

TO

LEADE



Active learning

An educator's use of clinical coaching is inherently active, but having a variety of active teaching and learning strategies will keep students engaged in all delivery methods. Active learning strategies foster collaborative interaction between the educator and student, as well as among the students themselves, to facilitate achievement of the desired learning outcomes. For example, think-pair-share is an excellent tool for in-person, virtual, discussion board or, if necessary, even phone or email—when all else fails! Whether confirming understanding of the pathophysiology of sepsis, determining the best evidence for an intervention or making a decision in an ethical dilemma, engaging students in the reasoning process individually, followed by discussion in pairs or groups, will maximize their learning. Followed by individual student reflection on their reasoning through a clinical situation, this simple strategy engages students in meaningful consideration of how their peers' and their own background, knowledge and experiences influence their expectations for a patient situation. These expectations influence their capacity to notice what is most important, understand its meaning, take the best actions and reflect on the experience to improve their future practice.

CHALLENGE: Try this in your next class and be the clinical coach.

Patient-focused, context-specific delivery of nursing care

Inclusion of a context-rich, patient-focused situation in every class session fosters students' understanding of the value of the topic at hand to their role as a nurse in practice. For example, students often miss the value of nursing research to their practice as a new registered nurse. However, putting that concept in the context of a patient-focused situation shifts the narrative from content to practice. Have students consider a cluster of cancer diagnoses in a community where they are working at an ambulatory clinic. Ask students to explore how qualitative and quantitative methods would each contribute to their understanding of the community members' fears about the situation and devise a research plan. When using this strategy, the complexity of the clinical situation should be driven by the educational level of the student and what you expect them to know, how you expect them to think and how you expect them to take action.

Since we are often unable to predict or standardize the patient situations students will experience in the clinical setting, we must design clinical learning experiences to facilitate student practice with the essential cognitive skills they will need to use when they enter practice. Educators can design and coach students through experiences discerning

At the beginning of the pandemic in 2020, most nursing programs reported that COVID-19 greatly impacted didactic education and clinical experiences with patients in clinical sites, as illustrated in Table 2. Likewise, COVID-19 continued to affect didactic education and clinical experiences in most programs into 2021. Simulation and skills labs were also greatly affected at the beginning of the pandemic, but the sciences i1theo. (oginning o)13 (f the pande

clinical experiences at the start of the pandemic in 2020. In 2021, 16% of nursing programs were still reporting cancellations of in-person clinicals at all sites. Interestingly, when students were in clinical experiences and caring for patients with COVID-19, only 29.7% of the health care facilities provided them with PPE in 2020, and this increased to 36.85% in 2021. The students or their nursing programs provided the PPE when the health care facilities did not. Nursing needs to collaborate with practice facilities and public health agencies to prevent this from happening in the future.

Alternative strategies for clinical experiences included programs either using in-person simulation (19.2% in 2020; 45% in 2021) or simulation with mandated social distancing (34.6% in 2020; 57.9% in 2021). Additionally, in 2020 most programs (96.1%) used virtual simulation (though this decreased to 73.5% in 2021). To date, the research has not supported virtual simulation to replace clinical experiences (Foronda et al., 2020). Some schools decreased the number of clinical hours that were required for students to graduate (22.9% in 2020; 8.4% in 2021), while others changed their grading criteria (19% in 2020; 9% in 2021). This lowering of requirements is concerning and should be explored for future crises situations.

