily with English and, according to the lesson objective, add another project language.

The aim is not linguistic perfection in all languages, but the ability to recognise a term, respect linguistic diversity and communicate understandably.

Short activity. One entry, three sentences

The learner selects one entry. The first sentence names the aid professionally. The second sentence explains what it is used for in SNC. The third sentence is intended for the client and must be understandable without professional jargon. In a more advanced group, the third sentence can also be formulated in another project language.

7.5 Working with the image and definition

The image helps the learner recognise an object more quickly, but it is not sufficient on its own. The teacher should guide learners to describe the image professionally, not only visually. For an aid, it is useful to ask about purpose, preparation, hygiene, safe use and situations in which it is necessary to ask for help or consult the procedure.

The definition in the dictionary should be an entry point for further work. Learners may shorten the definition, transform it into a patient-friendly sentence, add an example of use or search for a related entry. In this way, the dictionary changes from a static document into a tool for active learning.

7.6 Safety and hygiene notes as the didactic core

The safety and hygiene part of each entry should be used consistently. In this way, the teacher builds the habit that every professional term in SNC is connected with responsibility. An aid is not merely an object to be picked up. It is part of client care, where cleanliness, functionality, suitability of use, environment, privacy and the client's reaction are assessed.

When working with the dictionary, it is useful to include the question "What could go wrong?" This question must not create fear, but professional foresight. The learner learns to recognise that even a simple aid can be risky if it is used incorrectly or without regard to the client's condition.

7.7 Related entries as a route to revision

Related entries make it possible to create small terminology maps. The learner can begin with one term and gradually search for links. For example, a sphygmomanometer is linked to a stethoscope, blood pressure monitor, recording of values and client education. Such a map supports deeper understanding than isolated memorisation of words.

This procedure is suitable for short revision at the beginning of a lesson. The teacher writes one entry on the board and learners add three related terms. They then add one safety or communication note to each term. The activity is short, but it clearly shows whether learners understand the connections.

7.8 Model scenario with the dictionary

The following scenario shows how the dictionary can be used in an ordinary lesson without complex preparation. The teacher selects the entries sphygmomanometer, pulse oximeter, patient towel, disinfectant and positioning aid. Learners work in pairs. One learner plays the client before a procedure and the other learner plays the nurse. The aim is not dramatisation, but accurate use of terms, a safety check and an understandable explanation of the procedure.

Table 28. Model scenario "Before the procedure" with the dictionary.

Phase	Pair task	Output
Preparation	Select three entries and read their definition, use and hygiene note.	Short list of aids and risks.
Nurse role	Explain the procedure to the client and perform a verbal safety check.	Understandable patient-oriented formulation.
Client role	Ask one question or express uncertainty.	Nurse response without trivialising the concern.
Reflection	The pair adds which entry was the most difficult for	One sentence of feedback

Phase	Pair task	Output
	communication.	for the teacher.

7.9 Linking the dictionary with other Spanursing outputs

In teaching, the dictionary should be linked with tutorials, worksheets and tests. A tutorial provides professional input, the dictionary helps anchor terminology and aids, the worksheet leads the learner to application and the test verifies basic understanding. The overview of spa facilities can add a real professional context, for example in relation to indications, procedures and the organisation of care.

This creates a learning chain that is clear for both the teacher and the learner. It does not begin with the digital platform as a technical environment, but with a concrete teaching need. The teacher first defines what the learner should master and only then selects an appropriate combination of Spanursing outputs.

8. Working with tutorials, worksheets and tests

This chapter shows how three types of Spanursing outputs can be used as a connected didactic cycle. A tutorial is not only a source of information, a worksheet is not merely a form to be filled in, and a test should not be reduced to grading. In SNC teaching, they should jointly lead learners from initial orientation through active application to verification, feedback and further improvement.

Methodological purpose of the chapter

After studying this chapter, the teacher should be able to design a teaching block in which a tutorial, worksheet and test follow one another logically and support the same learning outcome.

8.1 Three outputs as one teaching cycle

Tutorials, worksheets and tests have the highest methodological value when they are not used in isolation. In an ordinary lesson, the teacher may begin with a short tutorial, continue with guided analysis of a situation in a worksheet and close with verification of understanding through a test or oral feedback. This creates a clear sequence: first the learner sees the professional content, then works with it actively and finally receives feedback on what has been understood and what still needs support.

The cycle should always be linked to a specific learning outcome. If the objective is patient education before a hydrotherapy procedure, all three outputs must serve this purpose. The tutorial should draw attention to the procedure and communication, the worksheet should require the learner to formulate instructions and identify risks, and the test should verify not only terminology, but also safety and comprehensible communication.

Table 29. Tutorials, worksheets and tests as one didactic cycle.

Output	Main didactic role	What the teacher should monitor
Tutorial	Professional input, demonstration of the procedure and harmonisation of terminology.	Whether learners understand the purpose of the procedure, the role of the nurse, risks and situations requiring consultation.
Worksheet	Active work with a case, decision-making, formulation of patient education and reflection.	Whether learners can transfer information into specific action and justify their choices.
Test	Diagnosis of understanding, revision and feedback for the teacher and the learner.	Whether the test verifies key knowledge, safety, hygiene and patient communication, not only isolated facts.

8.2 Recommended procedure for working with a tutorial

A tutorial should be used as a guided professional input. Before it is played, the teacher should say what learners are expected to observe. After viewing, the follow-up should not be limited to asking whether everything was clear. A short analysis should follow. The teacher asks which information is necessary before the procedure, what the nurse does before, during and after the procedure, which risks may occur and how the client should be informed.

For a longer tutorial, it is useful to stop the video at key moments. The teacher may ask learners to predict the next step, identify an error risk, or reformulate a technical statement into language understandable to a client. In this way, the tutorial becomes part of active learning rather than a passive video projection.

Before viewing The teacher defines the topic, recalls key dictionary terms and gives two or three observation questions.	During viewing Learners observe the procedure, aids, risk points and communication moments. In longer videos, short pauses are appropriate.
After viewing The class jointly names the main principles of safety, hygiene and patient education.	Transfer to practice Learners transform the observed procedure into a short scenario, checklist or role-play.

8.3 Worksheet as a space for professional decision-making

A worksheet should not be reduced to filling in missing words. In this methodological guide, it is understood as a working tool that leads learners to analyse indications, contraindications, the nursing procedure, risks and communication with the client. The SPA3 worksheet template already contains sections that can be used directly for this purpose: indication, contraindication, description of the procedure, expected learning outcomes, the nurse's procedure, aids and environment, physiological effect, practical task, record of performance and assessment criteria.

The teacher does not have to use all sections in every lesson. For a shorter activity, it is better to select only those parts that match the objective. If the lesson focuses on communication, the worksheet may work mainly with patient instruction and reflection. If the objective is safety, the teacher may select contraindications, aids, environment and the record of observation.

Practical rule In one teaching lesson, it is better to complete three sections of the worksheet well than to complete the whole worksheet superficially without discussion.

Table 30. Using worksheet sections in SNC teaching.

Worksheet section	Teaching purpose	Suitable form of work	Evidence of learning
Indications and contraindications	Distinguish the suitability of a procedure and the limits of its performance.	Pair work, card sorting, short argumentation.	Learner justifies when the procedure is suitable and when caution is needed.
Nurse's procedure	Describe preparation, course, monitoring and conclusion of care.	Sequencing of steps, checklist, role-play.	Learner presents a safe sequence of steps.
Aids and environment	Connect aids with hygiene, safety and comfort.	Selection of aids, visual mapping, mini-simulation.	Learner explains why the chosen aids are needed.
Practical task and reflection	Transfer knowledge into a concrete situation and evaluate one's own decision.	Case analysis, short reflection, peer feedback.	Learner names what was done correctly and what should be improved.
Record of performance and observation	Understand what should be recorded after a	Completion of a model record.	Learner records relevant information clearly and

	procedure or observation.		professionally.
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8.4 Test as diagnosis and feedback

Tests in the SPA3 project should be used both formatively and summatively. Formatively, they help the teacher identify which terms and procedures learners do not understand. Summatively, they may support classification or the closure of a module. In both cases, the test should follow the concrete content that has been taught, not test isolated details that were not used in the activity.

A good test in SNC should include questions on terminology, purpose of the procedure, safety, hygiene, client communication and basic decision-making. It is useful to combine simple closed questions with short situational items. A situational question is often more valuable than a factual question, because it shows whether the learner can apply knowledge in a professional context.

Diagnostic test at the beginning Briefly identifies entry knowledge. It should not punish learners for not knowing, but help the teacher set the level of teaching.	Check test after a tutorial Verifies understanding of key terms, the procedure and risks. It may be anonymous or used for quick feedback.
Final module test Connects professional knowledge, safety decision-making and patient communication.	Test as a basis for reflection The test is followed by a short explanation of errors and a return to problematic concepts or procedures.

8.5 Model 45-minute block

Table 31. Model 45-minute block using a tutorial, worksheet and test.

Time	Step	Description of work
0-5 min	Focusing	The teacher introduces the procedure, the learning outcome and five key dictionary terms.
5-15 min	Tutorial	Learners observe the procedure and note what the nurse does before, during and after the intervention.
15-30 min	Worksheet	Pairs complete the sections on indication, the nurse's procedure, aids and one safety risk.
30-37 min	Sharing	Selected pairs present one decision and one patient instruction.
37-42 min	Test	Learners complete a short test focused on key concepts and risks.
42-45 min	Feedback	The teacher explains the most frequent error and links the lesson to the next topic.

8.6 Linking with other Spanursing outputs

The tutorial, worksheet and test should be complemented by the picture dictionary and the overview of spa facilities. The dictionary supports terminology, hygiene and communication. The overview of facilities makes it possible to place learning into professional reality, indications and specific types of spa or rehabilitation settings. This prevents the lesson from remaining abstract.

The teacher should not try to use all outputs in every lesson. A small, well-linked combination is more effective. For example, a lesson may use one tutorial, five dictionary entries, three worksheet questions and a five-question test. The important point is that all components support the same learning outcome.

Table 32. Recommended combinations of Spanursing outputs.

Combination	Use in teaching	Evidence of result
Tutorial + dictionary	Learners identify aids and professional terms used in the procedure.	A list of five to eight terms with one client-friendly sentence.
Worksheet + dictionary	Learners complete the nurse's procedure and safety rules using precise terminology.	Completed worksheet section and short reflection.
Test + worksheet	The test returns to situations solved by learners in the worksheet.	Corrected test and a comment on the most frequent error.
Tutorial + overview of facilities	Learners connect the procedure with a real type of spa or rehabilitation setting.	Short oral explanation of where and why the procedure may be used.

8.7 Risks of mechanical use

The main risk when using tutorials, worksheets and tests is mechanical sequencing without a clear learning purpose. If the tutorial is played without observation tasks, if the worksheet is completed without discussion and if the test only checks memory, the learning effect is limited. The teacher should therefore always ask what the learner is expected to understand, decide, explain or demonstrate at the end of the activity.

Risk of simplification

Digital outputs do not replace the teacher's professional judgement. Their value depends on how the teacher connects them with the objective, activity, feedback and reflection.

9. Model teaching scenarios

This chapter translates the previous methodological principles into model scenarios that teachers can use in lessons, vocational exercises, project days or preparation for practical training. In this guide, a scenario is not a literary story or an open discussion. It is a structured teaching situation in which the learner works with information, makes decisions, communicates and justifies a safe procedure.

