International Journal of General Practice Nursing, 2026, Volume 4, Issue 2
http://ojs.bbwpublisher.com/index.php/IJGPN
Online ISSN: 2981-9423
Print ISSN: 2981-9415

Research on the Current Situation and Improvement Methods of First-Aid Skill Practical Teaching for Higher Vocational Nursing

Haitong Xu*, Xueling Li

Hainan Vocational University of Science and Technology, Haikou 571126, Hainan, China

**Author to whom correspondence should be addressed.*

Abstract: First aid skills are a major part of the professional competence of high vocational nursing talent. The quality of practical teaching directly relates to how many people who will be working with sick people can fix someone else's problems and save them. Now, with higher vocational nursing first aid practice teaching still has some shortcomings with what is covered in the courses, who is doing the teaching, and having all the necessary tools and resources available for students, as well as an evaluation of students' and teachers' performance, that kind of thing would be holding back raising these students' working abilities. Based on a thorough investigation into current teaching, the study identifies problem situations and reasons within, offering tangible solutions concerning curriculum organization changes and innovative teaching techniques, along with improved standards for evaluations. And support mechanisms, like institutional guarantee, medical education cooperation, resource investment, and so on, are also discussed to offer more ideas about changing first aider practical training for university nursing.

Keywords: Higher vocational nursing; First aid skills; Practical teaching; Teaching reform; Medical-educational collaboration

Online publication: May 31, 2026

1. Introduction

Nursing personnel need to acquire skills to save lives. The main place for training grassroots nursing personnel is colleges. Therefore, there is an obvious requirement for the necessity of teaching that practice in nursing programmes at colleges. In this complex world where people's health is affected, and all these things that people will do to be healthy, there is even more pressure put on nurses who will help out those who were hurt and people with injuries. But now, some first-aid skills practical teaching in present high professional colleges is very much lacking fresh ideas for instruction and training facilities for students who are eager to be ready and fit when they leave and start doing actual clinical work as soon as they can. Under such

circumstances, how to build up a scientific and good first-aid practical teaching system under scarce teaching resources is becoming an important problem that needs to be solved right away in higher vocational nursing. This study looks at the present state of first aid skills practical teaching in higher vocational nursing, figures out the hidden problems and why they are happening, tries out some ideas about fixing things, and provides some clues about what could possibly get some improvements in terms of teaching, just in case someone else wants to try and change some stuff around [1].

2. Current situation of first aid skills practical teaching

2.1. Curriculum setting

The current first aid courses in the college for nurse course have been carried out through "theoretical plus individual skills" with it being mostly found in the basics of nursing and critical care nursing, and only having limited practical sessions that were on their own. Class hour allocation indicates an obvious priority given to theory over practice, resulting in minimal time for practical application by students. The course content covers fundamental first aid techniques such as CPR, bleeding control and bandaging, airway management, and fracture fixation. It does not place significant emphasis on the broader capabilities required for comprehensive disaster rescue or pre-hospital emergency response. There is no unified and standardized curriculum guideline to be followed by all colleges. Hence, different choices have been made in terms of what has been chosen as a teaching point, as well as how these points move along when it comes to increasing their level of difficulty, thus creating differing skill sets after graduation for those who complete this program.

2.2. Faculty Structure

The higher vocational first aid course faculty comprises mainly full-time teachers and part-time clinical instructors. Most of them were from a medical or nursing background; they were not very connected to real-world clinics for long periods, which means not have much practical skill in treating people. Some teachers have never learned or have not updated quickly regarding the most current first-aid rules and hospital operation standards. The part-timers have lots of experience, but they do not spend much time as teachers, so it is tough for them to take an ongoing and in-depth part in the classroom. Furthermore, the proportion of "dual qualification" (teaching and profession certification), teachers among all teachers on the first-aid subject is small. Faculty structure has generational differences and structural title differences between junior and senior faculty; junior has no practical experience, while senior faculty do not learn as quickly. This structural conflict affects how good teachers can be at their jobs and whether what their teaching lines up well with being doctors who deal with sick people right now.

2.3. Training environment and equipment conditions

Most higher vocational colleges have set up nursing training centers that contain basic first aid training tools such as CPR mannequins, bag-valve masks, spine boards, and stretchers. But there is not enough equipment for all the students, so each student does not get much time to practice. High-end intelligent training equipment, such as manikins with real-time feedback functions and a virtual simulation first aid training system, is uncommon, limiting the depth of scenario-based simulation teaching development. Some colleges have inflexible training room management systems, restricted open access periods beyond class times, and

late restocking of instructional supplies, impacting the general efficiency of hands-on instruction and ongoing enhancement of students' skills [2].

