

**Special Article**

## **Fostering Successful Transitioning to Practice: Responding to the Covid Crisis**

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### **Abstract**

Nursing education programs are developed intentionally and thoroughly to ensure students successfully transition to practice as competent, compassionate, ethical and safe healthcare professionals. Nursing faculty designing both programs of study and individual courses consider congruence of scaffolded concepts, the current landscape of healthcare, and anticipate trends and issues in healthcare delivery and nursing practice to ensure graduates are prepared. The pandemic caught many higher education institutions unawares and this was especially true of nursing as a practice profession. This educational innovation, in response to the health restrictions imposed by the health authority and educational institution, was developed to ensure students enrolled in their final practicum were not only able to graduate, but had the necessary knowledge, skills, attitudes and attributes to thrive.

**Keywords:** case study, clinical practicum, higher order thinking skills, massive open online course

### **Fostering Transition to Professional Practice: Responding to the Covid Crisis**

Course design requires considerable thought and evidence to create meaningful learning experiences in nursing education (Hills & Watson, 2012; Maykut et al., 2019; Rendón, 2014). The design of a course often has many iterative attempts to ensure congruence and scaffolding amongst the program of study's guiding documents, regulatory body's outcomes and learning outcomes with previously acquired knowledge (Hills & Watson, 2012; Maykut et al., 2019; Murray, 2018). The introduction of the covid-19 health crisis, resulted in many in higher education struggling to adjust to

this new reality and program delivery (Crawford et al., 2020). This was also true of nursing education programs as they attempted to mitigate the effects on nursing student's progression and ultimately graduation.

Nursing students at MacEwan University in their senior practicum were pulled from their agency due to health restrictions imposed by the health authority and the educational institution as a result of the pandemic. A course was then designed and implemented to ensure students were able to graduate and were prepared for their new reality as professionals in a pandemic era. One of the elements of the new course was an innovative

approach to assessing the student's competencies as advocate, clinician, collaborator, communicator, educator, leader, professional and scholar as identified by the nursing education regulatory body as entry to practice requirements (College and Association of Registered Nurses of Alberta, [CARNA], 2019). Students were asked to complete a Massive Open Online Course (MOOC) focusing on Covid-19 and then submit a written assignment of three case studies. The intent of this article is two-fold: (1) to describe the process of creating and implementing the educational innovation and (2) to offer recommendations for curricular advances in nursing education as lessons learned.

### **Background**

MacEwan University is an undergraduate teaching intensive institution, which houses a bachelor of science in nursing (BScN) program. This program of study currently has 1200 nursing students with approximately 105 enrolled in their senior preceptorship. The senior preceptorship is a 375-hour course, which includes an orientation, facilitated by faculty and guided by an assigned registered nurse preceptor(s). The overall goal of the course is to develop readiness for practice and facilitate smooth transition from nursing student to RN. Other outcomes include: promote professional role development; provide opportunities for learning and knowledge development, increase confidence, competence, and skills; provide opportunities for increasing responsibility and independence in the nursing role with proper support and resources available; and develop and reinforce safe, ethical, and evidence-informed nursing care (CARNA, 2019).

### **Re-Design of a Senior Clinical Practicum**

Students were removed from their agencies after completing only five weeks of their practicum due to restrictions from both the local health authority and the educational institution. There were many uncertainties surrounding Covid-19 such as expected time in the pandemic lockdown and the ability to ensure students were able to meet the original goals of the course without agency "clinical practice" hours. The course team was tasked by the Dean of Nursing to determine if alternative strategies could be developed to meet the entry to practice requirements of the regulatory body.

A tracking document was developed to reflect all eight competencies and corresponding indicators. Each faculty member then reviewed their student's progress which included preceptor comments, site visits, weekly journals and aspects of a five-step assignment. Faculty members then uploaded each student's progress to the master tracking document to identify common "unmets". This document then became crucial for identifying students who were at risk at midterm and helped individual students to determine whether to continue on in the course or withdraw. Advocate, educator, leader and professional (CARNA, 2019) were common competencies highlighted through the mapping exercise and provided direction for potential teaching strategies. A three-prong approach was decided upon by the course team (1) the original assignment, (2) a virtual health platform focusing on clinician, coordinator and collaborator and (3) a MOOC focusing on Covid-19 with accompanying case studies. For the purpose of this article, only the MOOC will be discussed further.

