

National League for Nursing Response to NCSBN Simulation Study

Introduction

The National Council of State Boards of Nursing (NCSBN) recently released the **results** of a landmark, national, multi-site, longitudinal, randomized controlled trial exploring the role and outcomes of simulation in pre-licensure clinical nursing education in the United States. Conclusions from this study state that there is substantial evidence that simulation can be substituted for up to 50 percent of traditional clinical experiences under conditions comparable to those described in the study. The conditions include:

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

(Hayden, Smiley, Alexander, Kardong-Edgren, & Jeffries, 2014).

Schools of nursing have increasingly adopted simulation as a teaching methodology. Learners and faculty value its ability to provide realistic, context-rich experiential learning in a safe environment. Nursing programs integrating simulation into their curricula use it to augment or replace traditional clinical learning experiences.

The NLN has been at the forefront of scholarship in the pedagogy of simulation for more than a decade. In 2003, the NLN, in partnership with Laerdal Medical, conducted the landmark simulation study, “Designing and Implementing Models for the Innovative Use of Simulation to Teach Nursing Care of Ill Adults and Children: A National Multi-Site, Multi-Method Study.” In 2007, the NLN, with the generous support of Laerdal Medical, launched the **Simulation Innovation and Resource Center (SIRC)**, an online comprehensive website providing education and support to advance simulation in nursing education. In this same spirit, NLN publications highlighting best practices in simulation have been written by Dr. Pam Jeffries. The comprehensive guide for nurse educators, *Simulation in Nursing Education: From Conceptualization to Evaluation* (Jeffries, 2012) is now in its second edition. Anticipating the need for education and leadership in simulation, the NLN sponsors a year-long simulation leadership program through our Leadership Institute. The program, directed by Dr. Pam Jeffries and Dr. Mary Anne Rizzolo, is currently in its fifth year.

Considerations

- ▶ Schools of nursing are increasingly challenged to provide high quality clinical experiences for students. Educators have turned to simulation as a method of providing rich learning experiences that can replicate actual clinical situations. Simulation also provides the ability to standardize clinical experiences in an environment of unpredictable and often inconsistent clinical learning opportunities.

- ▶ Many boards of nursing have received requests from nursing programs to allow simulation experiences to substitute for time traditionally spent in clinical placements. The NCSBN study now provides evidence to guide boards of nursing on recommendations for the use of simulation for clinical education.
- ▶ The International Nursing Association for Clinical Simulation and Learning has published **Standards of Best Practice** to guide the use of simulation (INACSL, 2013). The standards that echo the qualifying conditions of the NCSBN are Standard V: Facilitator and Standard VI: Debriefing. Standard V states that simulation facilitators are key to participant learning and should have specific simulation education. Standard VI says that debriefing is the most important part of a simulation-based learning experience and should be guided by a facilitator who is competent in the process of debriefing.

Conclusions/Recommendations

- ▶ The NLN supports the use of simulation as a teaching methodology to prepare nurses for practice across the continuum of care in today's complex health care environment. Based on the results of the NCSBN study, simulation provides a rich learning opportunity, and can be used as a substitute for traditional clinical experiences in all courses in pre-licensure nursing education, with qualifications:
 - To ensure optimal learning, simulation experiences should be facilitated by an adequate number of dedicated simulation faculty with training and expertise in the pedagogy of simulation.
 - Debriefing should be theory based and facilitated by a qualified educator who has received specific education in debriefing techniques. Debriefing facilitators should have their competence assessed on a regular basis.
 - All aspects of simulation experiences should be guided by the **Standards of Best Practice: Simulation** (INACSL, 2013)
- ▶ Nursing programs using simulation need to ensure that simulation is purposefully integrated into the curriculum with clear connections toward achievement of course and program outcomes.

Hayden, J. K., Smiley, R. A., Alexander, M., Kardong-Edgren, S., & Jeffries, P. R. (2014). Supplement: 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), C1-S64.

International Nursing Association for Clinical Simulation and Learning (2013). Standards of Best Practice: Simulation. *Clinical Simulation in Nursing* vol. 9, issue 6S, June 2013.

Jeffries, P. R. (2012). *Simulation in nursing education: From conceptualization to evaluation*. National League for Nursing.