

The University of Maine

DigitalCommons@UMaine

The Maine Question

Podcasts

11-18-2021

S5E9: How are nursing students helping fight against COVID-19?

Ron Lisnet

University of Maine, lisnet@maine.edu

Kelley Strout

University of Maine School of Nursing

Follow this and additional works at: https://digitalcommons.library.umaine.edu/maine_question



Part of the [Critical and Cultural Studies Commons](#), [Mass Communication Commons](#), and the [Nursing Commons](#)

Repository Citation

Lisnet, Ron and Strout, Kelley, "S5E9: How are nursing students helping fight against COVID-19?" (2021). *The Maine Question*. 51.

https://digitalcommons.library.umaine.edu/maine_question/51

This Podcast is brought to you for free and open access by DigitalCommons@UMaine. It has been accepted for inclusion in The Maine Question by an authorized administrator of DigitalCommons@UMaine. For more information, please contact um.library.technical.services@maine.edu.



S5E9: How are nursing students helping fight against COVID-19?

Date: November 18, 2021

Run Time: 00:28:53

Training to become a nurse has always been rigorous. The COVID-19 pandemic has exacerbated the stress and workload for nursing students and the medical professionals under whom they train, but it also provided a new opportunity for experiential learning. The School of Nursing at the University of Maine decided early in the pandemic to lend a hand wherever possible — training virtually every student to vaccinate patients against COVID-19 and provide other support. More than 400 UMaine nursing students have administered about 12,000 vaccines since January.

In this episode of “The Maine Question,” host Ron Lisnet speaks with Kelley Strout, director of the UMaine School of Nursing, about that major undertaking and what it’s like to be a nursing student. They discuss what students learn, the classes they take, the experiences in which they have been involved and more. Strout also describes ways nursing students, nurses and other medical professionals can avoid burnout and measures that can help satisfy the huge demand for nurses in the future.

Transcript

[background music]

Kelley Strout: We flipped the labs around, brought all the first-year students through. Trained all the first-year students in IM injection, and then we deployed them all. At the end of the day, we had never planned to train our full student body, but we did. I’m proud of everybody in the School of Nursing for making that happen for our community.

Ron Lisnet: That’s Kelley Strout, director of the School of Nursing at the University of Maine. As the pandemic persisted and vaccines became available, they made the major decision to train virtually all of their students to be able to administer COVID-19 vaccines.

To date, some 400 students have delivered some 12,000 vaccines in hospitals, shelters, correctional institutions, and schools, among other places. I’m Ron Lisnet, and this is “The Maine Question” Podcast.

Training to become a nurse is no small task, and there has never been a greater need for their services. Nationally, there is a predicted shortage of about half a million nurses moving forward. In Maine, that number is around 2,700 nurses.

The experience of helping out on the front lines as vaccines were rolling out made a significant difference in getting more people vaccinated, reducing the risk for all. It also gave these students valuable real-world experience in what their lives and careers would entail.

What does it take to become a nurse? What trainings and experiences do these students get? What is being done to train more students to become nurses at UMaine and elsewhere? How can a shortage of nurses be addressed, and how can burnout in this intense and vital profession be avoided? Those are some of the topics that Kelley Strout addressed in this episode of The Maine Question.

Kelley, thanks for joining us. I know this is a busy time for you in particular and for everybody, but particularly for folks involved in the medical profession, I'm sure there's not enough hours in the day. Let's start here. Maybe you can give us an idea of what the last 20 months or so has been like for students, for people who teach nursing, for nurses in general.

Kelley: The best way to describe it is a complete emotional roller coaster. I remember I was sitting in my office, and we received the notification from the chancellor's office that we were going remote in March 2020.

Our whole team met within 30 minutes to plan out exactly how we were going to support students through the transition to online learning and rethink the ways in which we teach nursing in every way. How will we convert our labs to online? We were so engaged and focused on a solution that no one had any time to process what was about to hit us.

There was a lot of energy that went into that. Then I remember there was a team from marketing that reached out, and they wanted to talk to nursing faculty about what it was like to teach nursing online because it's not something we've ever done before. About six of us went into this meeting and honestly, this was about two weeks into the virtual online world we were living in in March.

