Graduate Advance Practice Nursing Clinical Hours Discussion in the Face of COVID-19 Pandemic: Expert Nurse Educator Panel Discussion

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Purpose

- Understanding of a virtual environment for simulation
- Understanding of clinical hour needs and utilization of indirect hours
- Provide examples of best practices for integration of virtual simulation into graduate curriculum
- Understanding of opportunities for alternatives when clinical sites are unavailable
Simulation defined

The NCSBN National Simulation Study
- "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, Smiley, Alexander, Kardong-Edgren, & Jeffries, 2014. p. S8)

Healthcare Simulation Dictionary
- “an educational technique that replaces or amplifies real experiences with guided experiences that evoke or replicate substantial aspect of the real world in a fully interactive manner.” (Lioce, et al., 2020. p.44)
Simulation-based learning experience

Healthcare Simulation Dictionary

- “an array of structured activities that represent actual or potential situations in education and practice. These activities allow participants to develop or enhance their knowledge, skills and attitudes, or to analyze and respond to realistic situations in a simulated environment” (Pilcher, Goodall, Jensen, et al., 2012 in Lioce, L. (Ed.) Healthcare Simulation Dictionary, 2020, p. 43).
Computer-based simulation vs. Virtual sim

Healthcare Simulation Dictionary

- **Computer-based simulation** – “The modeling of real-life processes with inputs and outputs exclusively confined to a computer, usually associated with a monitor and a keyboard …Subsets of computer-based simulation include virtual patients, virtual reality task trainers, and immersive virtual reality” (Lioce, L. (Ed.), 2020 Healthcare Simulation Dictionary, p. 12).
  - Shadow Health
  - iHuman
  - etc.

- **Virtual simulation** – “A type of simulation that injects humans in a central role by exercising motor control skills like flying an airplane” (Hancock et. al, 2008 in Lioce, L. (Ed.), 2020 Healthcare Simulation Dictionary, p. 54).
Best practices support standardizing language.

- Professionalism
- Consistency in Your Program
- Understanding Research Findings
- Measuring Learner Outcomes

Clinical Hours

2 NATIONAL REQUIREMENTS

1. 500 Face-to-face; **DIRECT** hands on patient care

2. Faculty verify learner competency
   - Individualized by program
   - Standardized
   - Document

All other hours are **INDIRECT**
- Virtual
- Skill labs
- Standardized Patient Experiences
- SSH INACSL statement

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Position Statement on Use of Virtual Simulation during the Pandemic

March 30, 2020

Synopsis

The International Nursing Association of Clinical Simulation and Learning (INACSL, www.inacsl.org) and the Society for Simulation in Healthcare (SSH, www.ssh.org) support the use of virtual simulation as a replacement for clinical hours for students currently enrolled in health sciences professions (i.e., nursing students, medical students) during the current public health crisis caused by COVID-19.

The Resolution

The professional organizations of INACSL and SSH encompass the world’s leading experts in simulation-based education for healthcare providers. We can attest that virtual simulation has been used for over a decade successfully. Further, research has repeatedly demonstrated that use of virtual simulation - simulated healthcare experiences on one’s computer - is an effective teaching method that results in improved student learning outcomes.

Based on the current and anticipated shortage of healthcare workers, we propose that regulatory bodies and policymakers demonstrate flexibility by allowing the replacement of clinical hours usually completed in a healthcare setting with that of virtually simulated experiences during the pandemic. By supporting this innovative yet effective way of teaching as a solution to address the clinical hour shortage of health professions students, education efforts will continue seamlessly, and we will support timely career progression of healthcare providers needed immediately to battle COVID-19.
Quality simulations have a…

PLAN

✓ Identify Objectives. Specific to course content.
✓ Measurable. Focuses and applies specific course objectives.
✓ Tested. Dry-run with a colleague to confirm performance measures and ensure instructions are clear.
✓ Pre-briefing. Add a purposeful asynchronous or synchronous.
✓ Debriefing (faculty led). Verify competency, expand knowledge and synthesize objective-based learning.
✓ Review and revise for improvement next implementation

CONSISTENT FORMAT

1. Faculty and Staff Pre-brief
2. Learner Pre-brief
3. Simulation
4. Debrief
5. Evaluation
6. Faculty and Staff Debrief (QI)


Curricular Frameworks

● Alignment with curricular frameworks
  ○ NONPF Nurse Practitioner Core Competencies (2012)
  ○ Common APRN Doctoral-Level Competencies (2017)
    ■ 8 domains, 29 competencies, performance intervals
  ○ Essentials of Nursing Doctoral Education for Advanced Practice Nursing (AACN, 2006)

● Competency based education

● “an observable ability of a health professional, integrating multiple components such as knowledge, skills, attitudes” (AACN, 2018)
Consider the Competency

- Domain
- Competency
- Level of learner
- Objectives
  - No more than 3-4
  - Align with competency, course, program
- Lead with the competency rather than the contextual concept (HTN, back pain, abdominal pain)
- Design case scenario in accordance with INACSL Standards
Operationalize

- **INACSL Standards of Best Practice: SimulationSM Simulation Design (2016)**
- Systematic application
- Selection of products with frameworks and alignment in mind
  - Fidelity is important – but not most important in student learning outcomes
Cost-effectiveness

- May have limits on extra costs for students.
- Creative way to use same cases and integrate throughout program (LaManna et al., 2019).
- Increase complexity (LaManna et al., 2019).
- Continuing with face to face simulations
  - Pay attention to OSHA guidelines for control and prevention, environmental decontamination
  - CDC guidelines for cleaning and disinfection
Research

- As you are thinking about adding simulation, what can you research/evaluate?
Don’t lose this progress

- Developing a program plan
- Curricular Mapping for Simulated Experiences
- Documentation of hours spent in simulation
- Continuous Quality Improvement Process
- Faculty development and training on new technology
  - Frequent check-in
  - Utilization of clinical faculty to evaluate simulation performance—what are the expectations
- Sustainability
- Turn it into a study
  - Look at your outcomes
- Keep students engaged
Thank You!