METHODOLOGICAL PURPOSE OF THE CHAPTER | After studying this chapter, the teacher should be able to create a short SNC scenario, assign Spanursing outputs to it, define evidence of learning and use a simple rubric for feedback.

9.1 What is a model scenario in SNC

A model scenario is based on a realistic type of situation that a future nurse may encounter in a spa care setting. It includes a client, a procedure or a care situation, a safety or communication issue and an expected learner performance. The purpose is not to simulate the entire operation of a spa facility, but to create a learning situation that is concrete enough for decision-making and at the same time safe for the school environment.

A good scenario has a clear problem. The learner should not merely repeat a definition, but recognise a risk, explain a procedure, select an appropriate aid, formulate patient education or justify why a certain procedure may not be appropriate. This supports the competence-based logic of vocational education and the use of learning outcomes.

Table 33. Basic structure of an SNC model scenario.

Scenario element	Question for the teacher	Example in SNC
Situation	What is happening and why should it matter to the learner?	The client feels weak and unsteady when walking after a procedure.
Professional problem	What decision or explanation should the learner produce?	The learner decides what to check, how to seat the client safely and when to inform the responsible person.
Supporting resource	Which SPA3 output can help?	Dictionary for aids, tutorial on monitoring, worksheet for recording observations.
Evidence of learning	What will be visible at the end of the activity?	A short record, a recommended procedure and a patient-facing sentence.

9.2 Three levels of scenarios

Scenarios can be graded by level of difficulty. A basic scenario helps the learner name the situation and rely on the dictionary. An applied scenario requires the choice of a procedure and a simple justification. An integrative scenario connects professional decision-making, communication, documentation, safety and reflection. The same situation can be used at different levels within one class so that the lesson remains inclusive while still maintaining professional depth.

Table 34. Three levels of model scenarios for teaching SNC.

Level	Typical learner performance	Suitable format
Basic	Names the aids, recognises the main risk and repeats a safety rule.	Pair work, short oral output.
Applied	Proposes a procedure, completes a record and explains one instruction to the client.	Worksheet, guided group work.
Integrative	Compares possible procedures, justifies a decision and considers the client's language or cultural need.	Role-play, case conference, reflection.

9.3 Scenario 1: Monitoring the client after a procedure

The first scenario is suitable for the module on client monitoring and observation of the client's condition. The teacher can use it after work with the dictionary of diagnostic and monitoring aids. Learners should recognise that weakness after a procedure is not merely a subjective feeling, but a signal to check the client's condition, communicate calmly and make an appropriate record.

Table 35. Model scenario 1 for client monitoring.

Item	Model processing
Situation	After hydrotherapy, the client reports weakness, mild dizziness and uncertainty when standing up.
Learner task	Propose the first safe procedure, determine what should be monitored

Item	Model processing
	and formulate a short reassuring message for the client.
Spanursing outputs	Dictionary entries for the sphygmomanometer, pulse oximeter and thermometer; tutorial on monitoring; worksheet for recording observations.
Evidence of learning	Completed record, oral justification of the procedure and one patient-facing sentence.
Assessment	Professional appropriateness, safety, clarity of communication and ability not to exceed the learner's competence.

PAY ATTENTION TO THE LIMITS OF SIMULATION | The learner does not make a diagnosis or a medical decision. The learner practises recognising a change in condition, responding safely, recording observations and passing information to a competent person.

9.4 Scenario 2: Educating the client before a spa procedure

The second scenario develops patient education. It is suitable for situations in which the learner knows the basic purpose of the procedure but needs to translate professional information into understandable language. The lesson is based on the rule that the client should understand what will happen, what they should monitor during the procedure and when they should ask for help.

Table 36. Model scenario 2 for patient education.

Phase	Learner activity	Output
Preparation	Select five key terms from the dictionary and read the safety notes.	A short list of terms.
Education	Translate a professional message into three sentences for the client.	A patient-friendly instruction.
Checking understanding	Propose one check question for the client.	A question without professional jargon.
Reflection	Identify what should be adapted for an anxious or linguistically insecure client.	A short note on individualisation.

9.5 Scenario 3: Language-sensitive communication with a foreign client

The third scenario develops the ability to use the multilingual dictionary and to communicate respectfully with a client who does not fully understand the language of the facility. The aim is not to replace an interpreter or professional language service. The aim is to teach learners to reduce unnecessary jargon, use visual support and recognise the limits of their own role.

Table 37. Model scenario 3 for language-sensitive communication.

Step	Instruction for the learner	Didactic purpose
1	Select three terms related to the procedure and find their form in a foreign language.	Orientation in professional terminology.
2	Create one simple sentence for the client without unnecessary jargon.	Translating professional content into understandable speech.
3	Propose a way to check that the client has understood.	Safety and respect.
4	Identify when it is necessary to involve the teacher, nurse, interpreter or another competent person.	Limits of the learner's role.

9.6 Scenario 4: Environmentally responsible decision-making in care

The environmental scenario should be guided practically. It should not moralise or distract learners from safety. The basic rule is that environmental responsibility must not reduce hygiene, safety or the client's dignity. The learner should look for a reasonable solution within operational rules, for example economical use of materials, correct waste sorting or sensible use of water and energy.

Table 38. Model scenario 4 for environmentally responsible SNC.

Scenario question	Possible learner answer	What the teacher monitors
Which material is necessary for safe performance?	The learner distinguishes a necessary aid from unnecessary duplication.	Safety is not sacrificed for savings.
Where does unnecessary waste arise?	The learner describes one realistic point for	The answer is concrete and operationally

Scenario question	Possible learner answer	What the teacher monitors
	preventing waste.	possible.
Which rule takes priority?	The learner identifies a hygiene and safety rule as the boundary of change.	The environmental procedure is not risky.

9.7 How to assess scenarios

Scenario assessment should be brief and understandable. The teacher does not need to assess many criteria at the same time. In most cases, four criteria are sufficient: professional accuracy, safety, communication and reflection. The criteria should be announced before the activity so that the learner knows what is expected.

Table 39. Mini-rubric for assessing an SNC model scenario.

Criterion	Basic level	Good level	Excellent level
Professional accuracy	The learner recognises the main topic.	The learner chooses an appropriate procedure.	The learner justifies the procedure precisely and links it to an indication or risk.
Safety	The learner states one safety rule.	The learner applies the rule in the scenario.	The learner anticipates risk and knows when to refer the situation.
Communication	The learner communicates basic information.	The learner speaks clearly and calmly.	The learner adapts the message to the client and checks understanding.
Reflection	The learner describes what they did.	The learner identifies what they would improve next time.	The learner proposes a concrete adjustment of the procedure according to the client's situation.

9.8 Scenario template for teachers

The following template can be used when preparing an original scenario. It is recommended to start with a short situation and only then add the Spanursing outputs. If the teacher starts with the platform output, the activity may become too technical. If the teacher starts with the client's situation, the platform outputs naturally become support for solving it.

Table 40. Working template for a model scenario.

Template field	Completion
Scenario title	
Topic and module	
Initial client situation	
Expected learning outcome	
Spanursing outputs used	dictionary / tutorial / worksheet / test / overview of facilities
Learner task	
Evidence of learning	
Assessment criteria	professional accuracy / safety / communication / reflection
Note on inclusion	

10. Inclusive teaching of SNC

Inclusive teaching of spa nursing care means that the same professional topic is accessible to learners with different linguistic, social, health-related, digital and learning experiences. It does not mean lowering expectations. It means guiding learning in such a way that the learner can understand the professional purpose of the task, safely practise professional conduct and demonstrate that the learning outcome has been achieved.

In the SNC environment, inclusion is particularly important because teaching combines clinical caution, hygiene, work with aids, contact with the client's body, communication about sensitive topics and frequent links to a foreign language. The teacher therefore needs to distinguish in advance between an essential professional requirement and only one possible route by which the learner can reach it.

METHODOLOGICAL PURPOSE OF THE CHAPTER

After studying this chapter, the teacher should be able to design an SNC activity that preserves professional rigour while offering several routes to understanding, practice and evidence of achievement. The chapter uses the principles of Universal Design for Learning and connects them with specific Spanursing outputs.

10.1 Inclusion as part of quality vocational teaching

Inclusion in vocational education is not an additional adjustment for a few learners. It is a basic feature of well-prepared teaching. If an activity depends too strongly on fast reading, long writing, one form of answer or high confidence in a foreign language, even a learner who understands the professional principle and would act safely in practice may fail.

In SNC, the teacher should monitor two levels at the same time. The first level is professional. The learner must recognise the indication, risk, aid, safe procedure and limits of their role. The second level is pedagogical. The learner needs clear instructions, adequate time and the possibility to rely on an image, model example, dictionary or structured worksheet. These supports are not concessions. They are a route towards a more precise professional performance.

Table 41. Inclusive principles in vocational teaching of SNC.

Principle	Meaning in SNC teaching	Specific support
Clarity of expectations	The learner knows what they should be able to explain or perform at the end.	The learning outcome is stated at the beginning of the lesson and revisited in the final reflection.
Multiple ways of understanding	The topic is not explained only through text.	The teacher combines an image, term, short procedure, model situation and discussion.
Safe practice	The learner can make a pedagogical error without endangering the client.	Simulation, role-play, pair work, checklist.
Differentiated output	Learners demonstrate the same outcome in forms of different complexity.	Short patient-facing sentence, oral answer, completed worksheet, mini-scenario.
Dignity and respect	Sensitive topics are taught without ridicule or stereotypes.	Communication rules, anonymised examples, reflective questions.

10.2 Learner barriers and appropriate supports

When preparing SNC teaching, it is useful to consider in advance where barriers may arise. Some barriers are visible, such as a health limitation or lower language level. Others become visible only during the activity. A learner may understand the professional topic but become lost in vocabulary, a long instruction, a table or uncertainty when communicating about the client's bodily comfort.

Table 42. Typical barriers and supports in SNC teaching.

Barrier	Risk in teaching	Recommended support
Language barrier	The learner does not distinguish a professional term from an everyday expression and is afraid to communicate.	Use 5 to 8 dictionary entries, short patient-facing sentences and visual support.
Low confidence in professional text	The learner copies the definition mechanically without understanding it.	Divide the text into steps: purpose, aid, risk, procedure, communication.
Social or economic disadvantage	The learner may have less experience with travel, spa facilities or digital learning tools.	Explain the context, avoid assumptions about prior experience and use concrete examples.
Health or sensory limitation	The learner may have difficulty with long standing, fine motor tasks, hearing, vision or concentration.	Offer adjusted roles, more time, larger visual material or oral rather than written output.

Barrier	Risk in teaching	Recommended support
Low digital confidence	The learner loses attention in technical navigation and misses the professional point.	Use a short guided task, screenshots, pair work and one clearly defined digital objective.
Anxiety in communication	The learner knows what to say but hesitates in role-play or in front of the group.	Use sentence starters, pair rehearsal and the option to act as observer before speaking.

10.3 Universal Design for Learning in SNC

Universal Design for Learning helps the teacher plan teaching so that learners have more than one route to engagement, understanding and expression. In SNC, this is especially useful because the professional task often includes several simultaneous layers: terminology, procedure, safety, communication, hygiene and reflection.