### **Massive Open Online Course**

The first MOOC in 2008, offered through the University of Manitoba, was developed as an interactive and enriching learning environment for 25 in-person and 2300 virtual learners (McAuley et al., 2010). The original impetus of MOOCs was to foster participatory learning, student-controlled exploration, connection and collaboration with others globally (Literat, 2015; McAuley et al., 2010; Milligan & Littlejohn, 2016; Spring, 2016). Challenges of MOOCs include but are not limited to (1) low completion rates, (2) access and familiarity with digital literacy and (3) accuracy and relevance of knowledge for the individual (Literat, 2015; Spring, 2016). A variety of benefits include (1) connection and enhanced global perspectives, (2) self-directed and self-paced and (3) free access to courses from reputable higher education institutions (Literat, 2015; Milligan & Littlejohn, 2016; Spring, 2016).

MOOCs as an evaluative strategy can enhance achievement of competencies for a variety of reasons, including but not limited to: (1) an e-learning delivery system the lead author was familiar with having utilized previously as a strategy in other fourth year courses, (2) a condensed three week course which was self-

paced, (3) an international audience of learners to acquire a global perspective of the pandemic, and finally (4) knowledge acquired in the course and applied to the case studies was considered helpful in transitioning to an unknown healthcare environment with respect to the pandemic.

Self-directed learning is one of the goals of MOOCs, integrating discussions, grey-and peer-reviewed literature, quizzes and videos to enhance knowledge acquisition and global connection (Milligan & Littlejohn, 2016; Petronzi & Hadi, 2016; Spring, 2016). The content of the MOOC was intentionally chosen to ensure students were provided with credible information to assist in transitioning to a new practice reality during the Covid pandemic. The MOOC “*COVID-19: Tackling the Novel Coronavirus*” (FutureLearn, 2020) was chosen and then three case studies with questions were designed to meet the course learning outcomes and regulator’s graduate competencies.

### Case Studies

Case studies have the potential to utilize theory to guide practice and have practice to inform theory (Murray, 2018). However, many case studies focus solely on the acquisition of content and fail to develop higher-order thinking skills (HOTS) concurrently (Kantar, 2014). For a learning experience to be meaningful, a blending of content and context is necessary to ensure transferability of HOTS in future practice situations (Bezanilla et al., 2019; Kavanagh & Szweda, 2017; Maykut et al., 2019).

Therefore, the MOOC focused on the content while the case studies were utilized to assess the development of HOTS such as analysis, creativity, critical reflection, curiosity, evaluation, humility,

synthesis, and finding one’s professional voice. The case studies were designed by the lead author (whose expertise is in curriculum development and evaluation) with suggestions from the other two authors and all authors graded the 105 student submissions. Assessment of HOTS was contextualized in the competencies of educator, communicator, advocate, collaborator, professional and leader as identified by the regulator (CARNA, 2019). Questions were written to align with scholarly work expectations of fourth year baccalaureate nursing students and reflective of Bloom’s higher order taxonomy of analyzing and creating to foster successful transition to their new professional role (Bezanilla et al., 2019; Kantar, 2014; Kavanagh & Szweda, 2017). In an attempt not to stifle creativity rubrics were not provided.

### The Re-Designed Course

#### Case study - educator and communicator

The purpose of this first case study was for the student to understand the importance of preparatory assessment of teacher, client and context prior to the design of a learning experience. Assessment of self, including beliefs and values as well as pedagogical approach was important to ascertain as the teacher. Three distinct learners were created to assess the student’s ability to recognize the distinct nuances of cultural safety, determinants of health, diversity and inclusivity, growth and development theories and health literacy and literacy as influencing factors amongst the three groups of learners. Finally, context as a fluid environment (holistic) required understanding of sociopolitical acumen to address and mitigate structural inequities and discrimination from an intersectionality perspective (Hankivsky & Christoffersen, 2008).

#### The learners

You have been asked to present on SARS CoV-2 to three different groups. You may utilize an existing template (cite accordingly) to present your teaching plan. Also reference a minimum of five articles from the MOOC in your rationale.

