Received: 30 December 2020 | Revised: 26 April 2021 | Accepted: 28 April 2021

DOI: 10.1111/phn.12928

PHN PUBLIC HEALTH NURSING WILEY

EDITORIAL

The other "front line": Public health nursing clinical instruction during COVID-19

During times of crisis, nurses are dynamic, innovative, and crucial forces for health equity. The COVID-19 pandemic is no exception. Although the media spotlight focused on nurses in acute care settings, public health nurses across the country demonstrated that the "frontline" of nursing practice extends well beyond the bedside (Gold, 2020). As the COVID-19 pandemic stretched existing resources thin and illuminated gaps in public health resources, public health clinical nursing educators used the pandemic-induced limitations to engage and prepare students for public health nursing practice. Here, we detail how clinical faculty at our School of Nursing collaborated with community partners and students to adapt instruction in response to the pandemic, what they learned, and the implications of this experience for future public health clinical instruction.

When the pandemic began, the spread of COVID-19 forced many community-based organizations, with whom our School of Nursing's public health clinical groups typically partner, to limit or entirely restrict physical access to clients, staff, and students. The need for services remained, if not intensified, and faculty needed to continue providing learning opportunities. In response, public health nursing clinical faculty adapted existing partnerships, created new ones, and re-aligned the use of simulation time in response to the extraordinary circumstances.

Before the pandemic, public health nursing faculty had long-standing relationships with public schools and social service agencies. After a rapid assessment of COVID-related demands and limitations, we adjusted. For example, nursing students had provided in-person support in public school-based health clinics, with a focus on primary care and routine health screenings. During the pandemic, students collaborated with staff beyond the health suite to assist neighborhood families in accessing technology for virtual learning and to support teachers in facilitating online education. This experience made inequities in education related to poverty concrete for nursing students, broadening their understanding of social determinants of health. At the same time, their shift in clinical activities met the urgent unmet needs of our community partners. We also adapted our work in a resource center for persons experiencing homelessness, shifting our health screenings and education outdoors. This change increased students' awareness of the environmental challenges clients regularly encounter, including limited access to transportation and the impact of weather on clients' access to care.

In addition to adapting existing partnerships, the pandemic created opportunities for new ones. To mitigate social isolation due to stay-at-home orders, a coalition of community members launched a volunteer-based effort to provide phone-based social support and resource navigation for older adults. When we learned about this group's urgent need to increase their capacity, we developed a partnership to include the organization as a new public health clinical site. Hundreds of students supported the effort by making outreach phone calls similar to what Gresh et al., (2020) reported, and a smaller clinical group supported the coalition with detailed program evaluation and outreach projects. This collaboration gave our students first-hand experience engaging with a community-driven disaster relief effort.

During the pandemic, we re-aligned our use of simulation to meet the moment's needs. What had been a simulated mass influenza flu clinic became actual participation in a mass COVID vaccine effort. This concrete contribution to a national effort ignited students' interest in public health interventions and the roles nurses play in them (Shaffer & Strohschein, 2019). At the same time, other activities had to be shifted from the field to a simulation environment (Lavoie & Clark, 2017). This had the potential to be disruptive. However, our faculty, students, and community-based partners recognized its potential to expand the range of available educational opportunities and build public health nursing competencies (Carolan, Davies, Crookes, McGhee & Roxburgh, 2020). For example, we adapted online breakout rooms to serve as our "lab" for home visit simulation. This permitted students to build home visit skills and gain experience in televisits, a crucial service used to continue care during the pandemic.

In place of a lab-based disaster response simulation, students practiced disaster management skills using a prototype of a disaster decision-making application. The application took students through a priority-setting exercise following an explosion near a country health department building and led to a discussion focused on policy, ethics, and emergency management. This experience was a valuable addition to the emphasis on trauma-informed care that often followed our in-person disaster simulation. The online simulation experiences encouraged students to develop skills essential to public health nursing, including communication, teamwork, decision making, and leadership (Peddle et al., 2016).

