



“FINE Europe Webinar : “Impact of Covid19 crisis on nursing education in Europe” – Conclusions”

Nursing education during the pandemic: How to teach evidence-based person-centered care when evidence and personal contacts become rare

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Questions

- What is the relevance of PcC competencies during the COVID-19-pandemic?
- How can these competencies be taught during the pandemic?
- Which (interim) lessons were learned?
- What are the implications for future?

Person-centered Care (PcC)

Empathy

Respect

Engagement

Relationship

Communication

Shared-decision
making

Holistic focus

Individualised
focus

Coordinated
care

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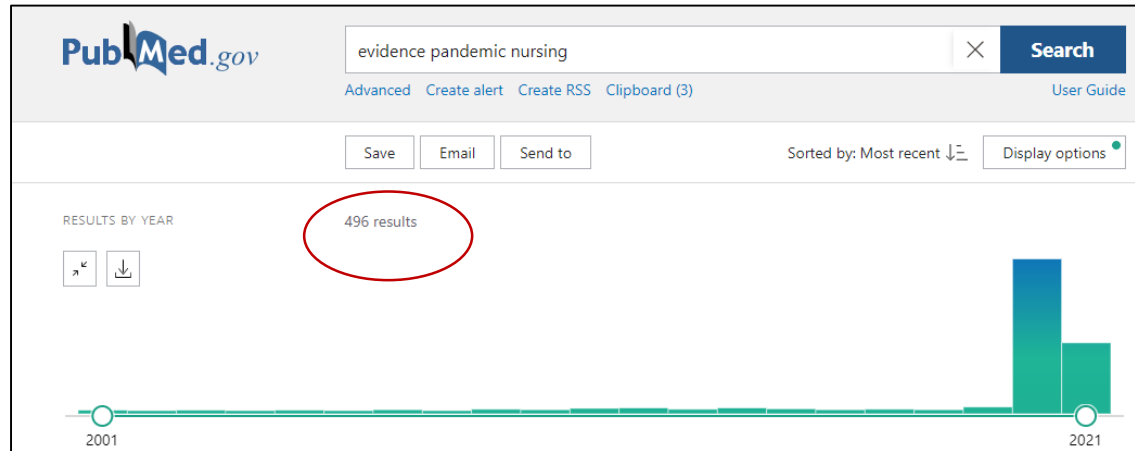
Individualised
focus

Coordinated
care

PcC requires competencies in ...

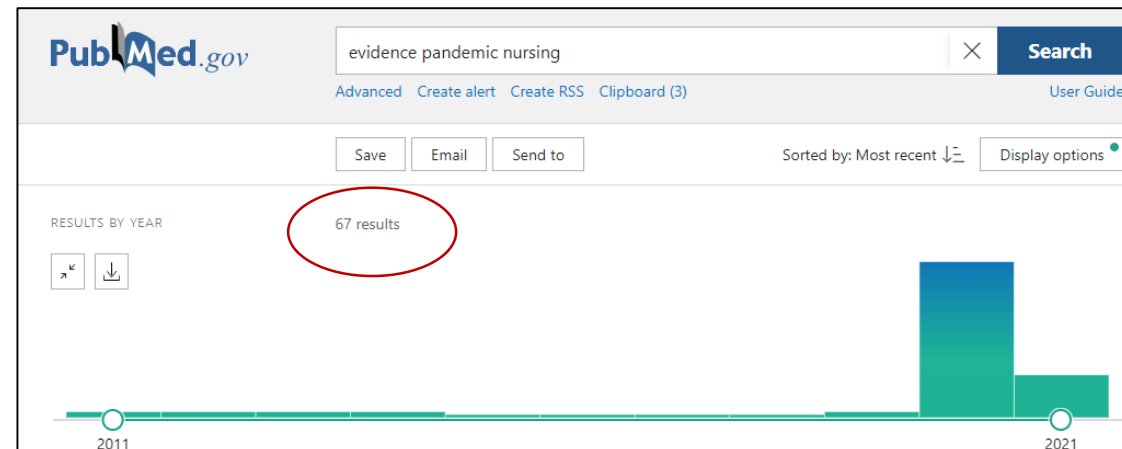
- Evidence-based care
- Communication
- Valid assessment and understanding of individual needs and preferences