The teacher does not need to create a different lesson for every learner. It is often enough to prepare the activity so that it contains several access points. A learner can first work with an image, then with a short term, then with a structured worksheet and finally with a spoken explanation or mini-scenario. The professional aim remains the same, but the route to it is better supported.

Table 43. UDL logic applied to SNC teaching.

UDL area	Application in SNC	Example
Engagement	Learners know why the task matters for practice.	The teacher starts with a short client situation rather than an abstract definition.
Representation	Information is presented in more than one form.	The same term is shown as an image, a professional term, a short definition and a patient-facing sentence.
Action and expression	Learners can demonstrate the result in several appropriate ways.	Oral explanation, completed worksheet, role-play, checklist or short written record.
Reflection	Learners identify what helped them learn and what needs more practice.	Final question: Which support helped me understand the client's situation?

10.4 Adjusting an activity without lowering professional expectations

Inclusive adjustment does not mean removing the professional core of the task. The teacher should keep the essential requirement and adjust the route to performance. If the objective is to recognise a safety risk, the learner must still recognise the risk. The adjustment may consist in using a picture, simpler wording, a checklist or an oral answer.

A useful distinction is between the professional requirement and the pedagogical support. The professional requirement defines what must be achieved. The support defines how the learner can approach and demonstrate it.

Table 44. Adjusting an SNC activity while preserving rigour.

Teacher's question	Possible adjustment	Quality check
Is the instruction too long?	Divide it into shorter steps.	Does the learner still have to make the same professional decision?
Is the vocabulary too dense?	Pre-teach key terms using the dictionary.	Are the professional terms still used correctly?
Is the written output too demanding?	Allow short sentences, a table, oral answer or structured record.	Is the same learning outcome still evidenced?
Is the role-play too stressful?	Allow rehearsal in pairs or an observer role before speaking.	Does the learner still practise professional communication?
Is the digital task too complex?	Give one clear navigation task and one professional question.	Is the platform used as support, not as a distraction?

CHECKPOINT FOR THE TEACHER

What is the essential professional requirement in this activity, and what can be adjusted without weakening it?

10.5 Language-sensitive and multicultural teaching

Spa care often takes place in contact with clients from different linguistic and cultural environments. Learners therefore need to be able to simplify a message, check understanding and preserve respect. In multicultural teaching, the aim is not to teach lists of stereotypes about cultures. The aim is the ability to ask, explain and respect the client's boundaries.

The multilingual picture dictionary can help where the learner needs basic orientation in terms. The teacher should always emphasise that the dictionary does not replace interpreting or professional decision-making. It is a learning support for terminology, orientation and simpler communication in a safe educational environment.

SENTENCE FRAMES FOR LEARNERS

Can you tell me whether you understand? First, I will explain the procedure. If you feel weak, please tell me. Now we will check your blood pressure. We will stop the procedure if any difficulties appear.

10.6 Adjusting Spanursing outputs for inclusive teaching

Spanursing outputs can be used in versions of different complexity. The same tutorial can serve as an introduction to the topic for one group, as material for risk analysis for another group and as a basis for creating an original scenario for more advanced learners. Inclusive work does not mean that everyone does less. It means that the teacher doses the level of challenge more precisely.

Table 45. Differentiated use of Spanursing outputs.

Output	Basic version	Extended version
Dictionary	Select entries, match the image and state a safety rule.	Create a patient-facing sentence and connect the entry with a procedure.
Tutorial	Find three main steps of the procedure.	Identify a risk point in the procedure and propose prevention.
Worksheet	Complete indication, contraindication and aids.	Add the nurse's decision in a complication and justify it.
Test	Check understanding of terms.	Explain a wrong answer and correct it professionally.
Overview of facilities	Find the type of facility and indication.	Compare how teaching would differ according to the client group and procedure.

10.7 Assessment in inclusive SNC teaching

Assessment should be transparent and should separate the professional result from the form of expression. If the aim is to educate the client safely, the main criterion should not be the length of the text. If the aim is to recognise a risk, stylistic perfection should not be decisive. The teacher can assess common criteria while allowing different forms of evidence.

Suitable criteria are professional accuracy, safety, clarity of the message, respect for the client and the ability to reflect briefly. For learners who need greater support, the same criteria can be used with concrete supports such as sentence starters, a checklist or the option of oral explanation.

Table 46. Assessment criteria in inclusive SNC teaching.

Criterion	What the teacher observes	Possible support
Professional accuracy	The learner understands the term, procedure, indication or risk.	Dictionary, model example, structured question.
Safety	The learner respects hygiene, monitoring and role limits.	Checklist, scenario steps, peer observation.
Communication	The learner explains the procedure clearly and respectfully.	Sentence starters, pair rehearsal, short patient-facing phrases.
Reflection	The learner identifies what was correct and what needs improvement.	Two guiding questions, oral reflection, short note.
Independence	The learner gradually needs less support.	Repeated use of the same structure in new scenarios.

10.8 Model inclusive block for 60 minutes

Table 47. Model inclusive 60-minute block.

Time	Step	Inclusive element
0–5 min	The teacher presents the client situation and learning outcome.	Clear objective, short instruction, no long assignment.
5–15 min	Learners work with five dictionary entries.	Visual and language support, pair work.
15–30 min	Groups complete part of the worksheet: aids, risks, communication.	Structured recording, possibility of short answers.

Time	Step	Inclusive element
30-45 min	Role-play of client education before a procedure.	Choice of role: nurse, client, observer, safety assessor.
45-55 min	Short test or oral check.	Formative feedback, correction of the most frequent errors.
55-60 min	Reflection: what helped me understand and what do I need to practise?	Self-assessment without stigmatisation.

11. Multicultural and language-sensitive communication

Multicultural and language-sensitive communication in spa nursing care is not an additional topic separate from professional procedures. It is part of safety, client dignity and the quality of nursing decision-making. The learner does not only learn to know the procedure, but also to explain its purpose, check understanding, respect the client's boundaries and respond to situations in which language or cultural expectations complicate the usual procedure.

In spa care, this competence is particularly important because care often includes physical contact, partial removal of clothing, staying in a water or heat environment, working with pain, fatigue, modesty and the client's concerns. The teacher should therefore not teach multicultural communication as a set of stereotypes about countries or religions. It should be taught as a professional skill: how to ask, explain, check understanding, offer choice and maintain safety.

METHODOLOGICAL PURPOSE OF THE CHAPTER

The chapter helps the teacher guide learners towards communication in SNC that is understandable, respectful and professionally safe. It is based on the principles of language-sensitive teaching, intercultural competence and work with the multilingual Spanursing outputs.

11.1 Why communication in SNC is sensitive

Spa nursing care takes place in an environment where professional instructions quickly become part of the client's personal experience. The client may not fully understand why they should enter a procedure, how long they should remain in it, when they should report discomfort, or which reactions are expected and which may already indicate risk. If the nurse communicates too quickly, uses slang or assumes that the client has understood everything, a safety risk may arise.

Language-sensitive communication therefore means that the learner transforms professional information into short, verifiable and humanly acceptable messages. Checking understanding should not feel like testing the client. It should be a natural part of care. The teacher can guide learners towards simple questions: Can you tell me what you will do if you feel dizzy? Can you show me where you feel discomfort? Is this procedure acceptable for you?

Table 48. Sensitive communication points in SNC.

Situation	Possible risk	Communication procedure
Before a procedure	The client does not understand the purpose, duration or signals for stopping.	Explain the procedure in three short points and check understanding.
During physical contact	The client may perceive touch as unpleasant or unacceptable.	Say in advance what will happen and obtain consent for the specific step.
When clothing is removed	Modesty, loss of control or culturally shaped boundaries may appear.	Offer privacy, time and, where operationally possible, the option to ask for a staff member of the same gender.
During pain or nausea	The client may minimise discomfort or not know when to report it.	Name clearly which symptoms must be reported immediately.
With a language barrier	The client may agree without real understanding.	Use short sentences, images, key words and a simple check of understanding.
At the end of the procedure	The client may forget regimen measures or warning signs.	Repeat the two most important instructions and ask the client to summarise them briefly.

11.2 From professional language to patient language

A frequent problem in vocational teaching is that the learner can repeat a professional term but cannot use it in client-facing communication. In SNC, this is a serious didactic gap. A client does not need a long technical explanation. They need to understand what will happen, why it matters, what they should do and when they should call for help.

The teacher should therefore train three parallel forms of expression: a professional sentence, a patient-facing sentence and a safety sentence. The professional sentence shows that the learner understands the topic. The patient-facing sentence shows that the learner can communicate it clearly. The safety sentence shows that the learner can identify the boundary of safe care.

DIDACTIC PROCEDURE

For each new SNC topic, ask learners to create one professional sentence, one patient-facing sentence and one safety sentence. Only then move to role-play or a worksheet.

Table 49. Transforming professional language into patient-facing communication.

Professional information	Patient-facing formulation	Safety sentence
The client should report dizziness during or after the procedure.	Please tell me immediately if you feel dizzy or weak.	Dizziness after the procedure must be reported and the client should not stand up without support.
The aid must be disinfected after use.	I will clean the aid before and after use to keep the procedure safe.	Contact surfaces must be cleaned according to hygiene rules.
The procedure may be contraindicated in selected conditions.	Before we start, I need to check whether this procedure is suitable for you today.	Contraindications and the current condition of the client must be respected.
Monitoring is required before and after the procedure.	We will check your condition before and after the procedure.	A change in condition must be recorded and passed on if necessary.

11.3 Sentence frames for safe communication

Sentence frames reduce language insecurity and help learners communicate precisely. They are not intended for mechanical recitation. They are a support that the learner gradually replaces with their own natural wording. In a linguistically diverse group, sentence frames can be supplemented with an English version or key words from the picture dictionary.

Table 50. Sentence frames for teaching communication in SNC.

Communication function	Czech formulation	English support
Starting contact	Dobrý den, vysvětlím vám, co budeme dělat.	I will explain what we are going to do.
Checking understanding	Můžete mi prosím říct, zda je postup srozumitelný?	Could you tell me if the procedure is clear?
Consent to a step	Teď se dotknu vašeho ramene. Je to v pořádku?	I will touch your shoulder now. Is that all right?
Warning about risk	Pokud se vám zatočí hlava, hned mi to řekněte.	If you feel dizzy, please tell me immediately.
Respecting boundaries	Pokud je vám něco nepříjemné, můžeme postup zastavit.	If anything feels uncomfortable, we can stop.
Final summary	Teď si zopakujeme dvě hlavní doporučení.	Let us repeat the two main recommendations.

11.4 Multicultural situations without stereotypes

The teacher should protect learners from simplifying statements such as “these clients always...” or “in this culture it is forbidden...”. Professional communication starts from the individual client. The learner should be able to offer a choice and check a preference without judging the client or placing them into a pre-defined category.

In teaching, it is useful to work with situations, not with labels. A client may prefer more privacy, may be anxious about touch, may not understand technical language, may need more time to decide, or may want a family member present. These situations can occur for cultural, personal, health-related or emotional reasons. The professional response is the same: ask respectfully, explain clearly and maintain safety.

Table 51. Stereotype-free communication in SNC.

