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Position Statement: Use of Simulation in Pre-Licensure Nursing Programs

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Revised:

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Definitions

Simulation: an experiential learning technique designed to replicate real-life situations in an immersive, interactive manner (Gaba, 2004; INACSL Standards Committee, 2016a)

Debriefing: a reflective conversation immediately following a simulation led by a trained facilitator using an evidence-based debriefing model to identify and close gaps in learning and performance (Eppich & Cheng, 2015; INACSL Standards Committee, 2016b). It includes active reflection, cognitive reframing, and transfer of learning to future situations.

Traditional Clinical Experience: practice in any healthcare delivery setting where the student provides direct care to patients under the supervision of an instructor or preceptor (Alexander et al., 2015; NCSBN, 2016).

Simulation Substitution Guidelines for Pre-Licensure Nursing Programs

- A pre-licensure nursing program shall begin simulation substitution gradually and systematically increase the amount of simulation as educators acquire expertise in simulation and debriefing pedagogy.
- Programmatic outcomes and course learning objectives shall guide the integration of simulation into the nursing curriculum. Programs shall document how simulation activities are linked to programmatic outcomes through curriculum mapping.
- The program may use simulation as a substitute for traditional clinical experiences, not to exceed 50% of its clinical hours for a given course/clinical specialty. Simulations must adhere to the National Council of State Boards of Nursing Simulation Guidelines (NCSBN, 2016) and be balanced with clinical experiences based on availability of clinical sites and quality of hands-on experiences.

- Based on the most recent evidence, the total number of traditional clinical hours in a program should not be less than 600 hours in order to consider any portion of simulation substitution across that program (i.e., a program with less than 600 total traditional clinical hours are encouraged to use simulation to *augment rather than replace* traditional clinical hours). Additionally, specialty areas of clinical practice that are limited to 48 hours or less in that specialty are encouraged to use simulation to augment rather than replace clinical hours.
- Programs substituting simulation for traditional clinical experiences must adopt and adhere to the most up-to-date version of the International Nursing Association for Clinical Simulation and Learning (INACSL) Standards of Best Practice: SimulationSM in their entirety(INACSL, 2016). Programs incorporating human roles (standardized participants) must also adhere to the Association of Standardized Patient Educators (ASPE) Standards of Best Practice (Lewis et al., 2017).
- The program shall have adequate fiscal, human, and material resources and equipment to meet the objectives and outcomes of the simulation.
- The program faculty are prepared and qualified to facilitate the simulation and debriefing through documented formal training and ongoing professional development in the use of simulation.
- The program has administrative commitment for support and sustainability of maintaining best practices, including ongoing faculty training and evaluation of simulation program outcomes.
- The program shall identify and adhere to policies and processes governing best practices of simulation-based learning, including but not limited to:
    - Mechanisms to protect and address physical and psychological safety
    - Confidentiality procedures
    - Evidence-based simulation design
    - Debriefing methodology
    - Qualifications of faculty and simulation lab personnel, including training and orientation
    - Simulation quality assurance measures
- The program shall provide evidence of compliance to these standards to the SCBON on an annual basis by completing the *Simulation Substitution Annual Report*.

References

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