

## Nursing 2020: Nursing Education: Is there a need to learn transformatively in the age of Covid-19? - Saskia Eschenbacher, Akkon University

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Transformative learning hypothesis (TL) clarifies how we cause significance, to decipher encounters and during the time spent learning change underestimated edges of reference. TL hypothesis looks to advance procedures of transformative discovering that empower us widen current points of view and to live with vulnerability and uncertainty. Encountering the difficulties of social solidarity and physical detachment may give disruptions of one's life that TL hypothesis characterizes as a confusing problem.

Bleeding edge laborers, similar to medical caretakers, worry about an overwhelming concern for the benefit of all. Notwithstanding the difficulties that social solidarity and physical separation that we as a whole face, human services laborers face extra predicaments: Their own needs are in struggle with the necessities of those in their consideration. So as to ensure their patients and families/companions they have to self-disconnect. Simultaneously, a considerable lot of their (standard thing) chances to deal with themselves are incredibly restricted because of self-seclusion, cut off from their wellsprings of help. Medical caretakers and medicinal services laborers additionally face the earnestness of their work while they probably won't be ensured to the degree that is essential because of an absence of defensive apparel or sensible working hours. In what manner would health be able to mind laborers be bolstered confronting these perplexing problems? In what capacity would educators be able to help care laborers adapting to these difficulties? This learning is earnest and this carries an extra measurement to their adapting needs.

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Models of undergraduate student nursing are often predicated on serial delivery of theory and clinical practice blocks. However, embracing e-learning and freeing students from the geographical and time constraints of traditional face to face teaching could instead facilitate parallel delivery of theory and practice (something which already happens in many Australian nursing schools, due to the availability [or otherwise] of suitable clinical placements). Such parallel delivery could (and can) proffer several advantages by countering concerns of prolonged student isolation from social distancing; facilitating synchronous application of taught e-clinical skills within the practice learning environment; and increasing timetabling flexibility. This is particularly the case if the alternative is for classes to be taught several times over, in any one semester or year.

Concomitant to change in pedagogy and modes of educational delivery, COVID-19 will indelibly transform the content of curriculums. Both students and educators are cognisant of pressing need to understand evolving knowledge of SARS-COV-2, COVID-19 and the nursing care of patients and their families. It is far from unimaginable, that another such virus or other health emergency will not emerge at some time in the future. The content of curriculums must assimilate new knowledge (or perhaps revisit that which has now been expunged) in epidemiology, public health and health promotion (including hygiene imperatives such as hand washing, and principles of infection control). There may also be a need for more advanced understandings of intensive care nursing and supportive care for patients who experience abrupt transitions to end of life care, and a greater appreciation of ethical complexities posed by events such as the COVID-19 pandemic; amongst nurses generally and in pre-registration curriculum. In tandem, educators must work ever-harder to embed strategies which support student well-being and foster emotional resilience, into their curriculums.

Practice learning has already swiftly adapted to COVID-19. Taken for granted practices such as the habits of wearing uniform to a shift, workings, then going home again in that uniform, have been correctly identified as an infection control risk. However, this is exacerbated by the lack of hospital laundry services, staff and students providing their own uniforms and a lack of staff changing room facilities. This surely must be attended to by service providers. Conversely, negotiating interpersonal communication and establishing

therapeutic relationships with frightened patients through layers of PPE together with breaking bad news via telephone to families remote from their loved ones present hitherto unknown challenges for even the most experienced practitioners.

Supporting students who are working in practice, to cope with these evolving practices signals the need for regular clinical supervision and pastoral support from academic staff.