Journal of Pediatric Nursing 39 (2018) 27–36

Contents lists available at ScienceDirect

Journal of Pediatric Nursing

No Evidence to Support Number of Clinical Hours Necessary for Nursing Competency

Ann M. Bowling, PhD, RN, CPNP-PC, CNE [a,*], Rhonda Cooper, MSN, RN, NEA-BC [b], Ashley Kellish, DNP, RN, CCNS [c], Laura Kubin, PhD, RN, CPN, CHES [d], Tedra Smith, DNP, CPNP-PC, CNE [e]

[a] Wright State University-Miami Valley College of Nursing and Health, 937-775-2596, 3640 Colonel Glenn Highway, Dayton, OH 45435, United States
[b] Cincinnati Children's Hospital Medical Center, 513-636-4357, 3333 Burnet Avenue, MLC 8006, Cincinnati, OH 45229, United States
[c] NC Children's Hospital, UNC Healthcare, 984-974-8901, 101 Manning Drive, Chapel Hill, NC 27514, United States
[d] Texas Woman's University, 214-689-6647, 5500 Southwestern Medical Ave., Dallas, TX 75235, United States
[e] The University of Alabama at Birmingham, 205-996-4193, 1720 2nd Ave. South, Birmingham, AL 35294, United States

ARTICLE INFO

Article history:
Received 9 August 2017
Revised 28 December 2017
Accepted 28 December 2017
Available online xxxx

ABSTRACT

Introduction: Direct patient care across the lifespan has been the standard for nursing clinical experiences over the past several years. Recently, the Ohio Board of Nursing ruled that 100% of pediatric clinical hours could be replaced with simulation.
Purpose: Make a recommendation for the number of direct patient care clinical hours in pediatrics that are needed to meet the pediatric nursing competencies.
Method: All fifty United States Boards of Nursing prelicensure nursing education requirements were reviewed to identify the number of required clinical hours and definitions for clinical experience. In addition, the Society of Pediatric Nurses members were surveyed to identify the number of direct pediatric clinical hours needed to achieve the Society of Pediatric Nurses pediatric pre-licensure competencies.
Results: Only ten states outline any requirements regarding the required number of clinical hours for prelicensure nursing education and twenty-six states incorporate language that defines clinical experiences.
Conclusion: All prelicensure students take the standardized National Council Licensure Examination (NCLEX), therefore, a consensus among the state boards of nursing outlining the minimum number of clinical hours required to reach nursing competency is needed.
Practice Implications: Based on the survey results of the Society of Pediatric Nurses' members and expert opinion of the pediatric authors, a minimum of 61 to 80 clinical hours in direct care of pediatric patients is necessary for nursing students to meet the Society of Pediatric Nurses' recommended pediatric nursing content, obtain pediatric nursing competency, and be able to care for pediatric patients and their families.

Introduction

Within nursing education students participate in clinical experiences throughout their program of study to achieve clinical competency. Nursing competency has been defined by the National Council of State Board of Nursing's (NCSBN) for the National Simulation Study as "the ability to observe and gather information, recognize deviations from expected patterns, prioritize data, make sense of data, maintain a professional response demeanor, provide clear communication, execute effective interventions, perform nursing skills correctly, evaluate nursing interventions, and self-reflect for performance improvement within a culture of safety" (Hayden, Keegan, Kardong-Edgren, & Smiley, 2014, p. 244). These clinical experiences consist of direct patient care in a variety of settings for patients across the lifespan. The specific type of clinical experience and required number of hours in each clinical experience is regulated by state and federal law and accreditation bodies. The Ohio Board of Nursing recently amended the state law regulations regarding nursing education program requirements. The authors conducted a thorough review of the Ohio Board of Nursing rules and regulations after the board was recognized in the news for making changes to their nursing education program requirements. Specifically, the Ohio Administrative Code section 4723-5 was amended to allow for up to 100% of clinical experiences in pediatrics and obstetrics (including newborns) to be replaced with high or mid fidelity simulation experiences (Ohio Board of Nursing, 2017).

In response to this recommended change, the Society of Pediatric Nursing (SPN), an organization committed to the advancement of the

* Corresponding author.
E-mail addresses: ann.bowling@wright.edu (A.M. Bowling), rhonda.cooper@cchmc.org (R. Cooper), Ashley.kellish@unchealth.unc.edu (A. Kellish), lkubin@twu.edu (L. Kubin), tedraka@uab.edu (T. Smith).

https://doi.org/10.1016/j.pedn.2017.12.012
0882-5963/

specialty of pediatric nursing, responded to the Ohio Board of Nursing. SPN strongly recommended that the nursing education curriculum continue to include a portion of direct patient care with pediatric patients. This recommendation was made based on a review of the literature and a review of education curriculum requirements in regards to clinical and simulation hours for all fifty state boards of nursing. As a result, the SPN clinical taskforce was interested in reviewing how other states define clinical experiences and their views on the required number of clinical hours. The purpose of this article is to summarize the findings regarding minimal clinical hours and to make a recommendation for the minimum number of direct patient care clinical hours in pediatrics that are needed to meet the minimum pediatric nursing competencies.

