Building the Next Generation of Nurses and Nursing Educators in a COVID-19 World

In March 2020, as the COVID-19 pandemic gripped the United States and governors began to order lockdowns, hospitals closed their doors to nursing students, denying them much needed clinical experience. Although there were good reasons for this action, U.S. nursing leadership from 10 organizations collaborated to recommend an alternative response that would assist both students and nursing staff. The plan was formalized into a policy brief outlining the need for practice-academic partnerships (National Council of State Boards of Nursing [NCSBN], 2020b). This brief suggests that rather than leaving students out, hospitals could employ them as essential workers who could support nursing staff while earning clinical credit. The proposed model allows nursing students to gain valuable experience, provide critical assistance to the overburdened nursing staff, learn the principles of infectious disease management, and contribute to the profession at a time when it is needed most.

Some programs and clinical sites in Iowa and Idaho are employing this strategy or a similar model. The Mayo Clinic in Minnesota has been accepting students since July and issued formal guidelines for clinical experiences. However, many facilities are still reluctant to engage with students. As the pandemic lingers, the lack of clinical opportunities for students grows increasingly disconcerting. Students who began their clinical courses in Fall 2019 and are scheduled to complete their programs in Spring 2021 may only experience an authentic clinical environment for as little as one semester. This situation should give us pause. Although simulation and other methods used to compensate for the dearth of clinical sites are effective, realistically, students need clinical exposure to experience what it is like to perform skills on a real patient, teach disease management to a newly diagnosed patient, address the challenges often presented by the social determinants of health, communicate with the healthcare team, and increase their confidence so that they can provide safe patient care as new graduates.

Regulators are well positioned to lead this effort and bring both academic and practice facilities in their states together to determine the best way to bring nursing students safely back into the clinical environment. State departments of health, which may be issuing guidance during the pandemic to long-term care and other facilities, should be included in regulator outreach.

Clinical experiences for nursing students are not the only way that hospitals and academia can partner. According to NCSBN's most recent National Workforce Survey (unpublished data), 28% of

the faculty respondents stated they will be retiring within the next 5 years. This will place even more duress on the country's nursing programs, which are already strained and struggle with a faculty shortage. In addition, increasing evidence shows the need for prelicensure registered nurse (RN) faculty to have qualifications that extend beyond the requisite master of science in nursing degree required by most state boards of nursing (NCSBN, 2020a) (Bachelor's degree for LPN programs).

In the July 2020 *Journal of Nursing Regulation* supplement, a study of nursing programs across the country found that an indicator of a quality program is having faculty who have had formal instruction in the principles of teaching, adult learning, and curriculum development. An examination of nurse practice acts and rules across the country indicate that only five states mandate these requirements. More so, many nursing education programs do not require this training of new faculty when hiring, and most master's and doctoral nursing programs do not routinely require their students to take these courses.

How, then, can we ensure that we have enough qualified faculty for the next generation of nurses? Given the evidence, every state should require faculty to have formal instruction in teaching and curriculum development. Academic institutions could offer these courses online. This effort would not only strengthen programs, but it would also increase the mobility of faculty. In the same spirit of collaboration in the practice/academic partnership model, we need stronger alliances between healthcare facilities and nursing programs and sharing of qualified individuals to teach the next generation of nurses, both RNs and licensed practical nurses. Nursing programs should provide opportunities for clinicians to share their clinical expertise. A sufficient number of qualified faculty would provide assurance for all that nursing will continue to be the mainstay of healthcare and that new graduates will be prepared to practice competently and safely.

Most importantly, if practice, academia, and regulation communicate and collaborate now, throughout the pandemic, and during the post-pandemic recovery, they will set important precedents that will shape nursing for decades to come. A stronger, more skilled workforce with the guidance of a qualified and more flexible generation of educators will be well equipped to address the needs of the future of healthcare. We can use this moment to shape the

profession so that when the next public health crisis is upon us—be it decades or a century in the future—nurses will be ready.

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Conflicts of interest: None.