

AACN Response to COVID-19 Frequently Asked Questions (FAQs)

The American Association of Colleges of Nursing (AACN) has developed the following document to answer some of the most frequently asked questions raised by member deans, faculty, and students during these extraordinary times. These FAQs will be updated on an ongoing basis as new questions are asked and new information emerges.

Adapting Nursing Programs and Maintaining Quality Standards

What guidance is available to schools related to meeting expectations for clinical learning experiences?

Providing clinical learning opportunities for nursing students following the outbreak of COVID-19 has been a challenge for member schools. Many clinical sites are not currently accepting students given the demands placed on the nursing staff as well as concerns about ensuring student safety and PPE supplies. Many schools are seeking creative solutions to ensure that students meet clinical hour requirements and that programs sustain quality expectations.

In March, AACN released [Considerations for COVID-19 Preparedness and Response in U.S. Schools of Nursing, developed](#) in consultation with Dr. Tener Goodwin Veenema from Johns Hopkins University. In terms of clinical learning, AACN highlights the important role students play on the healthcare team, but recommends limiting the roles that students have in providing direct care to patients with COVID-19. AACN also encourages schools to consider expanding the use of simulation, telehealth, and virtual reality options in keeping with best practices and guidelines from state boards of nursing and other regulatory bodies.

In addition to the AACN guidelines, the Commission on Collegiate Nursing Education (CCNE) has released guidance for CCNE-accredited programs related to COVID-19, which includes recommendations related to clinical learning experiences. CCNE is allowing “flexibility in clinical hours and types of experiences” as long as program outcomes are met. Member schools should note that neither the AACN *Essentials* nor the CCNE *Guidelines* set clinical hour minimums for prelicensure baccalaureate programs. However, a number of state boards do require specific number of hours in some areas of practice (e.g., pediatrics, mental health), and organizations engaged in nurse practitioner education, including AACN, are [calling for schools to maintain the 500 clinical hour minimum](#) for NP programs. For additional guidance on clinical training provided by specialty nursing organizations, see the Q&A below on accreditation, certification, and licensing agencies.

Do you have any suggestions for alternate ways to meet clinical hour requirements so students can graduate on time?

Even prior to the pandemic, telehealth and virtual care have become important modes of care delivery. Nurses at the baccalaureate and advanced nursing levels will be expected to deliver care and monitor patients remotely. The National Organization of Nurse Practitioner Faculty (NONPF) presented a [webinar on March 31](#), now available on demand, to help nursing programs prepare students for telehealth and meet clinical learning requirements.

During this pandemic, wellness and mental health have become even more acutely important. The American Psychiatric Nurses Association (APNA) has provided [free materials](#) to help faculty design online psychiatric-mental health learning experiences for undergraduate students as well as a learning module on Motivational Interviewing.

For programs seeking alternatives to traditional clinical learning experiences, AACN has developed a list of suggestions, which were guided by our work with the CDC on the [Academic Partnerships to Improve Health initiative](#). Some suggestions for public health practicum experiences that can be designed for either baccalaureate or graduate students in the time of COVID-19 include:

- Providing staff training in COVID-19 policies for community-based organizations, such as food pantries, daycare centers, homeless shelters.
- Staffing COVID-19 hotlines for local health departments; students can research answers and provide responses.
- Creating health education materials for clinical facilities - ambulatory care, home care, senior living facilities, etc.
- Organizing equipment/supply or food drives for local clinical organizations; requires partnering with community organizations, coordinating services, and awareness of appropriate resources.
- Performing contact tracing with local health departments (requires some training, but can be done by phone; important communication skills and learning about spread of disease in community settings.)
- Contacting socially isolated people by phone in senior centers, assisted living facilities, and retirement communities to address older adult isolation and loneliness.
- Assessing the needs of a patient(s) at home or senior residential facility regarding access to and appropriateness of smart devices or remote monitoring tools; consider availability, cost benefit, and patient preferences/needs.

