

Note

## Approach and Issues of Basic Nursing Practice II during the COVID-19 outbreak

Hiroko JOBOSHI<sup>1)</sup>, Megumi NAGAMINE<sup>2)</sup>

### Abstract

On-site practical training is a crucial learning opportunity for students to acquire nursing practice skills. However, in 2020, due to the global outbreak of COVID-19, nursing training institutions across the country have suspended the practical training at some facilities and shortened the practice hours. This paper reports on an analysis of outcomes and achievement in the training objectives in the students who had to switch to on-campus training due to the suspended on-site training.

One of the reasons why it did not cause a great difference in the student self-evaluation, was that they had an opportunity to see the actual patients on site even only for one week. The students gathered information from the actual patients, observed them, and then planned and delivered the nursing assistance suitable to their conditions, which unlike on-campus exercise using SPs and case studies, was thought to lead to the achievement in the training objectives and the better learning outcomes.

**Key words:** COVID-19, basic nursing practice, approach, issue

### I. Introduction

On-site practical training is a crucial learning opportunity for students to acquire nursing practice skills. Basic Nursing Practice II offers an opportunity for students to have a direct patient care for the first time and to put the integration of classroom knowledge and skills into practice. It is said that the experiences of this practical training give students a great influence over their future desire of learning and the formation of view of nursing and career<sup>1)</sup>, hence the experiences in basic nursing practical training give students a great impact to grow motivation and interest in the process of learning of nursing<sup>2)</sup>.

However, in 2020, due to the global outbreak of COVID-19, nursing training institutions across the country have suspended the practical training at some

facilities and shortened the practice hours. This was also the case at our university, and we had to change the duration and content of the practical training program at each facility. In June, the Medical Education Division of the Higher Education Bureau of the Ministry of Education, Culture, Sports, Science and Technology (MEXT) announced that on-campus practical training are approved for credits<sup>3)</sup>.

Although the practical training was scheduled in four facilities in our Basic Nursing Practice II, upon the announcement of cancellation in two facilities due to the spread of infection, we were forced to switch to on-campus training. However, the changes varied depending on each facility, and since this was the first attempt for the faculties to conduct on-campus practical training, it might have caused an issue with students' level of achievement in the training objectives.

1) Gunma University, Graduate School of Health Sciences

2) Gunma Paz University Department of Nursing Faculty of Nursing

Therefore, this paper reports on an analysis of outcomes and achievement in the training objectives in the students who had to switch to on-campus training due to the suspended on-site training.

## II. Aims

To clarify the level of achievement in the training objectives for the students who had alternative trainings on campus.

## III. Methods

### 1. Subject of research

The practical training evaluation sheet for the students in 2020, who took on-campus practice replaced by the suspended two-week on-site practical training, and the one for the students in 2019

### 2. Methods of research

The score in the self-evaluation on the practical training evaluation sheet were compared with that of the students who had practiced in 2019 at the hospital, where the practical training was cancelled in 2020. The evaluation items on the practical training evaluation sheet consisted of the following four items; (1) be able to perform the nursing process, (2) be able to provide evidence-based basic nursing assistance in a safe and comfortable manner, (3) be able to consult, report, and record nursing care, and (4) be able to understand the basic attitude as a member of healthcare team and provide nursing care. Each of these items has specific subordinate items, totaling 20 items with a score of 100 points.

### 3. Methods of analysis

Regarding the level of achievement for the students who switched to on-campus practical training, the score in self-evaluation were compared between 2019 and 2020. The self-evaluation items are quantitative data with a score distributed by item, and the overall evaluation of the practical training is the sum of the score for each item. In the analysis of each item, Mann-Whitney's U test was used because the range of score in

each item was so small that normality was not met. Since normality and homogeneity of variance were met for the total score, the mean value was indicated. The analysis was conducted using Microsoft Excel 2019 and was tested with the significance level at 0.05.