1. A daycare for children 3-5 years and their parents owned and operated by the Edmonton Islamic Academy (<https://alrashidmosque.ca/early-childhood-education/>)
2. A group of young boys and girls from YESS (Youth Empowerment & Support Services) (<https://yess.org>)

3. A group of healthcare attendants recently graduated and now employed by a continuing care facility.

#### **The teacher**

Awareness of yourself as teacher – strengths and areas for growth; expected successes and barriers; utilize information about yourself including data from the Teaching Perspectives Inventory (<http://www.teachingperspectives.com/tpi/>)

#### **The learning experiences**

1. Concepts to address include:

- A) social distancing and isolation;
- B) proper hygiene – hand washing and covering your mouth and nose; and
- C) the importance of disinfecting areas of home and work.

2. The teaching plan per group should include:

- A) two SMART goals for each group with rationale including growth and development theories, cultural safety, generational differences, literacy and health literacy;
- B) two teaching strategies for each group with a brief description of how content will be covered and why; and
- C) evaluation.

#### **Case study - advocate, collaborator and professional**

The purpose of this second case study was to understand the context of the pandemic within society. Consequences of quarantine (social distancing) for individuals, health care professionals and society as a whole were examined from the perspectives of the Code of Ethics, government legislation and legal implications. The opportunity to delve deeper into interdisciplinary and intersectoral partnerships during the pandemic to facilitate health outcomes

were also explored. Awareness of the importance of gaining a client's perspective (inquiry) prior to engaging in advocacy was a foundational learning outcome expected for students. Understanding the client's context was informed from both a Determinants of Health (Government of Canada, 2018) and an intersectionality perspective approach (Hankivsky & Christoffersen, 2008). These learning outcomes shaped the development of student as advocate, collaborator and professional for their future practice.

Governments have encouraged social distancing and isolation as a strategy to decrease transmission. Many individuals have not adhered to these strategies. Canada's Emergency Act (<https://laws-lois.justice.gc.ca/eng/acts/e-4.5/page-1.html#docCont>) focuses on what is in the BEST interest of society versus individual freedom and choice.

1. What are the ethical issues enacting this piece of legislation? Utilise the Canadian Nurses Association's Code of Ethics to explore both advantages and challenges for the individual (considering mental health if quarantined) and society (considering economic consequences). Also incorporate knowledge obtained from "Covid-19 – The Law and Limits of Quarantine" and "The psychological impact of quarantine and how to reduce it: Rapid review of the evidence" (found in 2.5 and 2.7 of the MOOC respectively) in your rationale.

2. What is your role as an advocate for (a) the client, (b) your peers, (c) other healthcare professionals, (d) society and (e) yourself with respect to decreasing transmission? What and how will you communicate and by what methods to demonstrate advocacy?
3. What is Canada's role in helping other countries from a social justice perspective? Utilize "*Responding to Covid-19 – A Once-in-a-Century Pandemic? A perspective piece from Bill Gates*". Outline both strengths and challenges to his call to action.

### Case study – leader

The purpose of the third case study was to capture consolidation of knowledge in the area of leadership with application for future practice. Although this competency is encouraged throughout the preceptorship, the ownership of implementing and engaging with others in their health care agency is expected as students progress. Each question encouraged the student's development of self awareness, integrity, accountability, inspiration and motivation within the current situation and an opportunity to apply skills to develop as a leader building on the qualities noted above (Kaihlanen et al., 2018; Kaihlanen et al., 2019).

Questions posed provided a direction to explore various nursing organizations which support their

initial transition to professional practice and provide ongoing support. Awareness of the above organization's mandate and resources, was key to build on students' transition to practice and confidence moving forward in practice. Specifically, students were encouraged to apply principles of leadership and followership to the current pandemic situation with an understanding of sustainability of resources (Grossman & Valiga, 2017; Kouzes & Posner, 2018). This created an opportunity to apply and strengthen theory on leadership in a realistic unfolding pandemic and providing them with strategies prior to graduating. Finally, students gained an awareness of the importance of a multisectoral approach to foster positive health outcomes.

1. How should the Canadian Nurses Association, College and Association of Registered Nurses of Alberta, United Nurses of Alberta and health employers support ongoing bodymindspirit needs of RNs? Utilize "*COVID-19: Protecting health-care workers*" (found in 2.8 of the MOOC) as well as visiting the above organization's home pages for rationale.
2. How would you utilize the principles of both leadership and followership to demonstrate sustainability of human and non-human resources during this pandemic? Utilize articles and chapters from your leadership courses.
3. What is the role of a multisectoral approach with respect to (a) surveillance, (b) clinical management, (c) risk contamination, and (d) infection control and prevention to "plank the curve" in Canada? Give one example of each from an individual, RN and government perspective.

