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# Nurse Educators' Response to COVID-19



# NURSE EDUCATORS' RESPONSE TO COVID-19

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The COVID-19 pandemic has significantly impacted all students and teachers in the United States and across the world, raising numerous questions for education moving forward. In response to the pandemic, colleges and universities are requiring online class delivery for some period of time as the pandemic runs its course. Nursing faculty members usually have experience providing didactic courses either fully or partially online, but how do we provide sufficient clinical experiences to ensure that new graduates demonstrate competence at the novice or advanced-beginner level described by Benner (1982)? Will the students soon to graduate be prepared to take the NCLEX®? Will the testing sites be available?

Students expecting to graduate in the spring or summer of 2020 are needed in the healthcare workforce to help address the nursing needs of the epidemic. Currently, clinical experiences in many locations continue to be available for students, while some clinical sites may restrict student participation during this stressful time. Will the state Boards of Nursing make exceptions for those students who are unable to participate in sufficient clinical experiences to meet their program's graduation criteria? Will alternative simulation clinical experiences suffice?

In this confusing time, making decisions to ensure that students nearing graduation are prepared to join the healthcare workforce is difficult, and flexibility is needed. Having access to the most recent and relevant data is key to making effective decisions. Let's look at some things we currently know, and sources that decision-makers can use, to enable students to fulfill the requirements for graduation and take the NCLEX in a timely manner.

## PREPARING STUDENTS TO GRADUATE AND TAKE THE NCLEX

Media outlets throughout the world report continuously on the severity of the spread of COVID-19 and the potential impact of this illness on healthcare systems. On March 26, The Los Angeles Times reported that Joanne Spetz, an associate director of research at Healthforce Center at UC San Francisco, California, which produces supply-and-demand forecasts on registered nurses in the state, said, "Getting them out the door and practicing is incredibly important," (Agrawal, 2020).

The world is in desperate need of the nursing students who are soon to graduate. However, some clinical agencies are restricting student access during the crisis, in large measure because of the lack of available personal protective equipment (Agrawal, 2020). As a result, students may not be able to meet clinical experience requirements set by the state boards of nursing. This situation poses two related challenges. The first is, will the state boards of nursing provide flexibility in how students can meet clinical requirements? And second, if students are not able to participate in clinical activities with patients, how can nursing faculty and administrators develop and implement appropriate teaching/learning strategies to ensure that students are prepared to be successful on the NCLEX *and* provide safe nursing care in their first job? Let's consider potential solutions to these challenges.

### Availability of NCLEX Testing

The National Council of State Boards of Nursing (NCSBN®) has posted the following information regarding the availability of the NCLEX:

“NCLEX-RN and NCLEX-PN Examinations testing will resume on a limited basis at 60 Pearson VUE Testing Centers on March 25, 2020, ramping up to additional sites by March 28. These sites were selected to be close to large metropolitan areas in the U.S. and Canada.”

“While still maintaining the psychometric integrity of the NCLEX exams, the time limit of the exam will be shortened to four hours in order to allow the maximum number of candidates to test per day. Students will be given between 60 and 130 questions. The pre-test items and the special experimental Next Generation NCLEX section will be removed. However, the difficulty levels and passing standards of the exams have not changed. More testing centers will be opened as soon as possible based on the availability of staff, solving supply logistics, and navigating government guidelines.”

Given the fluidity of the situation, this information will likely be updated frequently. The NCSBN (<https://www.ncsbn.org/14428.htm>) and the Pearson VUE (<https://home.pearsonvue.com/nclex/essential-services>) websites will be effective resources to guide both nursing graduates and faculty moving forward.

### Regulations of the State Boards of Nursing

Most state boards of nursing have regulations that govern nursing education; however, the specifics of these regulations vary. In fact, in 2018, Bowling, Cooper, Kellish, Kubin & Smith reviewed the number of clinical hours required by state boards of nursing and found that the exact amount or percentage of time is not clarified by all state boards.

So, what should nursing faculty do when managing the challenge of the COVID-19 pandemic? On March 30, the NCSBN posted “Changes in Education Requirements for Nursing Programs During COVID-19,” which identifies the specific state boards that have made changes in regulations to facilitate completion of nursing education clinical experiences. As of that date, 26 boards of nursing had changed regulations to allow for flexibility. In two states, the state board of nursing does not regulate nursing education. This list provides welcome direction in this time of uncertainty.

