

The Texas Board of Nursing
The Big Question from Nursing Education Programs
Securing Clinical Practice Experiences during the COVID Pandemic

Many nursing programs are asking, “Will the waiver for using more than 50% simulation for clinical for nursing students in their last year be extended or expanded?” “Is it OK to just use simulation?”

By the waiver issued on March 21, 2020, in accordance with section 418.016 of the Texas Government Code, the Office of the Governor granted the Board of Nursing’s request to suspend §214.10(e)(3) and §215.10(e)(3). The granted waiver allows students in their final year of a nursing education program to meet clinical learning objectives by exceeding the 50% limit on simulated clinical experiences. This suspension remains in effect until terminated by the Office of the Governor or until the March 13, 2020 disaster declaration is lifted or expires. It is likely that the waiver will be necessary at least through the fall of 2020 if not beyond.

Programs must then plan accordingly remembering the importance of students’ achieving adequate hands-on clinical experience in their nursing education to prepare them for entry level nursing practice. Students in their final year of nursing education would most likely have already experienced opportunities for hands-on practice before the COVID pandemic began. They can finish the program with simulation experiences and graduate, ready to take the NCLEX examination and enter the workforce.

Students with minimal hands-on clinical experiences are still held to the rule requirement that limits simulation to 50% or less. High-fidelity simulation and virtual clinical experiences (totally online activities) are not the same as real patient care. No research supports simulation beyond 50% as a substitute for hands-on practice. Students must work with real patients to experience the unexpected changes in condition, the patient’s reaction to illness, and the life stressors that accompany their illness. Without hands-on clinical practice, students do not gain the experience of making clinical decisions for sudden and unexpected responses of patients. Hands-on practice with real patients affords the student an opportunity to apply nursing knowledge and gain competence in providing care.

One national nursing accreditation organization responded to the question about how much simulation can be used in a nursing program and indicated they do not stipulate percentages for any teaching strategies. If simulation is utilized as one of the types of clinical learning experiences, it must be clearly defined and faculty must be appropriately trained in the use of simulation technology and debriefing. Accreditation expects programs to follow their state board of nursing rules and regulations, including any restrictions on simulation. The percentage of simulation is not necessarily the key element but rather it is whether the teaching strategies are effective for the learner to achieve the desired learning outcomes. The clinical instruction in the nursing program must also allow faculty to evaluate whether the student is able to demonstrate competence in caring for real patients.

There is a variety of perspectives about whether nursing students should be engaged in clinical practice where they might be exposed to COVID-19. On the one hand, the experiences would provide excellent learning opportunities and students in the mix of care providers may offer needed assistance. Some nursing associations have discouraged the use of students in the clinical areas but the National Student Nurses’ Association considers it an opportunity for nursing students to assist in the time of crisis. The decision is up to the affiliating agencies’ willingness to include nursing students, the nursing program and the associated governing entity’s agreement,

the students' willingness to step forward, and a collaborative plan for action. NCSBN joined other nursing organizations to promote a practice-academic partnership model during the COVID-19 crisis that allows student nurses to work in hospitals and earn clinical credit for the work experience. A Policy Brief describing this model may be accessed on the NCSBN.org web page. Program directors may contact hospitals to see if there is interest in this collaborative model.

If nursing programs wish to move forward with hands-on experiences for their students, the program directors are encouraged to meet with various affiliating agencies to find clinical practice that is acceptable to the program, the governing entity, and the students. The question must be asked, "What is possible?" In addition to settings commonly used, possible alternate opportunities include telehealth, hospice, COVID exposure tracking, home health, phone visits through an agency to older citizens, testing centers, or experiences in service learning.

Programs may consider re-evaluating their required clinical hours with real patients to concentrate on providing quality learning experiences, and possible plans to rotate students between patient care areas and simulation lab experiences, observation and precepted experiences, and other opportunities.

Another issue that must be addressed in any setting is the PPE requirements and how these can be met.

If none of these suggestions are acceptable, it may be necessary to "front-load" all nursing didactic courses and hold the clinical course(s) with actual patients until facilities are open to students again. If there is a delay in the students' progress forward, the recommendation is to plan activities that will help the students maintain and polish their nursing skills. Use as much high-fidelity simulation as allowed and as much clinical experiences as you can arrange.

Associate degree nursing (ADN) students may ask if they may enroll in RN-to-BSN courses (dual enrollment) while they are waiting to complete clinical requirements for the ADN.

(7/1/2020)