For more details and guidance, see AACN's on-demand webinar titled [Public Health: Nursing Education and the COVID-19 Pandemic](#).

Currently, AACN is compiling examples of how schools are meeting clinical hour requirements. These examples can be found on our website under COVID-19 Resources for Nurse Educators. We also are encouraging the sharing of best practices and success stories via the AACN Connect online discussion community.

Some health systems are looking for nursing students to provide support in field hospitals. Is this good for patients and students?

Yes, where appropriate, as long as precautions are taken to protect students and evaluate learning. Students in clinical settings must receive additional training and evaluation regarding the use of Personal Protective Equipment (PPE) and must be adequately supervised by faculty and preceptors to ensure that students are assuming roles and responsibilities appropriate for their level of educational preparation. Consideration should be given to preparing students for 1) delivery care models that are quite different from their experience to date, (e.g. team-nursing with RNs assuming care for 10-20 patients); 2) scarce resources/triaging of patients; 3) moral distress and ethical conflict; and 4) death and dying in isolation.

In keeping with a [policy brief on academic-practice partnerships](#) endorsed by 10 national nursing organizations (including AACN), we encourage schools moving to place students in clinical settings to adopt these two guiding principles:

- The participation of student nurses and faculty is voluntary and must comply with any additional requirements mandated in state emergency response provisions or through existing Occupational Safety and Health Administration (OSHA) requirements.
- The safety for all frontline providers of services across multiple points of care must be safeguarded through appropriate and prevailing infection control practices.

With practice settings worried about having adequate staff to deliver care and nursing education programs worried about having adequate access for clinical instructional activities (especially with backed up need to make-up lost clinical hours), now may be the time for practice and education to co-design care delivery models that integrate the student learning experience as part of care delivery capacity.

How much simulation can be used to satisfy clinical hour requirements?

In response to the risks posed by COVID-19 and restrictions on how students can be deployed in the clinical practice arena, many undergraduate and graduate nursing programs are using simulation to a greater degree to instruct and test clinical care capacity. The National Council of State Boards of Nursing (NCSBN) previously conducted a [landmark study on simulation in nursing education](#) and reported that up to 50% of clinical education requirements in undergraduate prelicensure programs can be satisfied using high quality simulation. Neither AACN nor CCNE prescribe how simulation can be used to augment clinical nursing education.

Schools using simulation to meet clinical hour requirements are advised to check with their state board of nursing to see if guidelines exist regarding the percentage of clinical hours that may be completed through simulation and if the board is waiving or amending requirements during the pandemic. [State-by-state guidance for nursing education programs](#) in response to COVID-19 is updated regularly on the NCSBN website.

Many organizations are moving to provide guidance to nursing schools looking to enhance their use of simulation. In March 2020, the International Nursing Association for Clinical Simulation

and Learning (INACSL) and Society for Simulation in Healthcare (SSH) published a [statement](#) proposing that regulatory bodies and policymakers allow for flexibility in use of virtually simulated experiences to replace clinical hours usually completed in a healthcare setting. NCSBN has published simulation [guidelines for prelicensure nursing programs](#) and the National Task Force on Quality Nurse Practitioner Education has developed recommendations for the use of simulation to augment [clinical experiences in graduate nursing programs](#).

Through its programming, AACN is facilitating the use of simulation in nursing programs and showcasing some exemplars. AACN's on-demand webinar on [Aligning Simulation within COVID-19 Contingency Plans](#) provides guidance on the integration of simulation into curriculum in alignment with NCSBN guidelines, informed by INACSL and SSH. AACN's online COVID-19 resource provides links to schools that have demonstrated success with integrating simulation to meet clinical training hour requirements in response to COVID-19, including [Vanderbilt University](#) and [Duke University](#).

Are accreditation, certifying, and licensing bodies providing flexibility given the current situation?

