Minnesota BOARD OF Nursing
1907 - 2007 100 Years

Best Practices in Simulation
A Focus on Rules
May 17, 2017

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Development and Approval of MR 6301 Program Approvals Rules for Simulation

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- Nurse Practice Act amendment to license APRNS

- Required rulemaking for APRN program approval

- Opportunity to look at program approval rules as a whole

- Landmark Simulation Study in Process

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Search for the Evidence

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History of Amending Program Rules to Address Simulation

- NCSBN promotes evidence based regulatory excellence through research

- Literature review summary
  - Students able to learn unique skills & knowledge in simulation normally learned in clinical experiences (Schumacker & Hamilton, 2011)

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History of Amending Program Rules to Address Simulation

- Simulation improved critical thinking, performance of skills, knowledge of subject matter and increase in clinical reasoning in certain areas (Lapkin, Levett-Jones, Bellchambers & Fernandez (2010)

- Fisher & King (2013) found in general, confidence, clinical judgment, knowledge and competence increased through use of simulation

History of Amending Program Rules to Address Simulation

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- NCSBN conducted first large scale national research study in simulation 2011-2014

- Largest and most comprehensive study substituting up to & including 50% simulation

- Prelicensure programs – 5 ADN and 5 BSN

- Study found substituting high quality simulation experiences for up to 50% of traditional clinical resulted in comparable end of program educational outcomes

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Conclusion

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- Provided evidence simulation is pedagogy that may be integrated across curriculum provided:
  - Faculty adequately trained, committed & sufficient numbers

  - Dedicated simulation lab with appropriate resources

  - Vignettes realistically & appropriately designed

  - Debriefing based on theoretical model

Amending Minnesota Program Rules to Include Simulation

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- Board's Education Committee critical to rule development

  - Determined this landmark study relevant to regulation

  - Evidence now supported use of simulation to meet clinical learning requirements

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Factors considered

- Competition among programs for access to clinical sites, particularly specialty areas

- No harm to patient in simulation while providing consistent, standardized experiences in equitable manner to develop required competencies

- Availability of sophisticated human patient simulators and virtual reality products

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"Roots of Simulation"

"Mrs. Chase" demonstration doll, created 1911, rediscovered, Hartford Hospital, 2012

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Next steps

- Survey of all professional and practical nursing programs:

  ➤ 52.2% of programs responded

  ➤ 67% already used high-fidelity simulation

  ➤ Barriers cited were costs of equipment and cost of faculty development to acquire expertise

Presentation to the Board to Revise Rules

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- Recommendation to Board to revise program approval rules to address utilizing high fidelity simulation to meet no more than half of the time to meet clinical learning experiences

- Evidence from conclusion of the NCSBN landmark study NCSBN Model Rules, INASCL, NLN position papers provided foundation for rule development

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M.R.6301.2340 Simulation
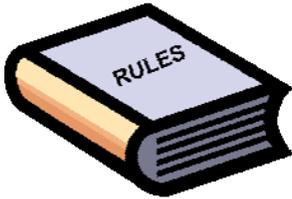
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RULES

Adopted Rules and Definitions

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Rules adopted December 12, 2016

- "High-fidelity simulation" means a simulation conducted with computerized patient mannequins, virtual reality, or standardized patients and designed to provide a high level of interactivity and realism.

    "Full scale" was removed from definition

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Adopted Rules and Definitions

Simulation:

- "Simulation" means a learning activity that replicates a patient situation using a planned course of events and applies evidence-based practices in nursing education to improve or validate competence.

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Equipment and Resources

High-fidelity simulation may be used in part to meet the requirements of item A, subitem (4), units (a) and (b), when:

- equipment and resources, including the number of nursing faculty, to support student learning are sufficient;

  - Adequate number of faculty
  - Operational Support
  - Dedicated budget for equipment <u>and</u> faculty development

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Faculty

- nursing faculty with documented education and training in the use of simulation develop, implement, and evaluate the simulation experience;

  - Faculty are pursuing skill acquisition moving from novice to expert

  - Emphasis on scholarship of teaching

  - Simulation program based on educational theories and application of national standards e.g. INASCL

Faculty

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➢ Evidence of learning- conferences, coursework, certification, training from consultant(s), targeted work with a mentor

➢ Maintain a CV of activities to provide ongoing documentation of developing expertise

• e.g. Develop and implement a professional development plan- Certified Healthcare Simulation Educator (CHSE) from Society for Simulation in Healthcare

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Standards for Simulation

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▪ the design, implementation, and evaluation of the simulation is based on nationally recognized evidence-based standards for simulation;

➢ This conference designed to reinforce standards and best practices for simulation

• e.g. INASCL Standards of Best Practice in Simulation

• Updated in 2016 based on best evidence

Standards for Simulation

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• Renaming of standards and expanded content

• No longer numbered as there is not a standard "hierarchy"

• Focus on outcomes, not just objectives

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Standards for Simulation

- References the need for facilitator education

- Evaluation standards through use of comprehensive tools

- Addresses <u>everyone</u> involved in simulation

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Students

- the simulation provides an opportunity for each student to demonstrate clinical competence while in the role of the nurse;

