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Featured Article

After the National Council of State Boards of Nursing Simulation Study—Recommendations and Next Steps

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Abstract

Background: The National Council State Boards of Nursing (NCSBN) Simulation Study has generated increased conversation about the use of simulation in nursing education.

Method: At the 14th Annual International Nursing Association for Clinical Simulation and Learning (INACSL) conference in Atlanta Georgia, a panel discussed the results and significance of the National Council of State Boards of Nursing (NCSBN) Simulation Study.

Results: Panel members discussed movements in nursing education in the eight months since the study's release, implementation of the recommendations from the study in practice and academic settings, and methods to achieve the necessary faculty development needed in simulation.

Conclusion: The use of simulation in nursing education is expanding.

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In fall 2014, findings from the National Council State Boards of Nursing (NCSBN) Simulation Study were released (Hayden, Alexander, Smiley, Kardong-Edgren, & Jeffries,

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2014). The NCSBN study sought to provide evidence to US boards of nursing regarding the use of simulation as a replacement for traditional clinical experiences in prelicensure nursing education. The study aimed to determine (a) whether simulation could be substituted for traditional clinical hours, (b) the educational outcomes of undergraduate nursing students in the core clinical courses when simulation was integrated throughout the core nursing curriculum, and (c) whether varying levels of simulation in the undergraduate curriculum impacted the practice of new graduate nurses in their first clinical positions (Hayden et al., 2014).

Key Points

- The NCSBN Simulation Study provided evidence on the use of simulation.
- Faculty development is an area of need in nursing education.
- A resource is the Standards of Best Practice in Simulation.

At the 14th Annual International Nursing Association for Clinical Simulation and Learning (INACSL) conference in Atlanta Georgia, a panel was formed to discuss the results and significance of the NCSBN study (Hayden et al., 2014), movements in nursing education in the 8 months since the study's release, implementation of the recommendations from the study in practice and academic settings, and methods to achieve the necessary faculty development needed in simulation. The session concluded with open dialogue between panel members and conference attendees discussing relevant simulation topics such as simulation ratios and time, faculty development, debriefing practices, and future endeavors.

Plenary Session During the International Nursing Association for Clinical Simulation and Learning Conference, 2015

The following are excerpts from the panel of experts who presented at the conference.

Suzie Kardong-Edgren, PhD, RN, ANEF, CHSE, Director, RISE Center and Professor, School of Nursing, Robert Morris University

The landmark NCSBN Simulation Study provided evidence that up to 50% of traditional hours in the major clinical courses in prelicensure nursing programs could be safely substituted with simulation (Hayden et al., 2014). This opened the door for further discussion about the use of simulation in prelicensure programs; however, the devil is in the details. Many nursing programs may be tempted to gloss over the elements that produced those results. All study faculty shared the same mental model of how simulation would be run for the study. This began with the initial orientation, debriefing training, and ongoing evaluation of the dedicated simulation faculty, over the life of the study. The INACSL Standards of Best Practice: Simulation^{SM} (2013) guidelines for orientation, facilitation, debriefing, and evaluation were used to guide and standardize simulation practice across all sites. A high-level Socratic debriefing method was used to develop self-reflection skills. These key elements were all standardized and controlled at all sites and used best-known practices for the use of simulation. Very few United States programs have the trained faculty and standardization to provide the same level of simulation used in the study. These realities must be addressed when schools wish to adopt high levels of simulation within a nursing program.

Pam Jeffries, PhD, RN, FAAN, ANEF, Dean and Professor, George Washington University School of Nursing

Implications from the NCSBN study (Hayden et al., 2014) call for faculty to be trained in using simulation pedagogy. Faculty development in designing, implementing, and evaluating clinical simulations still remains a major concern in nursing education. It may be that a shift from ''training all faculty'' to do simulations to a well-prepared simulation team is needed. A key element in implementing the simulations in the landmark NCSBN study (Hayden et al., 2014) included faculty development and preparation. Resources to facilitate faculty development and to ensure quality simulations are being developed and delivered include the use of the Standards of Best Practice in Simulation (Decker et al., 2015; International Nursing Association of Clinical Simulation and Learning, 2013; Lioce et al., 2015) and becoming a Certified Healthcare Simulation Educator (CHSE) (Society for Simulation in Healthcare [SSH], 2014). Both are available benchmarks for faculty preparation and credentials.

The NCSBN study tested an integrated, sustainable simulation model across seven clinical courses (Hayden et al., 2014). Hayden (2010) reported that 87% of Schools of Nursing in the United States included simulations in their nursing programs. Curriculum integration should build on/or be used to ''fill-in the gaps'' within nursing programs. Simulation directors and simulation teams need to work with clinical coordinators to integrate both if resources and support are available.

The NCSBN study (Hayden et al., 2014) provided evidence that ''simulations work.'' Research is needed in other areas to advance the science in simulation in the United States and internationally. Research in simulation remains embryonic; therefore, many research questions and topics remain available to explore and embrace (Agency for Healthcare Research and Quality, 2015; McGaghie, Issenberg, Petrusa, & Scalese, 2010). Funding sources,