Risky formulation	Professional alternative	Didactic point
People from this country do not like this type of care.	Some clients may have specific preferences. Let us ask respectfully.	The learner works with the individual client, not a group stereotype.
This patient does not want to cooperate.	The client may not understand the instruction or may feel unsafe.	The learner searches for a communication barrier before judging behaviour.
This is normal here, the client must accept it.	We should explain the procedure and check whether the client agrees.	Professional routine does not remove the need for consent and dignity.
They said yes, so they understood.	We should check understanding with a simple question.	Agreement is not always evidence of understanding.

11.5 Using the multilingual dictionary for communication

The multilingual picture dictionary can support communication in three ways. First, it helps learners identify and name aids, procedures and safety elements. Second, it gives visual support that can reduce language barriers. Third, it allows the teacher to compare how professional terms work across languages and to discuss the limits of translation.

The dictionary should not be presented as a substitute for interpreting, clinical decision-making or facility procedures. It is a learning support. Its value lies in the fact that it connects the term, image, brief definition, use in SNC and safety or hygiene note. This structure helps learners transform vocabulary into safer communication.

Table 52. Communication work with the multilingual dictionary.

Step	Learner task	Evidence of learning
Select the term	Choose an aid or procedure relevant to the scenario.	The learner names the term correctly.
Read the meaning	Identify what the term is used for in SNC.	The learner explains the term in simple language.
Add the safety point	Find or formulate one safety or hygiene rule.	The learner states what must be checked.
Create a patient sentence	Transform the term into a short sentence for the client.	The learner communicates without unnecessary jargon.
Check understanding	Create one question to verify that the client understood.	The learner avoids closed or leading questions.

11.6 Role-play for sensitive communication

Role-play is useful in SNC when it is structured and safe. Learners should know what they are practising, what criteria will be observed and where the limits of the simulation are. The role-play should not become theatre. It should remain a professional training situation focused on explanation, consent, checking understanding and responding to concern.

A suitable structure includes three roles: nurse, client and observer. The observer does not evaluate personality. The observer records whether the learner explained the procedure, used understandable language, respected the client's boundary and checked understanding.

Table 53. Role-play scenario for language-sensitive SNC communication.

Role	Task	Observation focus
Nurse	Explain the procedure before hydrotherapy and say what the client should report.	Clarity, safety instruction, respectful tone.
Client	Ask one question and express mild concern about dizziness or privacy.	Whether the nurse responds without trivialising the concern.
Observer	Use a short checklist and give one constructive suggestion.	Evidence-based feedback, not personal judgement.

SHORT OBSERVER CHECKLIST

The learner explained the purpose of the procedure. The learner used patient-friendly language. The learner checked understanding. The learner respected privacy or personal boundaries. The learner named what to do in case of discomfort.

11.7 Assessment of communication

Assessment of communication should combine professional accuracy and respect. It is not enough for the learner to be polite if the safety content is missing. At the same time, it is not enough to be professionally correct if the explanation is too technical, too fast or insensitive to the client's situation.

The teacher can assess communication using a short rubric. In ordinary teaching, four criteria are sufficient: professional accuracy, clarity, respect and verification of understanding. If the group is linguistically diverse, the teacher may allow sentence frames, the dictionary or short written preparation before oral performance.

Table 54. Mini-rubric for assessing language-sensitive communication.

Criterion	Basic level	Good level	Advanced level
Professional accuracy	The learner states basic information but needs support.	The learner explains the procedure correctly and safely.	The learner links the explanation with risk, monitoring and the client's situation.
Clarity	The learner uses too many professional terms.	The learner explains the main points in understandable language.	The learner adapts the message to the client's level of understanding.
Respect	The learner is generally polite.	The learner respects privacy, discomfort and questions.	The learner actively offers choice and checks the client's boundaries.
Verification	The learner asks whether	The learner uses one simple check	The learner asks the client to

Criterion	Basic level	Good level	Advanced level
	everything is clear.	question.	summarise key instructions in a non-testing way.

11.8 Model 45-minute teaching block

Table 55. Model 45-minute block for multicultural and language-sensitive communication.

Time	Step	Activity	Output
0-5 min	Situation	The teacher presents a short client situation involving a procedure, mild anxiety and a language barrier.	Learners identify the communication risk.
5-12 min	Dictionary	Learners select five relevant terms from the multilingual dictionary.	Terms are connected with patient-facing sentences.
12-20 min	Sentence frames	The class creates professional, patient-facing and safety sentences.	Three sentence types for one procedure.
20-35 min	Role-play	Learners practise explanation, consent and checking understanding.	Short performance with observer checklist.
35-42 min	Feedback	Observers give one strength and one improvement point.	Feedback linked to criteria.
42-45 min	Reflection	Learners write or say one sentence they would use with a real client.	Short evidence of transfer into practice.

12. Environmentally responsible SNC

Environmentally responsible spa nursing care connects professional safety, economical use of resources and respect for the environment in which care is provided. In the context of SPA3, this is not general environmental awareness separated from healthcare practice. It is the learner's ability to recognise where a care procedure can remain equally safe while being less material-intensive, more reasonable in terms of energy use and easier to explain to the client.

Spa care is naturally connected with water, heat, movement, mineral resources, cleanliness of the environment and the operation of facilities. The teacher can therefore integrate the environmental perspective directly into professional situations: preparation of aids, handling of disposable material, prevention of water waste, use of disinfection, safe ventilation, organisation of client movement, education on regimen measures or work with digital documentation.

METHODOLOGICAL PURPOSE OF THE CHAPTER

The chapter helps the teacher translate environmental responsibility from a general value into concrete decisions in vocational SNC teaching. Learners learn to assess the relationship between client safety, hygiene, material consumption and operational sustainability.

12.1 Environmental perspective as part of professional decision-making

In healthcare teaching, environmental topics are sometimes reduced to waste sorting. This is important, but insufficient for SNC. The learner needs to understand the whole chain of decision-making: why a certain aid is used, whether it is disposable or reusable, how it is cleaned, when it must not be reused, what the relationship is between hygiene and saving material, and how the decision is documented.

The basic pedagogical principle is simple: environmental responsibility must never weaken client safety. If a disposable aid is necessary for hygiene or clinical reasons, its use is professionally correct. Environmental competence is demonstrated by the fact that the learner does not use more material than needed, does not prepare unnecessary aids, sorts waste correctly, understands the difference between ordinary and hazardous waste and can explain a resource-conscious regimen to the client without moralising.

Table 56. Environmental perspective in the nurse's decision-making in SNC.

Decision-making area	Professional question	Environmentally responsible teaching formulation
Aids	What is genuinely needed for safe performance?	Prepare only those aids that correspond to the indication, the client's condition and facility rules.
Hygiene	When is disposable material necessary and when is a reusable aid possible?	Safety and hygiene take priority, but unnecessary single use should not be normalised.
Water and heat	How can waste be prevented while preserving the effect of the procedure?	Monitor the duration, temperature and course of the procedure according to protocol and do not extend it without reason.
Documentation	Can part of the work be carried out digitally without losing quality?	Digital records should reduce duplication, not create additional administrative burden.
Client education	How can a resource-conscious procedure be explained to the client?	Explain the regimen as part of safety, comfort and treatment effect, not as criticism.

12.2 Water, heat and natural healing resources

Spa care uses natural healing resources and depends on them at the same time. In teaching, it is therefore useful to work with the question of how professional care can treat these resources responsibly. Learners are not expected to technically manage the operation of a spa facility. They should, however, understand that procedures have defined parameters, that water and energy are not unlimited, and that quality of care is not identical with unlimited consumption.

The teacher can guide learners to describe three dimensions of a selected procedure: professional purpose, safety boundaries and resource intensity. Such work develops critical thinking and at the same time prevents the environmental topic from appearing as an added ideological layer. In vocational teaching, it should always be linked to a concrete procedure or decision.

Table 57. Three dimensions of working with a procedure.

Dimension	Question for the learner	Example output
Professional purpose	Why is the procedure performed and what is its expected benefit?	The learner describes the indication, expected response and the nurse's role.
Safety boundary	When should the procedure not be prepared, should be interrupted or should be consulted?	The learner states contraindications, warning signs and the procedure in case of difficulties.
Resource intensity	Where does consumption of water, heat, material or time arise?	The learner proposes how to follow the protocol without waste.

12.3 Material, waste and prevention of waste

Work with material is one of the most accessible parts of environmentally responsible SNC. Teaching should not, however, remain at the level of a list of waste bins. It is important for learners to understand that the best waste is often the waste that does not arise at all, provided that hygiene or safety is not endangered. Before a procedure, the learner therefore plans the aids. During the procedure, they monitor their purposeful use. After the procedure, they decide correctly on cleaning, disposal and recording.

Table 58. Material cycle in SNC teaching.

Phase	What the learner observes	Methodological question
Before the procedure	Selection and quantity of aids.	Which aids are necessary and which are only prepared preventively without a clear reason?
During the procedure	Safe and purposeful use.	Am I using material in a way that preserves comfort and hygiene without unnecessary consumption?
After the procedure	Cleaning, disinfection, disposal and storage.	What returns to operation, what is disposed of and why?
Reflection	Possibility of preventing unnecessary consumption next time.	What could be prepared differently without reducing safety?

12.4 Hygiene, disinfection and reusable aids

Hygiene and disinfection must remain the boundary of all environmentally responsible decision-making. Learners should understand that a reusable aid is not automatically more appropriate. It is appropriate only when it can be cleaned, disinfected, stored and reused safely according to workplace rules. Conversely, disposable aids are not automatically wrong. They are professionally justified where they protect the client, staff or environment from contamination or where facility rules require their use.

This topic is suitable for work with the picture dictionary. Entries related to disinfection, disposable gloves, protective aids, disinfectant wipes or sharps containers can be connected with a short decision-making task. Learners do not only name the aid. They decide when it is used, what risk it prevents and what happens to it after use.

PROFESSIONAL BOUNDARY

Saving material is never a reason to reuse an aid that must be disposed of. Environmental responsibility begins only after the requirements of hygiene, safety and facility rules have been met.

Table 59. Hygiene decision-making in environmentally responsible SNC.

Situation	Safe professional decision	Environmental learning point
Disposable aid required by the procedure	Use the disposable aid and dispose of it according to rules.	The environmental issue lies in correct planning and disposal, not in unsafe reuse.
Reusable aid available	Check cleanliness, functionality and suitability for the client.	Reuse is appropriate only if the aid can be safely prepared and maintained.
Disinfection needed	Use the correct product, amount and procedure.	Excessive or incorrect use is not better care and may create unnecessary burden.
Waste generated after the procedure	Sort and dispose of waste according to workplace rules.	Learners distinguish ordinary, contaminated and sharps waste.

12.5 Digital documentation and responsible use of paper

Environmental responsibility in teaching can also concern documentation and learning materials. Digital documentation and digital worksheets can reduce duplication, support sharing and make records more accessible. At the same time,

digital form is not automatically more appropriate in every situation. In practical training, a printed worksheet may sometimes be more usable, safer or more accessible for learners.

The teacher can compare a printed and a digital worksheet in class. Learners assess when a paper sheet is more suitable for work at the bedside or in the classroom, when a digital form is more practical and when a combination of both is best. This connects the environmental topic with real didactics and accessibility for different learners.

Table 60. Paper and digital resources in SNC teaching.

