



2024 SCIENTIFIC SYMPOSIUM

From Data to Policy

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Simulation in Nursing Education: Advancements in Regulation, 2014-2022

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Regulators have become increasingly involved in overseeing the use of simulation in nursing education, especially with regards to the use of simulation hours as a substitute for clinical hours.

Background



2011-2013 National Simulation Study

- Pre-survey sent to pre-licensure RN programs
- Survey respondents invited to be considered for participation in the National Simulation Study
- Ten schools were selected from those programs who offered to participate

2011-2013 National Simulation Study

- No or Minimal Simulation
- 25% of Clinical Hours in Simulation
- 50% of Clinical Hours in Simulation

Study found no differences among these students while in school, at graduation, or while practicing as new graduates.

2014 Simulation Baseline Study

1. How many jurisdictions currently have regulations regarding the use of simulated clinical experiences?
2. What percentage of clinical-experience hours may be replaced by simulation?

2014 Simulation Baseline Study

- Most jurisdictions did not have specific regulation regarding the use of simulation hours
- Jurisdictions did not always specify a maximum amount allowed
- Many mentioned approving the use of simulations in educational programs on a case-by case basis

2015 Simulation Guidelines

Substituting up to 50% simulation for prelicensure clinical experiences promotes outcomes similar to traditional clinical experiences, as long as:

- Faculty are adequately trained, committed, and in sufficient numbers;
- There is a dedicated simulation lab with appropriate resources;
- Vignettes are realistically and appropriately designed; and
- Debriefing is based on a theoretical model.

2017 Pre-Licensure Nursing Program Simulation Survey

- Follow up from the 2010 survey
- High-fidelity simulation use increased substantially
- 24% reported institutional policy changes mainly due to simulation



2021 Simulation Regulation Study

Determine the impact of the National Simulation Study and subsequent Guidelines on the regulation of the use of simulation in nursing education.

Results

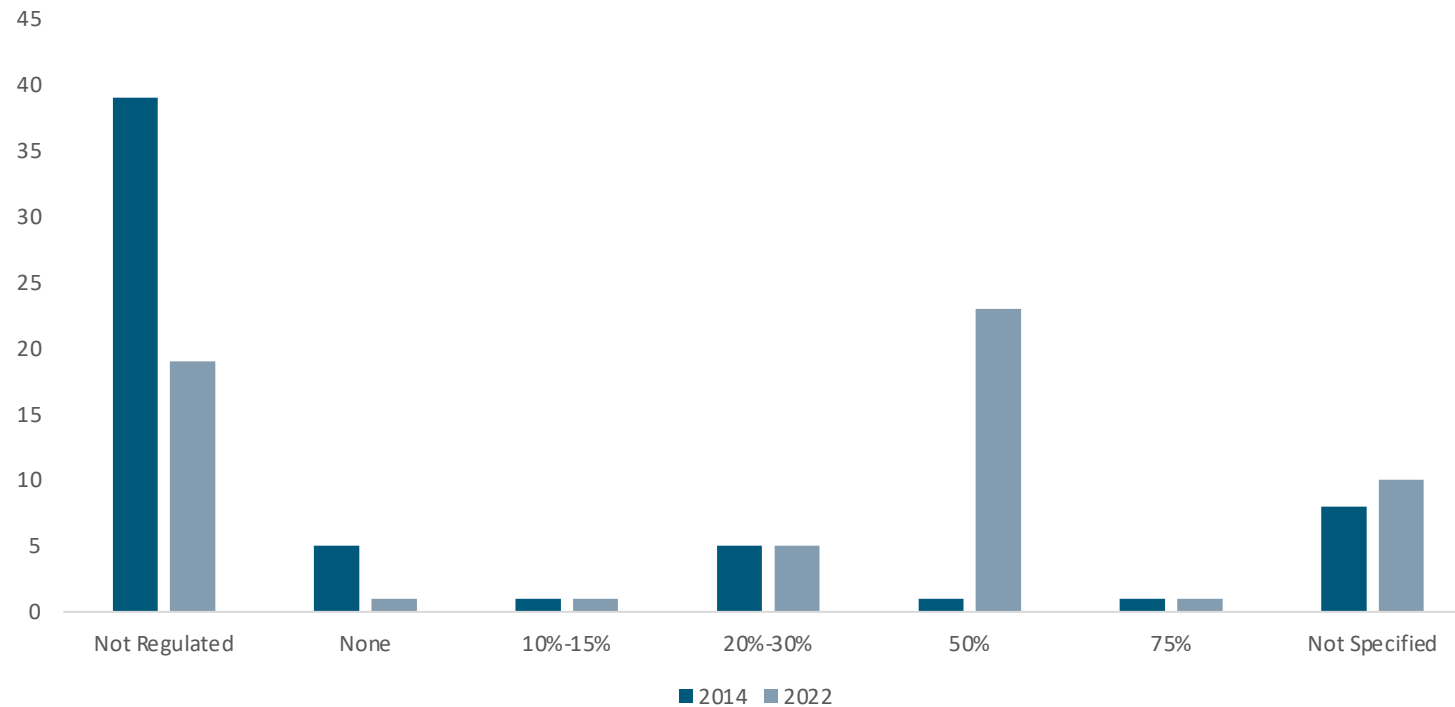
A photograph showing two healthcare professionals in a clinical setting. In the foreground, a man with a beard, wearing blue scrubs and a VR headset, is looking forward. In the background, another man in light blue scrubs and a VR headset is also looking forward. They appear to be in a training or simulation environment. The word "Results" is overlaid on the left side of the image.