### 4. Ethical considerations

The research was conducted on the students' practical training evaluation sheets that had already been graded and were not subject to ethics review. The evaluation sheets were submitted by the students at the end of the training, and were kept by the teachers after the grades were certified. The use of the practical training evaluation sheet in the research was announced both on the student bulletin board and on "Active Academy (educational app)," and the students were given the opportunity to opt out. No students who had practical training in 2019 and 2020 refused.

## IV. Outline of Basic Nursing Practice II

### 1. Positioning of Basic Nursing Practice II in our University

Basic nursing is positioned as one of the fields of "specialized subject group". Basic Nursing Practice II (2 credits) at our university is conducted in the first semester of second year, and in two-week on-site training, students are assigned to a subject, perform nursing process, and provide direct nursing assistance under the supervisor's guidance while applying what they have studied. This practical training aims to acquire basic skills to recognize the needs of subjects with health problems and to perform the nursing care focused on assisting with daily life.

### 2. Aim and objectives of practical training

(Table 1)

#### 1) Aim of practical training

This practical training aims to develop the ability to perform the nursing process to provide assistance to a subject, and to pursue personal view of nursing.

#### 2) Objectives of practical training

The five objectives were set for the practical training. In addition, each objective had lower level goals, which

Table 1 Aim and objectives of the practical training

Aim	To develop the nursing process to implement the nursing care to a subject, and to pursue one's own view of nursing	
Objectives	1 .	To develop the nursing process
	1-1	To collect information about the patient's health problems according to Gordon's assessment sheet
	1-2	To make an assessment by relating the collected information to the characteristics and the phase of health problems of the subject
	1-3	To clarify the nursing problems based on evidence and present the nursing problems using the association chart
	1-4	To prioritize the nursing problems and set the measurable patient goals (expected outcomes)
	1-5	To formulate the nursing care plan that is specific and individualized to achieve expected outcomes
	1-6	To evaluate the nursing assistance provided against the expected outcomes
	2 .	To provide evidence-based basic nursing assistance safely and comfortably
	2-1	To explain the purpose and the key points of nursing assistance to be provided based on evidence
	2-2	To provide nursing assistance at an appropriate time depending on the patient's condition and situation
	2-3	To provide nursing assistance with consideration for safety and comfort
	2-4	To provide nursing assistance based on the nursing care plan while monitoring the patient's responses
	3 .	To consult, report, and document the nursing care
	3-1	To consult timely as needed and report the facts accurately
	3-2	To describe concisely, clearly, and accurately, using technical terms
	3-3	To protect patient privacy, understand and record the protection and disclosure of personal information
	4 .	To understand the basic attitude as a member of healthcare team in providing nursing care
	4-1	To act as a member of healthcare team
	4-2	To treat patients, families, and healthcare professionals with respect
	4-3	To actively engage in practical training, exchange opinions, and build cooperative relationships with others
	4-4	To explain the role of a nurse who supports patients and families
	4-5	To objectively reflect on one's actions and clarify one's own challenges and learning outcomes

are eighteen in total.

Objective 1: To perform the nursing process

Objective 2: To provide evidence-based basic nursing assistance safely and comfortably

Objective 3: To consult, report, and document the nursing care

Objective 4: To understand the basic attitude as a member of healthcare team in providing nursing care.

### 3. Training site

Fourteen wards in four hospitals in Gunma Prefecture were used for the practical training. Each of the four hospitals is a designated regional core hospital for disaster management and cancer treatment, and is responsible for community healthcare.

### 4. Schedule of practical training (Table 2)

On the first day of practical training, an orientation was conducted in each ward, where the students were assigned to a patient and conducted self-study on the medical condition of the assigned patient.

Based on the objective of first week of practical training:

“To clarify the whole picture of a subject and set the expected outcome (patient goals),” from the second day of practical training, the students collected information through communications with the patient and the electronic medical records at each hospital, and grasped the whole picture of their assigned patients and proceeded with practical training for performing the nursing care. In the afternoon of Day 4, the students returned to the university to organize their records to develop a nursing care plan.

During the second week of practical training (Day 6 to 9), the students revised and evaluated their nursing plan they had developed after performing the nursing care to their patients, according to the training objective to be achieved: “Develop, implement and evaluate the specific nursing plan.” On the tenth day (the last day) of practical training, the students reflected on the practical training through interview with the faculty in charge.