Form	Advantage	Risk	Teacher's decision
Printed worksheet	Easy to use in a classroom, simulation or practical activity.	May lead to unnecessary printing if used mechanically.	Print only what learners will actively use.
Digital worksheet	Easy to share, edit and archive.	May distract learners if digital navigation becomes the main task.	Use when the digital form supports the learning outcome.
Combined form	Allows preparation digitally and practical work on paper.	Can create duplication if not planned.	Decide which part should exist in which form and why.
Digital record	May reduce repeated rewriting and improve continuity.	May create administrative overload if added to paper records without purpose.	Digital work should reduce duplication, not multiply it.

12.6 Model 60-minute teaching block

Table 61. Model block for environmentally responsible SNC.

Time	Activity	Learner output
0–10 min	Short teacher input: safety takes priority, waste is reduced where this does not weaken care.	The learner names the difference between saving resources and risky restriction of care.
10–25 min	Work with the dictionary: selection of 8 aids for a procedure.	The learner sorts aids according to use, hygiene and possible reuse.
25–40 min	Worksheet: proposal of a procedure before, during and after the procedure.	The learner completes safety, material, waste and client education points.
40–50 min	Role-play: the client asks why the procedure is not extended or why a disposable aid is used.	The learner responds clearly and without moralising.
50–60 min	Short test and reflection.	The learner identifies one procedural change that saves resources and does not endanger safety.

12.7 Linking with Spanursing outputs

Table 62. Linking chapter 12 with Spanursing outputs.

Spanursing output	Role in chapter 12	Example of use
Multilingual dictionary	Identification of aids and their safety notes.	Sorting aids according to hygiene, reuse and waste.
Tutorials	Demonstration of the procedure and resource-intensive points.	Learners mark the steps where water, heat or material consumption arises.
Worksheets	Application of decision-making to a concrete situation.	Learners propose a procedure that is safe and at the same time avoids waste.
Tests	Verification of decisions in typical situations.	Questions distinguish safe saving from risky restriction of care.
Overview of facilities	Context for comparing environments and procedures.	Learners discuss how the same principle may differ in various types of spa or rehabilitation facilities.

12.8 Assessment of environmental responsibility

Assessment should not reward general slogans. The learner should be assessed according to whether they can link environmental responsibility with a concrete professional decision. A good answer identifies the safety boundary, explains why a certain aid or procedure is necessary, and only then proposes a resource-conscious adjustment.

In ordinary teaching, four criteria are sufficient: safety, professional accuracy, resource awareness and communication with the client. The teacher should especially monitor whether the learner does not confuse environmental responsibility with limiting care. The aim is not to do less for the client. The aim is to perform care professionally and without unnecessary waste.

Table 63. Mini-rubric for assessing environmentally responsible SNC.

Criterion	Basic level	Good level	Advanced level
Safety	The learner states that safety has priority.	The learner applies the safety boundary to the scenario.	The learner justifies why a certain saving is possible or impossible.
Professional accuracy	The learner names the aid or procedure.	The learner explains its purpose and correct use.	The learner links the aid or procedure with indication, hygiene and documentation.
Resource awareness	The learner identifies one source of waste.	The learner proposes a realistic way to avoid waste.	The learner distinguishes necessary consumption from unnecessary consumption.
Communication	The learner explains the decision simply.	The learner explains the procedure to the client without moralising.	The learner connects safety, comfort and resource-conscious conduct in one clear message.

12.9 Reflective questions for learners

The following questions can be used at the end of a lesson, in a worksheet or during oral reflection:

What is the professional reason for using this aid or procedure? Where does consumption of material, water, heat, energy or time arise? Which part of consumption is necessary for safety and hygiene? Which part could be reduced without weakening care? How would I explain the procedure to the client without moralising? What must be recorded, cleaned, returned, stored or disposed of after the procedure?

13. Assessment of knowledge, skills and attitudes

Assessment in spa nursing care should not be limited to checking memorised terms. In vocational education, it must show whether the learner understands the procedure, can reason safely in a concrete situation, can communicate with the client and can briefly justify their decision. It is therefore appropriate to combine testing of knowledge, work with a case situation, observation of performance, self-assessment and teacher feedback.

For SPA3, it is important that assessment corresponds to the competence framework of the guide. The learner is not assessed only according to whether they state the correct term or definition, but also according to whether they use the term in client education, recognise a risk signal, choose a suitable aid, respect hygiene and work with a digital or multilingual resource.

METHODOLOGICAL PURPOSE OF THE CHAPTER

The chapter provides the teacher with a framework for assessing SNC so that assessment is linked to learning outcomes, Spanursing outputs and real professional situations. Assessment should support learning, not only close the topic with a grade.

13.1 What should be assessed in SNC

The teacher should decide in advance whether a given activity assesses knowledge, skill, attitude or their combination. In practice, these areas often overlap. For example, when educating a client about a procedure, the learner needs knowledge of the indication and risks, the skill to transform professional content into understandable language and an attitude that respects the client's dignity.

Table 64. Basic areas of assessment in SNC.

Area	What the teacher observes	Example of evidence
Knowledge	Terminology, indications, contraindications, course of the procedure, safety rules.	Short test, oral answer, work with the dictionary, completion of a scheme.
Skills	Preparation of aids, client monitoring, education, decision-making in a situation, documentation.	Observation of performance, scenario, worksheet, role-play, entry in model documentation.
Attitudes	Respect for the client, responsibility, caution, sensitivity to privacy, willingness to verify understanding.	Teacher observation, peer feedback, reflection, rubric.
Digital and language competence	Use of the platform, dictionary, tutorial, worksheet or test for solving a professional situation.	Short digital task, patient-facing sentence, work with a multilingual entry.

13.2 Assessment linked to learning outcomes

Assessment is meaningful only when it is linked to a clearly formulated learning outcome. If the learning outcome says that the learner explains the procedure to the client and identifies one safety risk, the assessment must verify both parts. A test of terms alone is not sufficient. Conversely, a role-play without checking professional accuracy is also insufficient.

The teacher should therefore formulate assessment as early as the planning stage. First, the teacher defines the learning outcome, then chooses evidence of learning and only then selects the tool. This prevents assessment from becoming a random test at the end of the lesson.

Table 65. Linking learning outcomes with assessment evidence.

Learning outcome	Suitable evidence	Assessment tool
The learner explains the purpose of a selected procedure.	Short oral explanation or written answer.	Checklist or short test.
The learner recognises one contraindication or warning sign.	Case response.	Scenario question.
The learner prepares aids safely.	Demonstration or model preparation.	Observation checklist.
The learner educates the client understandably.	Role-play or patient-facing sentence.	Communication rubric.
The learner records essential information.	Model documentation entry.	Teacher feedback on the record.

13.3 Knowledge testing without reducing assessment to memorisation

Tests are useful in SNC teaching, but their role should be precise. A test can quickly verify whether learners understand key terms, indications, safety rules and procedure steps. At the same time, the test should not become the only assessment tool. A learner may answer terminology correctly but still fail to communicate safely with a client in a model situation.

A good SNC test should contain several types of items. Some can check terminology, others should work with a short situation. The most useful items are those that require the learner to distinguish a safe procedure from a risky one, or to decide when a responsible person should be informed.

Table 66. Types of test items suitable for SNC.

Type of item	What it verifies	Example focus
Terminology item	Knowledge of a professional term and its meaning.	Matching an aid with its function.
Safety item	Recognition of a risk or hygiene rule.	Identifying when the procedure must be interrupted.
Situational item	Application of knowledge in a model case.	Selecting a response to client dizziness after a procedure.
Communication item	Ability to formulate a clear instruction.	Choosing the best patient-facing sentence.
Reflection item	Understanding of the reason for a decision.	Briefly explaining why a certain step is necessary.

13.4 Observation of skills and performance

Observation is suitable where the teacher needs to see how the learner acts. In SNC, this may include preparation of aids, safe positioning, communication before a procedure, monitoring after a procedure or completion of a model record. Observation should be guided by a short checklist or rubric. Without criteria, feedback may become subjective or too general.

The checklist should not be too long. For one activity, four to six observed points are sufficient. The teacher can focus, for example, on correct sequence, hygiene, safety, communication and documentation. In a larger class, peer observation can also be used, but the teacher remains responsible for professional feedback.

Table 67. Observation checklist for a model SNC performance.

Observed point	Fulfilled	Comment
The learner prepares the necessary aids and does not omit a safety-relevant item.	<input type="checkbox"/>	
The learner checks hygiene and cleanliness of the environment.	<input type="checkbox"/>	
The learner explains the procedure to the client in understandable language.	<input type="checkbox"/>	
The learner monitors the client's response or states what should be monitored.	<input type="checkbox"/>	
The learner knows when to inform the responsible person.	<input type="checkbox"/>	
The learner records or passes on essential information.	<input type="checkbox"/>	

13.5 Assessment of attitudes

Attitudes in vocational healthcare education should be assessed carefully and concretely. The teacher should not assess personality, but observable professional behaviour. In SNC, this may include respect for the client's dignity, willingness to check understanding, caution in relation to risk, sensitivity to modesty, responsible use of aids and readiness to ask for help within the limits of the learner's role.

Assessment of attitudes should be connected with examples. Instead of saying "the learner is respectful", the teacher can say: "the learner explained the step before touch and checked whether it was acceptable for the client." This makes feedback fairer and more useful.

Table 68. Observable attitudes in SNC teaching.

Attitude area	Observable behaviour	Example of feedback
Respect for dignity	The learner protects privacy and explains	You correctly explained what you were going

Attitude area	Observable behaviour	Example of feedback
	contact before it happens.	to do before touching the client.
Responsibility	The learner does not continue when a warning sign appears.	You recognised that the client's dizziness requires stopping and informing the responsible person.
Caution	The learner checks hygiene, contraindications and safety boundaries.	You named the risk, but you also need to state who should be informed.
Language sensitivity	The learner avoids unnecessary jargon and checks understanding.	The instruction was clear; add one check question for the client.
Team awareness	The learner knows when information must be passed on.	You correctly identified that this observation should be reported.

13.6 Combining assessment tools

No single assessment tool is sufficient for the whole area of SNC. A test checks knowledge, but not necessarily communication. A role-play shows communication, but may not fully show theoretical knowledge. A worksheet shows reasoning, but not always the quality of oral explanation. For this reason, teachers should combine tools according to the learning outcome.

A practical combination may consist of a short test, a worksheet with a case situation and one role-play or oral explanation. This gives the teacher evidence of knowledge, application and communication. In a longer module, self-assessment and peer feedback can be added.

Table 69. Recommended combinations of assessment tools.

Tool	Assesses mainly	Recommended use
Short test	Knowledge and basic decision-making.	At the end of a topic or as a diagnostic entry test.
Worksheet	Application of knowledge, reasoning and documentation.	During case-based work.
Observation checklist	Practical skill and safety.	During model preparation or performance.
Role-play	Communication, education, respect and language sensitivity.	In patient education or multicultural communication.
Rubric	Observed skills and attitudes.	For a model situation.
Learner reflection	Self-assessment and awareness of further learning.	Especially after role-play and scenarios.

13.7 Model 45-minute assessment cycle

Table 70. Model assessment cycle.

