

# **Clinical and Simulation Education in Licensure Qualifying Registered Professional Nurse Education Programs**

## **I. Background**

State Education Department (NYSED) staff researched simulation and clinical education offered by NYSED registered licensure qualifying registered professional nursing education programs (“RN programs”). The review identified three opportunities to improve regulation of RN program education:

- (1) NYSED should clearly describe acceptable nursing education methods;
- (2) NYSED should clearly describe the quality and quantity of clinical education that should be provided by RN programs; and,
- (3) NYSED should describe how it will address requests to permanently reduce clinical education hours in RN programs.

NYSED supports the use of simulated learning experiences in nursing education and recognizes that many nursing programs are seeking increased flexibility in the use of simulated learning. While proposed legislation to allow all nursing programs to substitute simulation experience for at least one-third of a program’s clinical education requirements is well-intentioned, allowing programs to reduce their existing clinical education without first establishing a clear threshold of minimum hours of high-quality patient-care experience across patient populations is premature. Reducing hours without NYSED review and without regard for the current number of hours of clinical education, their performance outcomes, or their capacity and resources to offer simulation education that meet nursing education program curricular objectives, does not ensure public safety. Key considerations include:

- NYSED’s responsibility to regulate RN programs effectively (to ensure that RN programs graduate students capable of safe, effective RN practice).
- There are no statutory or regulatory requirements for the minimum number of hours of clinical education offered by RN or PNE programs.
- While simulation and clinical education are both valuable and complementary, they do not necessarily offer equivalent learning experiences to students. Simulated experience in controlled laboratory settings can approximate but cannot fully replicate direct patient care learning in clinical settings in which nurses practice.

How the Board of Regents and NYSED are Currently Addressing this Issue

- NYSED has undertaken significant research and is engaging the State Board for Nursing and external stakeholders in efforts to establish clearer standards for clinical education in nursing programs. This work includes determining how many hours of actual patient-care experience in real-world clinical settings are sufficient for building nursing competence, and how that experience can be supplemented by simulation experience.
- NYSED has recently established a policy for LPN licensure-qualifying programs that would allow very flexible use of simulation-based learning for programs that offer at least 300 hours of high-quality patient-care experience across patient populations. While not required for current programs, this policy will apply to new programs and NYSED review and approval of proposed changes to nursing program curriculums. There will be a streamlined approval process for proposed changes within programs that meet or exceed these thresholds.

This document sets forth a framework for developing a policy relating to clinical education offered by RN programs. All criteria noted in this document is intended to encourage discussion and input regarding a future policy. As such, the criteria should not be viewed as final policy determinations. This document will be shared

with stakeholders (i.e., educators, employers, professional organizations, and students) for comment and input before developing and finalizing a policy governing simulation and clinical education.

## **II. Acceptable Pedagogical Methods**

NYSED is considering using the descriptions (below) of Didactic Education, Simulation Laboratory Education, and Clinical Education when reviewing applications for registering new RN programs and for changing RN program curriculums.

**Didactic Education:** Classroom instruction and/or online instruction (including online simulation instruction) provided by RN program faculty or other qualified faculty. Didactic Education may be co-taught by RN program faculty and licensed health care professionals with expertise in the subject matter being taught.

**Simulation Laboratory Education:** Clinical practice taught by RN program faculty in a nursing skills or simulation laboratory, which requires students to practice nursing skills and decision-making. Simulation Laboratory Education complements Clinical Education and prepares students for hands-on patient care. Simulation Laboratory Education may be co-taught by RN program faculty and educators with expertise in clinical simulation instruction.

**Clinical Education:** RN program faculty planned education experiences that require students to be actively engaged in practicing nursing skills and decision-making under clinical supervision, as described in the RN program curriculum. Students are actively engaged in practicing nursing skills and decision-making at least 70% of the time for which credit is earned. The three types of Clinical Education are described below.

