

Dear Dean and Directors:

Yesterday the Nursing Program Approval Panels (NPAPs) had an emergency meeting to discuss the WACs, further possible adjustments, and how to best support nursing students and protect the public as we collectively do our best to navigate through this unprecedented crisis. Circumstances are changing so rapidly that shortly after our meeting ended, the Governor held a press conference outlining his “*Stay Safe-Stay Healthy*” proclamation. NPAP is currently asking for clarification of if, and to what extent, nursing education programs may be considered “essential services”. This clarification will help determine what strategies remain feasible and we will update you as soon as we have further information. IF nursing students and their education are not considered “essential” then the proclamation may mean that any face-to-face skills labs or simulation may not be permitted and reduce feasible strategies that we have been discussing.

The NPAP members are keenly aware that no one solution will work for each individual nursing program because of the significant regional variations we are experiencing. While some programs have thus far, had minimal to no interruptions in clinical opportunities for their students, other programs particularly in King County are in total shutdown. Please be aware NPAP knows things are changing rapidly and what we can recommend today, may require modification tomorrow. Our panel members are committed to weekly meetings, or more as necessary in order to discuss the current status and needs of nursing education programs in the state.

As you plan for the remainder of this academic year please be aware of the **decisions that were made yesterday during this emergency NPAP meeting:**

1. The Commission will support the front loading of didactic online content during spring quarter and reserving skills and clinical in a more concentrated format towards the end of the term (if circumstances permit) and/or through extending completion dates over the summer;
2. The Commission will continue to support 1 hour of simulation to equal 1 hour of clinical practice;
3. Prioritize limited clinical spaces for students closest to program completion;
4. The Commission will support the use of high quality simulation for pre-licensure nursing programs that are in full alignment with WAC 246-840-534. <https://apps.leg.wa.gov/WAC/default.aspx?cite=246-840-534>. Simulation may be extended to a maximum of 50% simulation hours of total clinical hours across the curriculum on a temporary basis through summer quarter 2020. This will require sharing of evaluative data and clear demonstration of links to learning outcomes.
 - a. ADN programs require 500 clinical hours – up to 250 hours may be simulation
 - b. BSN programs require 600 clinical hours - up to 300 hours may be simulation
 - c. Practical nursing programs require 300 clinical hours – up to 150 hours may be simulation;
5. The Commission will support the use of high quality virtual as well as face-to-face simulation that is in alignment with WAC 246-840-534. The use of face-to-face simulation of course will depend on clarification from the Governor’s Office regarding whether nursing education is considered “essential service”.

The definition of virtual simulation must align with the NCSBN Simulation Study (Hayden, et al., 2014):

“Simulation: 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 et al., 2014, p. S 42)

“Simulation as used in this section means *a technique to replace or amplify real experiences with guided experiences evoking or replicating substantial aspects of the real world in a fully interactive manner*.” (WAC 246-840-534)

The Society for Simulation in Healthcare and the International Nursing Association for Clinical Simulation and Learning (INACSL) have multiple definitions for computer-based simulation, virtual reality, virtual simulation, virtual reality simulation, augmented reality, etc. During this pandemic response, NPAP finds the most useful definition to be INACSL’s definition of **computer-based simulation**:

“A simulation-based learning activity designed to provide an experience through the use of an alternative medium. Learners can complete specific tasks in a variety of potential environments, use information to provide assessment and care, make clinical decisions, and observe the results in action. Feedback can be provided during and after the interaction (p. S40).

Possible applications include augmented reality, virtual worlds, virtual environments, virtual patients, computer-based simulations and serious games that allow the learner to *engage in critical thinking*.

Guidance for facilitation of virtual simulation:

Like the definition of virtual simulation, the application of virtual simulation must align with the same standards as other types of simulation (WAC 246-840-534). While the literature is still developing in this area (Shin et al., 2019), **high-quality facilitation of virtual simulation is important**. Thoughtful curricular integration, theory-based de-briefing, and ongoing evaluation are essential to the successful implementation of virtual simulation;

References

Hayden, J. K., Smiley, R. A., Alexander, M., Kardong-Edgren, S., & Jeffries, P. R. (2014). The NCSBN National Simulation Study: A longitudinal, randomized controlled replacing clinical hours with simulation in prelicensure nursing education. *Journal of Nursing Regulation*, 5(2), S1–S64. INACSL Standards Committee (2016, December).

INACSL standards of best practice: SimulationSM Simulation glossary. *Clinical Simulation in Nursing*, 12(S), S39-S47. <http://dx.doi.org/10.1016/j.ecns.2016.09.012>.

Shin, H., Rim, D., Kim, H., Park, S., Shon, S. (2019). *Clinical Simulation in Nursing*, 37, 18-28.

A few potential models are emerging at the state and national levels which have nursing care being done by students in an academic-practice model, apprenticeship model, or as might be feasible in our state, using a modification of our current Nurse Tech WACs 246-840-840-246-840-905, by allowing hours worked to count for clinical hours. <https://apps.leg.wa.gov/WAC/default.aspx?cite=246-840-840>. NPAP will be evaluating these types of models as they emerge and consider which if any options to support.

Thank you for all that you are doing to support students, faculty, and your programs!

Stay well!

