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Editorial: Resilience and transformation in and beyond the COVID-19 pandemic

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In the first part of this COVID special issue (Bartlett et al., 2021), we set out to capture and explore some of the learning and experience gained during the early disruption to practice-based learning caused by the pandemic. This was partly to consider how educators and learners adapted to the sudden changes brought about by the pandemic and partly to explore how these changes might influence future practice. Even leaving the pandemic to one side, practice learning was ripe for enhancement, making use of the technologies and innovations that permeate current practice in education. We also wanted to note and to celebrate the creativity and courage of colleagues who rapidly changed their longstanding practice to adapt to the new situation to keep education and clinical practice going. Many of the articles in the first part of the special issue describe rapid and effective collaboration between various groups and the crucial importance of this in maintaining learning and service delivery. In this second part, these themes continue and again we celebrate all the remarkable work that has been done.

This issue includes ten papers, four of which are research or evaluation of changes introduced as a response to the pandemic, one involves a series of case studies and five are reflective pieces. The range of disciplines represented includes nursing (including care home staff), occupational therapy, pharmacy, physiotherapy, social work, and speech and language therapy (also referred to as speech pathology). Colleagues from Australia, Ghana, Hong Kong, Ireland, Mauritius, South Africa, Spain and the United Kingdom have contributed to this special issue (part 2). One of the unique features of both parts of the special issue is the rich variety of professional perspectives that are presented from across the world.

In common with the first part of the COVID-19 special issue, many of the papers consider, reflect on or evaluate educational innovations designed and implemented at speed. In most cases, these involved digital adaptations of previously existing learning experiences, supervision arrangements, and assessments (McCarthy, 2022; Skeat et al., 2022; Dicken et al., 2022; Penman et al., 2022). In others, new activities and events were introduced; Dicken et al. (2022) replicated the changes to real practice by introducing simulation-based learning and video interactions in a social work setting in the United Kingdom, and Cushen-Brewster et al. (2022) introduced paid placements for nursing students in the UK in collaboration with national groups and regulatory bodies. McCarthy (2022) describes a similarly broad collaboration in Ireland which facilitated the continuation of placements and assessments across the

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country to ensure the continuation of the statutory placement for pharmacy students so that they could graduate and enter the workforce on time.

In an example of changes in service delivery leading to change in educational practice, Johnston et al. (2022) consider the feasibility of using online discussion and reflection for care home staff who are supporting end of life care. The sessions provided both education and emotional support at a time of great pressure, as well as allowing specialists opportunities to provide 'in-reach' care in an efficient way. They conclude that there is value in continuing these online sessions into the future.

Hams and Jones (2022) compare the learning models and the case mix experienced by physiotherapy students in Australia before the pandemic with those experienced once it had started. They introduced a clinical portfolio to monitor placement experiences so that dynamic changes could be made in response to changing clinical services and learning experiences to ensure that students could meet the requirements of the programme.

In two papers, the authors reflect on the opportunities for deep consideration of educational practice that the pandemic has afforded, challenging established ways of thinking and practising. Dicken et al. (2022) in the UK and Thomas et al. (2022) (Australia and the UK) both discuss the limitations of a 'minimum hours' approach to clinical education and recommend instead the assessment of competencies or capabilities in a range of settings that reflect the blended approach to service delivery due to the pandemic. Thomas et al. (2022) support these ideas by pointing out that students have been able to develop the necessary knowledge, understandings, and skills without traditional, in-person, time in the practice environment.

Collaboration is a strong theme of the papers we have included. Abrahams et al. (2022) describe how a transdisciplinary approach involving speech and language therapists and occupational therapists enabled greater sharing and engagement. This led them to critically evaluate established practices, questioning their relevance in the context of the pandemic which exacerbated inequalities for marginalised communities. By working across discipline boundaries, they were able to consider other ways of thinking and practising which relate to the needs of the community.

Rodriguez (2022) describes a different aspect of collaboration; the integration of families into online learning environments so that there is responsiveness to students' and families' needs, in this way linking the wider community to the learning processes. This was found to help with feelings of isolation and Rodriguez (2022) goes on to reflect how we could reconceptualise ideas about the classroom as systems for holistic support.

At the time of writing, despite the progress with vaccination programmes in some parts of the world, there remains future uncertainty arising from the potential for new variants of COVID-19, as well as the longer-term impacts of the pandemic, such as post-COVID conditions. This continues to affect health and care services and as an inevitable consequence, placement-based learning. There is still a sense of uncertainty and apprehension for the future; can we be sure that there will be no further outbreaks and lockdowns? This, coupled with the effects of over two years of strain for educators and learners, may well be affecting resilience, creativity, and innovation.

As we reflect on the diversity and volume of the success stories captured in both parts of this special issue, there is an overwhelming sense of achievement and resilience in the face of the extreme challenges that COVID-19 presented to us. We have been moved by the capacity for adaptation and growing new capabilities, demonstrating the power of collaborative working. This occurred cross-sector, including education institutions, health and social care organisations and governments. As the uncertainty of the pandemic and its aftermath continues, we hope these articles will continue to be relevant and serve as a reminder of the success that went beyond what we could have imagined.

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