To determine your state board of nursing’s position on managing clinical experiences, review **Changes in Education Requirements for Nursing During COVID-19** by the National Council of State Board of Nursing. [https://www.ncsbn.org/Education-Requirement-Changes\\_COVID-19.pdf](https://www.ncsbn.org/Education-Requirement-Changes_COVID-19.pdf)

### What If Your State Board of Nursing Has Not Published Alternative Regulations?

Certainly, if your state board of nursing is not on the NCSBN list, the deans/directors of nursing programs should be in contact with the program's assigned point person, as well as state nursing organizations. In the interim, faculty must move forward to prepare students. The directive from the South Carolina Board of Nursing provides us some direction:

*“Take advantage of the teachable moments: Be flexible with your simulation. Consider front-loading theory, providing clinical experience when available, optimize the use of apps, assigning homework, virtual clinicals, tabletop simulations, and using case studies.”*

### Use of Alternative Methods for Clinical Teaching

Having limited official direction to plan for clinical learning in this time is difficult. However, faculty can depend upon our understanding of the goal of nursing education, **regardless** of the place where students are learning. The NCSBN's “National Simulation Study” says that novice nurses must be able to, among other things:

- Observe and gather information
- Recognize deviations from expected patterns
- Prioritize data and make sense of it
- Provide clear communication
- Execute effective intervention
- Evaluate nursing intervention

*Drawn from Hayen, Smiley, Alexander, Keegan, Kardong-Edgren, & Jeffries (2014).*

These components of nursing practice are reflected in each program's student learning outcomes (SLOs) and various course objectives generated from the SLOs. Therefore, regardless of the location in which the student is practicing nursing, these objectives guide the teaching/learning activities. So, if students meet the objectives of the course using simulation, virtual reality, apps on their phone, or case studies from their homes, they have made progress toward competencies. We may not be able to reach specific hours in all circumstances, but we can document that those objectives and competencies have been met. Let's look at various teaching/learning options we might use in this time of COVID-19.

### Simulation and Virtual Reality

*The NCSBN National Simulation Study: A Longitudinal, Randomized Controlled Study Replacing Clinical Hours with Simulation in Pre-licensure Nursing Education* (Hayden, 2014) demonstrated that the face-to-face simulation is an effective strategy to replace clinical experiences. Given the limitations to face-to-face contact brought about by COVID-19, virtual simulation (or virtual reality) may be an effective option for completing the clinical experience. Virtual simulation allows students to interact in a virtual world created by a high-speed computer system. This allows the users to get into the role of a nurse in the simulated environment (Ming, 2016).

Padilha and colleagues (2019) noted that in an unfolding virtual clinical simulation, students have the opportunity to use decision-making and communication skills. In a randomized controlled trial, these researchers found virtual reality acted as a facilitator of knowledge retention, clinical reasoning, and improved satisfaction with learning. The positive results of this study were also found in reported research in the US and New Zealand, which used Second Life as a platform for virtual clinical practice. Many publishers also have useful resources to help faculty implement virtual reality activities (<https://evolve.elsevier.com/education/educational-trends/coronavirus-resources/simulation-learning-systems-alternative-clinical-experience/>).

### Experiences from the Field

Some schools are using case studies and virtual reality to simulate an actual clinical day, all from their homes. Here's how: The clinical instructor and the students meet at a designated time via Zoom or Skype to outline the objectives for the day and the process they will use, as well as to answer questions from the students. Taking a few minutes to "check in" with the students helps ensure they are all doing well and are ready for the day. The instructor may also take a few minutes to discuss certain aspects of the case(s) with which the students will be working, perhaps by identifying the goal(s) of the clinical day, (i.e., Nursing Process, prioritization; medication administration; safety; or patient teaching). This emphasis provides students with a point on which to focus. After this pre-conference period, students are dismissed to begin working through the assigned case(s). These assignments are, of course, designed to meet the objectives of the course/clinical experience. The instructor will be available to the students either by text, email, or phone throughout the clinical experience.

Midway through the hours set for the clinical experience, the instructor and students will meet again face-to-face via technology to review their progress, address any concerns, and discuss questions posed by the instructor that are designed to stimulate clinical judgment. After this short group interaction, students will work on the assigned case(s), perhaps with additional clinical problems posed by their instructor. Students will be expected to document their interventions using whatever method of documentation is available to them. At the end of the allotted time, students and the instructor will meet for post-clinical debriefing via the chosen technology, using the learning activities they typically use in post-clinical. Of course, this approach is not an exact replica of an actual clinical experience, but in these difficult times, it allows students to focus on the established objectives.

## RECOMMENDATIONS FOR ACTION

### General Recommendations

Communication is essential in this challenging time. Nurse educators should:

- Continue to track the responses of their state board of nursing regarding the lack of clinical availability if the board of nursing has not made their recommendations public.
- Advocate for the use of alternative approaches to clinical instruction, including simulation and virtual reality, through your state Nurses Association, NLN, AACN or other specialty groups.
- Stay abreast of the impact of COVID-19 on nursing education. Useful resources include:
  - American Association of Colleges of Nursing <https://www.aacnursing.org/News-Information/COVID-19>
  - International Nursing Association for Clinical Simulation and Learning <https://www.inacsl.org/covid-19-update/>
  - National Council of State Boards of Nursing <https://www.ncsbn.org/covid-19.htm>
  - Organization for Associate Degree Nursing <https://oadn.org/leading-initiatives/covid-19>
  - National League for Nursing <http://www.nln.org/newsroom/>

If students are allowed to participate in direct clinical experiences, the nursing program should:

- Develop policies to limit direct care by students to COVID-19 patients. Students may continue to care for patients with other diagnoses as part of the care team (AACN, 2020).
- Communicate regularly with local health departments and healthcare facilities for updated guidance in your local area.
- Be open to new models of clinical practice, such as the work-study program proposed by the American Association of Colleges of Nursing and supported by numerous other nursing organizations (Policy Brief: U.S. Nursing Leadership Supports Practice/Academic Partnerships to Assist the Nursing Workforce during the COVID-19 Crisis. <https://www.aacnursing.org/Portals/42/Policy/Policy-Brief-US-Nursing-Workforce-COVID-19.pdf?ver=2020-03-26-074555-750>).

