

EDUCATIONAL INNOVATIONS

Case Management in the Undergraduate Curriculum

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ABSTRACT

The redesign of an undergraduate curriculum at one baccalaureate nursing program resulted in adoption of a required course on case management for chronic illnesses. The course is structured around rehabilitation standards and medical-surgical and community health principles of nursing care. A service-learning model was used to develop the clinical experience, which involved student nurses visiting the homes of individuals with chronic illnesses. These visits were made in collaboration with personnel from community-based agencies or programs. This article discusses the design of the course and some of the content areas and clinical activities.

The U.S. health care system is in a state of crisis. Costs are escalating, and delivery often falls short of meeting the needs of many

people, particularly those with chronic illnesses (Hoffman, Rice, & Sung, 1996). This situation is particularly worrisome because 45% of noninstitutionalized Americans have one or more chronic illnesses that account for 75% of U.S. health care expenditures (Hoffman et al., 1996). Cost projections in 1990 were between \$425 billion and \$659 billion for direct care and \$234 billion in indirect care of people with chronic conditions (Hoffman et al., 1996). Today, the costs are even higher (Birmingham, Muller, Palepu, Spinelli, & Anis, 1999). These costs, along with the numbers of Americans diagnosed with one or more chronic illnesses, (Barrett, 2000; Bednarz, 1998; Smith, Armijo, & Stowitschek, 1997; Ylvisader, Hartwick, & Stevens, 1991) demonstrate the need for specialized nursing education that focuses on the unique needs of clients with chronic illnesses.

As early as 1991, the American Nurses Association (ANA) recommended using nurse case management, with the client-provider relationship as the central focus, to better manage the care of clients with extensive needs. In addition, as early as 1986 the American Association of Colleges of Nursing (AACN) identified case management skills as essential for baccalaureate prepared nurses. Ideally, according to the AACN (1986), nurses should be both coordinators and managers of care.

These recommendations highlight the unique potential of nurses to both meet the holistic needs of clients with chronic illnesses and guide the larger health care system toward a more comprehensive practice model. Professional and educational organizations strongly recommend the development of courses that focus on the health care needs of clients with chronic illnesses (ANA, 1991; National League for Nursing [NLN], 1991; Pew Health Professions Commission, 1993). However, minimal direction exists in the literature on the format and content of these courses.

Case Management Courses

Because case management has become a critical component of managed care in addressing the needs of clients with chronic illnesses (Barrett, 2000; Bednarz, 1998; Smith et al., 1997; Ylvisader et al., 1991), a few nursing schools have introduced this model of nursing care as an elective (Fletcher & Coffman, 1999), a graduate course (Geibert, 2000), or a continuing education offering for target populations (Bellaver, Daly, & Buckwalter, 1999; McClaran, Lam, Franco, & Snell, 1999). However, the faculty at our nursing institution determined that undergraduate baccalaureate students needed case management skills that could be implemented in a variety of settings and

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with many diverse populations. Because case management is a process of managing care, faculty agreed that students needed principles on which to structure their case management practice, and decided to develop a course that uses rehabilitation standards and medical-surgical principles to structure students' practice.

Using this paradigm, the nursing goal of helping clients with chronic illnesses restore, maintain, and promote maximal health seemed lofty, but practical, in that it promoted a practice strategy for addressing the national crisis. Thus, rehabilitation standards and principles, as well as basic medical-surgical principles, became the foundation of the course. Because clinical practice and research literature consistently demonstrate the home environment's influence on clients' functional levels (King et al., 2001; Stiens, Kirshblum, Groah, McKinley, & Gittler, 2002), faculty chose the home as the most appropriate setting for teaching students to implement this role of the rehabilitation nurse as case manager (Association of Rehabilitation Nurses [ARN], 2000). Building on these principles for the clinical component of the course, students collaborated with social service personnel in existing programs, and visited clients with chronic conditions in their homes.

