

COVID-19 Pandemic: What Have We Learned?

This issue of the *Clinical Journal of Oncology Nursing (CJON)* presents foundational content about clinical oncology care in the environment of a virulent pandemic, particularly the COVID-19 pandemic, which continues to overwhelm global health and healthcare delivery systems (Centers for Disease Control and Prevention, 2020; World Health Organization, 2021).

When the authors began drafting the articles of this issue, the trajectory and reach of the COVID-19 pandemic was believed to be limited, with a foreseeable end date. Unfortunately, as of this issue's publication, the pandemic rages on globally.

Of course, clinical oncology care continues, but the environment of this pandemic has required clinicians to revisit the structure and delivery of oncology care, revising the standards of care, policies, and underlying principles that form best practices. Therefore, with this issue, *CJON* presents revisited components of clinical oncology that have been affected by the COVID-19 pandemic. The authors and I are fully cognizant that this content is time sensitive and time limited. However, over time, we can build a more solid foundation for clinical oncology care based on what we have learned from practice during the pandemic and what evolves from our collective clinical expertise.

Clinical care delivery during a pandemic is inevitably disruptive and saturated with unknowns—questions not yet revealed and answers not yet clear. Data-based systems can inform decision making, but more often than not in clinical care, clinical judgment based on years of clinical experience is the predominant, guiding North Star.

We know from the COVID-19 pandemic experience that clinical oncology care requires adherence to core clinical competencies, providing care in chronically stressful practice settings. Amid widespread infection, stewardship of protective gear and adherence to strict policies and procedures keep patients, caregivers, and staff safe. We are reminded on an

ority areas to improve clinical pathways affecting inpatient and outpatient clinical oncology care. Yackzan and Shah (2021) review challenges to providing ambulatory oncology clinical care during a pandemic, focusing on clinical care infrastructures.

Cazeau (2021) reviews models and strategies to enhance interprofessional

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hourly basis that complicated patient care situations require expert clinicians who can effectively and nimbly communicate. And, at the end of the day, managing stress in ourselves is as important as managing stress with our patients, caregivers, and colleagues.

Further building the foundation for clinical practice, this issue includes Yackzan and Mahon's (2021) primer about pandemics, reviewing epidemiology, public health concepts, terminology, and implications for oncology nursing practice. In another primer that can inform clinical practice, Carr (2021) provides an overview about vaccines, expanding the knowledge base for clinical oncology nurses about COVID-19 vaccines and suggesting a template for patient education.

This issue also includes two articles from the perspective of clinical oncology nurses in practice during a pandemic. Using the Lean Six Sigma framework to address a clinical pandemic environment, Duncan et al. (2021) focus on seven pri-

communication during the COVID-19 pandemic, applying evidence-based practice to enhance time-critical, accurate, and updated communication among clinical colleagues. Providing a framework for ethical issues in the context of clinical oncology care and treatment decision making, Tariman et al. (2021) address bioethical and nursing considerations to establish patient care priorities.

Lastly, Shah et al. (2021) review principles of collegial relationships and self-care, championing mental and emotional support to maintain a psychologically healthy work environment. Elaborating about mental health in a stressful clinical workplace, this article includes personal experiences of oncology nurses in practice.

In addition to this issue's primary articles, two *CJON* departments review clinical oncology topics pertinent to COVID-19 care and treatment, including an article on using telehealth for palliative care (Stockdill et al., 2021) and a review of convalescent plasma as

a treatment for patients with COVID-19 (Martin, 2021).

To prompt your own thoughts about working in a pandemic-affected clinical environment, a panel of clinical oncology nurses respond to one of the following questions:

- Based on your experiences during the COVID-19 pandemic, what have you learned about yourself?
- What insights or competencies have you applied to your oncology clinical practice?

This issue's seminal content would not have been possible without the generous contributions of many clinician authors, who—despite significant clinical responsibilities—found the time and purpose to write these articles. All the issue's authors developed and wrote articles during a time when they were very busy with their own responsibilities at work and home. For that, I am very grateful for their expertise, which informs you, our readers.

I encourage you to refer to the web links included throughout this issue, which continue to update clinical practice in the context of the COVID-19 pandemic. As we anticipate future clinical challenges, this issue compiles some of what we know, what we have learned, and a platform for what we need to further study. Let's proceed on, constructing the pillars of our clinical oncology practice, so that we can be better prepared

when faced with future clinical crisis situations.



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