Guidance for Nursing Students during the COVID-19 Pandemic

With the COVID-19 pandemic spreading in the United States, nursing education has been profoundly affected. Questions about comparability of online clinical courses and meeting requirements for completing the Spring 2020 semester or to graduate on time have affected nursing education programs. Nursing programs across the country are challenged to swiftly translate clinical courses into online environments that can earn state board approval. Not every program has the resources to ensure that nursing students can meet requirements, complete current courses or, if seniors, graduate. In some cases, students have been closed out of clinical experiences needed to complete required clinical hours to progress academically.

The COVID-19 pandemic at the same time has produced an urgent need for registered nurses. This is in addition to the pre-COVID-19 shortage of registered nurses. With the growing demand for healthcare personnel, student nurses are now in high demand in the workforce and are being offered temporary paid positions in healthcare organizations or the possibility to volunteer and perhaps receive academic credit. Students and academic institutions need to fully weigh all options before engaging in these opportunities.

The National Student Nurses’ Association (NSNA), representing 60,000 nursing students nationwide, is eager to assist nursing students in their endeavor to complete their education and enter the workforce without delaying or repeating coursework. However, this unprecedented health crisis requires student nurses to be well informed as they consider hospital employment and volunteer activities.

In response to the COVID-19 pandemic, many colleges and universities have moved coursework online using distance education. Many nursing programs have discontinued in-person clinical experiences and healthcare agencies have barred students during the COVID-19 pandemic for reasons including critical lack of scarce equipment such as Personal Protective Equipment (PPE), lack of supervision ability, and limiting the number of people onsite. At a time when newly licensed nurses are critically needed, academic institutions, healthcare facilities, federal and state governments, and state boards of nursing must consider new approaches to support student nurses in completion of their education and entry into the workforce. Ensuring safe practice and high-quality care in this rapidly advancing pandemic is challenging human and material resources. At this time, the nursing profession’s principles and core values of safe care and caring must guide ethical decision-making even when rapid action is needed.

Recommendations for Personal Protective Equipment (PPE), Health, Safety, and Liability:

- NSNA recommends that students do not care directly for patients diagnosed with or under investigation for COVID-19. Students must be fully informed of the risks
associated with the possible care of COVID-19 patients such as potential exposure, transmission, or illness.

- Students must be instructed in the proper use of Personal Protective Equipment (PPE). Facilities and nursing programs should not make assumptions that students know how to properly use PPE. PPE must be available and provided to all students and used according to evidence-based standards and regulations associated with PPE and patient care.
  - PPE should adhere to National Institute for Occupational Safety and Health (NIOSH) standards; there is no evidence that supply based downgrades, homemade, or makeshift PPE will adequately protect students or other healthcare workers (Emergency Nurses Association, 2020).

- NSNA recommends that students should consider obtaining and carrying their own malpractice/liability insurance while in the clinical setting.

- As some states are waiving requirements for national licensure testing or providing licenses to students before graduation, NSNA recommends that students understand the risks, both to the patient and the nurse, associated with accelerated licensure and caring for patients. NSNA recommends that students who obtain accelerated or immediate licensure progress through a new graduate program and orientation prior to providing care independently.

Recommendations for Expanding Clinical Practice During the COVID-19 Pandemic:

- NSNA recommends that all state boards of nursing with hour or ratio requirements have consistent criteria for clinical and simulation hours. It is recommended that there be a 50/50 requirement for clinical and simulation hours in line with the findings of a study conducted by the National Council of State Boards of Nursing (NCSBN, 2014). This research concluded that there was no statistically significant difference in the clinical competency, comprehensive nursing knowledge assessments, or NCLEX pass rates between study groups with up to 50% of clinical practice hours completed as simulation. Additionally, there was no difference in manager ratings of overall clinical competency or readiness for practice during a 6-month follow-up period of the study groups (NCSBN, 2014). An additional meta-review by Roberts et al. (2019) found that there was no significant difference in learning or student outcomes between simulation and clinical practice, when a percentage of clinical placement hours was replaced with simulation.
  - As an example, this 50/50 standard is especially important in states with higher in-person requirements such as 75% clinical and 25% simulation. Allowing students to utilize simulation would immediately qualify thousands of graduating seniors to take the NCLEX-RN helping to relieve the critical shortage of RNs.

- In this time of crisis, NSNA encourages all nursing licensure regulators to temporarily waive the clinical and simulation hour or ratio requirements for students in their last semester. This would enable students who have met academic and clinical objectives to graduate and be eligible for the NCLEX-RN.
• For state boards of nursing without hour or ratio requirements, the use of simulation for in-person clinical time should be an acceptable supplement during the COVID-19 pandemic.

• NSNA does not recommend students volunteer to assist during the COVID-19 pandemic in exchange for clinical practice hours. Students deserve and should demand proper instruction and rights while obtaining their education. NSNA believes that conducting duties as a volunteer would exempt the student from the protections provided to employees or protections provided to students while practicing in a structured academic clinical setting. Healthcare facilities should not expect nursing students to volunteer in order to receive academic credit. Using students as volunteers has the potential to take advantage of labor without compensation and places the student at unnecessary risk.

Recommendations for Student Nurse Technician (SNT) Practice/Academic Partnerships:

• NSNA encourages nursing programs to adopt the National Council of State Boards of Nursing “Policy Brief: U.S. Nursing Leadership Supports Practice/Academic Partnerships to Assist the Nursing Workforce during the COVID-19 Crisis” as a last resort. This model provides guidance on how academic institutions can partner with practice settings to accept student nurse technician employment for clinical hours.
  o Nursing programs and employers need to fully inform nursing students of the physical and emotional risks and responsibilities associated with the COVID-19 practice environment. Additionally, there must be a thorough understanding by all parties of the SNT role, skillset, and competencies.
  o Employed SNTs must be strategically assigned to work in clinical areas that maximize the student’s practice potential but do not surpass the student’s level of practice experience, training, and education.
  o Clear job descriptions must be provided and adhered to. Placement of students in critical care areas without the necessary and required education, experience, and supervision will jeopardize patient and student safety.
  o If employed, nursing students must be made fully aware of their rights to be protected as employees of the hiring institution, including the right to be protected from infection, as well as their rights as a nursing student enrolled in the nursing program and the limitations of potential academic credit benefits between Practice/Academic partnerships.
  o Students should speak with and obtain written approval for the type and number of academic credits from their academic institutions prior to accepting any employment position for academic credit.

The health and safety of all students in the healthcare industry are paramount. Academic institutions, healthcare facilities, federal and state governments, state boards of nursing, and students must ensure that decisions on the academic progression of nursing students are not made in haste and the welfare of all involved must be taken into account for continued sustainability.
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Read companion document: FAQs for Nursing Students about Practice/Academic Partnerships During the COVID-19 Pandemic

References


The NCSBN National Simulation Study: a longitudinal, randomized, controlled study replacing clinical hours with simulation in prelicensure nursing education. (2014). *Journal of Nursing Regulation, 5*(Suppl. 2), S3–S40. doi: 10.1016/s2155-8256(15)30062-4