Since 1998, more than 400 students have taken this case management course. Open-ended questionnaires evaluating the course outcomes demonstrate that, when using rehabilitation standards and medical-surgical principles to guide case management skills, students identified assessments of mobility, the environment, and function as critical for safe recovery in the home. Students also acknowledged they had learned the importance of the home visit. In clients' homes, they could monitor the discharge plan and recognize the value of nurses' performing interventions according to standards of rehabilitation and medical-surgical nursing requirements when addressing the needs of clients with chronic illnesses. Final course evaluations demonstrated that students report

efficacy in incorporating many rehabilitation and case management principles into their practice.

In addition to extending the students' nursing skills, faculty predict this course will have a positive effect on the present crisis in health care. As the following explanation of course content and format demonstrates, nursing faculty can teach students to help clients with chronic illnesses in meaningful ways.

Content Areas

The operational objective of this case management course is to maximize collaboration and coordination, while minimizing fragmentation of care in order to achieve optimal care outcomes for clients and their families (ARN, 2000; Bower, 1992). The focus includes the standard parts of the nursing process but incorporates important additions. The course content for case management includes information on health care financing, community resources for case-managed clients, discharge planning, management skills such as negotiation and communication, collaboration and teamwork strategies, and patient education (ARN, 2000; Bower, 1992). We place special clinical emphasis on comprehensive assessments, rapport with the client and family, patient education, coordinating services, and collaborating with professionals from various settings and agencies. These new skills allow students to become active participants and in leaders of an interdisciplinary team, not just conduits for information.

The course is organized into theory modules, which encompass rehabilitation assessments and interventions for clients with brain injury, stroke, congestive heart disease, and spinal cord injury, as well as special needs children. These theory modules include case management principles, environmental assessment, functional assessment from the hospital to home, and psychosocial issues.

The learning activities in each module feature problem-based scenarios and accompanying videotapes

or slides that highlight the unique challenges of each content area. For example, the theory module on environmental assessment presents a problem-based scenario using slides of a home with multiple hazards for a number of chronic illnesses. This teaching strategy provides many opportunities for students to propose interventions and receive direction from faculty before entering the clinical setting.

Service-Learning Model

Although hospital and rehabilitation facilities often implement rehabilitation standards, clients' home environments are often neglected. In addition, placement of clinical experiences in clients' home environments can prove difficult. Home health agencies are reluctant to precept large numbers of students, and following up on the status of clinic outpatients often requires the approval of many physicians and administrators. In this case, faculty members questioned whether reciprocal relationships could actually be developed with community agencies. This questioning led the faculty to adopt a service-learning model for the development of the clinical parts of the course.

A service-learning model requires that learning objectives of a course match the needs of a particular community service (Tholeken & Lehna, 2001). For example, a local center for senior citizens needed a number of assessments for the continuation of a nutrition service for older adults. Students needed to visit the older adults' homes to evaluate the homes for safety and function, to complete physical assessments, and to teach about the care and treatment of the older adults' chronic illnesses. These needs led to an agreement between the school of nursing and the senior citizens center that allowed students to conduct environmental, physical, and functional assessments; medication checks; and education through home visits. In return, the students helped center case managers complete the necessary biannual nutritional assessments for their clients.

Other sites and experiences acquired through the service-learning model have included follow up with brain injured clients from a residential program, follow up of special needs children for our university's Children's' Special Services Team, and visits to clients of the Division of Cardiology's Heart Failure Intervention Team. The variety of these clinical experiences introduces student nurses to the largest population of potential clients currently residing at home and equips students with the tools to provide client-focused and family-focused care.

A service-learning model benefits not only academic settings but also community agencies, which sometimes must eliminate needed programs because of budget cuts. Faculty may be interested in initiating partnerships with local community agencies to develop clinical sites tailored to fill the needs of the agencies and the students.

Clinical Experience

As part of the case management course, students' clinical experience occurs in the home environment, where they practice their case management skills by collaborating with families and clients, evaluating the home for safety and function, and completing physical assessments of clients. In addition, students negotiate for needed services with community resources, interact with the clients' medical care providers, and if appropriate, work with multidisciplinary teams. These activities are tailored to the clients' and families' needs, and are all identified as case management skills (ARN, 2000). Assessing these needs requires students to evaluate barriers to obtaining optimal outcomes encountered by clients and their families.

