ISSN: 2644-2957
DOI: 10.33552/OJCAM.2021.07.000655
Online Journal of Complementary & Alternative Medicine
Iris Publishers

Opinion Article

Global Health Crises and Alternative Teaching Modalities

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Received Date: September 16, 2021

Published Date: November 09, 2021

Opinion

The current global pandemic has not only affected global health and health institutions, it has also significantly impacted the training of student nurses around the world. The need to replace nurses retiring or leaving the field is not new. State Boards of education and accrediting bodies mandate a certain number of clinical hours spent in a hospital setting as part of student preparation for practice. However, the current global health crisis of Covid 19 and its variants has caused many health institutions to close their doors to the presence of students allowed on their premises. Patient simulation is an under-utilized teaching modality which can help mitigate against the lack of access to hospital sites and facilitate the teaching of the much-needed future nursing force.

Prior to the sequestration of the public due to Covid for three-quarters of the year 2020, hospitals had begun to scale back on the number of students allowed on hospital units at one time. In years past, 10 students were allowed at one time. That number was scaled back to, at first 8, then 4-6 in many institutions.

The need for competently trained nurses has not diminished but has heightened in light of. aging populations, and declining public health coupled with the increase in the number of patients who are acutely ill due to the devastating symptoms that often accompany Covid 19. This presents a supply versus demand dilemma of epic proportions.

The landmark IOM report of 1999, which reported between 44,000 and 98,000 deaths annually due to medical errors. The statistic was considered a conservative estimate [1]. An 8-year study by John Hopkins University found that more than 250,000 patients die each year from medical errors [2]. Other sources found the incidence to be as high as 440,000. International reports indicate similar statistics [3]. A 2004 report by The Agency for Healthcare Quality and Research Patient Safety attributed 195,000 annual patient deaths to medical errors. In 2008, the U.S. Dept. of Health and Human Services office to the Inspector General reported 180,000 deaths to the same cause. As recently as Makary in the British Medical Journal stated medical error is the 3rd leading cause of death in the U.S. The statistical quantification from various sources is inconsistent, however, the undeniable constant of the incidence of failure to protect the patient population from harm is both exponential and unacceptable. Reportedly, these errors can occur at an individual or systemic level and are attributed to poor judgement, inadequate skill, implementing a wrong plan of care, and the list goes on [4].

The concern and ongoing crisis of ensuring patient safety is clear, as is the need for student nurses to be provided with opportunities to provide care, to plan and provide safe plans of care, engage in critical thinking, problem solving, as well as exercise good judgment. A strategic plan to compensate for the barriers brought about due to Covid 19 Restrictive access to hospital settings should be engaged in aggressively to ensure that those preparing to enter the profession are trained to do so with the necessary competence and efficacy. Bates and Singh point to inconsistent implementation and practice of established effective solutions to improve patient safety and reduce the incidence of harm. One alternative to in-hospital training available to learners is high-fidelity patient simulation. Patient simulators are life-sized computerized

mannequins which can be programmed to replicate body functions, reactions to medications, innumerable diseases, and conditions. Simulators and simulation environments can be prescriptively customized based on the level of the students within the program and dictates of the curriculum. Engaging in providing care in a simulated environment to simulated patients will facilitate their training and learning with regards to critical thinking, prioritizing, case management, various necessary skills, etc. Using this teaching modality was never intended to, nor does it replace caring for live patients, however, current circumstances related to access, along with the ongoing need for prepared nursing professionals should be the criteria for galvanizing stakeholders who need well trained professionals, and those positioned to prepare them for practice into maximizing the use of this valuable technology to supplement and augment the availability of live patients.

The question of the causes of underutilization of patient simulation was posed in a multistate mixed study based in the U.S. by Clifton [5]. Findings listed several major causes for underutilization. Listed among the major factors as they relate to nurse educators teaching in baccalaureate programs of nursing were cost to buy and maintain simulators, buy-in by nurse administrators and nurse educators, time to prepare for and conduct simulation exercises, the need for a Simulation Specialist, physical space, and a technician to handle troubleshooting for simulator needs and malfunctions.

What is more paramount than care for human life? It's a rhetorical question which when answered speaks to the solution [6]. All of those surveyed in the multi-state study faced obstacles which if funding were available, could be solved. Those in a position to provide needed monies, whether municipalities or other entities need to manage finances based on priorities. As a society, the fact that the need is overwhelmingly clear, and solutions are available but are not utilized serves as an unconscionable indictment which can only be addressed by those in a position to do so. Many payors are enforcing paying for quality care and denying payment for medical mistakes. Using healthcare dollars to motivate excellence is plausible. Application of the same concept would benefit all if the application was also pre-emptive. In the U.S. where the healthcare force is one of the largest employers in the country, the various nursing organizations can and should lobby for funding specifically for this endeavor. Countries outside of the U.S., know the funding mechanisms at their disposal, and should use them. Administrators of healthcare facilities can revisit their budgets, and where possible make needed adjustments and/or proposals to those who can approve or appeal for additional funding. Inaction will only perpetuate the current unresolved problems. Inertia on any stakeholder's part becomes part of the problem. It's time for the profession to act.

Acknowledgement

None.

Conflict of Interest

The author declares no competing interest.

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