These examples demonstrate the urgent and nonnegotiable need for public health nursing educators and students to respond to community-identified priorities. Students engaged in community-driven projects such as joining a volunteer drive to put together bags of school supplies for low-income students and presenting a weekly public health tip to local community members that included

where to get free COVID testing, flu shots, and even voting information. This provided them an opportunity to learn what is required to protect and promote the health and wellbeing of a community during an emergency (National Council of the State Boards of Nursing, 2020).

Whether in the community, conducting research, influencing policy, or educating the next generation of nurses, public health nurses were made for this moment. Their dual expertise of clinical and public health knowledge makes them the natural profession to lead innovations spanning across public and clinical health systems at multiple levels to improve population health (Association of Public Health Nurses, 2016). Through adaptations in clinical instruction, public health clinical nurse educators provided impactful learning experiences. These efforts will help us capitalize on the country's renewed focus on public health and a recognition of the impact of public health nursing. While we are all hopeful 2021 will bring an end to this painful period, we can use the lessons learned during this time to prepare a pipeline of skilled nurses ready to respond to the next crisis. In the meantime, we commend the creativity and dedication of our academic colleagues and community partners, in Baltimore and around the world, for breaking through pandemic-induced limitations to educate students and promote the health of the communities they serve.

DATA AVAILABILITY STATEMENT

Data sharing is not applicable to this article as no new data were created or analyzed in this study.

Lyndsay G. DeGroot BSN, RN
Jessica L. Zemlak MSN, RN
Sarah E. LaFave MPH, RN
Lea Marineau MSN, CRNP
Deborah Wilson MPH, MSN, RN
Nicole Warren PhD, MPH, CNM

Johns Hopkins University School of Nursing, Baltimore, MD, USA

Correspondence
Lyndsay DeGroot, Johns Hopkins University School of Nursing, 525 N. Wolfe Street Baltimore, MD 21205, USA.
Email: Ldegroo2@jhmi.edu

ORCID

Lyndsay G. DeGroot https://orcid.org/0000-0001-9683-324X
Jessica L. Zemlak https://orcid.org/0000-0002-4770-5070
Sarah E. LaFave https://orcid.org/0000-0002-0525-4259
Lea Marineau https://orcid.org/0000-0003-2494-472X
Deborah Wilson https://orcid.org/0000-0003-3078-1330

REFERENCES

Association of Public Health Nurses (2016). *An APHN position paper*. Retrieved from https://www.cphno.org/wp-content/uploads/2020/08/APHN-PHN-Value-Position-P_APPROVED-5.30.2016-1.pdf

Carolan, C., Davies, C. L., Crookes, P., McGhee, S., & Roxburgh, M. (2020). COVID 19: Disruptive impacts and transformative opportunities in undergraduate nurse education. *Nurse Education in Practice*, *46*, 102807.

Gold, J. (2020). *"Really, really intense": Public health nurses lead the way during COVID-19 days*. Retrieved from. https://campaignforaction.org/really-really-intense-public-health-nurses-lead-the-way-during-covid-19/

Gresh, A., LaFave, S., Thamilselvan, V., Batchelder, A., Mermer, J., Jacques, K., & Warren, N. (2020). Service learning in public health nursing education: How COVID-10 accelerated community-academic partnership. *Public Health Nursing*, *38*(2):248-257.

Lavoie, P., & Clarke, S. P. (2017). Simulation in nursing education. *Nursing*, *47*(7), 18–20.

National Council of the State Boards of Nursing (2020). U.S. nursing leadership supports practice/academic partnerships during the COVID-19 Crisis. Retrieved from https://www.ncsbn.org/14564.htm

National Council of the State Boards of Nursing (2020). Changes in education requirements for nursing programs during COVID-19. Retrieved from https://www.ncsbn.org/Education-Requirement-Changes_COVID-19.pdf

Peddle, M., Bearman, M., & Nestel, D. (2016). Virtual patients and non-technical skills in undergraduate health professional education: An integrative review. *Clinical Simulation in Nursing*, *12*(9), 400–410. https://doi.org/10.1016/j.ecns.2016.04.004

Shaffer, M., & Strohschein, S. (2019). *Public health interventions applications for public health nursing practice. Minnesota department of health*, 2nd ed. Retrieved from www.health.state.mn.us