

## **Building Resilience in Nursing Students During the Pandemic**

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*Abstract: As a nursing professor at Goshen College, a small liberal arts college in the Midwest, and a nurse practitioner working at an urgent care clinic, I have realized that there are lessons from the clinic's transformation into a novel 2019 coronavirus disease (COVID-19) testing center that can be applied to educating future nurses. As nurses, we must adapt to different work environments, ever-changing practices as research progresses, and a population whose needs are different now from what they will be in 5 years. These lessons are some of the most difficult that nursing educators need to pass on to students, as the majority of their nursing education occurs in a classroom or laboratory, and nearly all of their clinical experience occurs in a hospital. In this essay, I explore the ways in which I taught students about the resilience that nurses must have and how the transition at the urgent care facility has aided these efforts. For those of us with limited online teaching experience, making hours of lecture videos could have been seen as the safe choice. But doing so would have shortchanged our students: We would not have replaced the students' experience of honing their skills in laboratory or interacting with real patients during their clinical practice. I discuss some of the methods my department used to combat this tendency to simply record videos; for example, my students recorded themselves physically assessing family members. In addition to demonstrating our adaptability in teaching, the nursing faculty showed our students firsthand how resilient their professors have been. Several of us practice, and a handful, including me, have increased our hours on the front lines of this pandemic in part because we feel the duty to help whenever needed.*

*Keywords: nurse, pandemic, lessons, educator, transitions.*

As a college professor and a health care provider, I have been disrupted by the pandemic in both areas of my professional life in stark, yet parallel ways. Just over halfway through our spring semester we transitioned to virtual learning at the college while simultaneously the urgent care clinic where I work was taking action to help test for the novel coronavirus in our parking lot. At each job we faced a challenge. In the nursing department at the college, we asked “how can we continue to have students learn the necessary skills and knowledge to become competent nurses?” while at the clinic it was “how do we use the skills and knowledge we have to ensure that we are fully caring for our community?”

In this article I first introduce you to the two places at which I work: Goshen College, a small liberal arts college, and an urgent care clinic not far from the school that quickly became a testing center for the novel 2019 coronavirus disease (COVID-19) in March 2020. Then I explore the answers to the above two questions, through the lens of four “nursing lessons”: *We do our best with the resources available; technology is a tool but not the answer; managing our time is crucial; and always make a plan and always be ready to change it.* In each section I examine how the lesson is applicable in both the clinic and the classroom, and I give examples of how nursing students could anticipate applying the lesson in their future profession. While this article focuses on lessons for nursing students that were drawn from my jobs during the pandemic, these lessons have come at a cost: thousands of lives lost and untold more changed permanently.

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Goshen College is a small liberal arts institution and, as such, our nursing department is a tight-knit group comprising students and faculty. Our program is built on a foundation of hands-on experience, and much of the transformation we see in our students happens as they learn and practice their skills in clinical settings at hospitals and other community organizations. The thrust of the content I teach in our nursing holistic assessment class is about the details of physically assessing a patient. In addition, I try to instill skills that are just as valuable when working as a nurse but can be more difficult to learn from a book or in a classroom setting: flexibility, resilience, critical thinking, problem solving, and clinical judgment. We work to impart a mindset of life-long learning in nurses so they are able to stay current with changes that are constantly happening in health care.

When we transitioned to virtual instruction in March 2020, for those of us with limited online teaching experience, making hours of lecture videos could have been seen as the safe choice. But doing so would have short-changed our students: We would not have replaced students honing their skills in the lab or interacting with real patients during their hands-on training, known as clinicals. We needed to adjust quickly and reevaluate how we taught our students in the classroom, how we taught our students in clinical settings, and how we assessed their work.

The urgent care clinic at which I work has, for a long time, tried its best to serve the diverse population in the area, with copious early-morning, late-night, and weekend hours and four providers working there daily. Prior to the pandemic we were routinely busy: There was little downtime but we were not generally stretched too thin.

The clinic, and the health care system to which it belongs, tried hard to take the little collective knowledge we had about the coronavirus in March and continue to work hard caring for the community in a safe way, as best we could. The urgent care clinic began transitioning into a COVID-19 testing site that would be set up in a drive-through style in the parking lot early in March. We quickly acquired the technology necessary to have minimal staff-patient interaction and to allow our providers to use telemedicine to talk with patients about their current health situation, whether the patients were there for coronavirus testing or not. We gradually acquired diagnostic tests and personal protective equipment (PPE) and were eventually able to test more than 100 people per day while still seeing traditional urgent care patients.