Relevance of Pediatric Content

Pediatric content is an integral component in learning to care for individuals across the lifespan. Most pediatric courses provide knowledge relevant to caring for the child through adolescence within the context of the family (McCarthy & Wyatt, 2014). Students are afforded the opportunity to examine the needs of the pediatric patient and the complex environmental variables that affect child health (McCarthy & Wyatt, 2014). There is an opportunity to also explore the roles of a professional nurse; most importantly the role as an advocate in a variety of settings (McCarthy & Wyatt, 2014). Students are equipped with the knowledge to describe growth and development across all stages of development as well as specific anticipatory guidance for each age group.

Clinical Experience Requirements in the Fifty States

An examination into Prelicensure Nursing Clinical Education Requirements in the United States revealed many wide practice variations. The authors conducted a thorough review of all fifty states Board of Nursing rules and regulations regarding the clinical education requirements (See Table 1). Thirty (60%) of the states contain some rules about clinical education, whether in regards to what defines clinical, number of required hours, or use of simulation. Only ten states outline any requirements regarding the required number of clinical hours for prelicensure nursing education (ranging from 400 to 750 h, with an average of 510 h; four states list percentage of contact hours or semester hour requirements; and one state lists a requirement for a focused clinical experience in the final year of the curriculum).

Twenty six states have rules that incorporate some language defining what constitutes clinical experiences. The definitions of clinical experiences among the twenty six states vary widely. The most common theme includes some statement about direct care experiences with clients or patients under faculty guidance to meet outcomes. Many also include terminology about clinical decision making or critical thinking. Seventeen of the twenty six states directly address simulation in their definitions of clinical learning or simulation. Twenty four states allow some portion of clinical hours to be replaced with simulation, and 15 of those states specify the actual amount of simulation that can replace clinical hours. Specific hours for direct pediatric care are not required by any of the states.

Number of Clinical Hours

A designated number of hours in direct patient care is a key component of all nursing programs. This required clinical time is determined by the program or the state board of nursing. Over the past several years, clinical experiences have continued to expand into community and or nonacute care settings. Most state boards of nursing clearly identify that clinical experiences must occur in diverse settings with opportunities to care for patients across the lifespan; however, the exact amount or percentage of time that should be spent in these experiences is not clarified by all state boards. The lack of clarity regarding clinical hours and clinical competency is likely due to the lack of published literature to support a correlation between an exact number of clinical hours and nursing competency. While there have been several published recommendations regarding the amount of clinical time required to reach competency in advanced nursing practice (National Organization of Nurse Practitioner Faculties (NONPF, 2008), there is little to no literature related to acquiring competency based on clinical hours in prelicensure nursing.

Theory and clinical practice in pediatrics is widely emphasized by the majority of nursing boards in the U.S.; however, there is no specific evidence to support the quantity of hours required to reach clinical competency. Due to the limited number of acute-care pediatric facilities, nursing programs are now using simulation and alternative settings for pediatric clinical experiences. Acute-care settings (i.e. traditional) are defined as in-patient, hospital type setting with live patients. Alternative settings may include daycares, Head Start centers, camps, school based clinics, as well as other outpatient pediatric clinics, any place where children are receiving care. As a result of the lack of acute-care pediatric clinical settings, some nursing programs have reduced the amount of pediatric content in their curriculum (McCarthy & Wyatt, 2014). In Ohio, the average baccalaureate pediatric clinical hours in 2012 were 74.6 h, while the average decreased to 62 h in 2016 (Ohio Board of Nursing, 2012 and 2016). Other states have chosen to allow nursing programs to substitute a percentage of direct patient care clinical experiences with simulation. While the NCSBN Simulation Study addressed "gaps in the literature regarding the use of simulation in prelicensure nursing education," many barriers and questions remain on the use of simulation in healthcare education (Rutherford-Hemming, Lioce, Kardong-Edgren, Jeffries, & Sittner, 2016, p. 6).

Required Clinical Hours in Advanced Practice Nursing

In 2008, the NONPF collaborated with the NCSBN Advanced Practice Registered Nurse (APRN) Advisory Committee to develop the Consensus Model for APRN Regulation (NONPF, 2008). This well-supported model was meant to unify the various educational practices among nurse practitioner programs throughout the country. Like our current state of undergraduate programs, there was much variation among states and programs. In particular, this model outlined data from studies performed in 1995 that concluded a minimum of 500 clinical hours is necessary for achievement on the advanced practice boards and therefore can stand as the number of clinical practice hours required for successful graduation (NONPF, 2008). This number has maintained itself as a reasonable minimum over time and depending on the nursing specialty, can be increased.

This minimum has served as both a formal and informal guide for more than 20 years to ensure nurse practitioners are meeting a basic level of competency upon graduation. In addition, clinical practice hours have been defined by the NONPF as direct clinical care hours and do not include laboratory or training sessions within this minimum (NONPF, 2008; NONPF, 2010). Although the actual number (500 h minimum) may not be perfect and many students actually surpass this number throughout their schooling, this type of prescriptive guidance assures a standard level of training in order to achieve licensure at the advanced practice level (Bray & Olson, 2009; Hallas, Biesecker, Brennan, Newland, & Haber, 2012). Undergraduate programs would benefit from unifying their educational requirements at both the program and state level to ensure a minimum standard is achieved.

Research to Support Simulation Hours but not Clinical Hours

A multi-site multi-state study was conducted by the NCSBN to identify the percentage of clinical hours that could be replaced with simulation. The results of the study support that up to 50% of clinical hours can be replaced with simulation (Hayden, Smiley, Alexander, Kardong-Edgren, & Jeffries, 2014); however, no previous research ever supported how many initial clinical hours are needed in a prelicensure registered