Time	Activity	Assessment purpose
0–5 min	The teacher reminds learners of the learning outcomes and criteria.	The learner knows what will be assessed.
5–15 min	Short test on terminology, safety and a situation.	Verification of basic knowledge and understanding.
15–30 min	Case situation in pairs or a small group.	Verification of application of knowledge and professional decision-making.
30–38 min	Role-play of short client education.	Verification of communication, respect and language sensitivity.
38–45 min	Self-assessment and feedback according to a rubric.	Closure of learning and identification of the next step.

13.8 Link with Spanursing outputs

Table 71. Spanursing outputs in assessment.

Spanursing output	Role in assessment	Example of use
Multilingual dictionary	Verification of terminology and transformation of a term into a patient-facing sentence.	The learner selects an entry, explains it to the client and states a safety note.
Tutorials	Basis for observing the procedure and identifying key steps.	After viewing, the learner marks risk points and proposes check questions.
Worksheets	Evidence of applying knowledge in case-based work.	The learner completes indications, risks, the nurse's procedure and education.
Tests	Diagnostic and final verification of understanding.	The teacher monitors error items and returns to them in teaching.

Spanursing output	Role in assessment	Example of use
Overview of facilities	Assessment of the ability to connect theory with operations.	The learner assesses how the procedure would differ by type of facility or procedure.

14. Cooperation with spa facilities and professional practice

Teaching spa nursing care gains its full educational value when it is connected with the real operation of spa facilities, rehabilitation workplaces and other professional partners. Cooperation with practice helps learners understand that SNC is not a set of isolated procedures, but coordinated care in which indication, safety, communication, documentation, regimen measures and responsibility for the client are connected.

For the teacher, professional practice is also a source of authentic situations. It helps update thematic plans, select relevant dictionary entries, create case studies, verify worksheets and show learners how professional decision-making changes according to the type of facility, client group, indications and local operational rules.

METHODOLOGICAL PURPOSE OF THE CHAPTER

The chapter shows how to set up cooperation with facilities providing spa, rehabilitation or related healthcare services so that it brings specific added value for teaching, not only a formal excursion or general promotion of a facility.

14.1 Why practice should be part of the SNC methodology

A spa facility is an environment in which professional terms become concrete action for the learner. The learner sees how the client is prepared for a procedure, how the client's condition is monitored, how instructions are explained, how privacy is protected and how operational limitations are handled. The teacher should frame this experience didactically. It is not enough to visit a facility. It is necessary to define in advance what learners should observe, how they will process the findings and how it will be verified that the excursion or practice led to learning.

Table 72. Benefits of cooperation with practice for SNC teaching.

Benefit	Meaning for the learner	Meaning for the teacher
Authentic context	The learner connects a term, aid and procedure with a real situation.	The teacher gains examples that are not detached from operations.
Updating content	The learner sees current procedures, equipment and facility rules.	The teacher can adjust the thematic plan and add new scenarios.
Professional orientation	The learner better understands the working role in spa or rehabilitation care.	The school strengthens its links with employers and labour market needs.
Safety culture	The learner observes hygiene, client monitoring and risk prevention in practice.	The teacher can assess whether the learner understands the reasons for safety measures.
Multicultural communication	The learner sees how communication differs according to the client's needs.	The teacher gains material for role-play and language-sensitive teaching.

14.2 Forms of cooperation with professional practice

Cooperation does not have to take only the form of long practical training. Several levels can be used in school conditions. A short professional excursion can work well if it has a clear educational task. An expert input from practice is suitable for introducing a topic. Longer practice allows observation and development of skills. Consultation with practice helps verify whether worksheets, tests and scenarios are realistic.

Table 73. Forms of cooperation with professional practice.

Form of cooperation	Suitable use	Evidence of educational value
Professional excursion	Familiarisation with operations, indications, procedures and the nurse's role.	Observation sheet, short reflection, link with a module.
Guest expert	Introduction of a topic, sharing experience, discussion of risks and communication.	Learners' questions, summary of key findings, follow-up worksheet.
Practical training or placement	Development of skills, client monitoring, communication and operational rules.	Practice record, assessment rubric, learner self-assessment.
Consultation of teaching materials	Verification of professional accuracy of worksheets, scenarios and dictionary links.	Comments from practice, incorporated changes, Evidence Pack.
Joint case study	Transformation of an operational situation into teaching.	Anonymised scenario, methodological procedure, assessment criteria.

14.3 How to prepare a professional excursion so that it is not touristic

An excursion to a spa facility should be planned as a teaching block. Before the visit, learners must know the topic, basic terms and observation task. During the visit, they should not collect only impressions. They should purposefully observe

the nurse's role, safety rules, communication with the client, aids, environmental measures and continuity with the therapeutic regimen. After returning, the findings should be processed in class.

Table 74. Model preparation and evaluation of a professional excursion.

Phase	Teacher task	Learner task
Before the excursion	Select 5 to 8 dictionary entries, prepare questions and explain rules of conduct.	Become familiar with the terms, prepare two professional questions and complete initial expectations.
During the excursion	Direct attention to the nurse's role, safety, communication and operational context.	Complete the observation sheet and record concrete situations, not only general impressions.
After the excursion	Link the findings with a module, worksheet or scenario.	Prepare a reflection, add to the dictionary work and propose one patient-facing sentence.
Evidence	Store the programme, observation sheet, reflection and, where appropriate, a photo without personal data.	Submit an output usable for assessment or a portfolio.

PRACTICAL NOTE

In the description of the excursion, use the language of vocational education: observation of operations, reflection on the nurse's role, safety of procedures, patient education, indications and link to a thematic module. Do not formulate it as a spa tour or a cultural-touristic visit.

14.4 Observation sheet for learners

An observation sheet helps transform a visit to a facility into learning. It should be short enough to be usable during the excursion, but specific enough to guide attention to the professional substance. The teacher can prepare one universal sheet or adapt the sheet to a specific module, for example monitoring, communication, safety or environmental responsibility.

Table 75. Model observation sheet for a professional visit.

Observation area	Learner note
What type of facility or workplace did we observe?	
Which client groups or indications were mentioned?	
Which procedures or aids were connected with the nurse's role?	
Which safety or hygiene rules were visible?	
How was the client informed or educated?	
Which environmental or operational measures were visible?	
Which situation could be transformed into a classroom scenario?	
Which term from the Spanursing dictionary was useful today?	

14.5 Using practice to verify Spanursing outputs

Practice can also help check whether project outputs are realistic and understandable. A facility worker does not need to rewrite school materials. It is often enough to answer a few targeted questions: Does the situation correspond to ordinary practice? Is the risk described clearly? Is the patient instruction understandable? Does the worksheet omit anything important? Are test items too theoretical or misleading?

This type of consultation is valuable because it protects the materials from being detached from operations. At the same time, the teacher must keep responsibility for didactic adaptation. A real workplace situation is often too complex for direct transfer into school teaching. It must be anonymised, simplified and linked to a learning outcome.

Table 76. Consultation of Spanursing outputs with practice.

Output	What practice can verify	Possible improvement
Dictionary	Whether terminology, use and safety notes correspond to ordinary professional language.	More precise wording of an entry or addition of an operational note.
Tutorials	Whether the procedure, sequence and risk points are realistic.	Clearer emphasis on the nurse's role before, during and after the procedure.
Worksheets	Whether the case situation and questions are usable in teaching and close to practice.	Adjusted worksheet with a clearer professional context.

Output	What practice can verify	Possible improvement
Tests	Whether situational questions correspond to common practice.	More precise distractors and more practical questions.
Overview of facilities	Help with distinguishing types of care, indications and operational specifics.	Material for career orientation and European comparison.

14.6 Protection of personal data and ethics of cooperation

When cooperating with practice, it is necessary to consistently protect clients, learners and facility staff. Identifiable client data must not be inserted into teaching materials. Photographs, videos or records from a facility environment may be used only when the legal and organisational conditions are fulfilled. For the methodological guide and ordinary teaching, it is safer to work with anonymised model situations.

Table 77. Safe and risky procedures when working with practice.

Situation	Safe procedure	Risky procedure
Case study	Use an anonymised and didactically adapted scenario.	State age, diagnosis, date and circumstances in such a way that the client can be recognised.
Photographs from operations	Use only approved photos without clients or with clear consent.	Photograph clients, documentation or identifiable spaces without rules.
Learners' notes	Guide learners towards professional description without names and details.	Allow learners to record personal data or sensitive client stories.
Facility feedback	Record professional recommendations for teaching and materials.	Evaluate specific employees or clients outside the educational purpose.

14.7 Partnership as a long-term system

The best cooperation with practice is not a one-off visit, but a system of repeated contacts. The school can gradually create a small network of cooperating spa, rehabilitation or healthcare facilities. This network does not have to be large. It is more useful to have a smaller number of reliable partners with whom the school can consult teaching content, organise visits, verify scenarios and obtain feedback on graduate preparedness.

A long-term partnership should be built on clarity. The school should know what it expects from the facility and the facility should know what cooperation with the school means. It is appropriate to define the contact person, suitable topics, possible forms of cooperation, rules for visits, data protection, expected outputs and the method of feedback.

Table 78. Elements of a sustainable cooperation system.

Element	Practical meaning
Contact person	One person on the school side and one person on the facility side coordinate communication.
Topic map	The school identifies which SNC modules can be linked to the facility.
Annual plan	Visits, expert inputs or consultations are planned in advance.
Evidence	The school keeps programmes, observation sheets, anonymised outputs and feedback.
Feedback loop	The facility comments on whether teaching topics and materials are realistic.
Sustainability	Cooperation continues after the end of the project through ordinary teaching and school partnerships.

14.8 Evidence of cooperation with practice

Evidence should be simple, useful and ethically safe. It should not burden the facility or the teacher unnecessarily. The aim is to show that cooperation had a concrete educational value and was linked to SNC teaching. Evidence may include the programme of the visit, observation sheet, anonymised learner reflection, worksheet used, teacher note, attendance list, presentation from a guest expert or summary of consultation comments.

Table 79. Evidence of cooperation with practice.

Evidence item	What it shows	Note
Visit programme	The purpose, content and professional focus of the activity.	Should use educational rather than tourist language.
Observation sheet	What learners were expected to observe and process.	Should not contain personal data of clients.
Learner reflection	What the learner understood and how it links	Can be used for assessment or portfolio.

Evidence item	What it shows	Note
	to SNC.	
Consultation record	What practice recommended for improving materials.	Should focus on professional content, not on personal evaluation.
Updated worksheet or scenario	How the feedback from practice was incorporated.	Useful for sustainability and quality assurance.
Teacher reflection	What should be repeated, changed or developed next time.	Short and practical.

14.9 Model cooperation cycle for one school year

Table 80. Model annual cycle of cooperation with professional practice.

Period	Activity	Output
Beginning of the school year	The school selects one to three SNC topics suitable for cooperation with practice.	Topic map and preliminary contact with a facility.
First term	Guest expert or short excursion.	Observation sheet, learner questions and reflection.
Second term	Worksheet or scenario based on the observed practice situation.	Teaching material linked to practice.
End of the school year	Short feedback from the teacher and, where possible, from the facility.	Recommendation for the next cycle.
Next year	Repetition or extension of cooperation.	Sustainable link between teaching and practice.

15. Sustainability and further development of SNC teaching

The sustainability of spa nursing care teaching does not arise from a school creating teaching materials once. It arises when the topic becomes a regular part of planning, teaching, assessment, cooperation with practice and teachers' professional development. The SPA3 project outputs should therefore be used as a living methodological system that can be updated regularly and adapted to the needs of learners, teachers and healthcare practice.