  ➤ Scope of Practice around which simulation should focus

  ➤ Use the Nurse Practice Act for the Practice of Practical Nursing and the Practice of Professional Nursing
  ➤ https://mn.gov/boards/nursing/practice/npa-toolkit/

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Prebriefing and Debriefing

- prebriefing and debriefing are conducted by nursing faculty with subject matter expertise and training in simulation using evidence-based techniques; and

  - Major emphasis on prebriefing and debriefing

  - Reflection is the catalyst for learning - (Tanner 2006)

  - e.g. NLN/Jeffries Simulation Theory

Minnesota BOARD OF Nursing — Prebriefing and Debriefing

- Socratic Questioning:

  ➤ Reflection on Action

  ➤ Reflection in Action

  ➤ Reflection beyond Action

  ➤ Source: Dreifuerst, Kristina Thomas. (2015). Getting Started with Debriefing for Meaningful Learning. Clinical Simulation in Nursing, 11 (5), e268-275. doi.org/10.2016/j.ecns.2015.01.005

Minnesota BOARD OF Nursing — Percentage of Simulation Utilization for clinical

- high-fidelity simulation is utilized for no more than half of the time designated for meeting clinical learning requirements

  ➤ Programs decide where simulation will be utilized

  ➤ Simulation may be used to meet specialty areas

  ➤ Based on NCSBN Study in which programs had 600 hours of clinical and did not include PN programs

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Minnesota BOARD OF Nursing — Factors to Consider

- Required number of clinical hours in the program

- Licensure Pass Rates

- Availability of clinical sites

- Turnover of faculty/program director

Factors to Consider

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- Complaints/input from students

- Retention Rates

- Program resources including faculty expertise

- Overall impact on program outcomes

The Journey

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Best Practices

Next Exit →

Best Practices

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- Focus on the scholarship of teaching

- Quality of Experience is Key

- Focus on results and outcomes

- Simulation is a technique not a technology

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Systematic Evaluation Plans Required by MR 6301 Rules

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MR 6301 Program Approvals Rules

- MR 6301.2330 E.

  ➢ The nursing program must perform periodic comprehensive self-evaluation for quality improvement

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MR 6301 Program Approvals Rules

- 6301.2340 Subp3 A. (2)
  ➢ Implement a comprehensive, systematic plan for ongoing evaluation that is based on program outcomes and stakeholder input regarding competence and safety. The ongoing evaluation plan must provide for continuous improvement.

Below are three presentation slides.

Slide 1:

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MR 6301 Program Approvals Rules

- MR 6301.2340 Subp 3 A. (15) ensure responsibilities of nursing faculty include:

  ➤ (b) designing, implementing, and evaluating the curriculum using a written plan;

  ➤ (f) evaluating student of curricular objectives and outcomes related to nursing knowledge and practice;

Slide 2:

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Systematic Evaluation Plans
Required by Accreditation

Slide 3:

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Accreditation Commission for Education in Nursing (ACEN)

- Standard 4 Curriculum

  ➤ Student clinical experiences and practice learning environments are evidence-based; reflect contemporary practice and nationally established patient health and safety goals; and support the achievement of the end-of-program student learning outcomes.

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Accreditation Commission for Education in Nursing (ACEN)

- Standard 6 Outcomes

  ➢ Sufficient data to inform program decision-making for the maintenance and improvement of each end-of-program student learning outcome and each program outcome

  ➢ Documentation demonstrating the use of assessment data in program decision-making for the maintenance and improvement of each end-of-program student learning outcome and each program outcome

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Commission for Nursing Education Accreditation (CNEA)

- Standard 1 Culture of Excellence- Program Outcomes

  ➢ I A. Faculty and staff assess and evaluate achievement of identified program outcomes by engaging in an on-going, systematic, evidence based process.

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Commission for Nursing Education Accreditation (CNEA)

- Standard V: Culture of Learning and Diversity- Curriculum and Evaluation Process

  ➢ V.J. There is a systematic and ongoing review and evidence based revision of the curriculum and teaching, learning, and evaluation strategies by faculty within a culture of continuous quality improvement to foster achievement of the program's expected student outcomes.

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Commission on Collegiate Nursing Education (CCNE)

- Standard III H: Curriculum and teaching-learning practices are evaluated at regularly scheduled intervals to foster ongoing improvement :

  ➢ Faculty use data from faculty and student evaluation of teach-learning practices to inform decisions that facilitate the achievement for student outcomes.

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Commission on Collegiate Nursing Education (CCNE)

- Standard IV A: A systematic process is used to determine program effectiveness. The process:

  ➢ Identifies which quantitative and/or qualitative data are collected to assess achievement of program outcomes

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Final thoughts

- Use definition in Nurse Practice Act for role of the nurse

- Do not leap to 50% right away

- Develop a written plan for simulation

- Document success rates of students

- Document effectiveness of simulation in the program

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Proceed to .....

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Quality Simulation
Teaching and Learning