Evidence-based nursing care during COVID-19-pandemic



All references

Limited to guidelines,
systematic review and trials



Communication in nursing during COVID-19-pandemic



An elderly couple meet again after weeks of separation

© Emilio Morenatti/dpa

- Social distancing
- Quarantine and social isolations
- Face masks
- Forbidden visits by relatives

Nursing assessment during COVID-19-pandemic

- Signs and symptoms of infection, incl. PoC tests
- Psycho-social needs
- Needs for advanced care planning
- Digital competencies

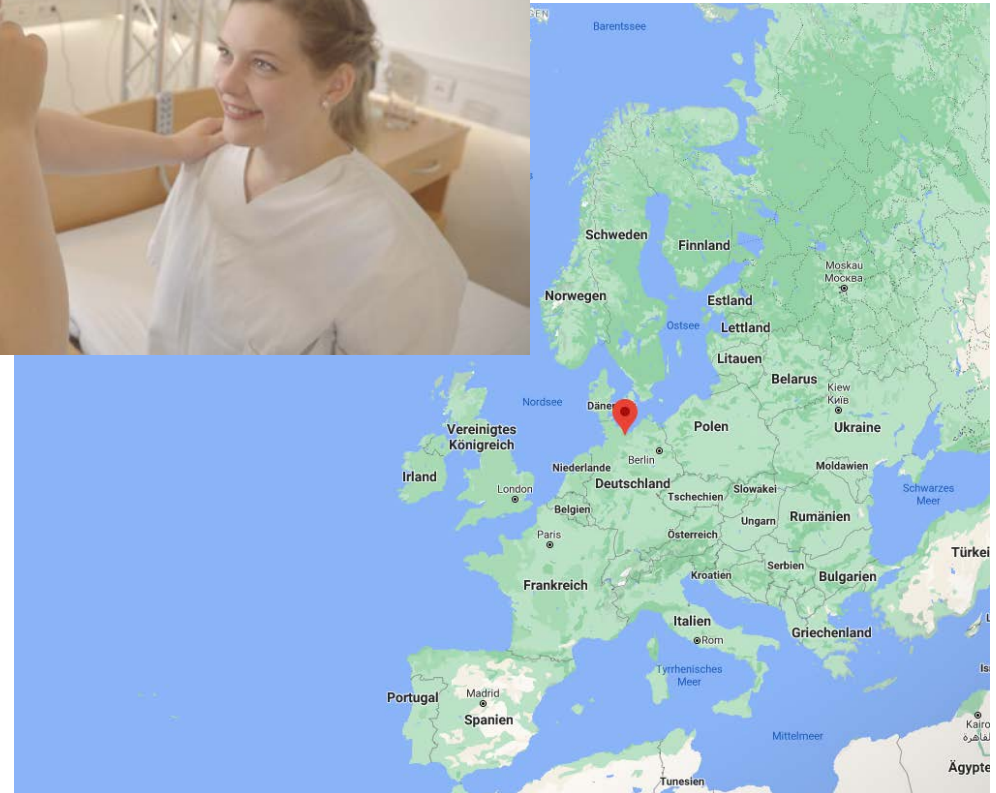
Communication barriers



<https://www.wakehealth.edu/Specialty/n/Nursing/Nursing-Students/Job-Shadowing-and-Observation>

Teaching and learning PcC competencies in nursing at the University of Lübeck, Germany

- Bachelor's degree
- Appr. 260 students
- 4 years, 210 CP (ECTS)
- Lectures (appr. 1200 hrs), seminars (appr. 960), skills training (appr. 240 hrs), clinical placement (appr. 2,900 hrs), self-directed learning (appr. 1800 hrs)
- Appr. 10 % interprofessional lectures, trainings and seminars