During the practical training, a brief conference was held every day on the theme set according to the objectives of the training. The theme was set by the students. On the last day of hospital training, a final con-

Table 2 Schedule of practical training (in normal times)

		Day 1	Day 2	Day 3	Day 4	Day 5
Week 1	AM	Orientation at each hospital Introducing an assigned patient • Dress code • Check prior study • Self-study about the condition of the assigned patient	Orientation in ward Introducing the assigned patient Collecting information Nursing assistance	Nursing assistance Collecting information Assessment	Nursing assistance Extracting problems Setting priorities Setting expected outcomes (patient goals)	Nursing assistance Planning nursing care
	PM		↓ ↓ Brief conference	↓ ↓ Brief conference	Back to university Organizing records to plan nursing care	↓ ↓ Brief conference
	To hand in	Health management sheet Skill practice chart prior to Basic Nursing Practice II Nursing assistance implementation plan	Health management sheet Training action plan	Health management sheet Training action plan Face sheet Medical condition, treatment, nursing care Nursing documentation	Health management sheet Training action plan Assessment sheet Nursing documentation	Health management sheet Training action plan Association chart List of problems Nursing documentation
		Day 6	Day 7	Day 8	Day 9	Day 10
Week 2	AM	Implementation and revision of nursing care plan	Implementation and revision of nursing care plan	Implementation and revision of nursing care plan	Implementation and revision of nursing care plan	Interview with teacher in charge
	PM	Implementation and revision of nursing care plan Brief conference	Implementation and revision of nursing care plan Brief conference	Implementation and revision of nursing care plan Brief conference	Implementation and revision of nursing care plan Final conference	Reflection session
	To hand in	Health management sheet Training action plan Care plan Nursing documentation	Health management sheet Training action plan Nursing documentation	Health management sheet Training action plan Nursing documentation	Health management sheet Training action plan Nursing documentation	Health management sheet Evaluation sheet for Basic Nursing Practice II Skill achievement chart

ference was held to share the achievement in training objectives, learning outcomes, and personal challenges throughout the training. We requested a ward supervisor to attend the conference to provide guidance and advice to students for further understanding of clinical practice.

## V. The Actuals of Practical Training in Basic Nursing Practice II in 2020

Of the four hospitals where the practical training was conducted, two hospitals (A and B) were unable to offer two-week on-site training. Placement of students, development of nursing process, and observation and implementation of nursing assistance skills at the other two hospitals are described below. The schedule of practical training at each hospital is shown in Table 3, and the status of observation and implementation of nursing assistance skills is shown in Table 4.

### 1. Development of practical training at Hospital A (August 17-28)

From Day 1 to 5 of the practical training, the students were able to practice on site, taking care of a patient at a time, communicating with a patient, and checking vi-

tals. On the morning of Day 6, the training was abruptly cancelled and the students returned to the university.

#### 1) Student placement

Six groups were formed with five to six students each, and the practical training was conducted at the six wards of neurosurgery, cardiology and cardiac surgery, internal medicine, orthopedics, urology, gastroenterology, and gastroenterological surgery and breast thyroid surgery.

#### 2) Development of nursing process

In the development of nursing process, the students were only able to collect information about the assigned patient, conduct an assessment, and formulate a nursing diagnosis as of Day 6. Some of the students were able to perform the vital sign measurement and daily life support skills to their patients on-site, while others were only able to observe.

During the on-campus training, the students determined the priority in nursing diagnosis based on the information collected from an actual patient and developed a nursing care plan. The faculty members acted as simulated patients (SPs) when the students carried out the nursing care plan. The students also revised and evaluated the nursing care plan according to the response of SPs.

