



山西省人民医院

SHANXI PROVINCIAL PEOPLE'S HOSPITAL



Construction and effectiveness evaluation of practical education model for elderly nursing under the theory of school city community Multidimensional empirical research based on mixed methods

Shanxi Provincial People's Hospital

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Overview of the Hospital — History



- ❑ founded in 1953
- ❑ provincial general hospital
- ❑ joint investment by the central and local governments
- ❑ opened in 1955, under the name of Shanxi Provincial People's Hospital





Hospital Overview — Current Scale

The hospital has gradually formed a strategic development pattern featuring medical services and clinical practice in the North Campus, scientific research and teaching in the South Campus, and integrated medical and elderly care at the Heping Campus, building a structure of "one body with two wings". It has a total authorized bed capacity of 2,850 and covers a total land area of 451.2 mu.



北院区



南院区



和平院区



Hospital Profile — Strategy, Development and Spirit



Strategic Goals

Build a reputable hospital brand, cultivate distinguished experts in disciplines, develop distinctive specialties, and foster professional strengths for each staff member.



Development Direction

To build a North China Regional Medical Center.



Hospital Spirit

Compassion, Proficiency, Dedication and Pursuit of Excellence.

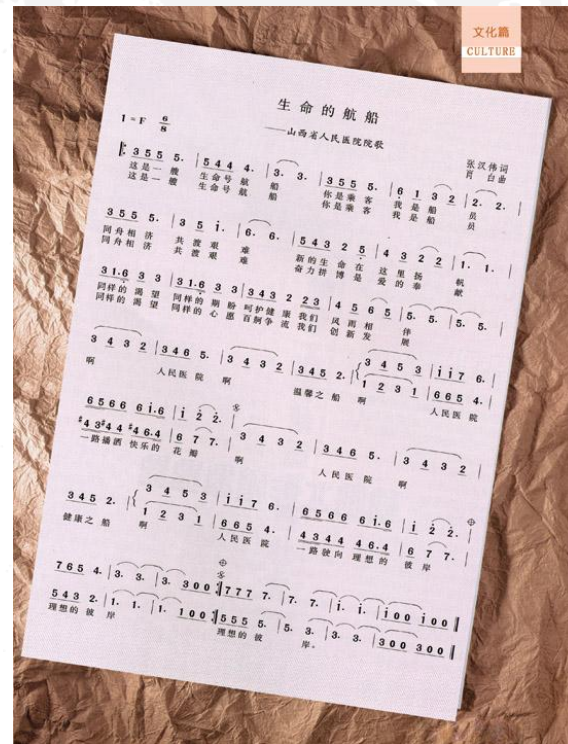




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01

Research background



Elderly nursing education under dual pressure

Social Background:
Accelerating Aging and Surge
in Essential Care Needs

Dual Challenges

Educational Dilemma:
The "**Practice Gap**"
in Traditional Teaching

How to bridge the gap between "social necessity" and "education supply" and reshape the talent training system for elderly care?



Research Background



The scale of elderly population in China

2025年底, 中国总人口14.05亿, ≥65岁人口2.24亿 (15.9%)
出生792万, 死亡1131万。劳动人口60.6%, 城镇人口67.9%。



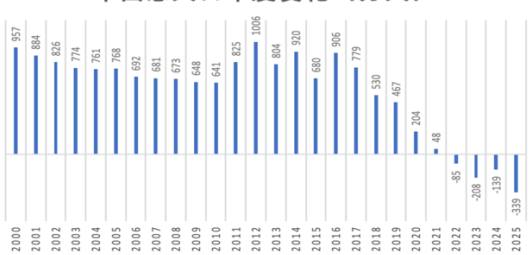
数据来源: 国家统计局 2020年10月

中国老年人健康情况 (2025)

- ◆ 预期寿命 健康预期寿命
79.25岁 (男76.1, 女81.2, 差5.1) 68.7岁
- ◆ 患病率: 慢病78.2%, 共病45%
- ◆ 18.6%ADL受损 (轻度62%), 失能/半失能老人约3500万
- ◆ 痴呆1507万 (AD65%), MCI 3877万

2025中国老年人人口数据报告
中国老龄化与老龄化中心出版 中国老龄化与老龄化中心出版 (2023-2025)
Jin L, Du Y, Chu L, et al. Lancet Public Health. 2020; 5(12): e661-e671.

