

Teaching of the nursing process in the context of the Covid-19 Pandemic

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The world is experiencing many challenges imposed by the Covid-19 pandemic caused by the coronavirus (SARS-CoV-2) with the constant changes in the number of positive cases, hospitalizations, and deaths¹.

This health crisis impacts not only those involved on the front lines and clinical leaders but also all systems and communities. The COVID-19 pandemic has also effected changes in universities and education systems.

In the health field, nursing schools debate and seek to prepare for the barriers to training the next generation of professionals. The nursing teaching process indicates concerns for both educators and students in the face of the COVID-19 pandemic². With the worsening of the pandemic, they have been asking themselves how we can continue to educate nurses in a society that faces social distance measures, isolation, and quarantine?

Promoting learning through distance technologies can be challenging for the nursing process. Teaching the stages of the nursing process requires the proposition of pedagogical strategies that develop skills concerning clinical reasoning in nursing. In the context of the impossibility of practical experience and contact with the patient, defining strategies that facilitate the acquisition of intellectual skills to recognize clues or clinical evidence and differentiate a clinical situation from a similar one has been the focus of discussion among nursing educators.

The development of clinical reasoning is related to several factors: acquisition of theoretical knowledge, clinical practice, length of experience in the clinical environment, common sense, and judgment/reasoning ability³. Given the Covid-19 pandemic, it was necessary to suspend practical education, which, consequently, compromised the provision of essential elements for training clinical decision-making in nursing.

An example of the impact of social distance in teaching the stages of the nursing process is the conduct of classes related to physical examination, which involves data collection. Semiological techniques of inspection, palpation, percussion, and auscultation require manual and instrumental skills that can be achieved through efficient training associated with handling auxiliary equipment to perform the physical examination, such as a stethoscope, sphygmomanometer, otoscope, among others. However, without access to equipment and human touch in the clinical context, ensuring learning of the collection stage is a problem.

Mastering the technique is relevant to the success of the physical examination. However, it is also necessary to consider all the subjectivity that arises during the patient and professional interaction since the sensitive and scientific care intrinsic to nursing does not dissociate from the technique and technology⁴. We are faced with the impossibility of developing the skills arising from patient-student interaction due to the Covid-19 pandemic.

It is important to emphasize that this subjective and objective knowledge that involves the clinical examination is the basis for the formulation of diagnostic hypotheses. Therefore, in addition to the knowledge obtained in data collection, it is necessary to reflect on how to teach the concepts of interest to the nursing discipline, called nursing diagnoses, through distance technology. This knowledge base is essential to

formulate a nursing diagnosis from the junction of collected data since the consequent stages of the nursing process lose their meaning without mastering diagnostic reasoning.

Another aspect of remotely teaching the nursing process is the availability of digital technologies and the access to the tools by both the professor and student. Professors must be trained to effectively intermediate the content through virtual platforms to understand and take advantage of resources that enhance the interaction and guidance of the professor to obtain success in the teaching-learning process of theoretical content. Likewise, students must also have access, capacity, and availability to operate such virtual tools.

Therefore, given the social distance caused by the pandemic, how can we use pedagogical strategies to teach the nursing process? An alternative is working with small virtual groups based on clinical simulation videos that characterize a scenario for data collection, fictional case studies for teaching diagnostic reasoning, and the implementation of virtual games to establish content feedback.

This discussion does not end. It is common to have more questions than answers at a time such as this, but sharing these concerns allows reflection and collective decision-making in the face of the teaching-learning process. These long-lasting months of the Covid-19 pandemic have shown that it is possible to mediate teaching some content through virtual tools. However, human interaction and physical contact that occur through clinical practice are essential for the consummation of learning in the nursing process.

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