2021 NCSBN APRN Roundtable- The Influence of the Pandemic on APRN Education: Can We Go Back, Should We? Video Transcript

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Event
2021 NCSBN APRN Roundtable

More info: https://www.ncsbn.org/15232.htm

Presenters
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- [Michelle] Welcome back for our final session of the day, a panel discussion on the influence of the pandemic on APRN education, raising the question, can we go back? And should we?

There will be a Q&A session so you'll be able to ask our panelists questions after they finish their presentations. So please join me in welcoming our panelists. I'd like you all to join me in welcoming Carol Delville, Ira Kantrowitz-Gordon, Maribeth Massie, and Charlie Yingling.

So we're going to have Ira kick us off at this point. So Ira, take it away.

- [Ira] Thank you, Michelle. I'm a track lead for nurse midwifery education at the University of Washington in Seattle. So our experience of the COVID pandemic was somewhat, well, everyone's had

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quite a challenging experience. The Seattle area was the first part of the country to identify the infections and so we had a very early experience with shutting down back in early March of 2020.

And for our nurse midwifery education program, this was both good and bad timing. Our clinical sequence actually ends in March so our students who were about to graduate just kind of snuck in without having the pandemic impact their ability to get their clinical education.

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I think, you know, if you ask them about their experience of going through this pandemic, you know, they would talk about a whole lot of additional stress. There have been some students earlier in the program who have decided because family members got laid off, as nurses, they are more able to support their families.

So some students have decided to either go part time or take a leave of absence to get through this, this tough times, with the hopes of them returning back into their program or getting back into full time education perhaps by next year. Probably our biggest challenge, like I've alluded to, has been finding placements of our students during the pandemic.

Even though the governor of Washington State was very clear that nursing students were considered essential personnel and should be allowed to continue, that message did not have any enforcement attached to it. So every institution had variable responses to that. And this was particularly acute at the undergraduate level but we had a lot of different communications where we would have, you know, at the clinic level, they may)(ve7(y)20()(ve7(y)20()(ve7(y)2dgge(TfETQudTQq0.00000912 0 612 792 reW*nBT/F1 12

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when we go back to fully in-person classes, hopefully in the fall, we will take with us some of the flexibility and that we have achieved through hybrid education as well as the increased accessibility that that provides for students when they can't make it to class in person.

- Thank you very much, Ira, for sharing your experiences. Now, we're going to go to Carol.

- [Carol] Hi, everybody. At the start of spring break 2020, the adult geriatric clinical nurse specialist program at UT closed for two weeks according to the students but from the faculty perspective, we had two weeks to prepare to reopen to a new world of online teaching. We are designed to be 100% in-person on campus so this was a major shift for the faculty as well as the students, and one that typically would require the Texas Board of Nursing approval to make such a program shift.

Our 36 students were spread out over 30 clinical sites, every single one of them closed that semester and remained closed to mid-summer. And then even now that the long-term care centers, assisted living, which are primary sources for gerontology experiences have remained closed. One fortunate aspect of our program is we have 615 clinical hours for our students.

So in March, when the program essentially shut down clinical sites, our graduating cohort already had over the 500 hours required but we still needed to work with those first year students who at that point, were in their acute care rotations and intensive care and in the hospitals, to make sure that they had adequate clinical experiences.

Our simulation lab was running 24/7. We have a large undergrad cohort so we did tur0 G[pu0W7(7(7(n7(d c7(7MC

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The other fortunate piece for me was our students as AGCNSs are really not just focused on the patient level, we also have this nursing and the system levels. So when the pandemic hit, we paired with our clinical sites to write some of the policies and protocols and procedures that they needed for admitting patients during COVID, for dealing with PPE, staffing issues that occurred as a result of COVID infections.

The students got some real firsthand disaster nurse experience in writing those policies, procedures, and protocols. An unexpected impact of the COVID pandemic was the fact that a number of APRNs in our communities were laid off or furloughed because of the decrease in clinical site patient visits. And as a result, the employment in APRN positions for the new grads really was greatly reduced and only now, is the majority of the class employed in an APRN position.

The other thing that we've definitely noticed is that students who started with the on-campus experience have been much more engaged in these Zoom sessions. They log in early, they request additional Zoom sessions for teamwork, they actually hold Zoom lunches together. Whereas the students that have only experienced the online format this year have only really started engaging since we've been able to return to the hospital site and work one-on-one with those students.

Additional impact, one student did have to drop back a year. Both of her parents were hospitalized long-term for COVID. Thirty-three percent of our students, that first spring, tested positive for COVID and that did impact the completion date of that semester but they did…everyone had a timely graduation.

We did extend the time they could complete their clinical hours for the fall semester so they were able to start in August instead of September. So with great diligence, the faculty managed to place all of our students with clinical preceptors but whereas that would normally take between 50 and 60 contacts, it took over 600 contacts with clinical agencies to find them preceptors.

Other barriers we faced besides the technology and the impact of the pandemic was probably PPE. When all of the research labs on campus closed, they were basically stripped of all of their personal protective equipment and it was distributed to those clinics that needed…those students that needed it for simulation lab and other clinical experiences.

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- Thank you very much, Carol, for sharing your experiences and the barriers you faced and how you've overcome them in your CNS program there in Texas. Next, we'd like to go to Maribeth Massie who will talk with us about her CRNA program.

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We had to push back the start of our then second-year students until mid-August to mid-September. They were supposed to start mid-May. So out of all the students, I think they probably experienced the most stress and angst and anxiety because they didn't know when they were going to start, they didn't know when they were going to be able to finish the program.