### Recommendations for Using Alternative Methods for Clinical Teaching

- Use the *NCSBN Simulation Guidelines for Prelicensure Nursing Programs* (<https://www.ncsbn.org/11494.htm>) to develop, implement, and evaluate alternative learning activities. These conditions include ensuring that: 1) faculty members are formally trained in simulation pedagogy; 2) an adequate number of faculty members are available to support the student learners; 3) subject matter experts who conduct theory-based debriefing; and 4) using necessary equipment and supplies to create a realistic environment (Hayden, et al., 2014).

### Recommendations for Using Alternative Methods for Clinical Teaching, *cont.*

- Review best practices for teaching/learning in non-face-to-face classroom for students and faculty. Suggested resources for this review include:
  - <https://collaborativemomentum.com/blog-page/>
  - <https://evolve.elsevier.com/education/educational-trends/coronavirus-resources/strategies-for-online-resources/>
- Ensure that chosen teaching/learning strategies address the objectives of the course that support students in meeting the program's student learning outcomes. The NCLEX Test Plan might also be an effective resource.

### Recommendations for Preparing for Future Pandemics

The nursing community will respond to this crisis and prepare students for practice. When the immediate threat to our students' livelihood has abated, we should take what we have learned to improve our curricula and teaching processes.

- Consider expanding the amount of infection control and prevention content covered and the frequency in which it is offered. At a minimum, topics to cover include surveillance and detection; isolation, quarantine, and containment; standard contact and airborne precautions; proper handwashing; cough and respiratory etiquette; and selection and appropriate use of personal protective equipment (PPE) (AACN, 2020).
- Emphasize content on global and population health and for taking nursing measures to prevent the spread of contagious disease (NLN, 2020).
- Increase our efforts to develop flexible graduates who can use good clinical judgment in unprecedented clinical circumstances, using the response to COVID-19 as a case study.

## CONCLUSION

All of us must work together to prepare students for their upcoming entry into practice in challenging times. As difficult as this experience has been — and will continue to be — we may also learn many things that will inform our practice in the future. Let us all be aware of the positive teaching-learning experiences that occur and do our part to keep healthcare education moving forward.

## REFERENCES

- AACN (2020). Coronavirus Resources for Nursing Educators. American Association of Colleges of Nursing. <https://www.aacnursing.org/News-Information/COVID-19>. Accessed March, 2020.
- Agrawal, N. (2020). California needs nurses. So why is the state about to give up 10,000 prospects? Los Angeles Times. <https://www.latimes.com/california/story/2020-03-26/coronavirus-nursing-schools-say-california-must-act-or-lose-10-000-nurses>
- Bowling, A.M., Cooper, R., Kellish, A., Kubin, L., & Smith, T. (2018). No evidence to support number of clinical hours necessary for competency. *Journal of Pediatric Nursing*. 39, 27-36.
- Benner, P. (1982). From novice to expert. *American Journal of Nursing*. 82(3), 402-407.
- Hayden, J., Smiley, R., Alexander, M., Kardong-Edren, S., & Jeffries, P. (2014). The NCSBN National Simulation Study: A Longitudinal, Randomized, Controlled Study Replacing Clinical Hours with Simulation in Prelicensure Nursing Education. *Journal of Nursing Regulation*. 5(2), July Supplement. [https://www.ncsbn.org/JNR\\_Simulation\\_Supplement.pdf](https://www.ncsbn.org/JNR_Simulation_Supplement.pdf). Accessed March, 2020.
- Honey, M., Diener, S., Connor, K., Veltman, M., & Bodily, D. (2012). Teaching in Second Life: Hemorrhage Management as an Example of a Process for Developing Simulations for Multiuser Virtual Environments. *Clinical Simulation in Nursing*. 8(3), March. e79-e85.
- Ming, X. (2016). A review of research on virtual simulation in education and teaching. *Advances in Social Education and Humanities Research*. Atlantis Press. 177-180.
- NLN (2020). Nursing leaders call for flexibility in the path to graduation to ensure greater numbers of new nurses. National League for Nurses. <http://www.nln.org/newsroom/news-releases/news-release/2020/03/24/nursing-leaders-call-for-flexibility-in-the-path-to-graduation-to-ensure-greater-numbers-of-new-nurses>
- Padilha, J.M., Machado, P., Ribeiro, A., Ramos, J., & Costa, P. (2019). Clinical Virtual Simulation in Nursing Education. Randomized Controlled Trial. *Journal of Medical Internet Research*. 21(3), e11529.