AACN has compiled the following summary of the policies and guidelines that have been issued in response to COVID-19 by the nursing regulatory bodies engaged in accreditation, certification, and licensing. This section will be updated as new information is released.

Accreditation

Commission on Collegiate Nursing Education (CCNE) issued a statement on March 12 clarifying positions on didactic coursework, clinical practice experiences, and substantive change notifications: [Information Regarding Coronavirus Impact on CCNE Accredited Baccalaureate and Graduate Nursing Programs](#).

Council on Accreditation for Nurse Anesthesia Programs (COA) – In a statement updated on April 13, the COA clarified that it has not waived or changed the requirement for a minimum of 2,000 clinical hours for CRNA programs; however, the COA has issued a statement that alternative methods using simulation may be substituted for some of the specific case requirements. See the [COA Program Expectations Due to COVID](#).

Accreditation Commission for Midwifery Education (ACME) has issued [three Emergency Announcements](#) related to COVID-19 clarifying clinical and education expectations for nursing midwifery programs. In summary, simulation is not considered a clinical experience; however, guidelines regarding evaluation of student competence are provided. The use of telehealth for clinical experiences is affirmed. Guidelines for granting incompletes and the progression of students are also provided.

National Task Force on Quality Nurse Practitioner Programs (NTF) - AACN, the National Organization of Nurse Practitioner Faculties (NONPF), and 13 other organizations from the NTF issued the [Statement Regarding Nurse Practitioner Students and Direct Care Clinical Hours](#). The statement reaffirms the requirement for at least 500 supervised direct care patient clinical

hours as stated in the [2016 National Task Force \(NTF\) on Quality Nurse Practitioner Education Criteria for Evaluation of Nurse Practitioner Programs](#). The statement also clarified that telehealth is considered direct care.

Certification

Testing Sites: In general, testing sites used by the certification bodies are currently closed. Prometric, used by a majority of the certifiers, issued a [statement](#) saying that they plan on beginning to open sites May 1, 2020; however, the number of sites and available appointments will be limited for an unidentified time period.

In most cases, the certification bodies listed below have extended the examination windows/deadlines for new and recertification candidates. However, for specific organizational policies/plans, please click the organization name for more details.

[American Academy of Nurse Practitioners Certification Board \(AANPCB\)](#) – PSI testing sites are closed until at least May 1, except for a limited number across the country. Temporary extensions to recertify are being granted; however, candidates must register now.

[American Association of Critical Care Nurses Certification Program \(AACN CP\)](#) – Testing sites in general are closed; however, a limited number of private test centers are open. Extensions to the testing windows are being made for those who have already applied, as well as for those applying after March 2020. Check the site to confirm the length of the extensions, as they may differ for these two categories of candidates. In addition, access to the practice exams have been extended.

[American Midwifery Certification Board \(AMCB\)](#) – Testing sites are currently closed. Schools are asked to submit the names of students who have completed all requirements and are eligible to graduate this spring so AMCB can send a Letter of Eligibility to the state board if requested by the state. Some states are issuing temporary licenses to allow these new graduates to practice until they can sit for certification.

[American Nurses Credentialing Center \(ANCC\)](#) – In a personal statement dated April 13, ANCC confirmed that testing sites are currently closed; however, ANCC is piloting live, remote proctoring and will be working with their vendor, Prometric, to possibly implement this testing method in the near future.

[Commission on Nurse Certification \(CNC\)](#) – In collaboration with Prometric, CNC will be offering live remote proctored testing for the CNL exam during the Spring testing period. All CNL exam date change request fees have been waived through May 30. The Spring testing cycle for the CNL exam has been extended through June 30. The late CNL renewal fee has been waived for those who expired December 31, 2019.

[National Board of Certification and Recertification for Nurse Anesthetists \(NBCRNA\)](#) – Regular updates on requirements related to CRNA certification are posted on the NBCRNA website.