Table 3 Schedule of practical training in 2020

		Hospital A	Hospital B
Day 1		Orientation at each hospital	Orientation at each hospital
Day 2		On-site training	On-site training
Day 3		On-site training	On-site training
Day 4	AM	On-site training	On-site training
	PM	Return to university Organize records to formulate nursing care plan	Return to university Organize records to formulate nursing care plan
Day 5		On-site training	On-site training
Day 6	AM	On-site training	On-site training
	PM	Return to Univ>On-campus training	
Day 7	AM	On-campus training	On-campus training
	PM	On-campus training	On-campus training
Day 8	AM	On-campus training	On-campus training
	PM	On-campus training	On-campus training
Day 9	AM	On-campus training	On-campus training
	PM	On-campus training	On-campus training
Day 10		Interview with teacher in charge Reflection session	Interview with teacher in charge Reflection session

Table 4 The status of implementation of nursing assistance by ward

Hospital	Ward	The status of observation and implementation of nursing assistance skills	Number of students
A	Neurosurgery	<b>To implement:</b> vital sign measurement, monitoring the level of consciousness, physical assessment (check light reflex, MT, Barre's sign, auscultation of heartbeat, breath sounds and intestinal peristalsis) <b>To observe:</b> Assistance in hygiene (shower, bed bath) and elimination	5
	Cardiology, Cardiac surgery	<b>To implement:</b> vital signs measurement, environmental control of patient room, partial bed bath, perineal care, hair wash	6
	Internal medicine	<b>To implement:</b> vital signs measurement, environmental control of patient room, partial bed bath, hair wash, foot bath	5
	Orthopedic, Urology	<b>To implement:</b> vital signs measurement, environmental control of patient room, bed sheet exchange <b>To observe:</b> shower, foot bath, dressing	5
	Gastroenterological surgery, Breast and thyroid surgery	<b>To implement:</b> vital signs measurement, environmental control of patient room, setting meals, bed sheet exchange, complete bed bath, dressing	5
	Gastroenterology	<b>To implement:</b> vital signs measurement, environmental control of patient room, bed sheet exchange, complete bed bath, perineal care	6
B	Urology, Orthopedic	<b>To implement:</b> environmental control of patient room, bed sheet exchange <b>To observe:</b> vital signs measurement, diaper change, perineal care, complete bed bath, oral care, meal assistance, wheelchair transfer	5
	Gastroenterological surgery, Cardiology, Cardiac surgery, Ophthalmology	<b>To implement:</b> environmental control of patient room, bed sheet exchange <b>To observe:</b> vital signs measurement, complete bed bath, partial bed bath, dressing, hair wash, oral care, meal assistance	3
	Diabetes internal medicine, Respiratory medicine, Nephrology/Kidney surgery, Neurosurgery	<b>To implement:</b> environmental control of patient room, bed sheet exchange <b>To observe:</b> vital signs measurement, perineal care, diaper change, complete bed bath, oral care, meal assistance, dressing, wheelchair transfer	4

## 2. Development of practical training at Hospital B (August 31-September 10)

Each student was assigned to a patient but the direct communication and nursing assistance with the patient were prohibited. In order to obtain information from the patient, the students told the supervisor what information they needed and indirectly heard the patient's words via the supervisor. The students also saw the ward nurses providing nursing assistance to the patients.

From Day 7, on-site training was switched to on-campus training. Since the students were not allowed a direct contact with patients at Hospital B, they made environmental control in the patient rooms and change the bed sheets while the patients were away for rehabilitation, etc.

### 1) Student placement

Three groups were formed with three to five students

each, and the practical training was conducted in the following three wards: urology and orthopedic ward, mixed ward including gastroenterological surgery and cardiac surgery, and mixed ward including diabetes internal medicine and nephrology.

### 2) Development of nursing process

Patient information was collected via electronic medical record and observation of communication between supervisors, ward nurses, and patients. On Day 6, a conference was held to confirm with the supervisor whether the nursing care plan that the students had formulated was appropriate for the patient's condition. In the wards, the students learned the course of practice from collecting information to formulating nursing care plan. From Day 7 of on-campus training, the faculties acted as SPs, the students provided nursing assistance to the SPs, and revised and evaluated their plan.

