

# ***COVID19: Changing Experiences of Teaching and Learning in Postgraduate Nursing Education.***

Chanel Watson, Comfort Chima , Bridget Murray , Sinead Plunkett and Niamh Rohan 

Royal College of Surgeons, [chanelwatson@rcsi.ie](mailto:chanelwatson@rcsi.ie)

## **Abstract.**

The COVID19 Pandemic has highlighted the contribution nurses make to global health and wellbeing. Much of this contribution is possible due to the high -quality education nurses receive at both an undergraduate and postgraduate level. The COVID19 pandemic has resulted in challenges for both nurses undertaking postgraduate education along with those responsible for delivering that education. This paper highlights those challenges many of which are specific to nurses and their subsequent meaning. The response by nursing faculty in light of these challenges is also articulated.

**Keywords:** COVID-19; Nurse education; Postgraduate.

## **1. Introduction.**

In 2019, the World Health Organisation (WHO) announced that 2020, the 200th anniversary of the birth of Florence Nightingale, would be designated the year of the nurse and midwife (Mitchell, 2019); an opportunity to celebrate the benefits nursing and midwifery bring to global health as well as highlighting the enormous sacrifices and contributions of the professions. Working with the International Council of Nurses and the Nursing Now campaign, the aim was to increase the status of nursing worldwide and that activities during the year would provide opportunities to showcase and celebrate what nurses and midwives can achieve if given the support to do so.

The Covid-19 pandemic has meant that the contribution nurses and midwives make to the wellbeing of others has never been so visible, so celebrated and so vital, with Dewart, Corcoran, Thirsk & Petrovic (2020) acknowledging the important role nurses play in managing and overcoming the pandemic. The pandemic has required nurses and midwives around the world

to extend themselves like never before, working across clinical specialities and adapting to new ways of working. Although undergraduate nursing and midwifery education prepares graduates to provide nursing or midwifery care that is linked to reduced mortality (Aiken, Clarke, Cheung, Sloane & Silber, 2003), it is not sufficient to sustain a practitioner over the course of a career. Postgraduate education supports practitioners in maintaining competence and in providing care in a healthcare arena that is continually evolving. It is linked positively to improved outcomes for patients (Aiken et al., 2003) through expanded knowledge and stronger critical thinking skills (Cotterill-Walker, 2012) and the use of evidence to support practice (Pelletier, Donoghue & Duffield, 2003; Wilson & Johnson, 2015).

The School of Nursing and Midwifery at the Royal College of Surgeons (RCSI) in Ireland focuses exclusively on the provision of postgraduate academic qualifications for nurses and midwives. Fifteen academic staff support the provision of 23 programmes across more than nineteen clinical areas. Some programmes are delivered nationally, while many others are delivered in a collaborative fashion with hospitals such as Beaumont hospital. With approximately 500 registered students each year and global alumni of 20,000, the school plays a significant role in the development of the professions and patient care through education. However, the usual way in which teaching is delivered and how our students access learning opportunities is currently being challenged. This paper aims to highlight the impact COVID-19 has had on the delivery of postgraduate nurse and midwife education, the ways in which this particular group of postgraduate nurses and midwives were challenged and the measures taken to support them in completing their programmes during this time.

## **2. The Impact of COVID-19 on Postgraduate Nursing and Midwifery Students.**

The nursing/midwifery student population attending RCSI face the usual challenges of adult learners such as balancing studying and family life, financial constraints and academic issues including writing various assessments and exams (Murphy & Fleming, 2000). With the WHO reporting that 47% of the nurses working in the Irish healthcare service are from overseas (WHO, 2011) it is evident that many of our students are studying for the first time in a language considered not their first language, hence putting them under academic pressure. As workers on the frontline, our students are tested in ways that other student groups could never imagine.