On top of all that, starting in January of this year, we increased their clinical hours. Normally, we would say, you know, a 40 clinical-hour week but we've increased it to a minimum of 48 hours to a maximum of 64. So because they all voted, we were very democratic, and they wanted to be able to finish the program on time.

So that's definitely been a stressor along the way. We've had several clinical sites that have not come back up to speed yet and unfortunately, those are our specialty rotations like open heart, OB, and peads. And so we've had to rearrange the clinical schedule and send some of the residents farther out to clinical sites which has definitely been a burden. They're getting Airbnbs to be at a site for a month, you know, getting licenses in different states has been difficult also.

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And so I look back on that and think, well, we really got lucky that we had them all for a day because beginning on March 20, so many of our clinical experiences were moving to telehealth. We are a health sciences university and so we never formally closed clinical sites to students, at least within our system.

But in practice, things were effectively closed because with social distancing and the lack of clarity, a lack of understanding on what was safe, it did not make sense for students to be in clinical sites. When this began, we work on a nine-month calendar and so most of our students graduate… And happily, across the NP programs, almost everyone was able to graduate between, you know, in time for that May graduation.

We did have to do some creative telehealth experiences for students to satisfy ours but as is the case with some of the other speakers, most of our programs are over that 500-hour threshold. And so we could plug in simulation as needed for whatever curriculum requirements we had in excess of 500 hours. But I do want to talk a little bit, though, about some of the benefits of being in the academic system and having a stronger [inaudible].

We refer to these as sort of our owned and operated sites, although we have a lot more latitude with our student experiences. Example is the College of Nursing, our faculty and students set up the employee health COVID screening line in partnership with employee health service. Simultaneously, another faculty member and group of students were setting up the employee testing site also in partnership with our employee health services.

And so we were able to get a lot of experiences both on the systems focused practicum as well as direct care experiences doing those COVID screenings remotely as well as doing on-site testing. Certainly, as others have mentioned, Zoom became our friend if it wasn't already. We going into this already had a hybrid program and so our…our faculty and our students were very accustomed to online learning.

Our programs are offered across the State of Illinois so we cover a wide geographic area and so it wasn't new to us to be offering distance teaching or move our case studies and course meetings to Zoom. What was really contentious and remains contentious is the use of online proctoring. And I'll spare the editorial on it but there's a lot of concern about built-in racism in online proctoring software as well as not meeting the needs of students with differing abilities.

And so that's a conversation we're continuing to have and I don't know that we'll continue to use online proctoring systems but it is something that our students and faculty alike have a great number of concerns with. So that's just kind of on the didactic side. As I referenced earlier, we did move really

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in practice as well as in teaching. The other thing I would take away from all of this is the importance of our strong academic practice partnerships.

Two of our primary health system partners never stopped taking our pre-licensure students. Even at the height of the pandemic, our pre-licensure students were still doing clinicals. But it wasn't necessarily true for APRN students, though. In our community settings, those with which we…those practices with

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- We used i-Human and Shadow Health both, but I don't think we used them exactly the way they intended.

- Okay. Ira? Ira, you may be on mute.

- Sorry about that. For midwifery… - Better, thank you.

- Welcome. Many of these platforms do not have as much of a focus on the specific kind of experiences that we would like to use in midwifery. So while we had those software platforms available for our DNP program generally, our faculty in midwifery used those less. But we developed…we worked one-on-one with students to get them other kinds of experiences where we would…we send pelvic models with fetuses and placentas to all of our student homes so that they could practice skills using those models and we would do them…we would have various activities with faculty on Zoom using those models and we did the same thing with suturing.

- Thank you. Maribeth?

- Unfortunately, there's not that much anesthesia simulation software that's out there, and what is out there is really, really expensive. But we did purchase one platform, it was called Anesoft, and it's an anesthesia simulator. And you could control all the dials, you could do all the, essentially the tasks and the skills, you can make decisions, you know, if the blood pressure is low, etc.

So that was very worthwhile and we used that with students and went over different case studies and, you know, would have a case set up for that and look at it. I know the School of Nursing did use i-Human and several other different platforms. We had looked at using Shadow Health. They don't have any anesthesia related, really applicable. I had used it in a prior position.

So we did not go there but it is good for pre-op evaluation so we did use it for that. Other than that, we would send videos and then we would dissect the videos as a class with the faculty and that would work very well also. So we were able to use, you know, piece together some of the forms for simulation.

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platform but rather a series of recordings of specific psychiatric conditions that allow the student to use some of the assessment skills.

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- Yes, I think at the University of Washington, we use Proctorio, which is a, you know, a similar platform for exam security. But what we did during and continue to do during the pandemic is we have allowed our students to shift from a graded course to satisfactory, not satisfactory, without any knowledge of the faculty so that it takes some of the pressure off in an environment where our students are experiencing such extreme stress.

This was something that our university allowed us to do, to give them the freedom to take some of that pressure off. I like to think of this as really a compassionate approach towards, you know, giving them that freedom. And so, you know, many…as a faculty, I don't know who has made this choice or not.

I just grade them the same. And if they chose to go for the satisfactory or not satisfactory route, that would just be handled at the registrar level. So it's just one…it's a little thing but it really made a big difference to have that option for our students.

- Thank you. And Carol, would you like to comment on this question?

- We've been using Proctorio, added work from faculty perspective because we do require faculty to review all of the videos whether or not the program has flagged them. If we see something, we have a

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- Thank you. Ira?

- I think where we are in the pandemic right now, we really have returned to a more normal situation with being able to place our students. I think the clinical sites have really relaxed quite a bit, particularly now that we have vaccinations coming out. So we're close to the ability to get all of our students placed. It's always been a struggle to get enough clinical placements for our students.

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- Thank you.

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