Changes due to the pandemic



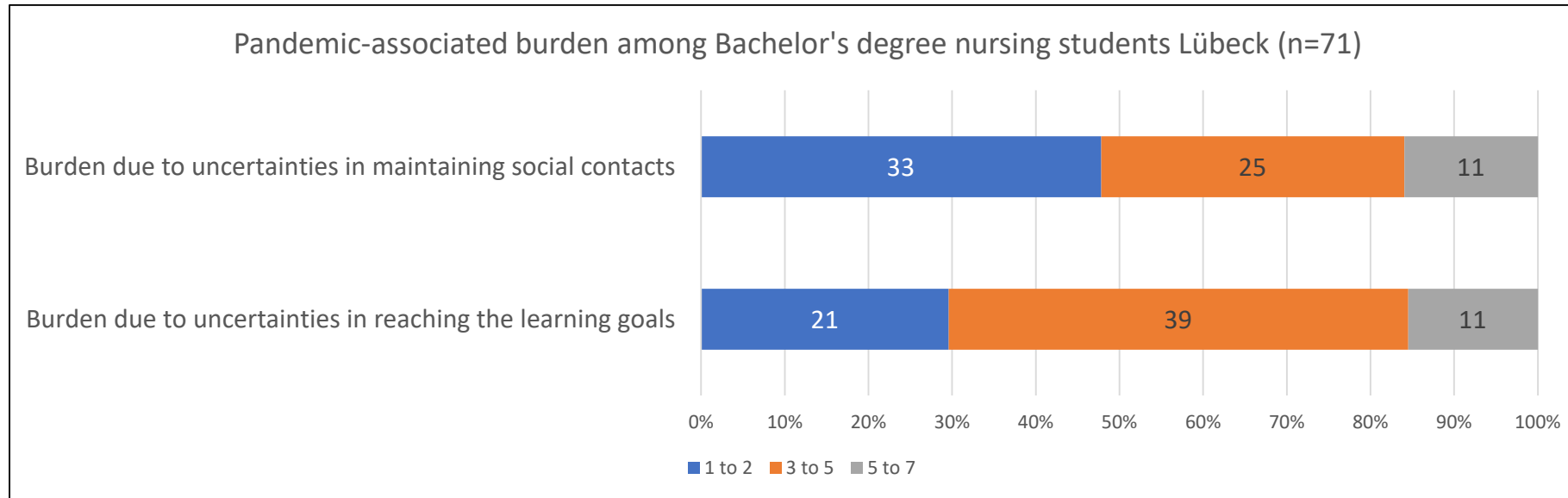
Changes due to the pandemic



Experiences

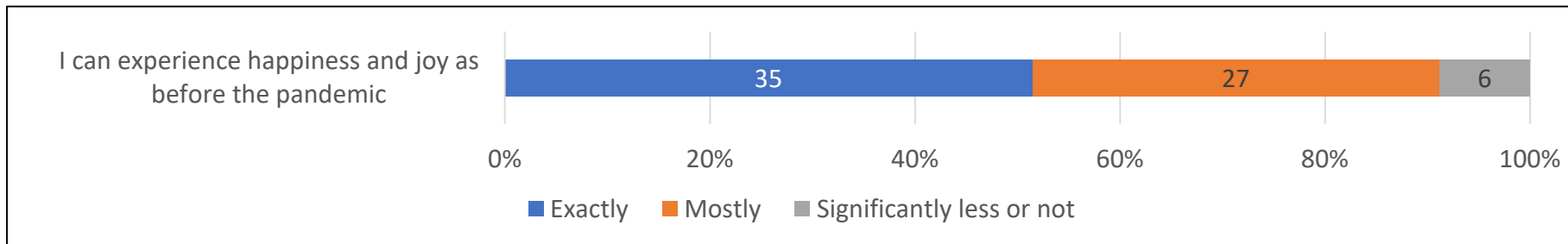
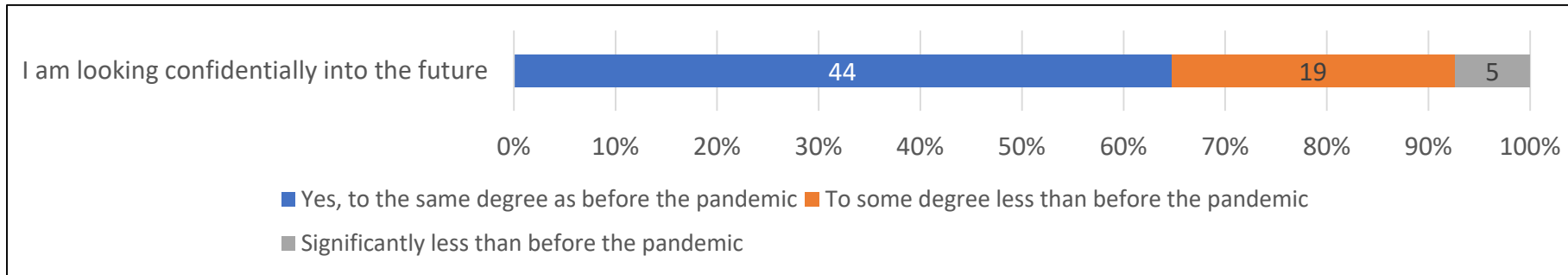
- No increase of premature termination of students
- No impact on graduating rates
- No measurable impact on success rates in many modules, except clinical skills examinations
- Ambivalent students' feedbacks
 - Larger amount of self-directed learning and individual responsibility for learning (self efficacy)
 - Loss of face-to-face contacts, difficulties in group work, lack of skills training

