MARYLAND ACTION COALITION
Creating a Healthier Maryland
FUTURE OF NURSING™ CAMPAIGN FOR ACTION

Innovate, Implement, Integrate

Jana Goodwin, PhD, RN, Maeve Howett, PhD, APRN,CPNP-PC, CNE, Sherrie Lessans, PhD, RN, CNL, Amy Daniels, PhD, RN, CHSE, Mary Pat Ulicny MS, MHA, RN, CHSE, CNE
University of Maryland School of Nursing

Background

In response to the halting of clinical activities due to the COVID-19 pandemic, the entry-level faculty at our large, urban, public academic health center moved all clinical activities to virtual simulated activities.

To date, in-person clinical activities continued to be restricted to the number of students a unit would accept, and some placements continued to be closed to students.

Through this pandemic year, three clinical initiatives were implemented to support clinical learning: increase in virtual simulation, early start practicum, and student support of mass vaccine clinic.

Objectives

1. Design activities that meet clinical learning objectives despite a global pandemic and loss of traditional experiences.
2. Develop a process of tracking and approving clinical activities.
3. Evaluate clinical activities meeting program outcomes
4. Continue to assure a pipeline of nursing graduates ready to care for the population of Maryland.

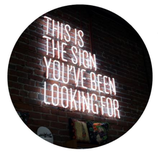
Development

UMSON Leadership, the Maryland Board of Nursing, Maryland Higher Education Commission, and the Governor of Maryland dealt swiftly to make every attempt to keep our schools of nursing operational and providing a steady stream of new nurses during the COVID pandemic. As the need for mass vaccination clinics grew, our faculty made ready to support students learning to be vaccinators and mechanisms were put in place to allow pre-licensure students to vaccinate. Working with our clinical partners, we moved to have about 1/3 of each graduating class begin practicum before the start of classes and SON leadership provided the needed resources to expand the use of virtual simulation within the program.

Methods

Innovate- Entry Level (EL) Leadership team determined resources needed. Virtual simulation was identified as an evidenced based strategy for clinical learning. The type of virtual simulation was decided with all Course Directors and approved by the EL curriculum committee. We were able to provide students with an additional 400 hours of virtual clinical.

- Develop an alternative practicum model in which the students were offered three possible start times for practicum to maximize placements and potential preceptors with our partners.
- Integrate injection skills into COVID vaccination clinic to provide additional clinical hours



Implement- Simulation faculty partnered with clinical faculty to conduct virtual clinical experiences and debriefing.

- Clinical Placement office, administration, and course faculty collaborated with clinical partners and practicum preceptors to create 3 sections of practicum to decompress student volume.
- Course calendars were modified to ensure students received training and validation before beginning vaccination. Students were offered a refresher and clinical instructor support in practicing and preparing vaccines. Student Resource nurses were available in the vaccination clinic.

Integrate- Ongoing review of course and simulation evaluations are used to inform curricular updates. Next steps to include mapping and leveling of simulation and related competencies to align with clinical learning outcomes.

Results

Virtual Simulation

Faculty perception of virtual simulation

- Enhances clinical judgement
- Clinical faculty require development in debriefing methods

Student perception of virtual simulation

- Helps build communication skills
- Aids in the development of critical thinking and clinical reasoning
- Too many virtual simulations do not replace live clinical

Early Practicum

- Student were able to complete practicum hours during the summer and winter sessions
- Provided access to more specialty placements.

Vaccination Clinic-

- Exposure to Public Health Nursing and pandemic management
- Health education/patient teaching practice
- Communication skills
- Reinforcement of PPE practice

Conclusions

The model of traditional clinical experiences for nursing education is increasingly difficult to sustain. The COVID-19 pandemic was an opportunity to challenge assumptions of what constitutes clinical experiences and how clinical objectives can be met in alternate formats.

Virtual simulation provides an excellent adjunct educational opportunity for some of the face-to-face patient care in a program of study. Well-designed and learning outcome focused virtual simulations support well-designed and learning outcome focused in person clinical learning, and blended learning opportunities should continue when the pandemic ends. Accreditors and regulatory boards should be able to confidently recommend as much as 50% of clinical experiences could be high quality simulations (Hayden, 2014 et al).

The use of virtual learning platforms as a resource to enhance student knowledge acquisition to bridge the practice gap should not be underestimated. Continued research about how to measure the ideal dose of simulation, whether an hour of simulation is equal to an hour of in-patient learning is equivalent, and other factors will be necessary post-COVID.

Bibliography

Hayden, J., Smiley, R.A., Alexander, M., Kardong-Edgren, S., & Jeffries, P. R. (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)(Suppl.), 1-66.* https://www.ncsbn.org/JNR_Simulation_Supplement.pdf

Acknowledgements

Thank you to all the students, patients, and faculty for their flexibility and patience in this unprecedented time of loss.