The decision to close and cease in-person classes was primarily made by governor proclamation (73.8%, n=589) and administration at the university, college or educational organization (95.1%, n=759). Faculty had some say in closing programs (20.3% in 2020; 18.3% in 2021), but not a lot. Particularly in nursing, when administrators make decisions about whether or not to close programs during a pandemic or a disaster, they should listen



2023 NCSBN

NCLEX[®] Conference

Sept. 21, 2023 | Virtual

Registration Deadline: Sept. 7

In Fall 2022, an online survey was distributed to all board-approved Texas professional nursing education programs to collect data about the numbers of colleges/universities offering NRCs. The first question, “Does your college/university currently offer a Nurse Refresher Course?” brought a total of 96 responses; eight programs (8.33%) stated they offer NRCs while 88 programs (91.67%) stated they do not. Of the eight positive responses, seven (87.50%) indicated the course is currently active. Of the 84 programs responding to the question about the possibility of offering an NRC in the future, 71 programs (84.52%) stated that, although they do not currently offer an NRC, the program would be interested in doing so in the future if a demonstrated need from the community arose.

Board Rule 217.6 (Failure to Renew License) provides requirements for renewal of an expired nursing license in Texas. The process for renewal requires successful completion of the nursing jurisprudence examination as well as evidence of

In the recently published *Journal of Nursing Regulation* 2022 National Nursing Workforce Study, and an article using a subset of the data, “Examining the Impact of the COVID-19 Pandemic on Burnout and Stress Among U.S. Nurses,” it was revealed that 100,000 registered nurses left the workforce during the pandemic. Even more alarmingly, by 2027 almost 800,000, or almost one-fifth of 4.5 million total registered nurses, intend to leave the workforce.

The study is considered to be the most comprehensive and only research in existence, uncovering the data points which have far-reaching implications for the health care system at large and for patient populations.

While NCSBN and the National Forum of State Nursing Workforce Centers have conducted a comprehensive biennial nursing workforce study since 2013, this research also investigated and quantified the personal and professional characteristics of nurses experiencing heightened workplace burnout and stress due to the COVID-19 pandemic.

NCSBN Director of Research Brendan Martin, PhD, comments, “Although many of the difficulties facing nurses that were identified in the study did not come as a surprise to researchers, we were astonished by the extent that an already volatile environment was made exponentially worse by the pandemic.”

The study found that a quarter to half of nurses reported feeling emotionally drained (50.8%), used up (56.4%), fatigued (49.7%), burned out (45.1%), or at the end of their rope (29.4%) “a few times a week” or “every day.” What is especially disturbing is that these issues are most prevalent amongst nurses with 10 or fewer years of experience, driving an overall 3.3% decline in the U.S. nursing workforce in the past two years. The exodus of this population of nurses can have a devastating impact on patient care and safety in the years ahead.

“The loss of any nurse that chooses to leave the profession has an impact, but when a nurse who is essentially just beginning their career does so, the health care system loses decades of practice,” said Jennifer O’Connell, NCSBN Director of Research.

Recognizing that the data from these studies indicate that the future of nursing and the health of the nation is at risk, NCSBN convened an esteemed panel of experts to review the results of this startling new research. The group gathered in Washington, D.C. on April 13 to not only discuss these studies but also explore solutions that will transform nursing, retain nurses in the workforce and attract a more diverse group of individuals into the profession.


Alexander asserts, "Given what has already happened and that this has the potential to become increasingly more dire with even more nurses saying they want to leave the profession, action needs to be taken immediately. However, the positive note is that there is a unique opportunity for health care systems, policymakers, regulators and academic leaders to collaborate and enact solutions that will spur positive systemic evolution to address these challenges and maximize patient protection in care into the future."

Martin adds, "One thing that is important to realize is that our survey uncovered an intention by nurses to leave, they haven't left yet. Most nurses enter the profession out of desire to help people and make a difference. We must work to reverse their decision and make the improvements necessary to keep them engaged and supported."

The panel discussed that supporting nurses needs to start when they are students with initiatives such as:

- ◆ Academic practice partnerships being increased to provide clinical affiliations for nursing schools allowing for enriched real-world experiences for students.
- ◆ Nurse residency programs supported and funded across the nation to ease the transition from student to working professional.
- ◆





analytics and real-time analysis, clinician performance impact and outcomes assessment were possible.

Looking Ahead

In global unification, the nursing informatics community has facilitated robust informatics