[National Certification Corporation \(NCC\)](#) – Testing windows have been extended for those candidates currently registered as well as candidates eligible as of May 1, 2020. However, check the website for specific deadlines and dates of the extensions. Also, [a free COVID-19 module](#) with five CEs is available for all healthcare providers.

[Pediatric Nursing Certification Board \(PNCB\)](#) – Currently, Prometric testing sites used by PNCB are closed through April 30. PNCB is accepting applications, but the review of applications is on hold until further notice.

Licensure

National Council of State Boards of Nursing (NCSBN) has issued a series of policy statements as well as summary documents that outline changes in nursing education, certification, and licensure requirements across the country. Some of these documents most relevant to member schools include:

- [Updates on NCLEX and COVID-19 including testing site modifications and openings.](#) NCLEX test delivery at U.S.- and Canada-based Pearson VUE test centers resumed on March 25 at a limited number of test centers in major metropolitan areas.
- [Impact on NCLEX Candidates](#)
- [Changes in Education Requirements for Nursing Programs During COVID-19](#)
- [APRN Certification Extension/Waiver Policies](#)
- [NCSBN Impact on Nursing Regulatory Bodies](#)
- [Joint Statement of FSMB, NABP, NCSBN on Inappropriate Prescribing and Dispensing of Medications During the COVID-19 Pandemic](#)
- [COVID-19 Information, including Policy Briefs](#)

LACE Network Resources

The LACE Network is a communication network that includes organizations that represent the Licensure, Accreditation, Certification, and Education components of APRN regulation. The network was created to provide ongoing, transparent communication among all organizations committed to the implementation of the Consensus Model for APRN Regulation (2008). The LACE organizations have compiled a [wide range of resources and information](#) on COVID-19 relative to APRN licensure, accreditation, certification, and education.

How can programs maintain quality standards with online or remote course delivery?

According to the American Association of Collegiate Registrars and Admissions Officers (AACRAO), more than 80% of colleges and universities in the U.S. have moved to entirely online or remote classes for the remainder of the current term. This rapid move to online education has raised concerns about maintaining quality standards in nursing education programs.

Looking at the literature on online education, Dr. Susan Taft from Kent State University led a research team that evaluated how best to apply three well-established learning theories to explain why no single enrollment size fits all graduate or undergraduate online courses. In a [manuscript](#) published in the *Online Learning Journal* in September 2019, the authors consider how best to

delineate online course characteristics that require small class enrollments for learning effectiveness as well as course characteristics that suggest large enrollment sizes are effective and financially beneficial. An Online Class Size Assessment Rubric is introduced and may be applied to other educational settings.

In addition, AACN presented a webinar as part of our COVID-19 Response Series titled [*Bridging the Gap-Implementing Technology to Deliver Course Online*](#). This on-demand webinar illustrates how to combine simple and available tools with teaching methods to create continuity within your classroom when online education is required. In addition, OSU faculty presented a webinar titled [*Techniques to Teach Assessment Online NOW!*](#), which considers strategies for promoting student engagement while ensuring student competency as physical assessment courses transition to the virtual space. AACN will continue to offer programming and resources for programs moving to online and remote delivery.

What is the impact of moving to pass/fail grading?

As a rapid response to the COVID-19 pandemic, many university and colleges have adopted changes in grading policies for graduate and undergraduate students. Allowing some courses to transition to pass/fail grading has been identified as an innovative and compassionate strategy to support academic success and progression. According to data cited in a [*recent article in Times Higher Education*](#), more than 150 colleges and universities nationwide have moved to adopt pass/fail grading from the Spring 2020 semester.