中国总人口年度变化 (万人)



By the end of 2025

The population aged 60 and above in China has reached...

23.0% of the total population

The population aged 65 and above has reached 220 million

15.9% of the total population

Around 2035

The elderly population aged 60 and above in China is expected to exceed 400 million

Proportion exceeds 30%

Around 2050

China's elderly population is expected to reach a peak of 487 million

Proportion exceeds 33%



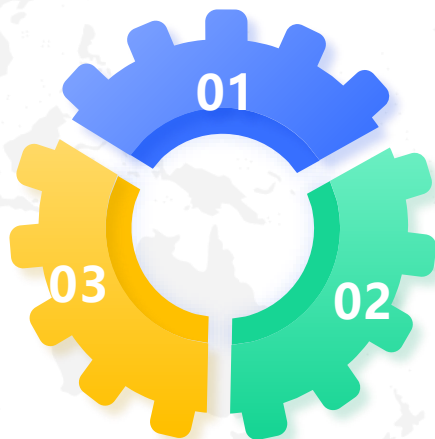
School City Community

Main body collaboration

With universities, local governments, and elderly care institutions as the core, breaking down barriers of a single main body and forming cross-border cooperation alliances.

Pursuing the deep goal of "value integration, benefit symbiosis, shared responsibility, and win-win development".

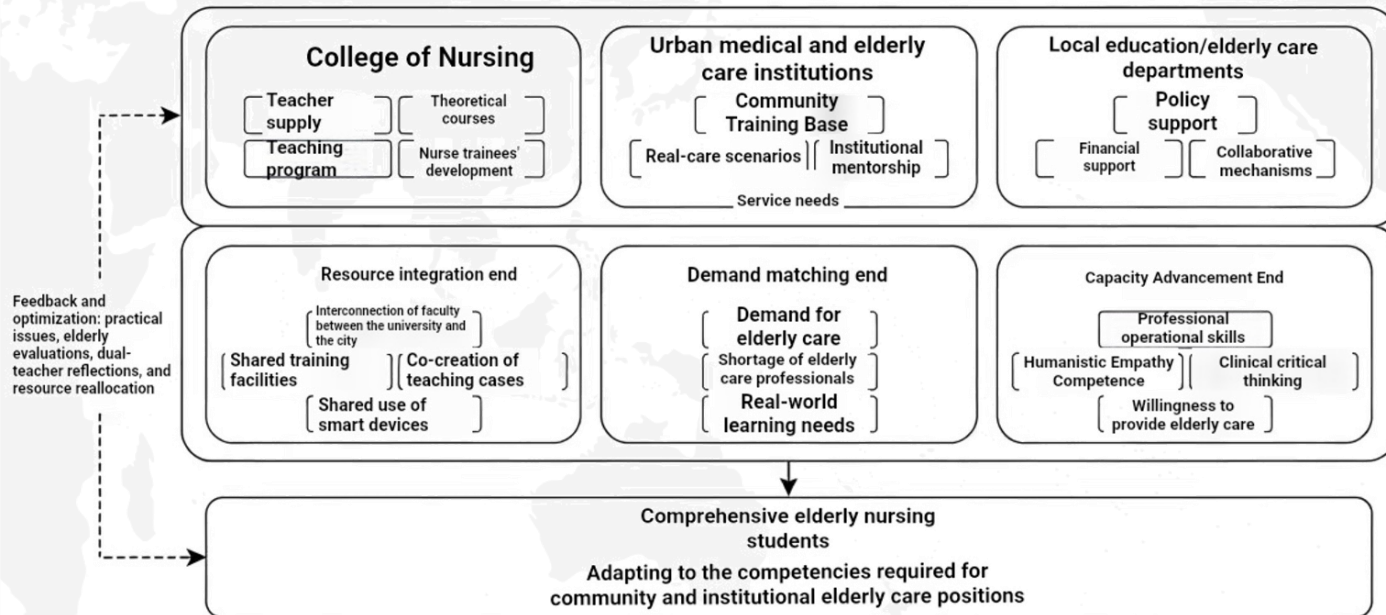
Value orientation



Operating mechanism

With resource integration as the link, build a dynamic and normalized linkage development pattern.