- **Faculty Supervised Patient Care Education (FSPCE):** RN program faculty supervise direct patient care provided by RN students in settings in which patients receive care from RNs. RN program faculty personally guide, observe, and evaluate student learning and are responsible for ensuring that RN students provide patient care safely. RN program faculty remain in the clinical setting and are immediately available while students provide patient care. RN program faculty may assign students to participate in clinical conferences and patient care observation, provided that each student is involved in providing patient care at least 70% of the time for which credit is earned in the setting. The RN program faculty to student ratio does not exceed 1:8, and is lower when necessary to assure patient, student, and staff safety.
- **Preceptor Supervised Patient Care Education (PSPCE):** RN programs may offer PSPCE, provided that RN program faculty first verify that each RN student has successfully completed FSPCE in all basic areas of nursing and is prepared to provide patient care safely under preceptor supervision, as described in the RN program curriculum. A preceptor is a licensed physician, midwife, RN, NP, or CNS who guides clinical learning and personally supervises direct patient care provided by up to two (2) RN students at a time. Preceptors are employed by the host clinical facility and are responsible for ensuring that students provide patient care safely. RN program faculty plan, monitor, and evaluate student clinical learning. The RN program ensures that each preceptor is academically and experientially qualified to offer clinical learning experiences to students consistent with the RN program curriculum.
- **Practicum Education:** RN faculty supervised practicum education in settings in which RNs do not commonly practice, such as child day care centers or homeless shelters, which requires students to practice nursing related skills and judgement.

Discussion: Are there any recommended changes or comments?

### **III. Clinical and Simulation Laboratory Education offered by RN Programs**

#### **Existing RN Programs**

NYSED registers diploma, associate degree, bachelor's degree, and master's degree RN programs. These programs must ensure that each graduating student has demonstrated safe, effective RN care to patients across the lifespan. To achieve this, RN students must provide nursing care to adequate numbers and types of patients (e.g., acuity, case mix, age, gender). How much Simulation Laboratory Education, what sort, and in what combination with Clinical Education best prepares RN students for nursing practice remains to be determined through ongoing analysis and program evaluation. RN Programs should continue to offer Clinical Education and Simulation Laboratory Education in accordance with their NYSED approved curriculums. Current programs will not be required to make any changes to their curriculums unless they seek to permanently reduce their hours of clinical education.

#### **New RN Programs**

When reviewing applications for registering a new RN program, NYSED is exploring implementation of a new policy that allows RN programs greater flexibility in the use of simulation laboratory education as long as certain thresholds of clinical experience with actual patient-care experience in real-world clinical settings are met. Note: NYSED is especially interested in stakeholder feedback on Items A, B, and C below, (including input on hours of clinical education and on appropriate settings in which clinical education occurs).

##### **Item A. Associate Degree and Diploma RN Programs**

Associate degree and diploma RN programs prepare students for safe, effective, entry level RN care to patients across the lifespan, primarily in medical facilities. New associate degree and diploma RN programs should provide a minimum of **[how many?] clock hours of FSCPE (which may also include PSPCE)** that requires each RN student to provide nursing care to:

- adult patients in hospital in-patient settings and possibly additional settings in which RNs provide nursing care to this population;
- pediatric patients in one or more settings in which RNs provide care to this population;
- patients receiving treatment for psychiatric, behavioral, and/or cognitive conditions in one or more settings in which RNs provide mental health nursing care to patients; and,
- obstetric patients in one or more settings in which RNs provide care to this population.

Discussion:

1. How many clock hours of FSCPE/PSPCE (as described above) are sufficient for associate degree and diploma RN programs?
2. Are these the appropriate required settings and populations for clinical experience?
3. Other comments or concerns?

##### **Item B. Bachelor's Degree RN Programs**

Bachelor's degree RN programs prepare RN students for safe, effective, entry level RN care to patients across the lifespan in a broad variety of patient care settings. New bachelor's degree RN programs should provide a minimum of **[how many?] clock hours of FSCPE (which may also include PSPCE)** that requires each RN student to provide nursing care to:

- adult patients in hospital in-patient settings and possibly additional patient care settings;
- any patient population in one or more hospital critical care settings (i.e., ICU, PICU, ED);
- pediatric patients in one or more settings in which RNs provide care to this population;
- patients receiving treatment for psychiatric, behavioral, and/or cognitive conditions in one or more settings in which RNs provide mental health nursing care to patients;

- obstetric patients in one or more settings in which RNs provide care to this population; and,
- any patient population in a community setting in which RNs provide nursing care (i.e., ambulatory care facilities, medical practices, schools, homes), and possibly additional settings in which RNs provide care.

Discussion:

1. How many clock hours of FSCPE/PSCPE (as described above) are sufficient for bachelor's degree RN programs?
2. Are these the appropriate required settings and populations for clinical experience?
3. Other comments or concerns?