In response to this trend, AACN hosted a webinar on [*Considering Pass or No Pass Education in Response to the COVID-19 Pandemic*](#) to consider the impact that moving to a pass/fail grading system might have on a student's academic transcript and subsequent acceptance into a nurse residency program, graduate school, and postdoctoral fellowship. The pass/fail grading system does not provide the letter grade or GPA metric and is considered by some to not represent the student's academic effort or achievement. Literature confirms the pass/fail grading system does not diminish academic performance or learning (see [*Ange et al., 2018*](#) and [*Jham et al., 2018*](#)). Furthermore, the established criteria for awarding the pass/fail grade can vary greatly among institutions where, in some instances, a high level of rigor is maintained. The [*American Council on Education*](#) (ACE) 2020 does not believe there is one approach to adopting a system for all institutions, but encourages implementation of principles that seek to model integrity, flexibility, understanding, and compassion. [*Higher education groups have joined*](#) together to urge flexibility and transparency when evaluating credits accrued during the COVID-19 pandemic.

Maintaining Nursing School Enrollments and Operations

How will the pandemic affect admissions and enrollments in nursing programs?

During these unprecedented times, colleges are unsure as to how admissions and enrollment will be affected for the coming academic year. A recent [*national survey*](#) conducted by the consulting firm Art & Science Group found that 1 in 6 high school seniors will take a gap year. Deferrals are expected to [*increase*](#), and students likely will seek additional financial aid opportunities given

increased unemployment across the country. Community colleges are expected to see an increase in enrollment.

What strategies are schools using to enhance student recruitment and retention?

As a priority, schools are encouraged to increase their communication with prospective and admitted students to provide them with insight on how their program will be successfully navigating the coming academic year (e.g., remote/hybrid/online courses, shift of clinical and didactic coursework).

Schools also are being flexible within their admissions practices and relying more heavily on holistic admissions. According to a recent AACRAO [survey](#), schools are accepting pass/fail coursework for prerequisite requirements, as many high schools and colleges have switched grade types mid-term. Some schools are temporarily eliminating standardized test requirements given the test-date cancellations by TEAS, ACT, SAT, GRE, and other tests. [Inside Higher Ed](#) reports that many high school seniors find a May 1 admissions deadline to be unreasonable.

Schools are being [creative](#) in providing online recruitment events, including chats with deans, virtual campus visits, and one-on-one virtual chats. Schools can increase their recruitment efforts and streamline their internal admissions processes by utilizing AACN's [NursingCAS](#), which provides a student application and free cloud-based admissions software to all member schools. AACN will offer a webinar on *Moving Your Admissions Process Online* on May 4 at 2 pm ET. Interested schools can contact [Stephanie Wurth](#), AACN Director of Strategic Partnerships, to schedule a demo call or quickly launch NursingCAS to ensure continuity of their admissions processes and uninterrupted workflows during this remote work period.

Current NursingCAS schools are encouraged to [advertise](#) their upcoming events, open seats, and deadline extensions in AACN's monthly NursingCAS applicant newsletter, which reaches 53,000 prospective students. NursingCAS also provides a robust automated communication tool that can be used to reach prospective students and increase yield. NursingCAS schools are encouraged to review FAQs and tips on the [NursingCAS COVID-19 updates](#) webpage.

How can schools plan for summer and fall terms when there is so much uncertainty?

With uncertainty remaining regarding the reopening of businesses and healthcare facilities, including for non-COVID care services, it is understandable that schools are debating curricular options for nursing students at all levels. Safety considerations for students, faculty, and patients - as well as essential learning needs of the students - are critical.

States are beginning to implement transition processes that will allow facilities to offer more non-emergent healthcare services, which should provide more options for clinical learning experiences. Students and faculty must be fully prepared regarding the proper use of PPE and transmission of airborne viruses, particularly COVID-19. Dr. Tener Veenema from Johns Hopkins University and an AACN consultant, has [co-authored a commentary](#) outlining what all

healthcare providers need to know no matter where they are working, which appears in the April 2020 issue of the journal *Health Security*. Dr. Veenema also is developing a learning resource to help faculty and employers prepare nurses for practice in today's healthcare environment, which will be made available to AACN members when completed.