Students are well supported by faculty members, who work directly with students to help with problem identification and nursing interventions, and who attend part of a visit with each student on clinical days. By doing so, faculty can not only evaluate the outcome behaviors of the students, but also model appropriate

nursing interventions that promote clients' functioning and healthy well-being. Students are required to demonstrate each objective in their clinical practice with their clients, health care teams, and clients' families.

Postconferences

Postconferences with faculty and students are another important area for evaluating students' progress. In the postconferences, students individually present the data they collected with another student during the home visits, identify problems, and plan interventions. The health care providers, agencies, or multidisciplinary teams are always contacted to discuss students' proposed interventions before they are implemented. In addition, students are required to arrange meetings with the multidisciplinary teams, primary care providers, or agency personnel to report on the clients' status at the end of the clinical experience. Included in the report are the identified problems, interventions provided, and the outcomes of the nursing care. Faculty are often present during these meetings and have an opportunity to evaluate the students' ability to articulate and synthesize the clients' problems, interventions, and outcomes.

Preparing Faculty

Since the initial implementation of the case management course, identifying faculty who are prepared to teach community-based case management has been difficult. Few members of our faculty have specialized in rehabilitation or community nursing. One successful strategy that course leaders have used is to enthusiastically recruit all clinical faculty and assure them, throughout the year, of support and education on rehabilitation and case management principles before and during their involvement in the course. Since 1998, the course has retained faculty with specialties in general medical-surgical nursing, geriatrics, community nursing, and pediatrics. Faculty are placed in clinical sites that complement their spe-

cialty area. For example, a faculty member with a geriatric specialty is assigned to the senior citizens center.

Before the course begins, course leaders hold meetings with the assigned clinical faculty to present a brief overview of the course, highlight standards of rehabilitation, and demonstrate how these standards apply to clinical activities. For example, course leaders explain how the environment influences clients' functional levels and what recommendations could be made to clients to improve their functioning. Inservice training and mentoring continues throughout the semester until the faculty member develops a level of comfort with rehabilitation material.

At first, faculty members reported that transferring this information into the clinical area was difficult, but most expressed increasing comfort with the material by mid-semester. Later, after a faculty member is placed in the clinical arena, course leaders are available to mentor and troubleshoot issues arising in the clinical setting. This supportive experience has been so well received by faculty that more instructors volunteered for the clinical portion than have been needed. Our experience demonstrates that when one is teaching students, education and mentoring are important components for the successful implementation of new skills.

Course Outcomes

In 1999, the course leaders were interested in measuring how well students were learning the principal concepts taught in the course. An evaluation tool was developed from the course objectives and important content areas. Open-ended questions were used to elicit information from students about the course and their clinical experiences. Each year, class evaluations improved, but most stressed that the preferred role of the nurse as a case manager is one with a foundation in medical-surgical nursing and informed by rehabilitation nursing principles that relate to chronic illnesses.

Themes identified from course evaluation data are congruent with the organization of the course content. The majority of the students' responses are categorized under the theme "assessment." Approximately half of the students identified the functional assessment, physical assessment, and evaluating clients' homes for safety and maximum function as the most important concepts they learned in class. In addition, the themes of rapport, flexibility, and negotiating community resources emerged from the students' comments.

Conclusion

This community-based course has become a valuable and positive experience for faculty, students, and practice colleagues. Practice in community-based settings poses unique challenges for students, requiring creativity and context-specific critical thinking skills that cannot be acquired solely through traditional acute care experiences.

Focusing course content around case management of clients with chronic illnesses in the community permitted students to expand their assessment and teaching skills, integrate rehabilitation standards into care, and function with a significant degree of autonomy. This course gave students the opportunity to integrate rehabilitation and medical-surgical nursing standards into a variety of settings, demonstrating that care is not dictated by setting, but by nursing care principles. In bridging the widening gap between increasing

health needs and shrinking programs and budgets, baccalaureate-prepared nurses can play a unique and important role in improving the health care of clients with chronic illnesses and containing the high cost of care for this population.

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