Introduction

58% of people in Germany would like to die at home between their families, neighborhoods, or communities. The process of dying is an integral part of life, sometimes associated with uncertainty and fear. However, it does not need to be pathologized based on medical diagnoses. Death competence is a combination of knowledge and skills that enable people to take care of them. The COVID-19 pandemic has changed the character of the project. The core of the project is the ability to learn through experience. The experts - the patients and their relatives - teach the nursing trainees and students. Depending on the qualifications of the nurses, they exchange their practical, empirical knowledge and other experiences in both the practical and the theoretical phase. The aim is an individual and personal relationship process with those involved. Nurses should be given the opportunity to apply their competencies as they have learned to: Because nurses support and promote people of all ages and every situation by planning, organizing, designing, implementing, monitoring and evaluating the care process.

COVID-19 is changing the character of the project. The patients could not be cared for by the nursing staff as they had learned. The pandemic regulations and recommendations made the process more difficult [6-8].

Methods

The methodological focus was on learning through experiences of nursing trainees and students in their profession: Change of perspective / role play / exchange of experiences / reflection / ontological confrontation encourage them in their learning process [9].

Nursing trainees and students exchange their practical, empirical knowledge and other experiences in both the practical and theoretical phase (Figure 1). For nurses, the needs of the dying and their relatives are the core of the current framework. They compare current theories, concepts, and research results with the needs of the dying and their relatives. This affects nursing activities.

Conclusion

COVID-19 is changing the nature of the project so that nurses or families cannot participate in the dying process as they learned to care for the dying as they wish. Nurses can accompany people of any age and any situation, regardless of whether they are sick or healthy. They plan, organize, design, implement, control, and evaluate the care process independently and together with their families, neighbors, or communities. If the nurses could
be allowed to practice their skills as they learned, it improves and strengthens people's wellbeing. Since the 1990s, social legislation in Germany has formulated the responsibility of nurses for participating in the process of dying [10]. Learning through experience strengthens and promotes the self-confidence and self-esteem of the families and enables the nurses, as they reflected and combined their knowledge, learn intensively from the dying and their relatives and return the skills they have learned. In dialogue, they speak clearly and precisely and ask the right questions in a way that invites reflection and honesty. The result: people do not differ in terms of dimensions; they are uniform in their life situations.

**Conflict of Interest**

None

**Funding**

None

**References**