Table 5 Case studies of on-campus training using SP

Case 1	Patient condition	A female in 80's, who was hospitalized for lumbar (L1) compression fractures, had Incontinence with diaper and required full assistance with ADL. She had redness in genital and complained for soreness. She had progressive dementia and was unable to communicate.
	Formulated nursing diagnosis	Impaired skin integrity
	Implementation of nursing assistance	Perineal care and diaper change were implemented to maintain genital hygiene, which prevent redness from worsening and decrease complaint for soreness caused by redness.
Case 2	Patient condition	A female in 50's with type 1 diabetes was hospitalized for blood glucose control before surgery and education of diabetes. Blood glucose had been managed with fixed dose insulin therapy (three times), oral medication (administered before meals) and diabetic diet (1,600kcal). Medical history: Hypertension.
	Formulated of nursing diagnosis	Ineffective self-health management
	Implementation of nursing assistance	Guidance was provided in line with the pamphlet on the followings: 1. necessity of blood glucose control, 2. coping with hypoglycemia, 3. adequate diet

### 3. On-campus training

#### 1) Development of on-campus training

The students who could not practice nursing assistance to their patients during on-site training performed the nursing assistance they planned to SPs in a training room at campus. We asked for cooperation the faculties who were not in charge of a group supervisor to serve as a SP. The faculties as SPs were provided with information of a patient assigned to each student, and the setting was as similar as possible in terms of the patient's level of understanding and ADL. The students focused on one diagnosis out of the multiple nursing plans they had developed and conducted a nursing assistance. The students delivered the guidance to a patient in need, such as swallowing exercises, dietary guidance for diabetes, or foot baths for impaired skin integrity (Table 5).

The faculty in charge of a ward monitored students for implementation of nursing assistance and provided them with feedback afterward. We also asked the faculties who served as SPs to give feedback to the students from the standpoint of a patient. The nursing assistance to SPs was carried out for two days. On the first day the students amended a part of the plan that was pointed out, and carried out the revised nursing assistance plan on the second day. They evaluated the plan after looking at the response of SPs on the second day.

## VI. Results

### 1. Self-evaluation on the level of achievement in the training objectives

#### 1) Differences in achievement of training objectives between in 2019 and in 2020

The overall mean self-evaluation score in 2020 was  $77.47 \pm 8.36$  (mean  $\pm$  SD), whereas the mean self-evaluation scores for Hospital A and B were  $78.75 \pm 6.01$  (mean  $\pm$  SD) and  $82.25 \pm 7.45$  (mean  $\pm$  SD) respectively, both higher than the overall mean score (Table 6). The results of the analysis on each item in Hospital A and B are shown in Table 7.

Table 6 Mean score in self-evaluation by hospital

		All	Hospital A	Hospital B	Hospital C	Hospital D
2020	Mean score	77.47	78.75	82.25	78.56	70.50
	Standard deviation	8.36	6.01	7.45	9.24	8.21
2019	Mean score	77.74	77.94	77.78	79.80	78.50
	Standard deviation	7.67	9.83	4.61	4.90	7.02

#### (1) To develop the nursing process

The results showed that in Hospital B, where no communication with patients or visits were allowed, there was a significant increase in the following four out of eight items compared to 2019; "be able to gather necessary information," "be able to list nursing problems using an association chart," "be able to prioritize nursing problems," and "be able to develop a nursing plan to achieve expected outcomes." On the other hand, in Hospital A, a significant decrease was found only in one