This chapter shows how to maintain SNC after the end of the project in the school, in thematic plans, in the teaching team and in links with professional facilities. The emphasis is on a simple, auditable and long-term manageable procedure that does not require excessive administration, but creates clear evidence of continued use of the outputs.

METHODOLOGICAL PURPOSE OF THE CHAPTER

The chapter translates sustainability from a general project promise into concrete school practice: who uses the outputs, where they are anchored, how they are updated, how their impact is evidenced and how they are passed on to other teachers.

15.1 What sustainability means in this methodological guide

In this guide, sustainability does not mean only that the outputs remain available online. Availability is only a technical condition. Pedagogical sustainability means that teachers know when and why to use the outputs, learners work with them in concrete activities and the school has a simple system for updating, evaluating and sharing them.

Sustainability also means that SNC is not dependent on one project coordinator or one active teacher. If the topic is to remain part of teaching, it must be transferred into thematic plans, internal methodological materials and the ordinary cooperation of the teaching team. This can be done in a modest but systematic way.

Table 81. Three levels of sustainability in SNC teaching.

Level	What it means	Evidence
Material sustainability	SPA3 outputs remain accessible and usable.	Link to the platform, stored worksheets, dictionary, tutorials and tests.
Pedagogical sustainability	Teachers use the outputs in lessons and adapt them to learning outcomes.	Thematic plans, lesson records, worksheets and learner outputs.
Institutional sustainability	The topic is anchored in the school's planning, team cooperation and links with practice.	Internal methodological note, subject team minutes, annual topic map, cooperation record.

15.2 Anchoring SNC in thematic plans

The strongest form of sustainability is the inclusion of SNC in thematic plans or school methodological documents. This does not mean creating a new subject. It is often enough to identify existing topics where SNC has a natural place: client monitoring, hygiene, patient education, rehabilitation care, professional communication, environmental responsibility, digital resources or vocational foreign language.

A thematic plan should contain at least the topic, learning outcome, teaching method, SPA3 output used and the form of verification. This is sufficient to show that the project output has entered teaching practice. At the same time, the record remains short enough not to burden the teacher.

Table 82. Minimal record of SNC in a thematic plan.

Item	Example formulation
Topic	Client education before a selected spa procedure.
Learning outcome	The learner explains the purpose of the procedure, states one risk and formulates a short patient-facing instruction.
SPA3 output used	Multilingual dictionary, worksheet, tutorial.
Teaching method	Work with terms, model situation, role-play, reflection.
Verification	Completed worksheet, oral explanation and short test.

15.3 School system for updating materials

SPA3 outputs should not remain unchanged if teaching experience shows that they need adaptation. Teachers may discover that a worksheet is too long, a test question is unclear, a scenario needs a better safety boundary or a dictionary

entry should be linked to another teaching activity. A simple update system helps maintain quality without creating excessive bureaucracy.

The school can use a basic annual review. At the end of a school year or after a module, the teacher records what worked, what should be changed and which output should be used again. The coordinator or subject guarantor then collects these notes and decides whether an internal update is needed.

Table 83. Simple annual review of SPA3 outputs.

Review question	Possible answer	Follow-up action
Which output was used most often?	The worksheet on client education before a procedure.	Keep it in the thematic plan and share it with other teachers.
Which part was difficult for learners?	Distinguishing indication and contraindication.	Add a short example and one model answer.
Which activity produced good evidence of learning?	Role-play with a patient-facing sentence and observer checklist.	Include it in the recommended lesson sequence.
Which digital element caused difficulties?	Learners were distracted by navigation on the platform.	Prepare one guided digital task with a clear objective.
What should be consulted with practice?	Whether a scenario corresponds to ordinary facility operation.	Ask a cooperating facility for short feedback.

15.4 Passing the methodology on to other teachers

For sustainability, it is crucial that the methodology can be used by a teacher who did not participate directly in the project. The guide should therefore be supported by simple internal sharing: a short presentation for colleagues, one model lesson, a folder with recommended worksheets, a list of suitable dictionary entries and examples of assessment criteria.

It is useful to avoid the situation where a new teacher receives only a link to the platform. The link is not a method. The teacher needs to know what to use first, what to combine, what to assess and how to adapt the activity for their subject and class.

Table 84. Internal transfer of SPA3 methodology to teachers.

Transfer tool	What it contains	Purpose
Short methodological briefing	Basic logic of SNC, modules and available outputs.	Introduce the topic quickly to colleagues.
Model lesson	Topic, learning outcome, SPA3 outputs, activity and assessment.	Show how the methodology works in practice.
Shared folder	Selected worksheets, tests, scenarios and assessment rubrics.	Reduce preparation time for teachers.
Dictionary map	Recommended groups of entries by topic.	Help teachers choose terms efficiently.
Peer consultation	Short discussion after the first use in teaching.	Improve implementation and reduce uncertainty.

15.5 Evidence Pack for sustainability

Sustainability should be demonstrable, but it does not require extensive documentation. A simple Evidence Pack is sufficient. It should show that the topic was anchored in teaching, that learners worked with an output, that understanding was verified and that the teacher reflected on possible improvement.

The Evidence Pack is useful both for project reporting and for the school's internal quality assurance. It also makes it easier to repeat the activity in the following year. The evidence should be anonymised and should not contain personal data of learners or clients.

Table 85. Minimal Evidence Pack for sustainability.

Evidence	What it proves	Recommended form
Thematic plan	SNC is part of teaching.	Extract from the plan or internal record.
Worksheet used	Learners worked with a concrete output.	Anonymised sample or empty template with a note.
Test result or reflection	Understanding was verified.	Summary without personal data or sample assessment rubric.
Teacher record	The teacher evaluated the usability of the material.	Short methodological note.
Link with practice	Teaching responded to real operations or consultation.	Excursion programme, anonymised scenario, professional note.

EVALUATOR-STRONG PRINCIPLE

Sustainability is best evidenced by a combination of curricular anchoring, a sample of teaching and reflection on impact. A link to the platform alone is usually not sufficient.

15.6 Teachers' professional development

Further development of SNC requires continuous learning by teachers. It does not always have to take the form of an external course. Short internal methodological blocks, joint preparation of a scenario, sharing experience after an excursion or joint analysis of test results are also valuable. What matters is that professional development is not separated from real teaching.

Table 86. Forms of teachers' professional development in SNC.

Form	Suitable content	Output
Internal methodological meeting	Sharing scenarios, worksheets and problematic points.	Adjusted plan for further teaching.
Mini-workshop with practice	New procedures, indications, safety and communication with the client.	Added methodological notes.
Joint scenario development	Transforming a real situation into teaching.	Model situation and rubric.
Analysis of learner outputs	What learners mastered and what needs to be explained again.	Adjustment of a worksheet or test.
Language-methodological consultation	Patient-facing sentences, professional terminology and multilingual work.	List of sentences and recommended formulations.

15.7 Further development of the methodology

The methodology should remain open to further development. New topics may arise from practice, new digital tools, changes in facility operations, new safety requirements, learner needs or international cooperation. The school should therefore not perceive the guide as a closed document that cannot be changed. It is a stable framework, but the materials used in teaching may continue to develop.

Further development may include creating new worksheets, updating tests, supplementing the dictionary with teaching notes, developing additional scenarios or connecting SNC with new practical workplaces. Each change should be linked to a learning outcome and should preserve the professional boundaries of the methodology.

Table 87. Possible directions for further development.

Direction	Example	Condition of quality
New scenarios	Scenario on a client with anxiety before a procedure.	The scenario has a learning outcome, task and assessment criterion.
Updated worksheets	Shorter version for lower year groups.	The worksheet still verifies a professional result.
Extended dictionary work	Topic map for monitoring or hygiene.	The terms are used in a situation, not only memorised.
New tests	Situational questions after a module.	The test checks understanding and decision-making, not only memory.
Practice cooperation	Consultation with a spa or rehabilitation facility.	The situation is anonymised and didactically adapted.

15.8 Risks to sustainability and how to prevent them

Sustainability is weakened mainly when project outputs are perceived as something external to normal teaching. If the materials remain only in a project folder, if only one teacher knows how to use them, or if the platform is treated as a repository without didactic planning, the impact of the project will gradually decline.

Prevention is simple: anchor the topic in the thematic plan, prepare one model lesson, share a basic folder with colleagues, collect a minimal Evidence Pack and return to the outputs at least once a year. This is enough to keep the topic alive without creating a new administrative burden.

Table 88. Risks and prevention measures.

Risk	Consequence	Prevention
Outputs remain only on the platform.	Teachers do not use them in real lessons.	Connect each output with a learning outcome and lesson activity.

Risk	Consequence	Prevention
One person holds all know-how.	The topic disappears when the person leaves or changes role.	Prepare a short internal guide and share model lessons.
Materials are not updated.	Worksheets and tests gradually lose relevance.	Annual review and short teacher feedback.
Evidence is not collected.	It is difficult to prove impact and sustainability.	Keep a minimal Evidence Pack.
Practice is disconnected.	Teaching becomes too theoretical.	Maintain at least one practice link or consultation per year.

15.9 Model sustainability cycle for one school year

Table 89. Model annual sustainability cycle.

Period	Activity	Output
September	Select SNC topics for the thematic plan.	Topic map and assignment of SPA3 outputs.
October–January	Implement one or more SNC learning sequences.	Worksheets, tests, learner outputs.
February–March	Link one topic with practice or a professional consultation.	Observation sheet, scenario or practice note.
April–May	Evaluate what worked and what should be adjusted.	Teacher reflection and updated materials.
June	Store the Evidence Pack and recommend the next step.	Folder for the following school year.

15.10 Final recommendation for schools

A school that wants to maintain SNC teaching does not have to implement everything at once. It is enough to begin with one module, one lesson, one worksheet and one assessment tool. The important point is to use them repeatedly, improve them according to experience and share them with other teachers. Sustainability is created by regular use, not by the mere existence of outputs.

The practical minimum is therefore clear: include one SNC topic in a thematic plan, use one Spanursing output in teaching, verify learning, record a short reflection and keep the material for the next cycle. If this process is repeated every year and gradually expanded, SPA3 remains a living contribution to vocational healthcare education.

16. Appendices for teachers

This chapter closes the guide with practical templates that teachers can use when preparing lessons, thematic plans, vocational exercises, project days and cooperation with practice. The appendices are not a separate workbook. They are a supporting methodological tool that helps translate SPA3 project outputs into concrete teaching of spa nursing care.

Teachers may use the appendices separately or combine them with the dictionary, tutorials, worksheets, tests and the overview of spa facilities. Each template should be adapted according to learners' age, level of professional preparation, subject, available time and school rules.

Methodological key to working with the appendices

Table 90. Methodological key to the appendices.