At one point, he asked us a question and I can't even remember what the question was, but everyone in the Zoom room just started crying, all the faculty. It hit us what was coming. We were reading the stories out in New York. We were reading about how they were ordering extra freezers to store dead bodies, and how overwhelmed the nurses were there. We were anticipating the worst here in Maine.

That was a low and scary part of not knowing what to expect. We didn't know anything about this virus in the beginning, and how it was going to affect all of us. As time went on,

there was a lot of excitement in the fall when vaccines came out. We were so excited. I remember the first day that we started vaccinating nurses and healthcare professionals in early December.

I started seeing pictures of my friends getting vaccinated, and I started crying, but this time it was more about joy and just a light at the end of the tunnel. Our students were so excited to start vaccinating the public. Everyone was on board.

It's been a tremendous roller coaster of exciting new opportunities, of bonding together, working toward a common cause, but then also, fear, exhaustion, loss. We've probably experienced every emotion imaginable over the past 20 months.

Ron: I have no doubt. Now, there were so many needs and such a shortage of medical folks. The School of Nursing made a decision to train the entire student body to try to pitch in. Can you talk to us about that? That sounds like a major undertaking.

Kelley: It was never our intention to train the entire school, but our stance since the beginning on the pandemic was to adapt and be flexible and work with the community to pivot, to support the community's needs.

Initially, when we were entering the spring of 2021 when vaccines were available, we had planned strategically to revisit and retrain all our students who were seniors in IM injections, run them through labs, have them complete the CDC trainings for the COVID-19 vaccine. That was all implemented into the senior year curriculums. We were planning to deploy around 100 nursing students.

We very quickly went through that supply. We've never been through mass vaccination at this magnitude before. We were sending students, eight at a time in the beginning, to Northern Light to support their mass vaccination clinic. Then vaccination grew.

We started partnering with PCHC, which is Penobscot Community Health Care. They were aimed at vaccinating marginalized and hard-to-reach populations. They were traveling to more remote locations, doing home-based injections.

Vaccinating individuals who are incarcerated in the jails. Vaccinating individuals experiencing homelessness who were staying in shelters, or maybe not staying in shelters, but we were going out to find people who needed the vaccine. Traveling to senior housing sites to vaccinate our seniors in our community.

Then also going to workplaces to make vaccine more accessible. We believed in this mission of maximizing access to the vaccine. To do this, we needed more vaccinators. I will say that, in 20 months, I've never been told no by the faculty for any request or crazy idea that's come across this desk.

We first moved to the junior year students, and that's when they typically learn the IM injections. By the time we knew we needed more vaccinators, they had already naturally been through that part of the curriculum, so we were able to deploy the junior students.

Then once we exhausted that supply, I went to the second-year faculty. They flipped their curriculum around to include lab days for IM injection training and CDC trainings. Then, when we were in need of even more vaccinators, I moved down to the first-year students. We had a long discussion about, should we include first-year students? Was it safe?

We collectively decided that as long as we train them properly, that it was a safe and important decision for our community. We flipped the labs around, brought all the first-year students through. Trained all the first-year students in IM injections, and then we deployed them all.

At the end of the day, we had never planned to train our full student body, but we did. I'm proud of everybody in the School of Nursing for making that happen for our community.

Ron: You're talking about more than 400 students. I think you gave me a figure, at one point, more than 12,000 vaccines given. Talk about how the students have responded? Just to be clear, the training they get, they're fully qualified to administer vaccines like any professional nurse out there. It's not like they're learning on the job, correct?

Kelley: Correct. We train them all through our labs. In our labs, we have the supplies and material. We have the pseudo muscle pads. We have the needles. We take them through the theory and the science behind the vaccination process, and then they're trained.

The other important piece to note is that while they're out in the community vaccinating, they're also supervised by qualified registered nurses. They're not just out there by themselves. They're supervised at all times. While it was an extra effort that they had to engage in terms of the training, it was a light in the pandemic that our students had the opportunity to vaccinate our community.