Student surveys

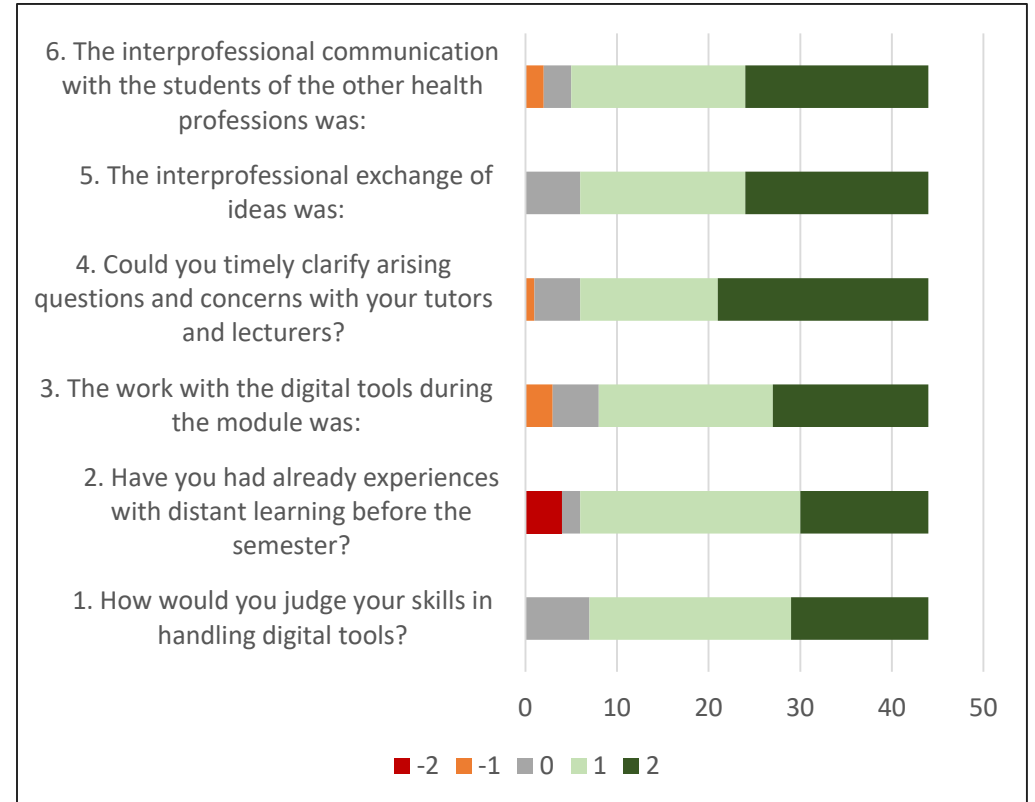
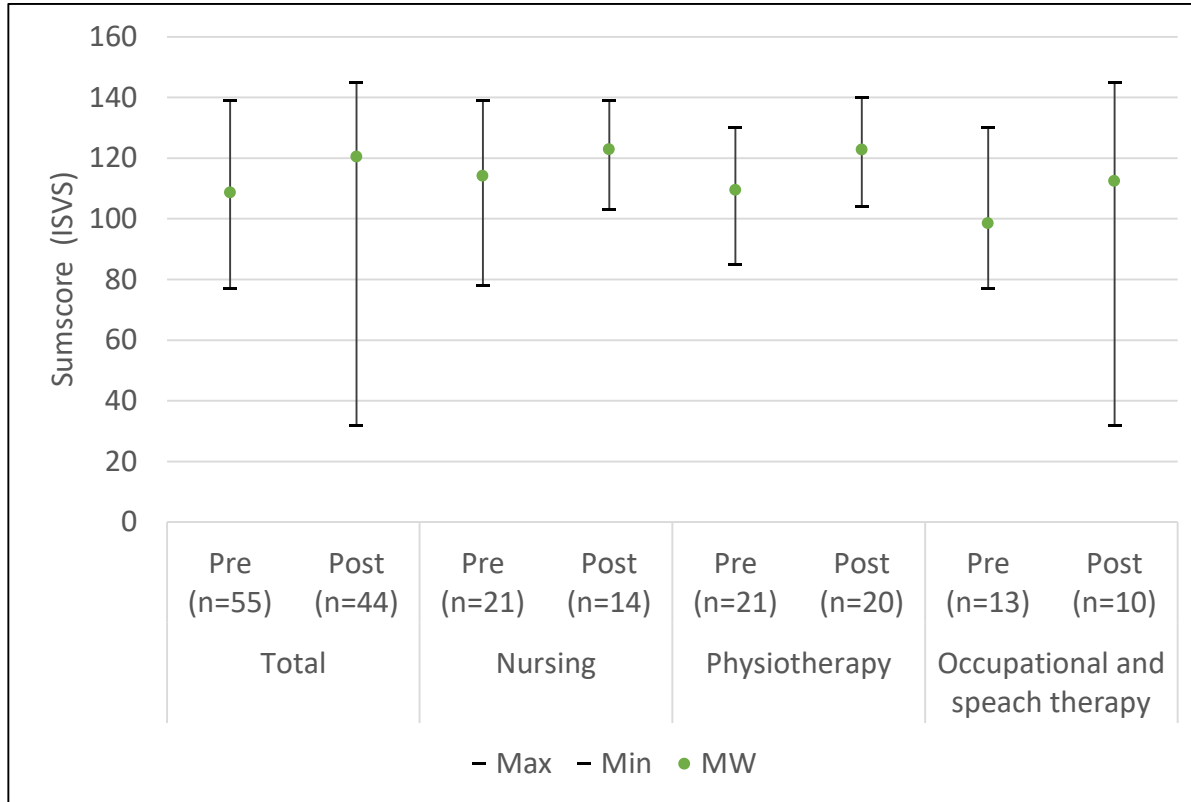


1 = no burden at all
7 = very high burden

Student surveys



Evaluation of distant module on interprofessional collaboration



ISVS = Interprofessional Socialization and Valuing Scale

International experiences

- Challenges for nursing education

- Knowledge and competencies in pandemic management

(Goni-Fuste et al. 2021, doi: 10.1016/j.profnurs.2020.12.004)

- Increased need for psycho-social support, including regular contact to supervisors during clinical placements

(Ulenaers et al. 2021, doi: 10.1016/j.nedt.2021.104746.)