Figure 1: The "Resource-Need-Capability" Tripartite Interaction Theory Model of the University-City Community



Note: This model illustrates the collaborative efforts among government, universities, and institutions, forming a closed-loop education mechanism of resources—needs—capabilities.



02

Research Methods



Qualitative Research

- Narrative Research
- Semi-structured Interviews
- In-depth interviews were conducted with college teachers, clinical instructors and elderly service recipients to enrich qualitative feedback.

Quantitative Research

Observation Group (n=52)

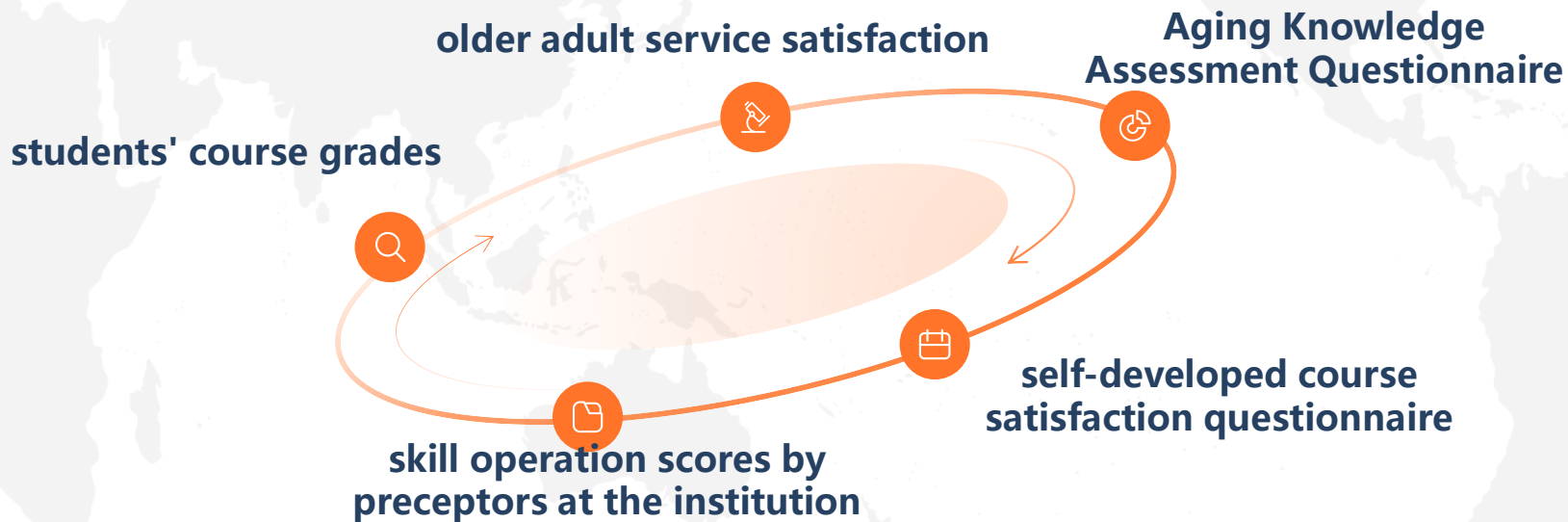
Grade 2023 nursing undergraduates, adopting the new university-city community teaching model.