3. Problems encountered during teaching

3.1. Teaching content does not match the clinical practice

The existing first aid practical teaching contents focus on textbook knowledge and standard operating procedures, which fail to simulate the complexity and urgency of real clinical situations. Classroom learned operations steps are hard to be directly used in the changing environment of pre-hospital emergency care. Teaching case updates are slow, not adding new ideas and tools from the pre-hospital world fast enough, such as group CPR and using new bandages for injuries. Some operation procedures still use the old version rules, different from the present clinical standards, making students have to adapt again during their internship. The efficiency of turning teaching resources into something that can be applied in a clinical setting needs to improve.

3.2. Teaching in the same manner as before

First aid skill training teaching is still mainly based on the teacher's demonstration, and the students' practice by imitation. Using scenarios and simulations and then high fidelity cases is too small and leaves the kids in the room being a little bit too passively receiving it all when they could use some actual hands-on judgment and deciding how it gets made. Interactive teaching method groups perform collaborative drills and role play, so that the teaching is not merely just a routine, thus ensuring the students are taught the ability to prepare psychologically for emergencies, as well as their ability to cooperate. Because of teaching timetables and equipment, students mostly do mechanical repetitive practice, operational steps, and do not get chances to respond together, with lots of stress. And that problem with how they teach it makes those students less able to think clinically, less good at deciding stuff in emergencies.

3.3. Incomplete assessment and evaluation system

Current first aid skill assessments mainly adopt individual operation scoring systems, evaluating each step according to a pre-set checklist, emphasizing operational standards over clinical judgment, adaptability, and humanistic care. Summative assessment dominates, with formative evaluation accounting for a small proportion, unable to adequately reflect students' progress during routine exercises. Assessment scenario is different from the actual emergency situation, so it is hard to know how well students can handle everything at once when there is stress. Evaluation dimensions are rather flat, not a good way to check if someone can talk and work together, decide what is going on, or pick what to do first. This stops giving all-around feedback about how well teaching works and how to make it better.

4. Analysis of causes of problems

4.1. Lack of institutions stressing practical teaching

Some higher vocational schools still follow old ideas about first things first. When it comes to making their nursing programs, they look at actual lessons taught in real life as something that just goes with classes where students learn about theories. This results in not really having much overall planning on top of first

aid practical training. Resources tend to go toward theory and research; there is less money for practical teaching. The practical teaching management system is often incomplete. Teachers' practice ability lacks strict regulations and appraisals, so there is little motivation to make changes to practical instruction. This cognitive flaw and administration gap basically keep the improvement of the quality of the first help practical education constant [3].

4.2. The teachers do not have enough clinical practice experience

The vast majority of higher vocational nursing teachers get into their teaching roles right out of graduation without much or any kind of actual hands-on experience with clinics. No one has true knowledge about how these real-life workflows operate under that immense and intense pressure from the front lines of the emergency room, so they cannot really faithfully recreate the actual situation that exists inside the hospital for teaching purposes. Opportunities for in-service clinical refreshment training are few. Knowledge update mainly through self-study of literature and short-term training, resulting in poor knowledge of advanced techniques of first aid and a change in clinical management. Institutions do not provide a channel or incentive for the continuous improvement of a teacher's ability to perform clinical duties. There is a difference between what one does and the requirements for the job. There is a chasm there for those who can and those who must have something to do about it; it is a major reason why one sees this practical instruction of first aid lacking any substance, just going its own way all alone.

4.3. Outdated teaching resources and slow updates

Emergency medical technology keeps advancing, yet the updating speed of teaching apparatus in higher professional institutes frequently gets held back by procurement cycles and budget approval procedures, and ends up with equipment that is outdated compared to what is used clinically. Textbooks and teaching resources do not keep up with the current time. When they make changes to the clinical guideline, some content and tech standards have passed today's industry. Information-based education resources, which educators can use to make simulations, have not got any kind of use just yet. High-quality first aid teaching case libraries and standardized patient training systems have not been fully developed, depriving it from having sufficient material and technical support for their teaching reform. This lack of capacity within the teaching resource means that there will be no room for anything to be changed about teaching.

5. Ways to make it more practical in the classroom

5.1. Rebuilding modular teaching content

According to the competency requirements of the position of clinical first aider, structure the contents of the teaching of first aid skills into modules, including basic life support, trauma first aid techniques, common emergencies treatment, and disaster scene handling. Each module should build upon a progressive set of competency goals, going from a single skill being standardized up through simulated scenarios, all the way to managing it as a team, creating a spiral of progression. Update on time so that teaching contents follow the newest global CPR norms and medical rescue criteria, introducing new techs as the field hospital's tourniquet use, and fast resuscitation team work. Improve the job-relevance and future-sightedness of what gets taught technically in order for students studying right now to understand these same present clinical first-aid skills they will be working on once.