- Call for innovative teaching methods (Terzi et al. 2021, doi: 10.1111/ppc.12747)

- Prevention of disruptions in nursing education and nursing profession


(Weine et al. 2021, doi: 10.5334/aogh.3088)

- Implications of nursing migration
- Maintenance and advancement of nursing workforce

Interim conclusions

- New challenges to nursing teachers and nursing students
- Given sufficient support, students appear able to cope with distant learning formats and challenged PcC conditions in clinical practice
- Despite or due to the pandemic, nursing students keep confidence in their profession
- Implications for nursing teaching:
 - Innovative teaching formats, e.g. distant skills training
 - Regular planned contacts with students, sufficient time and opportunities for reflection
 - Widening the scope of learning goals and subjects (e.g. pandemic management, ethical dilemmas)

PcC – the right topic in pandemic times?



**Crisis Standard of Care
COVID-19 Pandemic**

In a pandemic, nurses can find themselves operating in environments demanding a balance between time-limited crisis standards of care and longstanding professional standards of care. This guidance applies to decisions about care made during extreme circumstances such as those resulting from emergencies, disasters or pandemics like COVID-19. Changes in the standard of care can occur in circumstances when available resources are limited or when a clinician is practicing in an unusual setting or with unfamiliar patient care needs. In a pandemic, nurses can find themselves operating in crisis standards of care environments. In such situations, a utilitarian framework usually guides practice decisions and actions with special emphasis on transparency, protection of the public, proportional restriction of individual liberty, and fair stewardship of resources ([Code of Ethics for Nurses with Interpretive Statements](#)).

The Hastings Center ([Ethical Framework for Health Care Institutions and Guidelines for Institutional Ethics Services Responding to the Novel Coronavirus Pandemic](#)) describes the changing ethical framework in pandemics as a shift from “patient-centered practice” which is the “focus of clinical ethics under normal conditions” to “public-focused” considerations of care “to promote equality of person and equity in distribution of risks and benefits in society.” The ANA Code of Ethics (2015) obligates professional nurses to respect the dignity of every person in their care while also upholding the public good and collective human rights.

There is a tension between the patient-centered approach to providing the maximum individual good for each patient and the public-focused approach to fair resource allocation during crisis conditions. A public health approach to ethics can provide guidance in balancing the tension between the needs of the individual and those of the group. “Public health emergencies require clinicians to change their practice, including in some situations, acting to prioritize the community above the individual in fairly allocating scarce resources.” (Berlinger, et al., 2020)

This guidance offers answers to frequent challenges nurses and their colleagues address during crisis situations.


Guidance to Registered Nurses:

- Professional nurses have a duty to care during crises like pandemics. Their employers and supervisors have a corresponding duty to reduce risks to nurses’ safety, plan for competing priorities like childcare, and address moral distress and other injuries to personal and professional integrity such crisis events can cause.
- No crisis changes the professional standards of practice, Code of Ethics, accountability for clinical competence or values of the registered nurse. However, the specific balance of professional standards and crisis standards of care will be based on the reality of the specific situation, such as the presence or absence of necessary equipment, medications or colleagues.
- Decision-making during extreme conditions can shift ethical standards to a utilitarian framework in which the clinical goal is the greatest good for the greatest number of individuals, but that shift must not disproportionately burden those who already suffer healthcare disparities and social injustice. Sacrifices in desired care must be fairly shared. This means that care decisions are not about “the best that can be done” under normal conditions. They are necessarily constrained by the specific conditions during the crisis.

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Thank you for your attention.

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