It was evident to me that using telemedicine was not something I had ever intentionally learned or practiced. I still needed to rely heavily on the fundamentals of symptom review and history of present illness when evaluating a patient. But the basic interaction between me and the patient had changed dramatically and required me to focus on specific skills that I had used rarely when physically assessing patients face-to-face.

### **Nursing Lesson #1: We Do Our Best With the Resources Available**

The health system administration at the clinic quickly assembled a drive-through testing site that allowed patients to stay in their car and still receive high-quality care. At first thought, it might not seem difficult to assemble such a setup. In actuality, it required a lot of creative problem solving and critical thinking to make sure we were not neglecting our patients while ensuring we had the resources and staff to make the necessary adjustments to keep the employees safe. In an average year, it would have taken many months, maybe even a year, of planning such a program to ensure we had the right template in our electronic health records, an adequate camera and audio setup that allowed providers to make decisions about someone's health without actually interacting with them in person, the supplies needed to do actual testing for the new virus, and the staff ready to support a system in which everyone's role is crucial. The clinic was able to do most of these steps within the span of a couple weeks. Between the moment we realized that the administration determined our clinic was going to be one of the only initial testing sites in our county and the day we performed our first lab test on a

patient for the virus, there were myriad adjustments (and sometimes large changes) to our plan. These continued throughout the first few months we were testing patients for the coronavirus as we were adjusting to patient demand, temporary closure and subsequent loss of money at other practices in the system, and disrupted supply chains for medical equipment around the world.

Similarly, while my urgent care clinic enacted large changes to accommodate this new need in the community, it became evident to me that the plans for teaching I had for the rest of the semester were not going to be adequate learning modalities for my students in this new online setting. While I still wanted to cover the same content, I needed to transition my current plan into one that would deliver content to students remotely. While some of the things I did to swap in-person learning for online learning were the same as what many others did (such as recording lectures or posting worksheets in our learning management system rather than handing them out), I felt that adjusting assignments, feedback, and evaluation methods were important to improve the students' understanding of the content covered. Assignments that had been typically done in pairs were now completed with a partner over video chat or, in some cases, individually. I also streamlined my feedback to get students to focus on only the most important concepts.

Nurses adjust the care they provide according to the resources they have. For example, if a nurse calls a respiratory therapist to provide a treatment for a patient who is not breathing well but finds out that the respiratory team is short-staffed and an hour behind, the nurse cannot in good conscience make the patient wait; rather, the nurse helps the patient by sitting them up, coaching them through coughing and deep-breathing exercises, increasing their oxygen flow, or perhaps even calling in the provider to assess the patient. Or, for a more timely example, think of the many health care providers wearing garbage bags as PPE while caring for their patients during the PPE shortage.

## **Nursing Lesson #2: Technology Is a Tool but Not the Answer**

Acquiring the necessary technology to incorporate telehealth into our regular routine was an important first step in our plan at the clinic. The following steps of ensuring proper patient registration, staff having the necessary PPE, distancing within the building for staff, and then making sure the patients could get seen if they were not there for COVID-19 symptoms were essential. While most of our transition was to test for the novel coronavirus, it was imperative that we constantly reminded ourselves of the “regular” type of patients who needed our services, such as those with a musculoskeletal injury, ear pain, or urinary tract infection. Parts of these patient visits took longer than if I could have assessed them in person: How can I effectively look into a patient's ear over video on a tablet? While each situation was unique, we quickly realized which patients could receive high-quality care through our technology, which ones required a visit to the car (so we could look at their ear through an otoscope stuck into the car through an open window), and which patients needed to be treated in person at our mobile bus clinic.

While acquiring and learning new technology was imperative to caring for the patients at the clinic, it also became my other crutch while I explored resources, apps, and various programs online to help my students learn effectively. There are three areas in which I made large changes to my course: observing students' physical assessment skills, giving and grading exams, and the students' clinical experiences.

