

North Carolina Nurses Association (NCNA) Position Statement on Resources and Recommendations for Directors of NC Nursing Programs

This position statement does not imply endorsement of any piece of related legislation.

Situation

Directors of North Carolina Nursing Programs would like to be able to allow one hour of simulation to count for two hours of clinical time.

Dr. Lori Byrd, Associate Director of Academic Programs Health Services at NC Community College System (NCCCS) has been asked to approach the NCCCS Board of Directors to explore the possibility of changing regulations to allow one hour of simulation to count for two hours of clinical time.

Background

Many factors contribute to an interest in using simulation time in place of clinical time. These factors include programs competing for the same clinical site, more clinical observation and less hands-on opportunities for students, initiatives that decrease the number of students on a clinical unit or limit their ability to provide total patient care, and disparities in learning for students. These are just a few of the reasons simulation is being requested.

State Boards of Nursing continue to receive requests from programs for permission to replace part of the traditional clinical hours with simulation. With high-fidelity simulation, educators can replicate many acute care patient situations, and students can develop and practice nursing skills using clinical decision making in a safe environment.

A study by the National Council of State Boards of Nursing (NCSBN) was conducted in 2014 by Hayden, Smiley, Alexander, Kardong-Edgren and Jeffries. This study determined that “high quality simulation experiences” could be substituted for up to 50% of traditional clinical hours across the prelicensure nursing curriculum. ([http://www.nln.org/docs/default-source/about/nln-vision-series-\(position-statements\)/ncsbnstudyresponsefinal.pdf](http://www.nln.org/docs/default-source/about/nln-vision-series-(position-statements)/ncsbnstudyresponsefinal.pdf)).

The North Carolina Nurses Association (NCNA) supports the use of simulation in nationally accredited prelicensure nursing programs for up to 25% of clinical experience time in focused clinical courses, and up to 50% of clinical time in other clinical courses. The use of simulation for up to 25% of clinical experience time is also supported in nursing programs that are not nationally accredited.

The International Nursing Association for Clinical Simulation and Learning (INACSL) is compiling state data on percentages of clinical replacement hours acceptable for pre-licensure nursing programs. Listings are also available regarding ratio of simulation to clinical hours if determined by that state. (<https://www.inacsl.org/sim-regulations/>).

Assessment

Despite the desire of many programs to increase simulation time, the ratio of simulation to clinical hours has not been determined. The only study with extensive research related to time substitution was the NCSBN study, during which one hour of simulation time was substituted for one hour of clinical time. Research is lacking in this area but some studies are in progress. The National League for Nursing (NLN) currently has a task force working on studying this issue.

What is known, however, is that simulation is more time intensive with the opportunity for more learning to take place in a shorter amount of time. Accrediting agencies such as ACEN do not regulate ratios of simulation to clinical hours.

As program directors wait to hear a final outcome regarding the ratio of simulation to clinical hours, time can be spent ensuring that simulation is high quality and delivered by faculty educated in simulation theory and practice.

Recommendations for planning and implementing high-quality simulation education experiences

Follow NCSBN Simulation Guidelines for Prelicensure Nursing Programs (https://www.ncsbn.org/16_Simulation_Guidelines.pdf). Simulation can be substituted for up to 50 percent of traditional clinical experiences under conditions comparable to those described in the NCSBN study. These conditions include:

- faculty members involved in simulation education should be formally trained in the pedagogy of simulation
- an adequate number of faculty members should be available to support the student learners
- subject matter experts who conduct theory-based debriefing should be available
- equipment and supplies should be used to create a realistic environment

This support is based on the conditions that there are adequate programmatic structure and resources, the INACSL *Standards of Best Practice: Simulation*SM are used to develop and implement evidence-based simulations, there are a sufficient number of dedicated faculty members who are formally trained in simulation pedagogy to support the student learners, at least one faculty member is nationally certified as a Certified Healthcare Simulation Educator (CHSE), subject matter experts are present to conduct theory-based debriefings according to the INACSL *Standards of Best Practice: Simulation*SM, and resources are available to create a realistic environment (NCNA, 2016)

For more information on becoming a Certified Healthcare Simulation Educator see: <https://www.ssih.org/Certification/CHSE>

References

Alexander, M., Durham, CF, Hooper, J.I., Jeffries, P.R., Goldman, N., Kardong-Edgren, S., Kesten, K.S., Spector, N., Tagliareni, E., Radtke, B & Tillman, C. (2015). NCSBN simulation guidelines for prelicensure nursing programs. *Journal of Nursing Regulation*, 3(6), 39-42.

Hayden, J., Smiley, R., Alexander, M., Kardong-Edgren, S. & Jeffries, P. (2014). The NCSBN National Simulation Study: A longitudinal, randomized controlled study replacing clinical hours with simulation in prelicensure nursing education. *Journal of Nursing Regulation*, 5(2), S1-S64.

INACSL *Standards of Best Practice: Simulation*SM retrieved from <https://www.inacsl.org/inacsl-standards-of-best-practice-simulation/>

North Carolina Nurses Association (2016). Position Statement on Use of Simulation for Up to 50% of Traditional Clinical Experiences in Prelicensure Nursing Education Programs. Retrieved from: [https://pubs.ncnurses.org/pub.cfm?id=8a41aaba-782b-cb6e-2763-f498304a0e3aNursing Education Programs](https://pubs.ncnurses.org/pub.cfm?id=8a41aaba-782b-cb6e-2763-f498304a0e3aNursing%20Education%20Programs)

Additional Resources

CHSE Certification requirements: <https://www.ssih.org/Certification/Exam-Prep>

CHSE exam blueprint:

https://www.ssih.org/Portals/48/Certification/CHSE_Docs/CHSE_Examination_Blueprint.pdf

Debriefing Assessment for Simulation in Healthcare (DASH):

<https://harvardmedsim.org/debriefing-assessment-for-simulation-in-healthcare-dash/>

INACSL SIM Regulations: <https://www.inacsl.org/sim-regulations/>

National League for Nursing Response to NCSBN Simulation Study:

[http://www.nln.org/docs/default-source/about/nln-vision-series-\(position-statements\)/ncsbnstudyresponsefinal.pdf](http://www.nln.org/docs/default-source/about/nln-vision-series-(position-statements)/ncsbnstudyresponsefinal.pdf)

North Carolina Nurses Association Simulation Council:

<https://ncnurses.org/networking/councils-and-commissions/simulation-council/>

Society for Simulation in Healthcare (SSH) Healthcare Simulation Dictionary:

<https://www.ssih.org/Dictionary>

SSH Accreditation Standards: <https://www.ssih.org/Accreditation/Full-Accreditation>

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