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LETTER TO THE EDITOR

A commentary on "Lessons learned from clinical course design in the pandemic: Pedagogical implications from a qualitative analysis" (Thirsk et al., 2022)

Dear Editor,

I read, with great interest, the article "Lessons learned from clinical course design in the pandemic: Pedagogical implications from a qualitative analysis" by Thirsk et al. (2022). The authors interviewed baccalaureate nursing students to explore clinical pedagogy in light of the modifications and adjustments to clinical courses that occurred in nursing education during the COVID-19 pandemic. This crisis not only had an influence on healthcare services, but it also had a significant impact on nursing education. Clinical sites were closed in several regions worldwide as healthcare facilities struggled to manage the influx of new patients while minimizing exposure for non-essential visitors and students. Nonetheless, despite the obstacles, nurse educators found creative methods to go on, overcoming the disruptions so that students could continue to grow towards their goals. Thus, I welcome the authors' contribution towards implementing strategies to further prepare and strengthen the next nursing generation to cope with catastrophic events with greater resilience.

The COVID-19 pandemic challenged nursing education to prepare for, manage (absorb, adapt and transform) and learn from unpredictable events. However, despite technological advances in nursing education (e.g., online classes, online virtual simulation, e-health solutions and telenursing) (Dziurka et al., 2022), students identified several challenges in the practical use of theoretical knowledge in virtual training environments, as well as adjustment to working conditions and clinical environments. Overall, nursing students were concerned with the lack of practical activities, fearing it would affect their future employment opportunities. Furthermore, they were worried about making errors in clinical care and their (in) capacity to make rapid judgements in tough clinical scenarios, while believing that practical sessions in their curriculum had prepared them for employment.

Clinical teaching is a privileged space for the development of the necessary skills for clinical practice. Facing real care situations allows students to further develop skills, abilities and self-knowledge, and is fundamental for nursing practice, learning critical thinking and transitioning into the role of nurse. The complexity of care leads nurse students to continually analyse and prioritize, which entails clinical thinking and making decisions to provide quality care. Critical thinking is a complex process, integrating discipline-specific knowledge, through the cognitive and metacognitive process of clinical reasoning, as opposed to single decision-making carried out at the end of the reasoning process (Jessee, 2021). Students who use critical thinking develop attitudes and characteristics such as thought independence, fairness, insight into personal and public levels, spiritual courage, integrity, perseverance and self-confidence.

Experiential learning of particular cases in clinical teaching was penalized by the pandemic, hindering the promotion of critical thinking and mobilization of critical reasoning skills. According to the evidence, this difficulty in reasoning seems to be associated with the difficulty in using abstract thinking, especially in the current generation of young people who need other types of stimuli to deepen their reasoning to achieve higher-order thinking skills, since they are more attuned to the immediate (Seibert, 2021). On the other hand, the emotional impact of the pandemic (such as stress, anxiety and fears) and changes in health contexts can also be important obstacles to the development of emotional competence, a key motivator for nursing decision-making and action. A healthy balance between emotions and cognition can aid in decision-making, help manage emotions, enhance relationships and eventually result in more informed decisions.

Thirsk et al. (2022) highlight that some clinical settings—such as community health and mental health—have peculiarities that can only be warranted through in-person clinical learning. In these contexts, good communication skills are a critical component of nurses' core competencies and are essential for nursing practice and patient-centred care. How nurses interact with patients will impact the quality of the care they receive. Although the simulation of communication used in nursing education (e.g., role-playing) provides practice before encountering real patients, some skills can only be effectively developed through immersion in the real context, exercising motivational interviewing, empathic listening, compassionate attitude or caring conversation to identify and address suffering. During in-person interactions, students are also urged to use self-reflection and self-awareness techniques and commit to ensuring that patients get high-quality care. A variety of factors – including the pedagogical atmosphere in the clinical setting, the student–mentor relationship and preparedness for practice based on nursing education – can affect clinical practice competency. In this sense, Thirsk et al. (2022) stress an important issue: the difficulty of evaluating the competencies of nursing students and how the acquisition of competency is not ensured despite hours of training. Actually, there is little consensus

among educators over which validated instruments should be used or which key competencies should be evaluated during nursing education programmes. When evaluating nursing students, there are serious issues with the terminology used to convey competencies. Additionally, little is known regarding the evaluation procedures and techniques utilized for nursing students who participate in both classroom instruction and clinical practice, despite the establishment of several nursing education programmes. The literature highlights that competence-based education needs to be founded on trustworthy and reliable procedures to adequately reflect the multifaceted nature of nursing competencies (Huang et al., 2022). Since the role models of mentorship and clinical supervision are highly recognized and valued by nursing students, clinical instructors must be competent to respect individual differences, and guide and evaluate students based on competency indicators, which should integrate knowledge, professional judgement, skills, values and attitudes.

Another significant tendency that is gaining ground is a severance between time, expressed in credit hours and competence and learning. Study programmes are defined in an academic setting by credit hours, which correspond to the period of time spent in in-person or online classes. However, there is no unequivocal evidence that time spent online or in a classroom is equivalent to acquired learning.

I expect this commentary contributes to a discussion on the role of nursing educators in the development of innovative pedagogies. Competency-based education is essential, as evidenced by improvements in teaching-learning technologies and methodologies, changing student learning preferences and the push for outcome-based education. The shift to competency-based education is being fuelled by a public desire for accountability in the nursing profession. However, there is no standard taxonomy for the several areas of expertise and intervention. Further research, as well as educational projects that evaluate students and prepare them for practice, is required to determine the best ways to assess student competency in nursing education.

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CONFLICT OF INTEREST

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