These clinics were very joyful. People were so excited to get a shot. We don't see that very often in healthcare where you're excited to show up to a nurse or a doctor or a hospital or any kind of healthcare facility. Usually, it's because you're sick. The population who were coming in and getting vaccinated were so grateful.

They're so grateful for our students. Our students were showered with gratitude and praise. I can't tell you how many people in the community have come up to me to say how thankful they are that a UMaine student vaccinated them. They were living through history. This period will be in history books, and they're living through a public health case study in epidemiology.

Also, our students were part of the solution, part of the way out, which gave them tremendous purpose. The other exciting piece that we could have never imagine happening is the way we were staffing the clinics, there were many times where it could be a first, second, third, and fourth-year student all together at the same clinic being supervised by one of our graduate students.

I was at one clinic supervising, and it was so sweet because the first-year students had a lab course in the morning, and they went to a vaccination clinic to vaccinate in the afternoon. When they showed up, the upperclassmen were at the clinic also vaccinating. The upperclassmen started cheering for the first-year students because they were so excited that they got that opportunity.

It's been incredible. The other benefit is that our students have been recognized in the media and at a larger scale across the university, which typically, they're not. Overall, it's been a rewarding experience for our students and our faculty.

Ron: Talk about some of the trends. I imagine there's a growing need for nurses. What are the trends like in the program at UMaine? Is interest growing? I know you have way more applications than folks you can take, right?

Kelley: Yes. Pre-COVID-19 pandemic, the United States was facing projected shortages of registered nurses as high as 500,000 or half a million. In Maine, we also were estimating shortages of 2,700 nurses by 2025. This year, nursing schools across the country saw record numbers of applicants for nursing students.

That was in large part contribute to the high media attention and recognition of nurses that you, again, don't often see. Potential prospective students were viewing nursing as a career with purpose or a career that, quite frankly, seems recession-proof. In a career where the professionals in that career beloved by the public.

We did admit our largest incoming class at UMaine Nursing and with just under 130 students. We also saw a record number of interest, particularly among Maine students, which we're excited about.

Ron: Talk about the program here, and how it's structured. How does one learn to become a nurse? How much is theory basic science and how much is learning the techniques and learning to diagnose and getting your hands dirty? You have a lot of clinicals and labs. It's hundreds of hours that these students put in, right?

Kelley: I think that it's not well understood publicly what the students have to go through to earn their Bachelor of Science in Nursing. First of all, the first year of the curriculum is heavily science-based. The students do earn a Bachelor of Science. They take several lab-based science courses with the general education, humanities, and math. The first year is significantly focused on that.

Then, starting in the second year, the nursing students start to engage in nursing courses. By the fourth semester, they're almost exclusively enrolled in NUR courses. 79 credits of the 121 credits are nursing-focused, but all of our nursing courses are infused with science, humanities, culture, quality, research. Everything is infused into each of our nursing courses.

The other important piece that I don't think is often understood is that a nursing student enrolls in a clinical course for two credits. Typically, if you're enrolled in a two-credit course, you'll be in class two hours per week. For a nursing student, that is actually eight hours per week. One clinical course at two credits is eight hours per week.

Our students, on average, are in class, clinical, or lab, for 26 hours per week. That doesn't include any studying time at all. Then those courses are very intense. There's a tremendous amount of studying. It's more than a full-time job just to be a nursing student.

Ron: Take us through the labs and clinicals the students have to do. How many hours? What do they learn? How do they learn it? How ready are they to go out and do this for real once they've been through that experience?

Kelley: That's a great question. We've been very strategic about how our curriculum is scaffolded. Our students start their first nursing-specific labs in the first year, and that's designed to get them hands-on in the field, and also determine if they like the major that they chose so that they can think about that early on.

Once they start in the fourth semester, a full schedule of nursing courses. The way we have our labs and clinicals setup is every adult clinical course has an associated lab. The labs are front-loaded, meaning that students take many lab hours at the beginning of the semester so that they can demonstrate all of their competency early on.

That way when they're out at clinical, when they're exposed to various skills and opportunities, they've already demonstrated the competency in the lab. They have more opportunity to practice and engage in those skills with real patients and direct patient care. In total, our students engage in 180 lab hours.

