

# How Virtual Learning Enables Standardized Education and Individualized Learning

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Investing in ongoing clinical education is one of the most important measures healthcare organizations can take to develop, engage, and retain skilled nursing professionals. Yet delivering continuous, standardized programs that meet the needs of diverse learners across multiple facilities is a challenge for most healthcare organizations.

While clinical education was once integrated in day-to-day nursing work, a growing list of competing demands has made it more difficult for nurses and healthcare organizations to prioritize ongoing learning. As a result, education delivered in the clinical environment must compete for the time and attention of busy nurses, and the priorities of the organization.

### Increasing demands and priorities

Amid a persisting nursing shortage that has already increased rates of turnover and burnout even before the COVID-19 pandemic, a growing host of clinical technologies to master and manage, with pressure to meet operational and productivity metrics, nurses are now caring for a more medically complex population than just ten years ago.

Despite these challenges, organizations have an opportunity to shift the perception of ongoing clinical learning from another expectation to a valuable employment benefit that allows nurses to advance and grow in their discipline.

### To create an integrated and standardized culture of clinical learning for nurses, organizations must:

- 1) **Develop user-centric clinical learning tools**, , integrating virtual learning into clinical workflows while carefully balancing in-person and other real-time learning modalities.
- 2) **Define a virtual learning strategy** that ensures technology integrates with and enhances clinical learning and workflow productivity.
- 3) **Quantify the value of clinical education** by measuring both the financial impact of program design and implementation as well as proposed outcomes.



**68%** The COVID-19 pandemic has further exacerbated these issues. 68% of nurses who responded to an April 2020 survey conducted by the American Nurses Association indicated they were worried about being short-staffed, and an overwhelming 87% said that they were somewhat or very afraid to go to work.<sup>1</sup>

**87%**



### **Finding balance: standardized curricula, individual learning**

Standardized, evidence-based clinical education is an important element in the delivery of safer, more affordable care. Of course, standardizing clinical education while still meeting the needs of individual learners working in diverse care settings is easier said than done.

Educators must walk the fine line between the benefits of system-wide standardization and the need to deliver relevant, learner-centric clinical education. According to Danyel Germain, DNP, RN, CHSE, System Director for Clinical Education and Professional Development, CommonSpirit Health, “The key is to strive for seamless learning experiences delivered in the right way at the right time. Clinical education should be relevant, in-time and at-hand, and easy to access and use. Whenever possible, education should be embedded within the clinical workflow to ensure that content is relevant to the individual learner.”

Virtual learning programs help organizations deliver standardized education in a user-centric fashion. With the unique ability to meet both the needs of the organization and the individual nurse, virtual learning has grown steadily in use over the past decade. It allows health systems to deliver standardized education across facilities and locations, while enabling individual nurses to self-pace and focus on specific areas of need. It is especially valuable in exposing knowledge gaps, allowing nurse leaders to tailor their support, and in closing readiness gaps for new nurses who lack real-world experience, via case studies or clinical practice scenarios.

Unsurprisingly, the COVID crisis has cemented the status of virtual learning as a “must have” versus a “nice to have.” According to Germain, “When the pandemic rendered in-person classroom training unsafe, organizations already possessing a virtual learning strategy and infrastructure were able to transition more quickly than those that had not yet adopted the teaching method. The challenge is to avoid relying solely on virtual learning to deliver clinical education. Instead, educators should strive to find the right mix of approaches, ensuring that virtual learning is supplemented by educator support on the unit, hands-on formative learning experiences, and involvement in learning communities.”



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### Integrated technology, purposefully applied

Advances in technology present both opportunities and challenges. Ensuring that learners can access technology seamlessly and easily within their clinical workflows enhances the impact of educational programs. Integrations between the Learning Management System (LMS) and other learning technologies such as high-fidelity simulation and interactive online learning programs ensure a more cohesive and engaging learning experience. While a systemwide strategy is needed to drive interoperability across the organization, opportunities exist for educators to create strong partnerships with IT so that the role of education technology is prioritized.

Nurses are expected to manage a dizzying array of clinical technology each day, from automated IV pumps to smart beds to electronic charting solutions. Much like clinical technology, when it comes to virtual learning, it is important that the technology is easy to access and use, is engaging, and is accessible within the workflow so it enhances rather than distracts the learner. Finding the right balance so that technology enhances learning rather than distracts or detracts from it requires both experimentation and continual assessment of the use of technology within educational programs.

### Financial impact of clinical education

Shrinking budgets have long been the reality for healthcare systems. Now, COVID-19 has created a perfect storm of financial challenges for organizations – the American Hospital Association projects that hospitals will suffer a staggering \$323 Billion loss as a result<sup>2</sup> of the pandemic. In this daunting fiscal environment, educators must include the financial impact when designing or revising learning programs.

Germain believes that the number one question clinical educators must ask is, “How do we quantify the value of clinical education?” She explained, “Traditional educational design focuses on need assessments,



curriculum development, implementation of training, and staff evaluation – not on measuring the long-term financial impact of the educational intervention. Given the financial constraints of the healthcare system, we should ensure that measurement of the financial impact is integrated into initial program design and post-implementation assessment, especially in the context of validating the financial gains quality clinical education provides; from retaining nurses to improved patient experience scores and reductions in safety events.”

Program designers should seek to measure the human capital resource expended to design, deliver, and coordinate each program, as well as the cost of the time learners spend completing the curriculum. Key Performance Indicators (KPIs) in the form of expected clinical outcomes and projected costs savings should be defined. Those outcomes should be tracked and reported upon as part of the overall program evaluation, to provide clear data on both cost and value.



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## The future is virtual

“Today’s clinicians seek a feeling of immersion and participation in their own learning,” said Germain. “When nurses feel like they are truly engaged in a clinical case study and interacting with a virtual ‘patient’ in a scenario, they are more present in the educational activity and can be more likely to retain learning and report satisfaction with the experience overall.”

Innovations in clinical education technology provide many such opportunities. Simulation technology enables educators to assess competencies while nurses improve skill sets and practice for high-acuity, low-incident events in a safe environment. AR and VR provide immersive, accessible, cost-effective means of training that can complement or stand-in for time spent in the simulation center. Gamification “touches” – like awarding points and badges for the completion of a learning activity – helps to satisfy diverse educational needs while infusing the learning process with fun, excitement, and peer interaction. Finally, microlearning which provides short, focused pieces of educational content in a contextual setting – can be infused into these virtual learning approaches to enhance retention even more. Germain believes that integrated early enough in the learning journey, these solutions have the potential to introduce greater efficiency to the onboarding and orientation process for more effective, high quality training that optimizes the use of staff resources.

“Ultimately, no single learning modality is intended to function alone,” according to Germain, “Finding the right mix is the key to delivering standardized clinical education in a learner-centric fashion. Yet virtual learning is a powerful tool, lending itself to flexible, immersive, engaging, and yes, fun educational experiences.”

Those characteristics, along with efforts to make education readily accessible, easy to use, and integrated into clinical workflows, can help make standardized clinical learning feel more like a privilege again as we endeavor to set or even raise the bar on learning to ensure nurses stay current, and continue their professional development for their entire career journey.

## References

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