Table 7 Aggregation results by evaluation item at A and B hospitals

	Evaluation item	A Hospital						B Hospital						p		
		2020 <sup>1)</sup>			2019 <sup>2)</sup>			2020 <sup>3)</sup>			2019 <sup>4)</sup>					
		Mean value			Median			Mean value			Median					
		Range			Range			Range			Range					
To develop the nursing process																
1	1)	To collect information about the patient's health problems	4.06	3.89	4	3-5	4	2-5	0.33	4.58	3.67	5	4-5	4	2-5	0.00 *
	2)	To make an assessment and organize information	3.75	3.46	4	3-5	4	2-4	0.13	3.83	3.56	4	3-5	3	3-4	0.06
	3)	To present the nursing problems using the association chart	3.94	3.54	4	3-5	4	2-5	0.08	3.92	3.44	4	3-5	3	2-4	0.01 *
	4)	To prioritize the nursing problems	4.25	4.17	4	3-5	4	2-5	0.81	4.67	4.22	5	4-5	4	3-5	0.03 *
	5)	To formulate the nursing care plan that is specific and individualized to achieve expected outcomes	3.56	3.51	4	2-5	4	2-5	0.84	4.17	3.67	4	3-5	4	3-5	0.04 *
	6)	To evaluate the nursing assistance provided against the expected outcomes	3.72	3.34	4	3-5	3	2-5	0.06	3.42	3.44	3.5	2-4	3	3-4	0.82
	7)	To describe the nursing assistance provided against the expected outcomes	3.78	3.74	4	2-5	4	2-5	0.79	4.08	4.00	4	3-5	4	3-5	0.25
	8)	To evaluate the nursing care plan	3.38	3.89	3	2-5	4	2-5	0.01 *	3.83	3.78	4	2-5	4	3-5	0.43
To provide evidence-based basic nursing assistance safely and comfortably																
2	1)	To explain the purpose and the key points of nursing assistance to be provided based on evidence	3.88	3.76	4	2-5	4	2-5	0.54	3.92	3.44	4	3-5	4	3-4	0.14
	2)	To provide nursing assistance at an appropriate time depending on the patient's condition and situation	4.06	3.94	4	3-5	4	2-5	0.55	4.33	4.00	4	3-5	4	3-5	0.26
	3)	To provide nursing assistance with consideration for safety and comfort	4.03	4.11	4	3-5	4	3-5	0.59	4.17	4.44	4	3-5	4	3-5	0.72
	4)	To provide nursing assistance based on the nursing care plan while monitoring the patient's responses	4.06	4.20	4	3-5	4	3-5	0.46	4.33	4.44	4.5	3-5	4	4-5	0.81
To consult, report, and document the nursing care																
3	1)	To consult timely as needed and report the facts accurately	3.78	4.03	4	3-5	4	3-5	0.18	3.58	3.89	3.5	3-5	4	3-5	0.17
	2)	To describe concisely, clearly, and accurately, using technical terms	3.63	3.43	4	3-5	3	2-5	0.22	3.67	3.33	4	2-5	3	2-4	0.11
	3)	To protect patient privacy, understand and record the protection and disclosure of personal information	4.44	4.69	5	3-5	5	3-5	0.08	4.58	4.78	5	3-5	5	3-5	1.00
To understand the basic attitude as a member of healthcare team in providing nursing care																
4	1)	To act as a member of healthcare team	4.25	3.83	4	3-5	4	2-5	0.02 *	4.58	3.44	5	4-5	4	3-4	0.00 *
	2)	To treat patients, families, and healthcare professionals with respect	4.50	3.66	4.5	4-5	3	2-5	0.00 *	4.25	3.11	4.5	3-5	4	3-5	0.09
	3)	To actively engage in practical training, exchange opinions, and build cooperative relationships with others	3.88	4.34	4	3-5	5	2-5	0.00 *	4.08	4.56	4	3-5	5	4-5	0.07
	4)	To explain the role of a nurse who supports patients and families	3.84	4.14	4	3-5	4	2-5	0.06	4.08	4.44	4	3-5	4	3-5	0.39
	5)	To objectively reflect on one's actions and clarify one's own challenges and learning outcomes	3.97	4.26	4	3-5	4	2-5	0.04 *	4.17	4.11	4	4-5	4	3-5	0.77
Inference of each student self-evaluation scores between 2020 and 2019      Mann-Whitney U test      *p<0.05																



item “be able to develop a nursing plan” compared to 2019, however no changes in all other items.

- (2) To provide the evidence-based basic nursing assistance safely and comfortably

There were no significant differences in the subordinate four items under the item 2 both in Hospital A or B in comparison with 2019.

- (3) To consult, report, and document the nursing care

There were no significant differences in the subordinate three items under the item 3 both in Hospital A or B in comparison with 2019.