They are working full-time whilst studying part-time and if undertaking clinically based programmes, are required to work in specific areas for the programme duration. One such example is the prescribing education programme which prepares nurses and midwives to make prescribing decisions, for example, to prescribe a medication or discontinue a medication, within their scope of practice. During this education programme, students are required to work alongside a designated medical mentor, gaining experience in the clinical setting in which they expect to make these prescribing decisions. This embeddedness of programmes in authentic clinical practice has presented additional challenges due to the current global pandemic. The COVID-19 crisis has seen many of our students redeployed to areas outside of their normal practice, an example being a nurse working in the orthopaedic setting, redeployed indefinitely to an intensive care unit. Many clinics have been cancelled (HSE, 2020) with patient consultations occurring remotely (Mulholland & Cahill, 2020). Infection control measures have resulted in consultants who previously worked across sites now not being able to, meaning that students could not work closely with the specific medical mentor required for the prescribing programme. Study and annual leave have been curtailed. In addition, our students are putting their lives at risk by going to work, many are worried about family members or maybe cocooning themselves. Unsurprisingly some have contracted COVID-19. In essence, students are disadvantaged in accessing and completing their education or following the programme plan and are concerned about what the interruption to their programme may mean for their career progression (Dewart et al., 2020).

### **3. COVID-19 and the Impact on Nurse Educators and their Practice.**

RCSI's mission is 'to educate, nurture and discover for the benefit of human health' and this is reflected in the educational philosophy of the School of Nursing and Midwifery. The school's philosophy acknowledges that nursing education should adapt to meet the changing needs of society. It is also based on a number of values and beliefs, that recognise the student as an adult learner, immersing them in an environment that is characterised by learners being active participants in their learning (Kantor, 2010), taking responsibility for their own learning (Greer, Pokorny, Clay, Brown & Steele, 2010). In the discovery and application of knowledge, learners and teachers are co-participants. We celebrate diversity and recognise the richness coming

from the clinically and multi-culturally diverse learning population. The philosophy recognises that people are unique in personal needs, motivation and potential and is lived through education, care and support founded on evidence-based practice. This individual uniqueness is also acknowledged in the Caring Human Science Philosophy (Lewis, Rogers & Naef, 2006) which underpins all of our programmes, recognising nursing as a person-centred, interactive caring process. So how have we adapted to the provision of education for our students whose situations have changed drastically whilst at the same time protecting the integrity of the educational offerings and living the values associated with our philosophy?

### **3.1 Responding to crises.**

As a school we have always been responsive to the changing needs of nursing and midwifery practice through the development of innovative programmes such as the prescribing programme in 2007, a musculoskeletal casting programme in 2017 and in response to the current pandemic, a suite of educational resources specifically for nurses redeployed to intensive care units. In the aftermath of the economic collapse in 2009, we began to deliver our education programmes via blended learning. This enabled nurses and midwives to access education which they would not have been able to had we continued with our classroom based programme delivery. Instead of being required to attend class in Dublin one day a week, students attended just two days a month with the remainder of their programme content delivered online. This model of programme delivery has continued since and our experience since 2009 has stood us in good stead. In light of the COVID-19 crisis, nurse educators have modified programmes quickly, moving to online course delivery, changing examination procedures and putting in place measures to ensure students are supported and engaged (Jackson, Bradbury-Jones please add rest of names 2020) and we have been no different. Our response has centred around establishing our teaching priorities and establishing practice to meet the challenges faced which are now outlined.

### **3.2 Teaching priorities.**

Our priority and focus has been on supporting students in completing their programmes in as timely a manner as possible in order for patients to reap the benefits of postgraduate educated nurses (Aiken et al., 2003; Considine, Ung & Thomas, 2001; Cotterill-Walker, 2012; Spence, 2004a, 2004b). This is also particularly important for students who wish to apply for specialist

roles or those whose educational attainment is a prerequisite for the development of nurse led clinics. Similarly, in order for patients to reap the benefits of nurse and midwife prescribing (Carey, Courtenay, James, Hills & Roland, 2008; Courtenay et al., 2011; Drennan et al., 2009), nurses and midwives must register with the nursing and midwifery regulator. This registration is dependent on their completion of the approved education programme. All teaching has moved online along with most assessments. We have had to balance our synchronous and asynchronous teaching, being cognisant of the fact that our students cannot access their learning during working hours. Some students have faced software glitches and articulated apprehension in being completely online. Many of our students' view 'being in college' as part of the attractiveness of postgraduate education and this has swiftly been denied to them. Where a programme consisted of a clinical component and/or assessment and students were not in a position to continue due to redeployment or cancellation of clinics, their clinical component in effect had to be paused with reassurance given to students that this could be recommenced once the situation reverted.