How do deans manage student and faculty anxiety during the pandemic? How can AACN assist in promoting health and wellbeing?

The disruption caused by the COVID-19 pandemic and the need to adapt to the new normal has magnified mental health issues in both faculty and students at schools of nursing. Many are experiencing increased anxiety and a heightened sense of dread. Below is a list of resources that offer support to deans looking to minimize student and faculty stress while promoting health and wellbeing.

Managing Stress, Anxiety, and Fear

- The American Psychiatric Nurses Association (APNA) has created a content-rich website focused on [Managing Stress & Self-Care During COVID-19: Information for Nurses](#).
- The [Anxiety and Depression Association of America](#) offers a number of helpful tips and resources for managing anxiety related to the pandemic.
- The American Red Cross has developed a resource specifically focused on [Coping with Stress During COVID-19](#).
- The Centers for Disease Control and Prevention (CDC) has produced resources on [stress and coping](#), which identify factors that can manifest during times of stress.

Promoting Health and Wellbeing

- AACN offers two on-demand webinars as part of the COVID-19 Response Series focused on resilience and crisis management:
 - [COVID-19: Promoting Resilience in Times of Crisis](#)
 - [COVID-19: Teaching Nursing Students How to Manage Crisis During COVID-19](#)
- [AACN Connect's Online Community](#) provides a forum to share resources and strategies to help with health promotion and wellbeing on your campus.
- The Anxiety and Depression Association of America includes a [top 10 list of Anxiety Reduction Strategies](#).
- ANA's [Healthy Nurse Healthy Nation \(HNHN\)](#) initiative includes various resources and blog posts focused on the promotion of health and wellbeing for nurses. Of particular interest is the blog post from Dr. Bernadette Melnyk titled [Six Tips for Coping with the COVID-19 Pandemic](#).
- The Substance Abuse and Mental Health Services Administration (SAMHSA) Suicide Prevention Resource Center (SPRC) maintains [Resources to Support Mental Health and Coping with the Coronavirus \(COVID-19\)](#).
- The American Psychiatric Nurses Association (APNA) provides free access to a module focused on [Mindfulness in the Workplace: Practical Application](#).

How can AACN assist with the budget constraints facing nursing schools and students?

Many nursing schools across the country are expected to face deep budget cuts in the wake of COVID-19 and expected recession. AACN is acutely aware of the need to sustain our nursing education programs and infrastructure, and we have adapted our federal advocacy strategy to focus on increased support to nursing schools and students (see below). The association is leading efforts to increase funding for Title VIII Nursing Workforce Development Programs, nursing research, and infrastructure support as schools continue to transition to remote/distance learning.

Given the fiscal realities facing many schools, AACN is taking steps to minimize its fees while expanding programming and resources available to member schools. As the time for membership renewal approaches, the AACN Board of Directors has voted to waive the annual dues increase this year. In situations where schools are facing dire fiscal constraints which may impact their continued membership, AACN may grant a reduction in the annual institutional membership fee. With conference programming resuming later this year, members will be offered a discount for early registration as well as *risk free registrations* that will allow conference registration to receive full refunds up to 2 weeks prior to the event. To better meet the education needs of members, we have expanded our free webinar series to provide timely education for faculty and students engaged in responding to COVID-19.

In addition, AACN's new philanthropic arm, the Foundation for Academic Nursing, has initiated the COVID-19 Nursing Student Support Fund to provide grants to nursing students nearing the end of their programs who need some assistance to avoid a delay in the path to graduation. AACN will continue to seek additional funding for this program in order to expand the number of students from member schools who can benefit from this support.

What federal advocacy initiatives is AACN advancing to support funding for nursing education?

AACN is working diligently with congressional and administration officials to advance academic nursing's key priorities as we combat COVID-19. With these conversations beginning in late February, the association's role in leading many of these conversations accelerated following an invitation to [AACN's President and CEO to attend a White House Briefing](#) on March 18 with the President, the Vice President, and members of the COVID-19 Taskforce.

