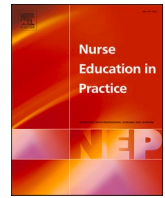




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Innovation in Australian nursing student work integrated learning during a pandemic

1. Introduction

Much has been written about the impact of the COVID-19 pandemic on pre-registration nurse education. A fundamental component of nurse education is work integrated learning (WIL); a time for students to integrate theory and practice, in real world settings. From the onset of the pandemic, nursing faculty were required to create innovative WIL experiences to meet changing curriculum delivery and student, workforce and industry demands. Students also had to be prepared for a different WIL experience – one that would take place in a dynamic health landscape responding to a pandemic. What is not often reported in the literature, are the opportunities the pandemic created for education providers and their industry partners to challenge the status quo in student WIL. Some innovative WIL solutions one large metropolitan hospital and one regional University in Queensland, Australia offered nursing students, are outlined in this editorial.

In the early stages of the pandemic concerns for patient and student safety, risk management and resourcing resulted in limited access to placements. As the pandemic continued, mandates for staff – and students – to social distance and become vaccinated, resulted in further limitations on the clinical settings accessible for student placements. Additionally, there were restrictions on the provision of and access to personal protective equipment, health department restraints on elective surgeries, critical staff shortages with organisations redeploying staff to manage hotel quarantine, staff fever and vaccination clinics, contact tracing and virtual care. During all this, maintaining the health and safety of students in the unknown pandemic environment also became paramount.

2. Capitalising on new opportunities

In Australia, recent reports such as the [Entry to Practice Programs in Nursing Report \(CDNM 2021\)](#) have highlighted the need for the university sector and the health sector in general to work more in partnership, rather than what is often perceived as working in parallel. Prior to the pandemic it was recognised that there were challenges to meeting the demands of pre-registration student placement – WIL – needs. Healthcare organisations accept a high volume of students from many education providers, there is often a lack of continuity, disparity in student scope of practice, student and registered nurse attitude and WIL is often viewed as a fiscal burden on the health services, all adding to the oft perceived burden of participating in WIL programs (CDNM 2021). When the Covid-19 pandemic began to affect WIL, the need for committed and cooperative relationships between university and clinical sectors became even more important. Education providers and industry partners had to work collaboratively to look for innovative and new WIL experience

opportunities to continue the support and progression of students through their nursing program. A re-evaluation of traditional WIL models and alternative clinical areas for students was required.

One imperative re-evaluation was the need to address an increased demand in WIL to overcome pandemic related interruptions and cessations threatening final year student's graduation prospects. One major Australian hospital, a large 663 tertiary hospital in South East Queensland, knew something unique and urgent needed to be implemented to support final year students to complete WIL mandated hours and to graduate on time. Afterall, these about to be nurse graduates, were desperately and urgently needed to assist with the pandemic impacted workforce. With the overwhelming support of the nursing leadership team a group of specialist registered nurses were identified and volunteered to be part of the solution.

These teams consisted of Nurse Navigators, Nurse Practitioners, Nurse Unit Managers and Clinical Nurse Consultants who would not normally facilitate nursing students WIL. Many of these roles within this hospital are responsible for the specialised coordination and management of care for unique groups of inpatients and outpatients. This group not only agreed to support the students, but they embraced the opportunity to showcase the work that occurs outside of the traditional medical surgical WIL environments, where student nurses are normally placed.

Students who had previously attended a placement at the hospital were selected as a trial group because they were familiar with the provider's policies and procedures and did not require orientation. To maximise the opportunity, communication and collaboration between the education providers, clinical teams and students was essential. This coordinated effort enabled 26 students to complete 892 clinical hours. As the selected teams worked Monday to Friday, the student WIL occurred predominantly during business hours, offering additional support if required. Working in small teams, this was beneficial when case load or staffing was altered, and students could be quickly reassigned to another team to ensure meaningful clinical experiences were not lost.

