



Idaho Board of Nursing Philosophy Statement

Simulation in Pre-Licensure Nursing Education

The Idaho Board of Nursing recognizes that technological innovations continue to advance operations across all domains of healthcare and the same is true in nursing education. Research has demonstrated that including high-quality simulation experiences in pre-licensure nursing programs produce comparable end-of-program educational outcomes and no significant differences in new graduate nursing knowledge, clinical competency, or overall readiness for practice. This document provides guidance to pre-licensure practical nursing (PN) and registered nursing (RN) education programs on the use of simulation in lieu of traditional clinical experiences in the fulfillment of clinical hour requirements for nursing education programs.

Nursing education administrators and faculty members are responsible for assessing their programs readiness to use simulation experiences in lieu of traditional clinical experiences. The program shall have an organized framework that provides adequate resources to support simulation experiences. High-quality simulation experiences may substitute up to 50% of traditional clinical experience in each course. One hour of simulated patient care, including the pre-briefing and debriefing time, is equal to one hour of traditional clinical experience. The faculty to student ratio should be sufficient in number to accomplish the mission, goals, and expected program outcomes in alignment with the accreditation standards. Group size is to be determined by the scenario objectives. Each student must have a defined and active role during the simulation.

The Board encourages nursing education programs developing or maintaining simulation experiences to utilize the National Council of State Boards of Nursing (NCSBN) simulation study and the correlating guidelines as well as the standards of best practice published by the International Nursing Association for Clinical Simulation and Learning (INACSL).

Evidence shows that high-quality simulation patient experiences must include:

1. Faculty formally trained in designing, facilitating, and evaluating simulation experiences.
2. Simulation experiences comprise of pre-briefing, actual simulation experience, theory-based debriefing, and evaluation processes.
3. Student orientation to both the simulation technology and the environment is required.
4. Level of the simulation is congruent with the level of experience of the student and correlates with identified learning outcomes and course objectives.
5. Each simulation experience must have clearly stated objectives that are presented to the student prior to engaging in the simulation experience.
6. Students may be required to prepare for a clinical simulation experience in the same manner as they would prepare for traditional clinical hours.
7. The simulation must challenge the student to use critical thinking skills to assess the situation and determine the correct interventions.
8. The educator assumes the role of facilitator, providing cues, when necessary, but maintaining the fidelity of the simulation encounter.

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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 Study

Replacing Clinical Hours with Simulation in Prelicensure Nursing Education. *Journal of Nursing Regulation*, Volume 5, Issue 2 – July 2014 Supplement.

INACSL Standards Committee (2016, December). INACSL Standards of Best Practice: Simulation©: Simulation. *Clinical Simulation in Nursing*, Volume 12, S5-S50.

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