

SIMULATIONS SOLVES THE PROBLEM OF CLINICAL LEARNING IN NURSING EDUCATION IN TIMES OF COVID-19 PANDEMIC?

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DESCRIPTORS: Nursing Education; Simulation; Clinical Clerkship; Pandemics; Legislation, Nursing.

The COVID-19 pandemic has unexpectedly erupted into our lives and triggered complex behavioural changes, regardless of the socio-cultural, economic, political and religious realities. This pandemic posed tremendous challenges and provided new opportunities, bringing together positive and negative aspects, but it also caused many uncertainties which effects could not be immediately assessed. However, this seems to be the best moment to perform an analysis, especially in what concerns nursing education.

In the teaching dimension, we have witnessed a global and rapid transition without significant obstacles. The traditional classroom model, face-to-face, shifted to a technological and online approach. A recent editorial⁽¹⁾, stresses the growing global need for nursing workforce, which is not in line with a prolonged interruption in the training of



nurses. It also points out as highly positive the alternative found by specialists concerning distance learning and simulation.

Our current perception is that this is not a clear issue in nursing courses. In fact, after the first phase of total suspension of activities, the classes of theoretical type, involving synchronous and/or asynchronous communication were resumed. However, this methodology could not be applied to classes integrating a more practical dimension and specially internships in clinical practice. Despite the overall acknowledgement of differences in the way distinct countries and institutions legally frame nursing education and organize its structure, the idea of the importance of a strong practical component is highly consensual. For example, the European Union Directive 2005/36/EC⁽²⁾ paragraph 3 of article 31, indicates that in the initial training, clinical education will necessarily have "... at least half of the minimum duration of training."^(2:40).

Therefore, the debate on simulation as a valid alternative to internships in clinical practice is particularly pertinent. Several important factors are leading to considering this new approach, such as the accelerated risk of contagion in hospital settings due to the increasing number of people attending these facilities - inflicting excessive burden on professionals and consequently less availability to participate in the teaching process -; and the internal expenditure on personal protective equipment.

In line with this view, the importance of simulation is emphasized by entities such as the Society for Simulation in Healthcare that puts forward numerous strategies that provide clinical experiences in clinical learning⁽³⁾. Then we analysed the state of the art in this domain, to investigate what type of learning was provided through simulation. In a recent review⁽⁴⁾, including a selection of 72 articles on simulation in nursing education, robust results were found in the domain of knowledge but subjective for satisfaction.

Notwithstanding, the results already obtained need to be carefully interpreted insofar they do not seem to effectively provide clear evidence-based on safety of care delivery to the populations. Most importantly, can we replace internships with other forms of teaching and learning that potentially do not lead to the development of practical skills? It is our understanding that despite all the efforts to ensure effective responses of trained professionals to this new reality, we are still not fully prepared.

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HOW TO REFERENCE THIS ARTICLE:

Marques P. Simulations solves the problem of clinical learning in nursing education in times of COVID-19 pandemic? Cogitare enferm. [Internet]. 2021 [accessed "insert day, month and year"]; 26. Available from: <http://dx.doi.org/10.5380/ce.v26i0.78603>.

Received: 21/12/2020

Approved: 19/02/2021

Associate editor: Luciana Puchalski Kalinke

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Role of Authors:

Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work - PM

Drafting the work or revising it critically for important intellectual content - PM

Final approval of the version to be published - PM

Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved - PM



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