On [March 19, AACN sent a letter](#) to congressional leadership, key congressional committees, and champions outlining our top priorities in any COVID-19 legislation. AACN was proud to see many of our priorities included in H.R. 748, the [Coronavirus Aid, Relief, and Economic Security \(CARES\) Act](#), which was signed into law on March 27, including the reauthorization of the Title VIII Nursing Workforce Development programs.

Following the passage of the CARES Act, AACN released a survey in *Washington Weekly* for members to share ongoing COVID-19 priorities and their efforts on campus and in their

communities. On April 15, based on the feedback collected, [AACN sent a follow-up legislative request](#) for ongoing COVID-19 legislative priorities, which included additional funding for Title VIII as well as infrastructure support for nursing education, especially as nursing schools continue to transition to remote/distance learning.

In addition to our legislative efforts, AACN has had numerous conversations with key Administration officials in the White House, Department of Education, Department of Health and Human Services, and Veterans Affairs on implementation of regulatory and policy initiatives. In addition, AACN attends all webinars and calls with key agencies, including the Centers for Medicare and Medicaid Services (CMS). These calls occur multiple times a week and are vital to ensuring our voice is heard and that we receive the most up-to-date information.

AACN proudly works with our health professions and education colleagues to provide additional support on key issues. This includes, but is not limited to, support for healthcare education and institutions, attending webinars and zoom meetings, and sending letters to governors to temporarily suspend or modify barriers to ensure healthcare access.

AACN continues to work with Congress and the Administration as they address the ongoing COVID-19 response. For a full list of AACN COVID-19 advocacy efforts, *Washington Weekly* updates, and sign-on letters, please visit the [AACN Advocacy and Policy COVID-19 Resource webpage](#). To sign up for alerts and become an AACN Advocate, click [here](#). Follow us on [@AACNPolicy](#) for additional updates.

How can AACN help deans respond to the media and keep abreast of the latest developments related to the pandemic?

In times of crisis, AACN's role as an authoritative source for information for leaders in academic nursing is more important than ever. The following resources are available to provide the latest information and personalized support for deans and faculty seeking answers and appropriate referrals:

[AACN's Coronavirus Resources for Nurse Educators](#) is an online information clearinghouse that features the latest news and resources for academic nursing, including: AACN announcements; curated webinars; advocacy and policy efforts; information centers; member school exemplars; and other resources.

[COVID-19 Response Webinars](#) are available on-demand to help the academic nursing community address the coronavirus outbreak and transition nursing education programs. Sixteen webinars have been offered to date, and all may be accessed for free at any time.

[Member Success Stories](#) are featured to illustrate what is working at the local level to address the spread of COVID-19 and maintain quality nursing education programs. This information is posted on the resource page and featured weekly in the *AACN News Watch* newsletter.

[**AACN News Watch**](#) is disseminated every Wednesday to support the information needs of nursing school deans, faculty, students, and other stakeholders. AACN highlights key information sources about COVID-19 in each issue.

The **AACN Connect** online discussion community has created a [discussion thread](#) where members can ask questions and learn what is happening at other schools of nursing related to coronavirus prevention and preparedness efforts.

Ask Tener: In the coming weeks AACN will unveil a new opportunity to submit questions to Dr. Tener Goodwin Veenema, an internationally recognized expert in disaster nursing and public health emergency preparedness, to find answers specific to your school and community. Stay tuned for more information.

AACN's Communication Team is available to meet your information needs related to COVID-19. Schools wishing to share success stories, resources, and links are encouraged to contact Amy McElroy, Director of Communication and Content Curation at amcelroy@aacnnursing.org. Schools needing assistance with media interviews may contact Robert Rosseter, Chief Communication Officer, at rosseter@aacnnursing.org.