### **Item C. Master's Degree RN Programs**

Given their advanced academic standing, Master's Degree RN programs prepare RN students for safe, effective entry level and more advanced RN care to patients across the lifespan in all types of settings. New master's degree RN programs should provide a minimum of **[how many?] clock hours of FSCPE (which may also include PSPCE)**, which requires each RN student to provide nursing care to each of the patient populations in each of the health care settings described below.

- adult patients in hospital in-patient non-critical care settings and at least one hospital critical care setting (i.e., ICU, SICU) and at least one community setting in which RNs provide adult patient care.
- pediatric patients in hospital in-patient non-critical care settings, at least one hospital critical care setting (i.e., ICU, SICU) and at least one community setting in which RNs provide pediatric patient care.
- Obstetric patients in at least one hospital or birthing center labor and delivery unit, and at least one community setting in which RNs provide obstetric care (i.e., obstetric practices)
- Patients with mental health or cognitive conditions in at least on inpatient psychiatric unit in a hospital or inpatient unit in a mental health facility and in at least one community setting in which RNs provide mental health nursing care to patients (i.e., outpatient mental health, addiction treatment or habilitation clinics)
- Patients in residential health care facilities or other long term care facilities in which RNs provide patient care.
- Medically underserved populations in settings in which RNs provide care.

Discussion:

1. How many clock hours of clinical experience are sufficient for Master's Degree licensure-qualifying programs?
2. Are these the appropriate required settings and populations for clinical experience?
3. Other comments or concerns?

## **IV. NYSED Approval of Changes to Clinical Education**

Since each existing RN program offers a unique combination of Didactic Education, Simulation Laboratory Education and Clinical Education, if a new policy related to minimum thresholds for clinical education in RN licensure-qualifying programs is adopted, NYSED intends to continue to review, on a case-by-case basis, requests to change Clinical Education hours in an RN program curriculum. Among other things, RN programs seeking approval to permanently reduce Clinical Education must demonstrate satisfactorily to NYSED that the RN program (with the proposed changes) will prepare all graduating students to provide safe and effective nursing care to patients across the lifespan.

Proposed approval criteria for permanent changes:

When reviewing a proposal to permanently change Clinical Education hours in an RN program, NYSED will consider pertinent evidence-based information provided in support of the proposal, applicable standards and laws, the criteria set forth in Section III (above), and the criteria below.

- The revised RN program curriculum requires each graduating student to demonstrate the ability to provide safe, effective, RN care to patients across the lifespan (including adult, pediatric, and obstetric, and mental health patients). The curriculum should include evidence based, measurable criteria for evaluating RN student nursing practice appropriate to the type of degree offered (i.e., diploma, associate degree, bachelor's degree, or master's degree).
- The RN program can implement the revised curriculum for all enrolled RN students. The RN program should have policies in place and adequate resources (i.e., qualified faculty and staff, suitable clinical placements, laboratory equipment) needed to implement the revised RN program curriculum for all enrolled RN students.
- The RN program is in good standing. The RN program is not under a plan of correction and for the two most recent years, has met or exceeded RN program outcome standards, including first time NCLEX pass rates and program completion rates.

As before, NYSED will separately approve a specific number of hours of Clinical Education and Simulation Laboratory Education.

Discussion:

1. Are the approval criteria above appropriate?
2. Other comments or concerns?

### **New Expedited Approval Option that Offers More Clinical Education Flexibility**

NYSED anticipates implementing an expedited approval option for RN program proposals that meet or exceed Clinical Education criteria in Section III (above). To qualify, the RN program must offer FSPCE/PSPCE that meets or exceeds all applicable criteria in Section III (including the minimum number of clock hours of FSPCE/PSPCE. The RN program may offer any combination additional of FSPCE, PSPCE, Practicum Education and/or Simulation Laboratory Education as permitted by the RN program curriculum. The RN program should be in good standing. The RN program curriculum (with the proposed changes) must accurately reflect the Clinical Education and Simulation Laboratory Education to be offered to each RN student.

NYSED will approve the RN program curriculum with a specific number of clock hours in each of the following categories:

Category A: FSPCE/PSPCE (as described in Section III);

Category B: Additional Clinical Education and/or Simulation Laboratory Education.

RN programs must obtain prior NYSED approval to:

- reduce the clock hours in Category A or B in an NYSED approved RN program curriculum; or,
- eliminate FSPCE and PSPCE in required health care settings as described Section III; or

- eliminate FSPCE and PSPCE for any required patient population in a required setting as described in Section III.

Discussion:

1. Is the expedited approval process clear and appropriate?
2. Other comments or concerns?

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