

Using a Virtual, Case-Based Approach to Developing Clinical Competency in Hospice

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Background

There has been a shift in nursing education away from a teacher-centered approach focused on memorization of content to a concept-based approach that is learner-centered and focuses on the development of critical thinking, clinical judgment, and problem-solving skills (Giddens et al., 2020).

- Conceptual learning requires learners to connect facts and exemplars to concepts through active learning experiences such as completing case studies or problem-solving activities (Baron, 2017).
- This allows learners to ‘practice’ thinking and apply new knowledge to clinical practice.

Purpose

To align skills competency education across all programs while engaging caregivers in active learning experiences (cases) that reflect authentic, real-life experiences encountered in practice.

Methods

A curricular re-design of skills teaching was completed to emphasize conceptual learning and the use of exemplars (cases) to engage caregivers in real-life clinical scenarios, including these methods:

- Content Crosswalk of Skills Curriculum
- Review of Essential Learning; Quality, Safety, Clinical Competencies

Result

The case-based approach was implemented Jan. 1, 2024. Early feedback from new hospice caregivers and educators is positive:

- Caregivers are demonstrating active engagement, rather than passive observation (Engagement)
- Caregivers are engaged in discussion and have indicated they have been challenged to think critically following the nursing process (Critical Thinking)

Discussion

- Caregivers and educators alike, have embraced the model and feel it is meaningful teaching and learning
- Specific programs are requesting foundational education using this model for existing caregivers
- A limitation of this project is that the new model was recently implemented; more time is needed for evaluation

Educator Feedback

- **"New caregivers start to identify priorities in the hospice population"**
 - **"(Caregivers) identify hospice appropriate resources"**
 - **"(Caregivers) are given real clinical examples in virtual skills"**
- **"(Caregivers) have a chance to integrate their learning from virtual skills into the hand-on portion of skills"**
 - **"This (module) allows us to share those stories, success and failures to further interest/educate/engage the learners. Many caregivers share their own stories of past experiences that were similar to the cases presenting"**
- **"(Caregiver) expressed real relief that she wasn't being tested, that the educators and core leaders were committed to developing her skill set to be a hospice clinician"**
 - **"(Caregivers) were much more engaged, answering questions and participating in discussions. Previously, caregivers seemed bored when they were at skills, listening to the didactic and were often seen looking at their phones. This time, there was a lot less talk and much more hands-on time with actually performing the skills"**
- **"(Caregivers) usually weave their past work experiences into their answers, further expanding the group knowledge base"**
- **"(Caregivers) have referenced resources at their fingertips and embedded hyperlinks give them opportunity to work through the scenarios in real time"**
- **"One of the joys I have with this module is the peer support, that the new hires learn from each other"**

Integration+Experience+Engagement+Stories+Participation+Prioritization+Peer Support

Practice Implications

- Early, formative experience with home visit
- Meaningful connections with clinical educators and clinical resources
- Increased caregiver confidence

Next Steps: 1) Assessment is needed to identify additional opportunities for case-based learning, and 2) Program evaluation

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