

## A shift to post-pandemic clinicals: Clinical training and education

Sandra Pham<sup>1</sup>, Arte Libunao<sup>2</sup>

1. West Coast University, USA

2. West Coast University, USA



### Abstract

The COVID-19 pandemic and imposition of stay-at-home orders and remote education/work arrangements had a significant impact on clinical training and education that will extend beyond the pandemic. All healthcare programs required direct patient care as part of the curriculum to ensure appropriate mastery of skills and fulfill licensing requirements. In current clinical training and education there are time and hands-on requirements for direct patient care being 50 -75% of the curriculum requirement based on specific states within the USA. With the advent of COVID-19 hospitals shift to protect vulnerable patients by banning visitors and in most cases eliminating the clinical rotations that satisfied these patient care requirements. While the majority of nursing institutions had no choice but to shut down during this time, our institution sought creative ways to ensure student education was not disrupted and state licensing requirements could be satisfied without total dependency on clinical rotation. Accordingly, was necessary to become creative in implementing many new approaches to meet statutory requirements. For example, while traditional visits to clinical sites previously had student ratios of 1:10, it became necessary to adjust the ratio to 1:1 and provide personal protective equipment. We worked with sites to adjust to new facility protocols that allowed training to continue. Meanwhile, we moved to promote telehealth and telenursing sessions as part of mainstream clinicals, especially for medical/surgical, mental health, obstetrics, pediatrics and public health. This allowed students to satisfy direct patient care contact through telephone or video assessments and follow-up appointments. We were also challenged during this time in having student and faculty sheltered in place, unable to access our advance simulation and skills lab facilities used for the indirect patient care education.. For indirect patient care, there were three main areas: Swift River management software, skills lab, and simulation. In particular, for the skills lab, adjustments were made to support social-distancing guidelines, lectures were moved to remote platforms, new cameras were acquired for close-up demonstrations, and a student kit was developed to include props and other tools for independent practice at home. Simulations also became more important, including use of augmented reality. In summary, pandemic restrictions lead to adjustments and innovation to meet clinical training and

education requirements. Such changes may very well become part of the future.



### Biography:

Sandra Pham is president and CEO at West Coast University and oversees campus operations both online and for six ground campuses. In addition, Sandra is a Healthcare Leaders program visiting scholar at Yale University. She received a MPH from Yale University and a MBA from Keenan-Flagler Business School, University of North Carolina at Chapel Hill. She has a BS in biology and a BA in psychology from the University of Minnesota. Sandra is on the Executive Advisory Board for the Yale Healthcare Conference; The Harvard Business Review Advisory Council; and Board of Trustees at the Children's Hospital of Los Angeles.

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