Then what they do is they front-load all the lab skills. They go to clinical all semester. They take all of their didactic courses. Then, at the end of the semester, they perform a simulation, which is a standardized scenario that allows us to assess their competency across lab, clinical, and class in a standardized way.

We either use a standardized patient, which is a patient actor, who is trained to simulate certain medical conditions and certain behaviors, and then the student is assessed on their ability to respond and provide safe evidence-based care, or they're simulated using simulators.

For the lay public, it's a robot essentially. It's a mannequin that can talk, birth babies, have a heart attack, and then our students can practice in a safe environment on these simulators.

Our students complete a total of 750 direct care clinical hours. That is, working directly with human patients in a wide range of settings, nursing homes, hospitals, jails, schools. Across all populations, older adults, pediatrics, obstetrics, neonates, and they are ready to graduate.

They have the 750 direct care hours, 180 lab and stimulation hours, and then significant didactic coursework to prepare them. Of course, after they graduate, they need to take a national licensing exam called the NCLEX. Then they become registered nurses. Then most of them will move into year-long nurse residency programs where they will continue their training as registered nurses in hospitals.

Ron: Talk a little bit to us about burnout. We hear so much about that going on in the medical field, nurses, doctors, other folks that work in that field. Do you talk about that with the students? What's that been like dealing with the pandemic? I'm sure that gas on the fire a little bit in terms of that.

Kelley: Yes. We are seeing burnout across the board, even with our students, faculty, staff, nurses, all around us. Honestly, that has come fast and furious and been layered on top of all these other challenges we're facing within the profession.

The challenge to deploy staff and students to support staffing in the workforce. The challenges to deploy students to support vaccination. The shortage of nurses that was already existing before we entered this pandemic. The rigor of the curriculum and the challenges to get students through the curriculum. Then this burnout came with severe intensity, to be honest with you.

What we're doing, I recently applied for a grant that we should hear about very soon. That would provide some funding for us to start to infuse strategies, mindfulness-based stress reduction, and other environmental strategies, maximizing the resources that we have on-campus through the Campus Recreation Center, through the Counseling Center, through the Student Wellness Center.

Intentionally infuse those throughout our curriculum and help guide the students through mindfulness-based stress reduction strategies, so that when they graduate, they not only have the knowledge, skills, and ability to practice as safe and effective and evidence-based care, but they also have resiliency.

They have mechanisms that they can control to support their own self-care and resilience and address the demands in the environment they're entering because, at the end of the

day, we can't change the environment that they're going to enter into. It's very stressful. The stakes are high. It's a profession with a lot of human emotion.

You're going to feel extreme sadness potentially about the loss of a patient or circumstances in which you're facing with patients in your care. We need to armor our students with resilience. That's the goal where we're heading in the next phase of this pandemic, fully starting in the spring. We've started to roll out some strategies for our students right now.

We just hired a student success coordinator, and she's collecting data right now on our students' common stressors. What resources that they feel they need to support their non-academic success? The other part of the student that isn't just about how they're doing in school or how they're performing academically.

In the spring, we hope to intensify this so that our students graduate and are resilient so that they can combat burnout. In this nursing shortage, we're facing, we can't graduate nurses who then burn out quickly because they don't have the skills and the resilience that they need to face the demands of the environment.

Ron: Everybody thinks of nurses as pretty much only working in hospitals, but they are in a lot of other places besides that. Can you talk about some of the other places where nurses are present providing care?

Kelley: If I had a dollar for every single time I tell someone where I work, they say, "Oh, so you're not a nurse anymore." I would be rich because the society envisions nurses as working in hospitals, but nurses are everywhere. We have nurses working in primary care. Nurses caring for patients who are incarcerated in jails.

We have nurses traveling to patients' homes, who are homebound to provide wound care, medication management, assessment, hospice, supporting patients through peaceful end of life. We have school nurses who've been completely unsung heroes throughout this pandemic. They've been instrumental in contact tracing and to providing support for families and students and getting kids back to school.

They've supported policy to support prevention of disease transmission of COVID throughout our school districts. Nurses are everywhere, and they're instrumental at a population level at preventing disease, improving chronic disease, treating patients from a physical and psychosocial perspective in providing holistic care in all areas.