Control Group (n=52)

Grade 2022 nursing undergraduates, adopting the traditional teaching model



Quantitative instruments





Qualitative instruments

students' reflective journals



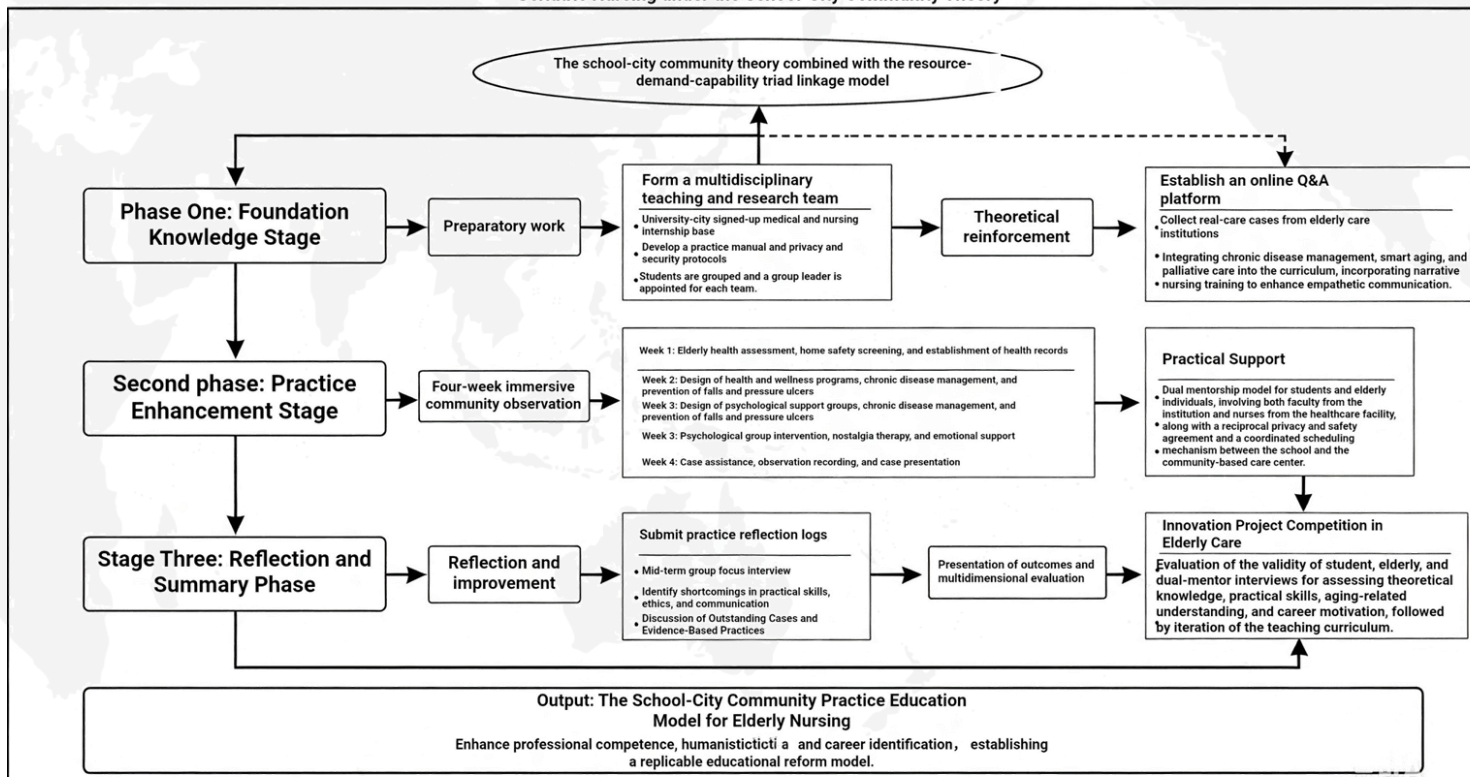
Semi-structured interview outlines for older adults and teachers



Model Construction



Figure 2 Technical Route Map of the Three-Stage Practical Teaching in Geriatric Nursing under the School-City Community Theory





Control Group

01

Theoretical Course | 16 hrs

- Content: Geriatric assessment, mental health, health care, ADL care, common health problems, safe medication, geriatric diseases, end-of-life care
- Methods: Lecture, multimedia, in-class Q&A

02

Practical Course | 16 hrs

- Site: On-campus geriatric simulation lab
- Content: Skill training on high-fidelity manikins, case reports
- Methods: Demonstration, group practice, return demonstration & feedback