- (4) To understand the basic attitude as a member of healthcare team in providing nursing care

There were significant differences in the subordinate four in five items of the item 4 in Hospital A compared to 2019. The score for the following two items were significantly higher; “be able to act as a member of healthcare team” and “be able to treat patients, families, health care providers with respect,” while that for the following two items were significantly lower; “be able to engage actively in practical training, exchange opinions, and build cooperative relationships with others” and “be able to reflect their own behaviors objectively and clarify their challenges and learning.”

In contrast, there was significant increase from 2019 in Hospital B only in the following item, “be able to act as a member of healthcare team,” out of five subordinate items under the item 4.

## VII. Discussion

1. The level of achievement and evaluation of the training objectives

- 1) To develop the nursing process

In Hospital B, contacts with patients were strictly prohibited. Therefore, in order to perform the nursing process, the students needed to send the questions to their patients and receive their answers back via a supervisor. In previous years, students struggled to obtain patient information through trial-and-error communication, however, this time the supervisor, a skilled communicator, allowed the students to easily obtain it. This may have contributed to a significant increase in the item “To collect necessary information”. In addition,

since they could not visit the patient’s room, they used all of those time to study on the development of the nursing process. The fact that they spent more time on thinking process than in previous years is thought to have led to a significant increase in the items from assessment to planning of nursing process. Moreover, some of the students stated that they were able to objectively see the facial expressions, words, and behaviors of a patient all the more because they were observing. We assume that by focusing on observation, they were able to objectively recognize the patient information that they might have overlooked when gathering information on their own.

On the other hand, at Hospital A, the practical training was conducted as in previous years until the 5th day of training. The students gathered information by communicating with patients on their own, and provided the patients with daily living assistance, including vital sign measurements, as in previous years. As the time spent on the thinking process in such as developing the nursing process was not quite different from previous years, we assume it resulted in no significant changes from 2019 in 1-1 through 1-5 in the practical training evaluation.

- 2) To provide evidence-based basic nursing assistance safely and comfortably and To consult, report, and document the nursing care.

The nursing assistance planned for Hospital A and B was provided to the SPs on campus. No significant changes from 2019 were found in both hospitals in 2-1 to 3-3 in the practical training evaluation, which assessed the followings; “be able to provide evidence-based basic nursing assistance in a safe and comfortable manner,” and “be able to consult, report, and record nursing care.” This suggests that the on-campus training with the use of SPs may have been successfully made closer to on-site training, because the faculty members as a supervisor were provided with the patient information, and the setting was arranged as close as possible to a clinical one in terms of patient understanding, ADL, and so on.

One of the reasons why we were able to conduct on-campus practical training with the use of SPs in a similar manner to on-site training, and why it did not

cause a great difference in the student self-evaluation, was that they had an opportunity to see the actual patients on site even only for one week. Even with the use of SPs, the students were able to visualize the patients in their mind and provide assistance as if they had done to actual patients.

The supervisors observed their patients at the hospital together, so they were also able to picture the condition and likely response of each patient, and provide the SPs with the information. Regarding the significance of introducing SPs and its educational effects, it has already been reported that, unlike role-playing conducted by students alone, it is possible to reproduce a situation close to a clinical one and pursue realistic sensation<sup>4)5)6)</sup>. The students gathered information from the actual patients, observed them, and then planned and delivered the nursing assistance suitable to their conditions, which unlike on-campus exercise using SPs and case studies, was thought to lead to the achievement in the training objectives and the better learning outcomes.

### 3) To understand the basic attitude as a member of healthcare team in providing nursing care

There was a significant increase in the following item for the two hospitals; “be able to act as a member of healthcare team.” This may have been influenced by the fact that the students were required to practice thorough infection control measures during COVID-19 outbreak. In normal training, it is difficult for a student to recognize oneself as a “a member of healthcare team.” However, in the hospital under the COVID-19 outbreak, even students were required to take the same strict infection control actions as the healthcare providers, which helped them realize that they were a part of the healthcare team.

