

The *AJCC Patient Care Page* is a service of the *American Journal of Critical Care* and the American Association of Critical-Care Nurses. Designed to elaborate on AACN practice guidelines based on content in select articles, this page may be photocopied noncommercially for use by readers in their workplace, in continuing education programs, or for distribution to colleagues, patients, or patients' families. To purchase bulk reprints, call (800) 899-1712.

JUST-IN-TIME LEARNING DURING A CRISIS

By Linda Bell, MSN, RN

While not every city, hospital, or nursing unit is currently functioning in contingency or crisis mode, many places are experiencing a health care crisis unlike any other in current memory. Patients become acutely ill rapidly and require a very high level of care. We are bombarded in the news with stories of “not enough”—not enough staff, not enough personal protective equipment (PPE), not enough ventilators, not enough testing, and on and on. This includes “not enough” time for formal education when you are asked to step up to care for patients requiring equipment, medications, and treatments that are unfamiliar. Gannon et al describe successful implementation of a curriculum developed to educate large numbers of nurses about a high-risk procedure, but during the COVID-19 pandemic, educators may not have the luxury of planning and executing education in this way. However, individual staff members are capable of evaluating their own learning needs when confronted with something new. Now is the time to use that skill to function safely in caring for your patients.

Here's what you can do:

- Ensure that you are using PPE correctly to protect yourself. Ask if someone can watch you don and especially doff to prevent accidental contamination.
- Review your patient care assignment to determine if your patients have care needs that you have not previously had experience with and ask to partner with an experienced nurse as your “buddy” for the shift or time period of your assignment. Remember, this is not orientation.
- Determine the activities with which you have a level of comfort—such as evidence-based nursing care to prevent health care-acquired conditions, patient assessments, and medication administration. Be sure to clarify if you have questions about specific care.
- Do some preparatory work ahead of time (if you know that you are being reassigned) to understand unfamiliar equipment such as ventilators or procedures such as suctioning or pronation therapy.



- Come to the situation with a “here’s what I can do to help” attitude.
- Ask questions—right now everyone is learning new things and new ways of doing things. You may have answers to contribute based on your experience. Everyone has something to offer.

Other helpful resources:

- Donning and doffing: https://www.cdc.gov/coronavirus/2019-ncov/downloads/A_FS_HCP_COVID19_PPE.pdf
- Ventilator management: Free Course: COVID-19 Pulmonary, ARDS and Ventilator Resources <https://www.aacn.org/clinical-resources/covid-19>
- Pronation therapy: <https://www.aacn.org/blog/ards-covid-19-and-pronation-therapy>
- Intensive care unit procedures: <https://www.aacn.org/newsroom/procedure-manual-covid-19-resources>
- Free downloadable pocket references: <https://www.aacn.org/clinical-resources/covid-19?category=pocket-cards>
- AACN Practice Alerts: <https://www.aacn.org/clinical-resources/practice-alerts>

©2020 American Association of Critical-Care Nurses
doi:<https://doi.org/10.4037/ajcc2020430>

Based on material from and published as a supplement to the article by Gannon et al, “Curriculum to Introduce Critical Care Nurses to Extracorporeal Membrane Oxygenation” (*American Journal of Critical Care*. July 2020;29[4]:262-269).

AMERICAN
ASSOCIATION
of CRITICAL-CARE
NURSES