5.2. Encouraging blended teaching methods

Use online teaching platforms as a means before the lesson so that there is more room in the class for high-fidelity scenario training and detailed instruction. Vigorously promote case-based scenario simulation teaching by creating standard first aid scenarios taken from real-life clinic events. Let students do the whole thing, from injury checking and first-aid treatment, and choice to transport via playing roles and teamwork. Provide intelligent training machines with immediate feedback, such as how deep the compression was and what speed they used, to assist pupils with making the necessary corrections. Raise easy operating exercise into exact, feedback-boosted teaching, greatly improving how good a teacher can be at it [4].

5.3. Creating a diverse measure standard

Build up the indicator framework with those 4 operation techniques and clinical thought processes, and work together, also showing sympathy. Use both standardized score evaluations and qualitative ones to thoroughly evaluate student achievement results. Increase its weight, add it as a regular practice quality, and simulate performances and a reflective report. When setting up assessment scenarios, make them more like real clinical situations where distractions, time pressures, etc., can be put on students to see how well they do in an emergency situation. With the reform of the evaluation system, make people pay attention to teaching rather than being standardized operation only, and develop comprehensive competence instead.

6. Supporting mechanisms for teaching improvement

6.1. Creating real training administration systems

Institutionally commit to making actual teaching the principal part of the nursing personnel building. Issue special management regulations on first-aid practical training, with content including basic education level, the necessary number of practice hours, practice equipment setup, and instructor qualification requirements. To create an institutionally normalizing quality assessment and feedback mechanism regarding the practical aspects, carry out routine evaluations and inspections regularly, and integrate the outcome into professionals' and teachers' appraisals. Ensure a guarantee for practical instruction in emergencies in organizations. It must have an organizational form that is strict enough, and then do the remodeling of the process management so that it will take some effort. It must be more than a pretense.

6.2. Medical-educational collaboration platform deepens

Normalize the college's partnership with the affiliated hospitals/partnering medical facility. Allow regular inclusion of clinical nursing on-campus first aid teaching, at which time have the part-time instructors be rotated to emergency departments and ICU departments so as to maintain clinical competency, and create faculty exchange that is both reciprocal and experientially shared. This is to ensure teaching using real case studies from real-world practices. Hold first aid competition as well as emergency drills together; change from the hospital to the school's teaching support [5]. Establish an interactive ecology of education and healthcare via medical-education cooperation in such a way that the students can get closer to real training scenarios through more realistic practices.

6.3. Increased investment in training base construction

Think rationally about how the training rooms can be zoned. Provide a sufficient quantity of basics, introduce

clever simulation teaching things as well as artificial imitation training systems, so it would be able to provide technological help on training for emergency services staff. Establish a special account mechanism for consumable goods for teaching to guarantee timely refilling of necessary nursing practice supplies, as well as regularly maintaining and updating other equipment. Increase the usage rate of the training room in open access. The training environment is closer to a hospital, which creates immersive first-aid scene simulations, making it so students can repeat the act of performing first aid and gain their composure under a very real atmosphere and thus have a firm base upon graduating into the workforce.

7. Conclusion

In order to enhance the first aid abilities practice teaching inside a higher vocational school nursing, this is an undertaking full of time-consuming investments which covers many different areas, such as updating teaching contents, improving methods of education, and setting up and improving a new evaluation system guarantee mechanism as well. After systematically reviewing and investigating the current state of affairs and the cause of problems, the author comes to believe it is possible for some kind of structure and systematic changes that emphasize the main parts of medical-educational collaboration and institution building that would cause change. Future, higher vocational colleges should carry out the improvement measures at stages depending on their own context, constantly promoting the conversion of the first-aid practical instruction from the sole skill teaching direction toward the improvement of comprehensive emergency response skills, and producing high-standard nursing personnel who have first aid ability to the primary healthcare system.

Disclosure statement

The author declares no conflict of interest.

References

[1] Lu ZQ, 2026 Reform Practice of Emergency Nursing Teaching in Higher Vocational Colleges from the Perspective of "Integration of Five Educations". Chinese Journal of Nursing Education, 23(1): 9–15.

[2] Bai R, Liu P, Jia SY, et al., 2023, Evaluation of Teaching Effectiveness in the Emergency and Critical Care Specialty Direction under a New Training Model in Higher Vocational Nursing. China Medicine and Pharmacy, 13(16): 64–68.

[3] Zhang J, Qian FP, Hong X, et al., 2022, Blended Teaching Practice of Pre-hospital Emergency Nursing Oriented by First-aid Willingness. Journal of Qiqihar Medical University, 43(14): 1379–1383.

[4] Zheng YP, Xin SZ, Jiang XY, 2022, Research on Medical and Nursing Courses for the Infant and Toddler Care Service and Management Major in Higher Vocational Education under the Background of "Integration of Medical Care, Elderly Care, and Education" — A Case Study of W College. Modern Vocational Education, 2022(23): 88–90.

[5] Zhang MS, 2012, Preliminary Exploration of Teaching and Clinical Practicum in Fundamentals of Nursing in Higher Vocational Education. Technology Pioneers, 2012(18): 203.