State Board of Nursing for South Carolina

Position Statement

Simulation as a Teaching Strategy in Nursing Education

The National Council of State Boards of Nursing Position Paper, "Clinical Instruction in Prelicensure Nursing Programs", has defined simulations as "…..activities that mimic the reality of a clinical environment and are designed to demonstrate procedures, decision-making and critical thinking through techniques such as, role-playing and the use of devices such as interactive videos or mannequins. A simulation may be very detailed and closely simulate reality, or it can be a grouping of components that are combined to provide some semblance of reality. However, simulation shall not take the place of clinical experiences with actual patients."[1] This position statement is to provide guidance to nursing education programs in using simulation as a teaching strategy in preparation for clinical practice.

Simulation can be used to teach theory, assessment, technology, pharmacology and skills. The emphasis in simulation is often on the application and integration of knowledge, skills, and critical thinking. It allows the learner to function in an environment that is as close as possible to an actual clinical situation and provides them the opportunity to think and act in a safe environment.[2] Simulation has been successfully used as teaching strategy in nursing education since the beginning of nursing education.

Advances in technology may contribute to a greater use of simulation. The concept of fidelity and the categories of fidelity in simulation are important to the use of simulation in nursing education. Fidelity is the term used in the simulation domain to describe the degree of realism of the system being used. The purpose of simulation is to be realistic enough to convince the user that they are performing in a scenario that resembles real life. Fidelity can be divided into three categories: low-, moderate-, and high-fidelity. Low fidelity allows the user to practice skills in isolation, such as administration of an intramuscular injection into an orange or injection pillow. Moderate fidelity offers more realism but does not have the user completely immersed in the situation, such as a mannequin with breath sounds but no corresponding chest rise. High fidelity provides the user with the cues necessary to suspend their disbelief during the immersive, hands-on scenarios.[3]

Endorsing the position statement of the NCSBN, the Board recommends the following:

- Prelicensure nursing educational experiences should be across the lifespan.
- Prelicensure nursing education programs shall include clinical experiences with actual patients; they might also include innovative teaching strategies that complement clinical experiences for entry into practice competency.
- Prelicensure clinical education should be supervised by qualified faculty who provide feedback and facilitate reflection.

- Faculty members retain the responsibility to demonstrate that programs have clinical experiences with actual patients that are sufficient to meet program outcomes.
- Additional research needs to be conducted on prelicensure nursing education and the development of clinical competency.

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[1] National Council of State Boards of Nursing, Inc. (NCSBN). Clinical Instruction in Prelicensure Nursing Programs. Retrieved November 29, 2005 from http://www.ncsbn.org/regulation/nursingeducation_nursing_education_papers.asp

[2] Seropian, M., Brown, K. Gavilanes, J. & Driggers, B.(2004) Simulation: Not just a manikin. *Journal of Nursing Education*, 43, 164-169.

[3] Yaeger, K., Halamek, L., Coyle, M., Murphy, A., Anderson, J., Boyle, K., Braccia, K., McAuley, J., Sandre, G., & Smith, B. (2004). High fidelity simulation-based training in neonatal nursing. *Advances in Neonatal Care*, 4, 326-331.