My nursing students are expected to show their competency in completing a head-to-toe physical assessment at the end of the course. Traditionally, the physical assessment is done in person on a partner while I observe, using my rubric to evaluate them and provide feedback in real time. This project transitioned into the student evaluating a family member and recording the process so I could evaluate it later. I explored various recording apps and devices that students could use to complete this project and submit it to me. This adjustment in using technology allowed the students to use the

grading rubric to evaluate themselves more effectively to determine whether they wanted to record the video again if they forgot part of the sequence. Essentially, a high-stakes, single-attempt presentation became a project that students could self-assess and refine. On the other hand, I could not easily explain or correct proper technique via asynchronous video.

Similarly, a standard, timed, closed-book final exam morphed into an on-line, open-book, and open-note exam administered via our learning management system. While this is not traditionally how I do my final exams, I emphasized over and over to my students that they needed to be prepared and that they had to study to complete the exam in the time frame given. I told them their notes and textbook should be used in the few instances in which they forgot an idea or concept, not as a crutch to look up every answer.

Clinicals are a mainstay of every undergraduate nursing program. Getting the hands-on experience of working with real patients while applying the skills they've been learning is essential to the development of competent nurses. Our clinical scenarios, typically done at a handful of local hospitals, transitioned into online virtual simulations and case studies. While this is not the same experience, it did offer a less stressful learning environment that helped the students identify areas in which they needed to continue to focus their learning and practice. Students eventually need hands-on experience with patients before starting their careers, and technology cannot replace that. However, it is not uncommon for introductory students to be overwhelmed the first several times they are in a hospital for their clinicals; by working with a virtual patient who was suffering from a specific disease, it allowed the students to prioritize their actions, think critically, and apply their clinical judgment in a low-stakes environment. Additionally, students can easily self-reflect on their skills and pinpoint areas in which they need to improve. While some virtual patients were simple and straightforward, others were quite comparable to some of the more complex patients with which our students usually work: people with complicated diseases and multiple comorbidities that need to be managed in just the right way.

Technology can be a tool to improve nursing care for patients. As nearly every nurse has experienced, the automatic blood pressure machines too often read a blood pressure that is extremely high or low, or give no reading at all; a manual reading must then be taken. Or, when administering a new medication that is not familiar, a nurse will use an app or website to learn its effects prior to giving the patient the medication. However, knowing what it does is not enough; understanding the science of how the new drug will interact with other medications this patient takes or how it could impact their already-failing kidneys is extremely important. Technology can aid in our nursing practice but we cannot depend on it alone. A nurse's clinical judgment and critical thinking are crucial to patient care.

### **Nursing Lesson #3: Managing Our Time Is Crucial**

Time pressure varied throughout our transition at the clinic. For the first month the clinic was quite slow in regard to patient visits. However, beginning in April, testing and regular patient visits began to pick up. By June we were averaging twice as many patients as we had prior to the pandemic. Managing our time with each patient to ensure that other patients were not waiting in their cars for hours on a hot summer day was challenging. While this certainly happened some days, we were able to adjust our time management by delegating the intake process from providers to medical assistants as well as adjusting when the testing supplies and tablet would be taken to the vehicle to help streamline each patient's appointment. As the colder weather set in, our administration was able to formulate a plan to see patients back in our building with changes to the ventilation system, workflow, and PPE supplies.

On a personal level, managing my own time became a side job, since I was covering additional shifts at the urgent care clinic while also delivering on my promise to offer quality education to my

nursing students. My Google calendar was filled each day with both types of work as well as time to attend to my own health and needs. To make this happen, I made the conscious effort to dedicate the time to my students and patients, giving up several hours a week of personal and family time.

Just as providers and professors were forced to become more resilient and adapt to the necessary changes that the pandemic required of us, students were forced to become more self-reliant and to take charge of their learning. Typically, I hold students accountable for deadlines and remind them to stay on top of their work; implicit in the 4-year college experience is a general understanding that students have or make time for school work. Once they went home, it was important for me to switch that focus to communication. I had many students tell me more about their home situation: They did not have reliable internet at home or they needed to watch younger siblings whose schools had closed as well or they had to pick up extra shifts at work because a parent had lost a job. Just as nurses need to manage their time when working with multiple patients with various needs, my students had to practice this in their own lives. While trying to instill professionalism in them, it was important that I change my priorities to be more accepting of students' current circumstances. In instances in which I would have reiterated professional skills such as completing your work in a timely fashion, I transitioned to helping them work on their time management by critically thinking about their goals and how it was now their responsibility more than ever to take charge of their learning.