### **3.3 Meeting the challenges.**

As educators, we need to be armed with the skills to meet the challenges technology brings when it is an integral part of education (Whitaker, 2017). We have grappled with live online teaching using Blackboard Collaborate, a tool we had never used before with some experiencing precarious internet connections. In addition to teaching live, competency assessments and staff meetings take place online each week via videoconferencing software. These present their own challenges in that they are both physically and mentally exhausting as they require more deliberate planning and concentration (Fosslein & Duffy, 2020). To support students best, repeated teaching and facilitation of smaller online teaching sessions have been introduced. This has impacted our own personal and family time with many synchronous meetings being held at night time. In addition, some of us have faced the challenge of caring for family members at home, be they children or older relatives whilst at the same time working. As we are also isolated from our wider family circle and friends, we find that we are using video conferencing to maintain relationships with them as well as work colleagues. This has resulted in blurred boundaries (Thorpe & Edmunds, 2011) where the video conference becomes the space in which everything happens with little distinction between work and the rest of our lives. A number of module assessments have had to move from a classroom - based exam to an

online exam and whereas we had concerns about academic integrity, student concerns centred around the reliability of their internet connection and their ability to correctly navigate the online exam. The importance of accessible Faculty support in this regard cannot be underestimated (Dewart et al., 2020). Furthermore, many students required and were granted an extension to their programme duration in order to facilitate the completion of the clinical component of their studies. Over the Summer months when face to face clinics recommenced and nurses and midwives returned to their regular clinical areas, most were able to complete their specific clinical learning and subsequent assessment.

### **3.4 The human challenges.**

It would be remiss not to mention the very human challenges associated with this new way of working. The first is the associated isolation and loneliness. The day to day support we give each other though present to a degree in the online environment does not exist to the same extent. Neither is it as spontaneous or effective as the friendly face peering around the door to see if anyone is going to coffee. Likewise, the quick check of a document by a willing colleague is now not so easily facilitated. As “nurses” we have had to deal with the guilt associated with feeling that we are not ‘doing enough’. Not only have we been bombarded by the media portrayal of overworked and under pressure clinical staff which can leave us feeling distressed (Garfin, Silver & Holman, 2020), we are hearing the realities of this daily from our students. This tension between a sense of duty and wanting to return to the clinical workforce and our commitment and obligation to the development of the future nursing profession has also been recognised by Dewart et al. (2020). Perhaps the biggest void though, is that left by the physical absence of students in our lives who enrich and drive us in our endeavours through their enthusiasm and contribution within the classroom.

## **4. Conclusion.**

COVID-19 has had an enormous impact on every aspect of our lives and our new way of working and learning remains, at least in the medium term. Though challenging from both a teacher and learner perspective, the pandemic has endorsed new and innovative ideas for delivering education. The transfer to online teaching was reactionary and happened swiftly. A decision to deliver all classroom-based content online for the coming semester, requires a new more

planned approach. A flipped classroom style will be used with information transfer happening asynchronously and sense making happening synchronously during online tutorials. Hopefully students' professional lives will revert to some type of normal and attendance at live sessions will be feasible. This will also serve a better work life balance for us as educators and nurses and midwives as part-time postgraduate students. However, a robust evaluation of the approach undertaken in the coming year needs to be completed in order to determine the effectiveness of new ways of supporting students in their learning and to inform best practice in delivering postgraduate education to nurses and midwives.

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