### Discussion

Thorough assessment of educational strategies is foundational for ensuring meaningful learning for future students. Assessment of this particular educational innovation focused on the content, the learner and the faculty member. Anecdotal feedback from all three author's clinical groups (36

students in total) provided the basis for the student recommendations.

**Strengths:** The most obvious advantage of the educational innovation was the opportunity to assess multiple competencies necessary to graduate. The authors were able to determine the learner's capacity to apply previously acquired knowledge to each of the case studies. The

importance of scaffolding previously acquired knowledge within a program of study is always the goal; however, the theory-practice gap does occur without intentional foresight to ensure curricular congruence.

A second advantage many of the students suggested was the novelty of a MOOC to develop life-long learning. The majority of the MOOC content was reputable and students appreciated having the knowledge to successfully transition into a pandemic healthcare system. The final advantage was the possibility to resubmit components of the assignment; thereby decreasing the high-stakes nature of the course. With respect to the resubmission, a digital platform was offered for an oral discussion, especially for those students whose primary language was not English or who had been recognized as having learning processing concerns.

**Challenges:** Grading the assignment was extremely labour intensive; approximately one to one-and-a half hours per case study which resulted in about 120 to 180 hours over a three-week period for each of the faculty members. These hours did not include expectations for course and program meetings, or time spent supporting students through this redesigned course. Students reported spending 50-100 hours on completing both the MOOC and the corresponding case studies which was further complicated by work and family expectations during the pandemic.

A second challenge stated by the students was the lack of a rubric. Rubrics are extremely common in this program of study and students were relying on knowing exactly what the faculty member wanted. Although reassurance of not expecting “one best answer” was shared with the 105 students, the fear of the unknown created much anxiety and frequent emails to clarify instructions.

The last challenge was the emotional baggage, removal from the health agency, which was not immediately addressed. Students were angry and frustrated with the healthcare authority and educational institutions’ response to the pandemic. Many felt they should have been able to complete the last five weeks as this placement often leads to employment following graduation. As a result, their capacity to focus on a different form of

learning may have jeopardized the overall intent of the assignment.

### **Curricular Suggestions**

With respect to workload of both student and faculty member, choosing one of the questions within each case study would be appropriate. Answering one of the questions, enables the student to delve further into the competency which did not always occur with this course. The case studies could be revised to reflect different health agencies, to ensure student-centred learning was meaningful.

Although rubrics stifle creativity, to foster a sense of autonomy clearer directions must be developed with any future assignment to address ambiguity and fear of the unknown. Rubrics introduced early on in a program of study should build on scholarly progression, but to be utilized sparingly in later years to foster voice and creativity. Graduates from higher education institutions must have a repertoire of HOTS to successfully transition to the workplace and have independence in thought. Therefore, scaffolding should be intentional with respect to content, diversity of learning experiences, and opportunities to develop awareness of the ambiguity and complexity of their future work environments.

Debriefing with either individual students or as a clinical group occurred at the end of the term, which may have been too late for some. Grieving occurred for many of the students. First, their inability to complete their final agency practicum decreased their confidence in being ready to transition. Secondly, the assignments reflected a lot of writing and not the expected “hands-on” experience for job preparation. Finally, cancellation of graduation party and convocation did not provide an opportunity to celebrate the completion of their program. Therefore, our recommendation would be to take the necessary time to ensure all students were heard prior to delving into the course.

### **Conclusion**

Many educational programs were caught unawares with the need to quickly and efficiently move face-to-face programming to virtual platforms. This reactive response may not have always been meaningful and presented many challenges for

students and faculty members. The process of mapping competencies, assessing student's midterm progress and a team member with curricular expertise, provided an intentional response to ensure the competencies necessary for safe, competent, compassionate and ethical graduates were met. Understanding the complexity of the healthcare system in which nursing practice is embedded, specifically during a pandemic crisis, was enhanced as students explored multiple perspectives and competencies to consolidate their knowledge and shape their transition to practice. Our intent was to provide the description and curricular recommendations of this innovation to provide guidance in developing learning strategies and to share our insights to advance nursing education.

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