Appendix	When to use it	Evidence for the school or project
1. SNC competence map	When planning a thematic unit or updating a thematic plan.	Competence map, thematic plan, subject team record.
2. Lesson plan template	When preparing one lesson or vocational exercise.	Lesson preparation, resources used, learner outputs.
3. Thematic block template	When planning several lessons or a project day.	Block plan, link to learning outcomes, assessment tools.
4. Worksheet template	When creating a worksheet for a procedure, aid or situation.	Completed worksheet, learner reflection, teacher feedback.
5. Case study template	When working with professional decision-making and a client situation.	Case response, justification, rubric.
6. Role-play activity template	When practising patient education, communication or sensitive situations.	Observer checklist, peer feedback, reflection.
7. Assessment rubric	When assessing a scenario, role-play, worksheet or practical task.	Assessment record, formative feedback.
8. Recommended use of the dictionary by topic	When selecting terms for a lesson or module.	List of selected entries, patient-facing sentences.
9. Recommended combinations of tutorial, worksheet, test and dictionary	When designing a complete learning sequence.	Lesson sequence, test, worksheet, reflection.
10. Safety and hygiene checklist	Before a practical or model activity.	Safety record, checklist, teacher observation.
11. Patient education checklist	When preparing communication with the client.	Patient-facing sentence, role-play, feedback.
12. Learner feedback	At the end of a lesson, block or pilot activity.	Summary of learner feedback.
13. Teacher feedback	After using SPA3 outputs in teaching.	Teacher reflection and recommendations for updates.
14. Model integration of SNC into a thematic plan	When embedding SNC into school documentation.	Adapted thematic plan and evidence of use.

Appendix 1. SNC competence map

Table 91. SNC competence map.

Competence area	Basic level	Applied level	Integrated level
Professional understanding of SNC	The learner names the basic term and explains its meaning.	The learner connects the term with a procedure, aid or situation.	The learner uses the term when solving a case situation.
Safety and hygiene	The learner states a basic safety or hygiene rule.	The learner applies the rule in a model situation.	The learner identifies risk and proposes prevention.
Client monitoring	The learner names what may be monitored.	The learner selects data to monitor before or after a procedure.	The learner evaluates a change in condition and passes on information.
Patient education	The learner repeats a prepared instruction.	The learner creates a short understandable instruction.	The learner adapts the instruction to the client's situation.
Language-sensitive communication	The learner uses a simple respectful phrase.	The learner checks understanding and responds to uncertainty.	The learner communicates safely in a more complex situation.
Environmental responsibility	The learner names one area of consumption or waste.	The learner proposes one safe resource-conscious step.	The learner justifies a decision with regard to safety and sustainability.
Digital work with resources	The learner finds the required output.	The learner uses the output to solve a task.	The learner combines several outputs and evaluates their usefulness.

Appendix 2. Lesson plan template

Table 92. Lesson plan template.

Field	Recommended entry
Lesson topic	For example client monitoring before hydrotherapy, safety during a peloid procedure, or client education before physical activity.
Learning objective	After the lesson, the learner explains, decides, demonstrates, justifies or communicates a concrete professional task.
SPA3 outputs	Selected dictionary entries, tutorial, worksheet, test, overview of facilities or their combination.
Initial activation	Short question, image of an aid, problem situation or patient-facing sentence.
Main activity	Work with a procedure, scenario, worksheet, role-play or decision-making situation.
Assessment	Test question, rubric, self-assessment, peer feedback or short reflection.
Evidence	Date, class, material used, number of learners, output from the activity, identified adjustments.

Appendix 3. Thematic block template

Table 93. Thematic block template.

Part of the block	Content
Block title	
Placement in subject or module	
Number of lessons	
Key SNC competences	Professional understanding, safety, communication, monitoring, education, environmental responsibility.
SPA3 outputs used	Dictionary, tutorials, worksheets, tests, overview of facilities.
Teaching procedure	1. Topic activation. 2. Professional input. 3. Application in a situation. 4. Reflection and assessment.
Verification of learning outcomes	Test, rubric, model situation, learner output, oral justification.
Differentiation and inclusion	Adjustment of language, time, supporting materials, mode of response and pair work.
Note for further use	

Appendix 4. Worksheet template

A worksheet should lead the learner to professional decision-making. It should not be only a copy of information from a tutorial or dictionary. The recommended structure is concise and repeatable.

Table 94. Worksheet template.

Worksheet section	Question or task for the learner
Professional context	What problem or situation are we solving?
Key terms	Which 5 to 8 terms from the dictionary are relevant?
Indication	For which client or situation is the procedure suitable?
Contraindication or caution	When should the procedure not be performed, or when is increased caution needed?
Aids and environment	Which aids are needed and what must be checked?
Nurse's procedure	What does the nurse do before, during and after the procedure?
Client education	How will you explain the procedure to the client in understandable language?
Safety and hygiene	Which rule must not be omitted?
Environmental point	Where can unnecessary consumption of material, water or energy be avoided?
Record or reflection	What should be recorded or reflected on after the activity?

Appendix 5. Case study template

Table 95. Case study template.

Field	Recommended content
Case title	Short name of the situation.
Client situation	Age category, general condition, reason for care, without identifiable personal data.
Procedure or context	Selected spa, rehabilitation or nursing situation.
Learner task	What should the learner decide, explain, prepare or record?
Information available	Data that the learner can use for decision-making.
Risk or complication	What must the learner recognise?
Expected output	Procedure, explanation, record, patient-facing sentence or team communication.
Assessment criteria	Professional accuracy, safety, communication, justification.
Link to SPA3 outputs	Dictionary, tutorial, worksheet, test, overview of facilities.

Appendix 6. Role-play activity template

Table 96. Role-play activity template.

Role	Task
Nurse or learner in the nurse role	Explain the procedure, check understanding, maintain safety and respect privacy.
Client	Ask a question, express uncertainty or describe discomfort.
Observer	Record what was professionally correct and what should be improved.
Teacher	Defines the objective, monitors safety boundaries and provides final feedback.

Role-play preparation

Topic: Learning outcome: Key terms: Sensitive point: Safety point: Patient-facing sentence: Observer checklist:

Appendix 7. Assessment rubric

Table 97. Universal rubric for SNC activities.

Criterion	Basic level	Good level	Advanced level
Professional accuracy	The learner names the topic or term.	The learner explains the procedure or decision correctly.	The learner connects the decision with indication, risk and context.
Safety and hygiene	The learner states one rule.	The learner applies the rule in the situation.	The learner anticipates risk and knows when to pass on information.
Communication	The learner gives basic information.	The learner explains clearly and respectfully.	The learner adapts the message to the client and checks understanding.
Use of SPA3 outputs	The learner finds the output.	The learner uses the output for solving the task.	The learner combines several outputs and reflects on their usefulness.
Reflection	The learner describes what they did.	The learner states what should be improved.	The learner proposes a specific improvement for next time.

Appendix 8. Recommended use of the dictionary by topic

Table 98. Dictionary use by topic.

Teaching topic	Recommended type of entries	Follow-up task
Monitoring	Diagnostic and monitoring aids.	Explain why and when the selected data are monitored.
Safety and hygiene	Disinfection, protective aids and waste handling.	Identify one hygiene rule and one risk.
Mobility and positioning	Positioning, mobility and transport aids.	Propose a safe transfer or positioning procedure.
Hydrotherapy	Hydrotherapy aids and devices.	Formulate a patient instruction before a procedure.
Thermotherapy and peloid treatment	Heat, wraps and peloid aids.	Identify a contraindication or caution point.
Patient education	Terms linked to regimen measures and communication.	Transform a professional term into a client-facing sentence.
Environmental responsibility	Disposable and reusable aids, water and material use.	Propose one safe measure against waste.

Appendix 9. Recommended combinations of tutorial, worksheet, test and dictionary

Table 99. Recommended combinations of SPA3 outputs.

Learning objective	Recommended combination	Evidence
Understand a new topic	Tutorial + dictionary.	Short summary and correctly used terms.
Apply knowledge to a situation	Tutorial + worksheet.	Completed case response.
Practise patient education	Dictionary + role-play + rubric.	Patient-facing sentence and observer feedback.
Verify understanding	Test + short oral correction.	Test result and explanation of one error.
Connect with practice	Overview of facilities + worksheet.	Comparison or practice-oriented reflection.
Develop environmental responsibility	Worksheet + dictionary + reflection.	Safe resource-conscious procedure.

Appendix 10. Safety and hygiene checklist

Table 100. Safety and hygiene checklist.

Question	Yes / No	Note
Is the learning activity clearly separated from real clinical responsibility?	<input type="checkbox"/> / <input type="checkbox"/>	
Are the aids clean, safe and suitable for the model activity?	<input type="checkbox"/> / <input type="checkbox"/>	
Is it clear which procedure is only simulated?	<input type="checkbox"/> / <input type="checkbox"/>	
Have contraindications or caution points been discussed?	<input type="checkbox"/> / <input type="checkbox"/>	
Has client privacy and dignity been included in the activity?	<input type="checkbox"/> / <input type="checkbox"/>	
Is there a clear procedure for discomfort, dizziness or uncertainty?	<input type="checkbox"/> / <input type="checkbox"/>	
Does the activity include a hygiene rule?	<input type="checkbox"/> / <input type="checkbox"/>	
Does the teacher know what will be assessed?	<input type="checkbox"/> / <input type="checkbox"/>	

Appendix 11. Patient education checklist

Table 101. Patient education checklist.

Question	Yes / No	Example or note
Did the learner explain the purpose of the procedure?	<input type="checkbox"/> / <input type="checkbox"/>	
Did the learner say what will happen step by step?	<input type="checkbox"/> / <input type="checkbox"/>	
Did the learner use understandable language?	<input type="checkbox"/> / <input type="checkbox"/>	
Did the learner mention what the client should report?	<input type="checkbox"/> / <input type="checkbox"/>	
Did the learner check understanding?	<input type="checkbox"/> / <input type="checkbox"/>	
Did the learner respect privacy, modesty and possible uncertainty?	<input type="checkbox"/> / <input type="checkbox"/>	
Did the learner state what follows after the procedure?	<input type="checkbox"/> / <input type="checkbox"/>	

Appendix 12. Learner feedback

Table 102. Learner feedback form.

Question	Learner answer
Which topic or activity helped me understand SNC better?	
Which term or procedure was difficult for me?	
Which SPA3 output helped me most? Dictionary, tutorial, worksheet, test or overview of facilities?	
What did I learn about safety or hygiene?	
What patient-facing sentence can I now use?	

Question	Learner answer
What do I still need to practise?	
Which safety rule do I take away from the lesson?	

Appendix 13. Teacher feedback

Table 103. Teacher feedback form.

Area	Teacher finding
Topic and SPA3 outputs used	
What worked well	
What was difficult for learners	
What material adjustments are needed	
What evidence of learning was produced	
Link to the next lesson or thematic plan	

Appendix 14. Model integration of SNC into a thematic plan

Table 104. Model integration of SNC into a thematic plan.

Subject or module	SNC topic	Learning outcome	SPA3 output	Assessment
Nursing	Client monitoring before a procedure.	The learner selects a suitable item to monitor and justifies its importance.	Dictionary + worksheet + test.	Short scenario and rubric.
Clinical practice	Safe transfer of a client in spa operations.	The learner describes fall risks and proposes a preventive procedure.	Dictionary + observation sheet.	Checklist.
Communication in healthcare	Client education before a procedure.	The learner explains the procedure in an understandable patient-facing sentence.	Role-play + dictionary.	Peer feedback.
ICT or vocational language	Searching for and verifying information.	The learner uses a digital resource and briefly assesses its usefulness.	Tutorial + overview of facilities.	Short annotation.

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