03

Assessment

- Mainly closed-book exam
- Evaluate basic knowledge and geriatric nursing analytical skills



03

Research results



Research results



Table 1 Examination scores of students in the two groups

	Theoretical score (points)	Skill performance score (points)	Case report score (points)
Observation group (n=52)	92.29±5.27	94.77±3.86	93.31±3.82
Control group (n=52)	85.50±5.38	80.21±3.96	80.81±4.10
<i>t</i>	14.162	12.446	12.219
<i>P</i>	<0.001	<0.001	<0.001

Table 2 Scores of the Aging Knowledge Assessment Scale

	Observation group (points)	Control group (points)	<i>t</i>	<i>P</i>
Before intervention	10.02±1.421	9.81±1.482	0.743	0.459
After intervention	15.71±1.473	12.33±1.593	11.248	<0.001
<i>t</i>	-23.188			
<i>P</i>	<0.001			

Table 3 Results of the Geriatric Nursing Course Satisfaction Questionnaire

Item	Agree		Neutral		Disagree	
	Observation group	Control group	Observation group	Control group	Observation group	Control group
Improved subjective initiative in learning	52	48	—	4	—	—
Improved ability to apply knowledge	50	45	2	7	—	—
Improved communication skills	51	43	1	7	—	2
Improved critical thinking ability	52	43	—	9	—	—
Lectures given by theoretical teachers are clear and easy to understand	51	48	1	4	—	—
Teaching methods and time arrangement of practical teachers are vivid and reasonable	50	45	2	5	—	2
Stimulated interest in nursing discipline	52	46	—	5	—	1
Improved personal humanistic care competence	47	45	5	5	—	2



Improve academic performance

Theoretical score assessment

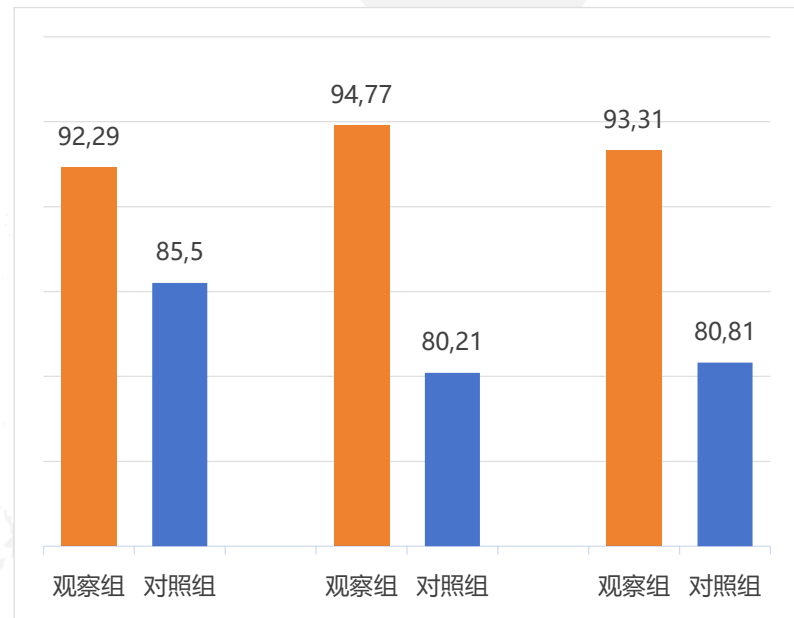
92.29 points (control group 85.50 points)

Skill Operation Assessment

94.77 points (control group 80.21 points)

Case Report Assessment

93.31 points (control group 80.81 points)