On completion of the WIL students were asked to evaluate their experience of working with this group of specialised registered nurses. Students commonly reported they felt welcomed and part of the team, appreciated learning about alternative care settings and the smaller group facilitation assisted them to understand they were more knowledgeable than they thought but also highlighted how much more there was to learn from this group of specialist nurses. There was insight into the diversity within the nursing profession and opportunities for career progression that students had not previously been made aware of. One student provided a commonly voiced experience in personal communication to author DA:

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"I had a fantastic time! It was a great experience to understand what normally happens in the outpatient setting as compared to the inpatient exposure we get on our usual placements. I was also able to sit in on some Cardiology consults with transplant patients and get involved with the cardiac rehab and physio team in the community gym. The staff were awesome, very accommodating, and keen to answer all questions I had. It was also great to learn the role of other nursing staff, such as Nurse Practitioners and Clinical Nurses, which we haven't really been exposed to in previous placements."

3. COVID forces innovation in Work Integrated Learning

The WIL capacity impacted because of Covid, forced education providers to look beyond traditional WIL settings, adapting where possible to new models of patient care being implemented as a response to the pandemic, Telehealth was one healthcare model that was considered. The circumstances during lockdowns, social distancing and quarantine meant that presentations to hospital ED's and general practices were reduced, but the demand for healthcare continued.

Telehealth initiatives in Australia, funded by the Australian Government through the national health insurance scheme, began as early as 2006 with telephone-based services for mental health support and in 2011 specialist video consultations for remote areas patients were introduced (Hall Dykgraaf et al., 2021). Programs have predominantly been funded through discrete programs rather than universally and widespread uptake has been generally slow (Hall Dykgraaf et al., 2021). The pandemic however, forced larger scale adoption of telehealth in the delivery of healthcare as it keeps people in their own locations, able to be kept safe by social distancing. Workforce strategy reports in Australia have highlighted the need to build a future clinical health workforce that is skilled and responsive to patient needs and demand and sensitive to the role of emerging technologies and changing models of care (Queensland Health, 2017). Technology has become increasingly common in nurse education with virtual interactions in all areas of teaching and learning however in relation to technologies as models of care, deficiencies in relation to nursing curricula are reported across the literature (Brownie et al., 2022).

Telehealth, delivered by telephone or secure on-line platforms during the pandemic was utilised predominantly in out-patients departments and emergency areas, and general practices, to provide healthcare. In the experience of one of the universities represented in this paper, students were allocated to Primary Care, and introduced for the first time to Telehealth. Students were required to step in without any preparation or training and whilst there were opportunities for new learning, this rapid introduction to a new model of health care delivery has demonstrated the need to incorporate telehealth clinical experience within curriculum. Competence in telehealth service delivery is essential - the ability to make good clinical judgments when working independently, critical thinking and assessment skills, knowledge of a multi-disciplinary context for the delivery of healthcare, emphasis on the development of interpersonal and intrapersonal communication skills – the ability to listen and communicate effectively by the telephone when unable to physically see the patient are fundamental to the success of a telehealth service (Brownie et al., 2022). The digital environment has been shown to produce subtle alterations in human interactions, therefore advanced communication skills are required in order not to miss vital clinical cues (Greenhalgh et al., 2018). This opportunity has previously not been provided to nursing students in large numbers but as the healthcare landscape continues to change and technologies as models of care increase, the pandemic provided previously untapped experience in their use. Student feedback was positive following this experience with students appreciating the opportunity to work more independently and use their clinical reasoning and judgment to address

patient's needs, within their scope of practice and always under the supervision of a Registered Nurse. Researchers have already begun to work on telehealth competencies for nurses (Brownie et al., 2022). The Covid -19 pandemic has been a catalyst to accelerate the wider adoption of telehealth and other virtual care models.

4. Conclusion

The COVID 19 pandemic put nursing in the spotlight with the public appreciating the importance of nursing, in ways not previously acknowledged. What is less appreciated are the efforts education providers and industry partners went to in preparing the future nursing workforce. The pandemic presented many challenges but also opportunities for innovation in nursing student WIL. Two such opportunities, presented here, outline how collaboration and responding quickly to alternative care models can design unique WIL experiences. These experiences open up the opportunity for others to consider ways the status quo in nursing WIL can be disrupted. Reflecting on the innovations outlined here may provide impetus for others to reimagine WIL and encourage advocacy for more diversity and innovation in WIL offerings, and for the sustainability of the changes.

Editorial note

Editorials in *NEP* are not reviewed and are published at the discretion of the Editor-in-Chief. We welcome a constructive rejoinder on this editorial provided it is not offensive or personal.

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