Nurses, regardless of the area in which they work, must manage their time well to meet patients' needs. With health care systems trying to manage expenses, nurses have more responsibilities with less staff support than they did just years ago. Administering medications in a timely fashion, feeding a patient before their food gets picked back up by environmental services, and admitting a new mother in labor just prior to the end of a shift are only a few of the situations in which nurses provide quality patient care by managing their time wisely.

#### **Nursing Lesson #4: Always Make a Plan and Always Be Ready to Change It**

While we all adjusted to accommodate the many changes in our clinic, we knew there would be more coming. When an issue came up, we were quick to offer our feedback on the process and continue to adjust our procedures to ensure we were following state and national guidelines and providing our patients with the best care we could. We anticipated various issues that could arise and then addressed them before they even happened, such as being able to assess a person in a mobile bus if the video chat was not sufficient. Another example of this was the constantly changing COVID-19 tests we would have available. In just our first few months, we had received tests from a handful of companies, and each had a different method of obtaining the sample, and the length of time needed for results to come in were different for each one. Continually changing our policies and protocols was frustrating for many, but an essential part of our growth as a clinic. As we learned more about the novel coronavirus and the recommendations from the governing bodies, it was imperative that we continued to adapt our practices to meet the needs of our community with the new knowledge we had gained.

On the education front, the tone that the administration and fellow faculty members set allowed students to continue their priorities of learning in each course. Our main role as faculty at a small liberal arts institution is educating the students. Incorporating evidence-based teaching practices and updating our courses are essential to providing the best education to our students, even during regular times. We had discussions within our department about what technology was being used and shared experiences with different assignments and projects that were adjusted to better accommodate an online learning experience. We had conversations about what we were seeing in our jobs as nurses and nurse practitioners that could help our students learn in this new environment. While prioritizing the safety of our students and sending them home for the semester, we had important discussions that weighed the ethical decisions we faced as health care professionals and as educators. Students coping

with the idea that being sent home was not fair and complaining that this was not how they had planned for their school year to unfold were reminded that being flexible and going with the flow is essential in nursing. I was able to relate to my students that we too needed to adjust our plans to ensure everyone's safety. While some students were naturally able to adjust to online learning more easily than others, I was encouraged by seeing everyone working hard to make the best of their individual situation.

Organizing a plan is essential for nurses when juggling multiple demands; however, being able to adjust that plan and remain flexible allows for changing needs to be addressed as well. It is not uncommon for nurses to arrive for their shift, only to find out that they must "float" to a different, short-staffed unit for the day. Or, a nurse may have assessed a patient and determined that they were stable, only to be on the phone an hour later with the rapid-response team because the patient's condition quickly deteriorated.

### **Conclusion: Building Resilience**

Reflecting on our current circumstances, I had an enlightening conversation with another provider. During this conversation, we reminisced on "how things used to be" and that we no longer felt like we had control over the circumstances in which we worked. We discussed how our choice to work in the field of health care came with distinct challenges and rewards. When many shy away from such challenges, our staff was willing to step up to care at a time when our community needed it most. We worked to build our own resilience and that of our staff to ensure they knew the impact they were having was positive and vital for our community's health.

I saw the same resilience being built in my faculty colleagues and students, perhaps because so many nurses and nursing students view the profession as a vocation (White, 2002). When circumstances were most trying and we had little confidence in our abilities, we continued to put in the effort to ensure that we were taking care of our school community. Throughout the 2020–2021 academic year, the number of students who have expressed the idea that they are at college, first and foremost, to get an education, and then to help others, further reminds me of the strength and dedication of our students. Many of those who feel nursing is their calling have had their career choices reaffirmed as they see nurses going into heavily burdened areas to help with the pandemic.

The pandemic has fundamentally changed the way we care for patients and educate students. My students saw, and continue to see, their professors working hard, both on the front lines of the pandemic and in providing quality education. While I do not think that any of us as individuals or any of our institutions have handled the pandemic perfectly, I believe that the nursing students I taught were able to come away with lessons that may not have been in the original course objectives but will undoubtedly serve them well in their future careers.

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