Ron: We've heard so much about the shortage of nurses out there. What is being done to address that out and try to get more people into the profession?

Kelley: UMaine System in 2017 stated that we would double enrollments across all four of our campuses. Across our university system, there's been a concerted effort to increase enrollments.

We need to focus on increasing faculty because we can take in more students, but if we don't have qualified faculty to teach them both at the clinical setting, in the labs and then in didactic courses, then we cannot respond to the increases in enrollments.

We have been having conversation with our healthcare partners about what different creative models we can engage in so that nurses can work in the hospital or in other outpatient settings, but then also be supported to teach a clinical section for the various universities.

There's a lot of effort underway right now to think more creatively about how we partner to meet the demands and the needs of the faculty in nursing education.

Ron: Your students maybe didn't sign up for being on the front lines of this pandemic, but there they were. Has being involved in that way, changed their thinking or their thoughts about going into this profession? I'm sure it runs the gamut. Some are more gung ho, and some are this-is-not-for-me kind of thing. What is the range of reactions been like?

Kelley: It's so interesting. I'll go back to the first question you asked me, how have the past 20 months been? I had these thoughts back in March 2020. I was really worried about nursing students.

I wasn't as worried about nurses exiting the profession at that time because we are at least trained and exposed to infectious disease and other wide ranges of medical conditions with some experience under your belt. I was a little bit nervous about students just saying, "Nevermind." They're scared and just wanting to leave. We did not see a mass exodus of students.

In fact, we didn't lose any students throughout this entire pandemic due to the fact that they didn't want to be a nurse because they were fearful of the virus or caring for patients in the virus. There have been times when our students were nervous about contracting the virus. I think that has leveled off significantly with we have more knowledge about the virus. We have vaccines.

We know that masking works. Truly, we haven't seen that. In fact, in the summer of 2020, we offered to...We graduate students twice per year in May and December. We offered to the graduates of the December cohort to actually complete all of their courses in the summer, and our faculty taught summer courses to make that happen.

Of the 35 students who were to graduate in December, 29 opted to graduate early so that they could go and fight the pandemic on the front line. We've seen an ongoing commitment to the profession from our students throughout this whole pandemic.

Ron: Look into the future. What do you think you'll see? What do you hope you'll see as trends and things coming down the pipe for nurses and teaching?

Kelley: As someone who is passionate and researches prevention and nonpharmacological interventions, and I truly believe that our public health infrastructure in our country and state was incredibly weak and underserved. We saw that. We saw the implications of that in this pandemic.

My hope and what I believe that we've learned from this is to invest significantly in public health and community health. Value the role of public health nurses and nurses who work in the community.

[background music]

Kelley: Value prevention and behaviors that prevent disease, and see an expansion of research in this area, and see nurses excited about working in these fields. That's what I'm hopeful that we'll see in the next phase of our profession into the future.

Ron: You guys are doing great work, and I know it's recognized. We thank you so much for sharing your story with us.

Kelley: Thank you.

Ron: As always, thanks for joining us. You can find The Maine Question in a number of spots, Apple and Google Podcasts, Spotify, Stitcher, and SoundCloud, UMaine's Facebook and YouTube pages, as well as Amazon Music, and Audible. Please consider subscribing to hear all of our episodes.

Questions or comments? Drop us a note at mainequestion@maine.edu. This is Ron Lisnet. We'll catch you next time on The Maine Question.

The University of Maine in Orono is the flagship campus of the University of Maine System, where efforts toward racial equity are ongoing, as is the commitment to facing a complicated and not always just institutional history. The University recognizes that it is located on Marsh Island in the homeland of the Penobscot nation, where issues of water and its territorial rights, and encroachment upon sacred sites, are ongoing. Penobscot homeland is connected to the other Wabanaki Tribal Nations — the Passamaquoddy, Maliseet, and Micmac — through kinship, alliances, and diplomacy. The university also recognizes that the Penobscot Nation and the other Wabanaki Tribal Nations are distinct,

sovereign, legal and political entities with their own powers of self-governance and self-determination.