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Letter to Editor

Clinical Education of Nursing Students of Iran University of Medical Sciences During the Pandemic Covid 19: Presenting Experience

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Currently, one of the most important health issues in Iran and all over the world is the SARS-Cov2 corona pandemic. The epidemic disrupted all parts of the country, including educational, economic, cultural, political and social affairs, so that it caused fundamental changes in the medical education system.

Iran's medical education system to different main groups including theory, practice, clinical, laboratory, internship and internship was mainly based on face-to-face education system. In addition to these programs, empowerment workshops were held by educational centers to use all capacities to enable capable graduates to enter the field of health care services [1]. With the outbreak of the corona pandemic, according to the Ministry of Health and Medical Education from 19 February 2020, the medical education system was severely affected. In order to prevent the spread of the disease, face-to-face training was closed and by the order of the National Corona Headquarters, university training classes were suspended and face-to-face classes were provided at the University of Medical Sciences using virtual education or electronic system.

This rapid shift to "distance learning" and "virtual learning" from February 2020 to April 2022 was an unprecedented moment for university education for faculty and nursing and midwifery students who, despite gaining relatively new experience, also faced challenges for providers and recipients. Created higher education [2,3]. For example, instead of canceling the curriculum, many universities encouraged professors to offer instructional content and assess learning through distance learning and online instruction. However, the shift to e-learning and e-learning took place unexpectedly and rapidly, and the e-learning infrastructure [3], such as the lack of global Internet coverage and network-related problems, was not available in the country.

At the beginning of the crisis and virtual education, professors and students faced challenges such as lack of familiarity of students and professors with virtual education systems, lack of proper installation of related software on computer systems and smartphones, and failure to hold Workshops and face-to-face conferences to address these challenges were among the problems of the university's teaching and information technology units. In addition to providing theoretical training, other tasks of medical universities include gaining practical skills, communicating with patients, and creating spaces for students' moral, social, and emotional development. Prolonged closure of universities has caused problems in these cases, including a decrease in the participation of medical students in clinical care due to fear of attending the patient's clinic due to lack of appropriate personal protective equipment in various centers. So, with the question of how Iranian universities of medical sciences have overcome these changes and have been most effective in providing clinical internships? We are facing.

In order to minimize and control the spread of coronavirus, in Iran University of Medical Sciences, clinical internships in various fields of medical sciences, including nursing and midwifery, were canceled for at least three semesters. After the end of the third wave of Corona due to the need for the presence of final year students in clinical settings and in order to prevent stagnation of clinical knowledge learned

in students, as well as helping the community health system and injecting standby manpower, after a semester suspension of internships After reviewing the existing conditions and facilities, internships in the field were resumed. For this purpose, measures such as reducing the number of people in internship groups and reducing the duration of internship by 50% were taken. However, due to the large number of unorganized units due to the closure of the university and also the large number of students, we faced problems such as lack of clinical instructor and lack of time to teach all clinical cases. In order to solve the mentioned problems and increase the quality of clinical education, the following measures were taken:

1. Providing personal equipment to students in order to reduce the risk of getting into high-risk and necessary departments.
2. Using all the educational capacity of the faculty, including the maximum participation of all faculty members in internships, especially faculty members based in the clinic.
3. Transfer of internships and internships to non-referral hospitals and non-coronary wards in order to reduce the risk of infection.
4. Focusing on purposeful and planned education and preventing students from wasting time by presenting the lesson plan developed for internships and promoting daily education according to the presented program.
5. Employing educational service partners along with faculty members with the aim of cooperating as much as possible with medical centers and colleges in educating students.

Conclusion

The coronavirus epidemic has created many challenges for university education, including clinical education for educators, faculty members, nursing and midwifery students, which can be described as a constructive and unchanging challenge. Considering the possibility of recurrence of such pandemics, measures should be taken, including the provision of clinical education simulators, so that in such circumstances, education can be continued at all levels of education without interruption. In the Corona pandemic, the greatest delay in education occurred in 1 - 3 year old students. Because, due to the decrease in the educational capacity of hospitals and the allocation of this capacity to students in the field, also the high risk of infection in non-field students due to lack of complete familiarity with prevention methods in dealing with patients and lack of professional maturity of these students, The resumption of training for these groups has been delayed until the situation fully improves, and this has led to the forgetting of what has been learned and the weakening of the clinical abilities of these students.

However, 5 semesters were spent in the form of virtual education in universities, and professors and students increased their skills in using and familiarity with virtual education systems. Universities and professors also acquired appropriate virtual teaching skills and skills during the crisis, which could be an opportunity for universities. In the post-epidemic period, virtual education capacity can be used for various purposes such as reducing costs, reducing unnecessary travel, better attention to the needs of the audience, easy access to various educational resources, the possibility of recording activities and the possibility of rapid information updates. Optimized [4].

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