

Guest Editorial

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Trends in the Art and Science of Nursing Education: Responding to the Life-Changing Events of 2020



The foci of manuscript submissions to the *Nursing Education Perspectives (NEP)* Innovation Center is on innovative program developments and teaching/learning strategies. Authors share innovative strategies and identify how the strategy represents innovation, but what exactly do we mean by *innovation*? Dr. Linda Caputi, who edited the Innovation Center before I assumed the role, addressed the definition in a guest editorial in 2017 (Caputi, 2017). There have been no changes since, but I would be remiss to not mention that innovation should not be confused with invention.

Innovation refers to changes made to existing products, ideas, or processes. The local media recently reported that the Michigan Department of Motor Vehicles is considering allowing Michiganders to upload a selfie smartphone picture for driver's licenses to improve customer wait times. Now, that is innovation! It is a change to an existing process that may improve upon that process with the goal of increasing customer satisfaction.

Questions I consider during the review of an Innovation Center submission are as follows: *Does the innovation described enhance an existing process/strategy? Does it replace an existing process/strategy? Are the outcomes improved as a result of the innovation? Is the innovation sustainable? Is the innovation grounded in theory?*

Innovators in nursing education typically respond to a problem, such as poor retention rates or changes in health care, for example, the need to address social determinants of health. Two life-changing events of 2020 affecting nursing practice in 2020 have led to calls for innovation. The first, the COVID-19 health care crisis, continues to offer great opportunities for innovation. The national lockdown to stop the spread of the virus required an immediate shift from face-to-face interactions to remote solutions for many sectors of the economy, including education and health care. Hospitals put a pause on clinical learning experiences for nursing programs, and telehealth services grew exponentially as a result of the CARES Act and changes to reimbursement (Byrne, 2021). Never has there been a better time to heed the 2015 National League for Nursing (NLN) vision statement that calls on faculty to integrate digital health care experiences into the curriculum (NLN Board of Governors, 2015). Face-to-face classroom, skills laboratory, and clinical learning experiences all rapidly shifted to distance learning, creating a unique opportunity for cutting-edge ideas and novel changes to existing processes — and leading to a large number of submissions related to virtual simulation and strategies for clinical learning at a distance. Curricular innovations are needed now to prepare students for excellence in nursing practice in a post-COVID-19 world.

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The second life-changing event of 2020 was the public murder of George Floyd, which prompted social unrest and an antiracism movement not seen since the civil rights era. Many institutions have publicly issued antiracist position statements, and Coleman (2020) recommends that nursing programs review their diversity statements and commit to implementing antiracist work. But how do nursing programs “live out” their diversity position statements? What changes are needed in nursing curricula that address racism?

Some starting points can include faculty training on racism, adding a course on power and privilege in the curriculum, implementing intersectionality as a core competency, fostering community-academic partnerships, and utilizing transdisciplinary resources (Coleman, 2020). With the dearth of innovation in nursing education related to antiracism work, this is an area ripe for innovative curricular changes to not only address racism but also to increase student and faculty diversity as recommended in another NLN vision statement (NLN Board of Governors, 2016).

Much like an artist painting on a canvas, innovators express their imaginations and creative skills when designing a new idea. The artist needs the canvas as the foundation for the new creation, much like the nurse educator innovator uses existing research to support a new idea. The very nature of innovation is to improve an outcome or provide value. Therefore, it is imperative that the innovator measure the value of the idea by engaging in research. Similar to a scientist studying the effects of a medication on a disease, the nurse educator studies the effect of the innovation on the intended student learning outcomes.

I challenge all innovators in nursing education to move beyond the pages of the Innovation Center. Study the effects of your “artwork” by completing a pilot study and disseminate your findings through a manuscript submission to the *NEP* Research Briefs. The next step of your “craft” would be to complete a large-scale multisite study for generalizability of the innovation, with dissemination of those findings as a scholarly article in *NEP*. It is through dissemination of methodological studies on the effects of innovations that are grounded in theories or frameworks that we advance the science of nursing education. This is the art and science of nursing education.

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