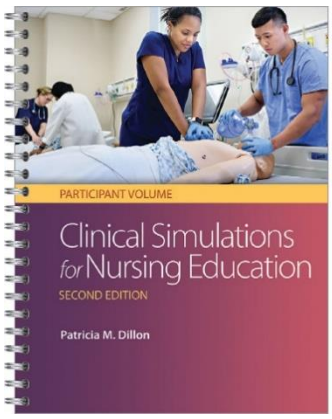
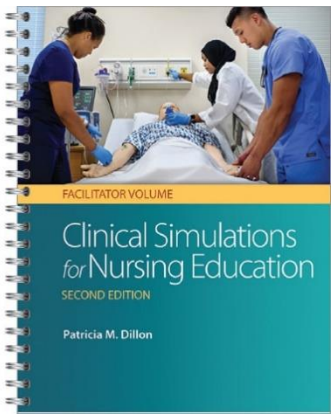
Transitioning to Distance Education





Tips for Using Clinical Simulations for Nursing Education

Begin by scheduling an online meeting with students

(Online platform suggestions: Zoom, Join.me, WebEx)

- Select a case from *Clinical Simulations for Nursing Education* that aligns with your student learning outcomes.
- Assign student prep work that includes…
  - Overview of problem
  - Review questions
  - Content areas to review prior to the simulation
  - Introduce students to the patient. Have students identify…equipment needed to care for client with purpose
  - Team members and roles
  - Important vs. non-important data obtained from report
  - Additional history questions
- Have students review the provider's orders and...
  - Identify the significance of diagnostic tests as they relate to the patient's problem.
  - Review medications' indications, side effects, and nursing implications.
- Assign roles to students.
- Walk through the case with students using the script provided in the Facilitator Version of *Clinical Simulations for Nursing Education* asking "What would you do, and why?" and/or "What if you do…?"
- Use clinical pauses provided in the Facilitator Version to give students "something to think about."
- Have students identify actual/potential nursing diagnoses.

See all of our tips for Distance Education HERE

- Debrief by walking them through the clinical decision-making process.
- If they go down the wrong path, ask "Why; what led you to that decision?" "Is there anything you would do differently?" then "What if you were to…?"

Alternate Options

DISCUSSION—Approach 1

- On your Learning Management System (LMS) post the case as a discussion.
- Have students read at least one post and respond.
- Be sure not to allow students to view other students' postings until each student has posted their case response.
- Pose questions such as "What responses were similar to your response?" "What was different about your response?"

DISCUSSION—Approach 2

- Post the case as a discussion, but change one aspect, for example, the age of the client.
- Ask students to consider "What if…" and describe the differences. For example, "If a 20-year-old presents with cough and SOB, how would you respond differently?" "If the patient was a 70-year-old with the same symptoms? What do you need to consider? Would your approach be different, and if so, how?"

DISCUSSION—Approach 3

- Instead of assigning one case to one student, assign teams of students to cases. Assign prep work within the group and encourage them to share the work through discussion. Together, they develop the plan of care for the patient. This type of activity will foster collaboration, teamwork and leadership.

FAQs

Q **How do I know I can substitute clinical simulations for clinical time?**

A The NCSBN study published in the Journal of Nursing Research established that clinical simulation was an effective substitute for clinical time, and recommended that up to 50% of clinical hours could be replaced with simulation.

Q **What is the conversion factor between simulation hours and clinical hours?**

A It varies greatly. Some state Boards of Nursing set the ratio, but most leave that up to the individual program. Many programs make simulation and clinical hours equivalent (1:1).

Q **Are there best practices defined for clinical simulation in nursing education?**

A Yes, International Nursing Association for Clinical Simulation and Learning (INACSL) published INACSL Standards of Best Practice: Simulation.

Q **Have your simulations been vetted for use in nursing programs?**

A F. A. Davis's ***Clinical Simulations for Nursing Education: Participant Version*** and ***Clinical Simulations for Nursing Education: Facilitator Version*** have been in wide use by nursing programs throughout the U.S. and Canada since 2012. Additionally, the NCSBN purchased the right to use both the content and the format of the F. A. Davis simulations in the NCSBN study to assure consistency of experience among study subjects.

Q **About how long does it take to complete a simulation?**

A The simpler simulations can usually be done in 15-30 minutes, depending on the knowledge and skill level of students participating. The more advanced sims (critical care) take about 30-45 minutes, again, depending on students' skill level. Pre-work should take students about 40-60 minutes per sim. Debriefing takes about one or two times as long as the sim itself, depending on the theoretical framework used. Some programs include debriefing time in total sim time for conversion to clinical time and some don't, but there is good evidence that they should include the debriefing. For example, if you are doing a critical care sim and debriefing for twice the time the sim takes, the sim could be counted for 2.25 hours of clinical time.

Q **Are virtual clinical simulations the same as clinical simulations with high-fidelity manikins or Standardized Patients when converting to clinical hours?**

A While the NCSBN longitudinal study defines "simulation" in Appendix A as *"An activity or event replicating clinical practice using scenarios, high-fidelity manikins, medium-fidelity manikins, standardized patients, role playing, skills stations, and computer-based critical thinking simulations"* (Hayden, Jeffries, Kardong-Edgren, & Spector, 2009.) Appendix C provides an "Example of a Simulation Day Schedule" in which "high-fidelity simulation" comprises 4 hours and 45 minutes of the 8.5 hour day, and "computerized critical thinking simulation" comprises 1 hour.

Q **If computerized critical-thinking simulations are not the same as clinical simulation when it comes to converting to clinical hours, how are they best used?**

A Virtual simulations are an excellent way for students to preview clinical simulations in which they are scheduled to participate or observe and to review simulations they've gone through or observed. Virtual simulations augment clinical simulations, they do not replace clinical simulations.