### 4) Overall evaluation of the practical training

The overall self-evaluation score of students who could not take on-site training at Hospitals A and B were higher than that of 2019 for both hospitals. On the other hand, the overall self-evaluation score of students who had on-site training but faced various restrictions at Hospitals C and D were lower for both hospitals compared to 2019. There is no doubt that on-campus training with the use of SPs is a highly effective form of simulated education. However, SP is “a mock patient,” not

an actual patient. Although SPs try to make reactions similar to those of actual patients, SPs inevitably tend to take reactions that are easy for students to understand. But an actual patient response does not always take into account what students expect, so when things go wrong, students have to explore their own issues through trial and error. We believe that the difference in those processes resulted in “high overall evaluation despite having no on-site practice” and “low overall evaluation despite having on-site practice.”

## VIII. Conclusion

In the on-campus training that reproduced an on-site training by introducing SPs, the achievement level in the following training objectives was similar to that of previous years; “to provide evidence-based basic nursing assistance in a safe and comfortable manner” and “to consult, report, and record nursing care.” However, because direct communication with patients was prohibited so sufficient time was allotted for thinking process, the student self-evaluations to their achievement level in the item “be able to perform the nursing process” were higher than in previous years. In addition, the students were required to take strict infection control actions equivalent to those of health care providers, which helped them realize that they are the members of healthcare team. Therefore, their self-evaluation for achievement in the item “be able to understand basic attitudes as a member of healthcare team and provide nursing care” was higher than in previous years.

## Conflict of interest

There are no conflicts of interest related to the content of this paper.

## References

- 1) Takishita Y, Ueno N. The Analysis of the Learning for the Students in Basic Nursing Practicum I-Analysis of the Post-training Report -. Bulletin of School of Nursing, Kyoto Prefectural University of Medicine. 1996, Vol.6, No.1, p.33-41.

- 2) Senda M, Imai M, et al. The Learning for the Students in the Basic Nursing Practicum II-Analysis of the Report-. Seisen Journal of Nursing Studies. 2015, Vol.4, p.47-54.
- 3) Handling on-site practical training in nursing training institutes in the midst of COVID-19 outbreak 2021. Ministry of Education, Culture, Sports, Science and Technology. from [https://www.mext.go.jp/content/20200624-mxt\\_kouhou01-000004520\\_1.pdf](https://www.mext.go.jp/content/20200624-mxt_kouhou01-000004520_1.pdf)
- 4) Otaki J. The significance of introducing simulated patients in Japanese nursing education. The Japanese Journal of Nursing Science. 1993, Vol.18, No.8, p.897-899.
- 5) Yoshikawa Y, Tawara K, Matsumoto Ichie, et al. Tendency of feedback to students in simulated patient training in the nursing education, Proceedings of the 39<sup>th</sup> Japanese Society of Nursing (Nursing Education). 2008, p.190-192.
- 6) Bessho F, Tawara K, Yoshikawa Y, et al. Evaluation of the Basic Nursing Skills Support Program by Simulated Patient's Participation - The Practice Report in the academic year of 2007. Bulletin of The University of Shimane Junior College Izumo Campus. 2008, Vol. 2, p.61-74.

## COVID-19流行下における基礎看護学実習Ⅱの取り組みと課題

上 星 浩 子 ・ 長 嶺 め ぐ み

### 要 旨

臨地実習は看護実践能力を獲得していく上で、非常に重要な学習といえる。しかし、2020年度はCOVID-19の世界的な流行をうけ、全国の看護師養成機関において一部施設の実習中止や実習時間の短縮等を行っている。本稿では、臨地での実習継続が不可能となり、学内で代替実習を行ったグループの学生の実習の学びや実習目標への到達状況について分析を行ったため報告する。

今回、学内でSPを使った実習が臨地と近い形で行え、学生の自己評価に大きな差異が出さなかった背景には、1週間だけでも臨地で実際の患者の様子を見られたことが大きい。学生は実際の患者の情報を収集し見学した上で、計画を立て実際の患者に状態に沿った看護援助の提供が、単なる紙上事例とSPを使った学内演習とは違い、実習目標の達成に繋がり、学生の学びとなっていたと思われる。

キーワード：COVID-19、基礎看護学実習Ⅱ、取り組み、課題