Research results



Table 4 Core Content of Students' Reflection Journals

Core Category	Sub- theme	Specific Content
Humanistic Care Competence Enhancement	<u>Empathic Communication</u>	Through practicing nonverbal communication, students deeply realized the power of emotional transmission. S1: "When communicating with confused elderly patients, I learned to use nonverbal communication to express care." S2: "When Grandpa Li became anxious and irritable due to a diabetic foot ulcer, I held his hand and hummed an old folk song, and his mood gradually stabilized."
	Cultural Sensitivity	Students integrated ethnic culture into health education by consulting literature. S3: "When developing a diet plan for Grandma Hui, I consulted literature to understand Halal dietary taboos and incorporated ethnic culture into the health education."
Clinical Thinking Advancement	Complex Situational Decision- Making	Students cultivated comprehensive assessment thinking through practice. S4: "Facing Grandma Wang, who had both diabetes and pressure ulcers, we needed to find a balance between blood glucose control and wound care, which prompted me to learn comprehensive assessment thinking."
	Evidence- Based Practice Awareness	Students deeply recognized the importance of literature retrieval in practice. S5: "When guiding Grandpa Zhang in postoperative joint rehabilitation, I searched for the latest guidelines on UpToDate and found differences from traditional textbooks, which made me realize the importance of consulting literature."

Table 5 Core Content of Elderly Interview

Core Theme	Specific Content
Professional Technical Recognition	Elderly participants believed that students' health education and assessment abilities had improved significantly. P1: "These kids even explain the meaning of each blood pressure reading, unlike the nurses before who only said 'normal' or 'abnormal'." P4: "When guiding me through rehabilitation training, they would first check the range of motion of my joints."
Emotional Support Demand Satisfaction	Elderly participants believed that humanistic care in nursing practice showed remarkable therapeutic effects. P3: "The young nurses always listen attentively when I talk about the past, which makes me feel more useful than medication." P5: "I have a habit of arranging my medicine box in a specific order, and the nurses noticed this and respect me for it; this kind of detailed observation makes me feel truly cared for."
<u>Intergenerational Interaction Value</u>	Elderly participants said that students' innovative services brought substantial improvement in their quality of life. P2: "The children taught me how to use WeChat video, so now I can 'see' my grandson abroad every week." P6: "Watching them work so hard makes me very happy."

Table 6 Core Content of Teacher Interview

Core Theme	Specific Content
Teaching Paradigm Transformation	Real- case teaching stimulated students' active learning and innovative thinking. T2: "Real- case teaching creates a 'catfish effect'; when students find that textbook solutions cannot solve the individualized needs of Grandma Zhang, they will take the initiative to consult the latest literature." Problem discovery provides nursing students with real clinical decision- making training opportunities. T4: "On- site teaching in nursing homes — such as how to handle elderly fall emergencies — is the most valuable clinical decision- making training ground."
Competence Growth Observation	Cross- cultural communication ability was significantly demonstrated by students in the observation group. T1: "The cross- cultural communication skills demonstrated by the observation group students in social interactions are significantly better than those trained in the control group." Students' horizons expanded from simple clinical nursing to broader social contexts. T5: "What surprises them most is that they start paying attention to elderly care policies and senior- friendly environment transformations, and begin thinking from the perspective of social issues facing an aging society."
Collaborative Mechanism Challenges	The collaborative education mechanism between colleges and nursing homes still needs improvement. T3: "There are still conflicts between the nursing scheduling system and the peak hours of ward rounds at the nursing home." The quantitative evaluation of humanistic care competence is a major challenge in nursing education. T6: "How to quantify and evaluate humanistic care competence is difficult; current assessment methods cannot measure these 'emotional services'."



Dual improvement of knowledge mastery and employment willingness

01

Significant increase in cognitive depth of aging knowledge

Comparison of assessment scores after intervention: observation group scored 15.71 points > control group scored 12.33 points.

02

Professional identity and willingness to work have significantly increased

The proportion of willingness to engage in elderly care: 96.2% in the observation group > 68.5% in the control group.



04

Discussion and Prospect



Discussion and Prospe



Humanistic Care

**Empathetic
Communication
and Warm Care**

Clinical Thinking

**Evidence Based
Decision Making
and Independent
Analysis**

Professional Identity

**Reshaping
Professional Value
and Dignity**

Innovation Exploration

**Technology
Empowers Smart
Elderly Care**

**Growth and Transformation at the
Student Level**



The value embodiment of multi-party win-win

Elderly people: from "service recipients" to "value co creators"

VS

Teacher: From "Knowledge Giver" to "Collaborative Mentor"



Building a new paradigm for cultivating future oriented elderly care talents



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Thank you

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