An Open Letter to Members of the Nursing Education Community

As we continue in the Year of the Nurse and Midwife, we are challenged by the pandemic of COVID-19 caused by SARS-CoV-2. It’s not surprising that Nightingale’s practices of hygiene and innovation remain as relevant today as they were in the 19th century.

The challenge of our time is to demonstrate flexibility, adaptability, and kindness as we shift the curriculum to virtual environments, defer hands-on clinical training to ensure that front-line staff have the necessary personal protective equipment (PPE), and reinforce principals of social distancing to our families and the general public.

This is a time to practice self-care and generosity, to practice patience and leniency with our students, and to support our colleagues suddenly tossed into the virtual environment. It’s a time to cocreate a new world order within nursing education—one in which we value anew the contributions of our colleagues and reestablish positive working relationships in our classrooms and communities.

As leaders, we serve our students, our institutions, and each other. One of the many hallmarks of leadership is the ability to respond quickly and constructively to a crisis. COVID-19 has presented an unforeseen challenge and is a public health crisis like none other experienced in our lifetime (see Resources in Table 1). The pedagogical chaos created by its emergence has caused all of us to think about new and creative ways of teaching and learning. As faculty, we are entrusted to engage in the teaching-learning process with our students regardless of the instructional method and delivery. When classes were swiftly moved from campus-based to online learning platforms, the faculty, with little regard for having the relevant training to educate in new or different formats, rose to the challenge at hand, realigning thinking to fit with the new realities imposed by COVID-19. Other creative responses included movements from seat time to competency-based education and virtual simulations in instances when students were not allowed in the clinical environment.

Perhaps COVID-19 has proven to be a crucible—that is, the test of leadership that has summoned the best from each of us. It has given us the ability to see the big picture and acclimate to the demands of the situation. Our leadership, real leadership, is best seen when our habits of action arise to meet the challenges before us, making the necessary adjustments to deal with the situation at hand. We applaud you as you continue to provide leadership and direction to students, communicate with them in a timely fashion, manage their expectations, and provide perspective.

The discomfort and uncertainty that has become our new normal is also a time when innovation is made both possible and, in many situations, obligatory. While nursing faculty across the country are working tirelessly and with haste to transform their courses into remotely accessible formats, we are also presented with an opportunity to learn from this natural experiment in which we are all participants. Nursing education programs that have not been traditionally included in nursing education’s embrace of online and remote learning, such as accelerated baccalaureate nursing degree and many types of graduate programs, are now making the transition. Traditional student assessment and evaluation practices will need to be reimagined. Simulation, and especially virtual simulation, will become even more important until students can reenter clinical settings once supplies of PPE have been replenished and clinical site capacity has been restored.

Each of these disruptions to our teaching-learning traditions will generate valuable data from which we all can learn. Nursing faculty and nursing education researchers should work in partnership starting now to ensure that valuable qualitative and quantitative data on the feasibility and effectiveness of various instructional approaches and methods at the individual student, individual course, and program levels produced during this crisis are rigorously and ethically collected and the results from these analyses quickly disseminated. To this end, the Journal of Nursing Education encourages submissions of these works to its Research Briefs, Educational Innovations, Syllabus Selections, and Quality Improvement categories, as appropriate. In addition, the Methodology Corner column in the Journal’s May issue will provide more resources and suggestions to support the continued production of nursing education scholarship during these challenging times.

We look forward to serving the nursing education community by publishing innovations and anecdotes describing your journey through this pandemic.

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TABLE 1
Helpful Resources for Nurse Educators

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<th>Resource</th>
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<tr>
<td>Comprehensive Data Visualizations and Analysis on COVID-19 (Oxford University)</td>
<td><a href="https://ourworldindata.org/coronavirus">https://ourworldindata.org/coronavirus</a></td>
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<tr>
<td>Coronavirus Resources for Nurse Educators from the American Association of Colleges of Nursing</td>
<td><a href="https://www.aacnnursing.org/News-Information/COVID-19">https://www.aacnnursing.org/News-Information/COVID-19</a></td>
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