RNs – Question 1:

How many jurisdictions currently have regulations regarding the use of simulated clinical experiences?

Simulation Use Regulation for Prelicensure Registered Nursing Programs				
Simulation Regulation	2014		2022	
	<i>n</i>	%	<i>n</i>	%
Yes	21	35.0%	41	68.3%
No	39	65.0%	19	31.7%

RNs – Question 2: What percentage of clinical-experience hours may be replaced by simulation?

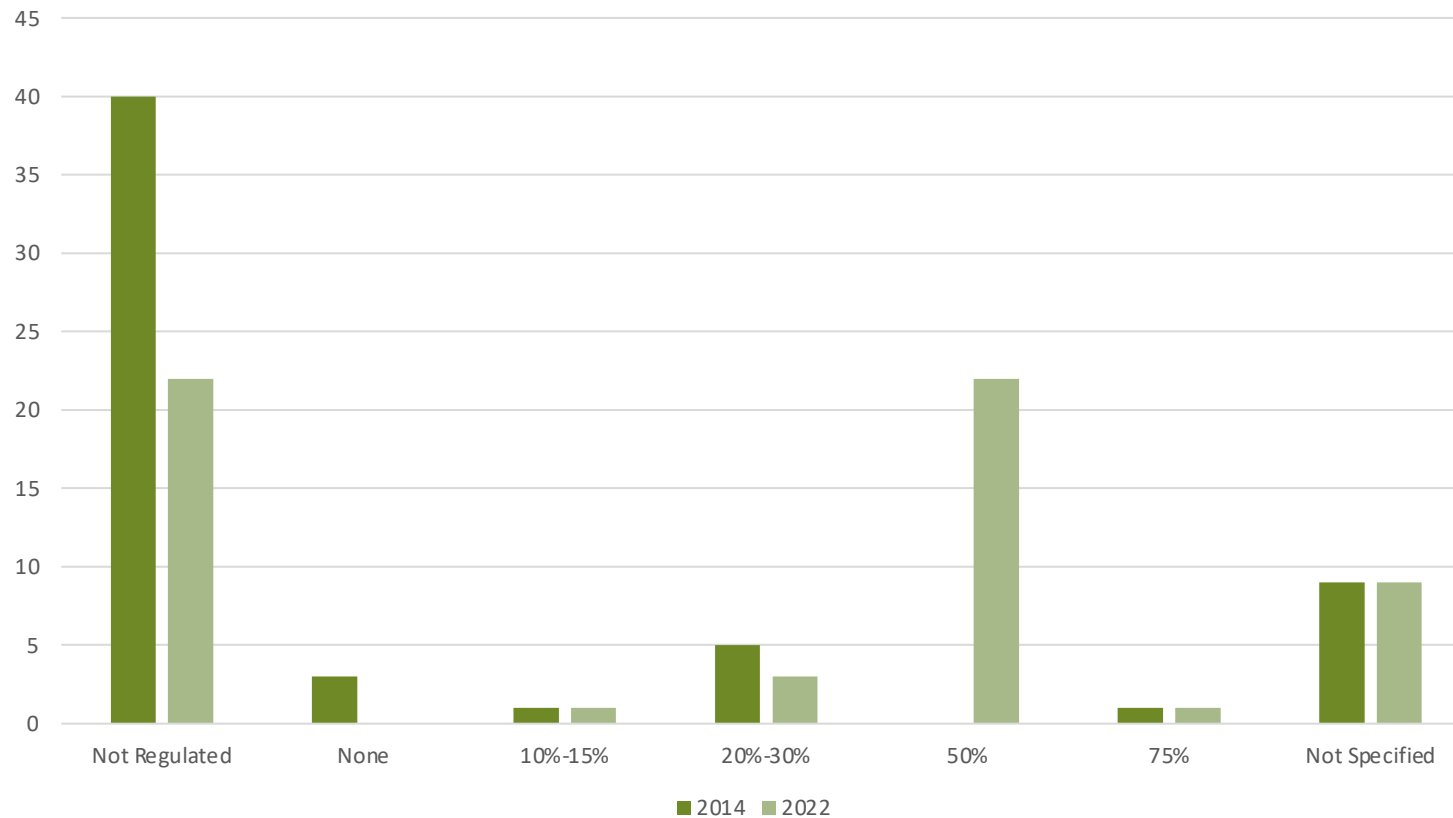


LPN/VNs – Question 1:

How many jurisdictions currently have regulations regarding the use of simulated clinical experiences?

Simulation Use Regulation for Prelicensure LPN/LVN Programs				
Simulation Regulation	2014		2022	
	<i>n</i>	%	<i>n</i>	%
Yes	20	33.9%	36	62.1%
No	39	66.1%	22	37.9%

LPN/VNs – Question 2: What percentage of clinical-experience hours may be replaced by simulation?





COVID-19 Emergency Orders

- >15 jurisdictions issued statements & emergency orders addressing the use of simulation
- Many relaxed restrictions
- 6 shifted the amount that could replace clinical hours

Summary

- The use of simulation in educational programs has risen substantially in the past decade.
- For both RN and LPN/VN programs, over 60% of jurisdictions now specifically refer to the use of simulation in program approval regulatory documents.
- Over a third of RN and LPN/VN educational programs allow the substitution of simulation hours for up to 50% of clinical hours.

Conclusions

The impact of the National Simulation Study and subsequent Guidelines are seen in the large number of jurisdictions that shifted from no regulation of simulation to allowing the study maximum of 50% of simulation hours substituted for clinical hours.





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