UNDERGRADUATE SIMULATION HOURS

UNIVERSITY OF NEBRASKA MEDICAL CENTER
COLLEGE OF NURSING

Undergraduate Simulation Hours Subsection: **5.2.37**
Section 5.0 - Student Policies Originating Date: February 2018
Responsible Reviewing Agency: Undergraduate Curriculum Committee Revised: December 2023

Responsible Approving Agency: General Faculty Organization

Related Documents:

Breymier, T. L, Rutherford-Hemming, T., Horsley, T. L., Atz, T. Smith, L. G., Badowski, D., & Connor, K. (2015). Substitution of clinical experience with simulation in prelicensure nursing programs: A national survey in the United States. Clinical simulation in Nursing, 11(11), 472-478. http://dx.doi.org/10.1016/j.ecns.2015.09.004

INACSL Standards Committee (2016). INACSL standards of best practice: SimulationSM Simulation glossary. Clinical Simulation in Nursing, 12(S), S39-S47. http://dx.doi.org/10.1016/j.ecns.2016.09.012

Palaganas, J. C., Maxworthy, J. C., Epps, C. A., & Mancini, M. E. (Eds.). (2015). Defining Excellence in Simulation Programs. Philadelphia, PA: Wolters Kluwer.

Purpose

Establishes the ratio of simulation hours to clinical clock hours. Provides simulation definitions.

Scope

This policy applies to undergraduate students.

Policy

Undergraduate clinical hours for simulation are based upon the level of active engagement of students and the complexity of the learning experience. The ratio of simulation hours is one hour of simulation learning experience will count as up to two clinical clock hours.

The following are examples of simulation based learning activities that have both high levels of complexity and engagement:

1. High Fidelity healthcare simulation
2. Simulations including standardized patient(s)
3. Low Fidelity simulation
4. Simulations involving Augmented Reality
5. Computer-based simulation

The following definitions should be used to guide faculty decisions regarding simulation:

Clinical: Pertaining to an actual or simulation-based experience related to the care of individuals, families, or groups in health care settings, which permits opportunities for application of KSA.

Simulation: an education strategy in which a particular set of conditions are created or replicated to resemble authentic situations that are possible in real life. Simulation can incorporate one or more modalities to promote, improve or validate a participant's performance.

Augmented Reality: A type of virtual reality in which synthetic stimuli are registered with and superimposed on real world objects, often used to make perceptible information otherwise imperceptible to human senses. An example of AR in healthcare simulation is the use of simulated equipment and a standardized patient.

Computer based simulation: Simulation activities performed via a computer program; a dynamic representation of a model, often involving some combination of executing code, control/display interface hardware and interfaces to real world equipment

High Fidelity healthcare simulation (high technology healthcare simulation or manikin-based simulation): The use of manikin simulators in a realistic setting. Use of simulation modalities or mechanisms to create a realistic patient model or healthcare situation.

Low Fidelity (Low Technology simulations): Used to describe experiences such as case studies, role-playing, using partial task trainers, static manikins to immerse students in a clinical simulation or practice of a particular skill. Used of simulation modalities that are not computerized or electronic and are not controlled or programmed by a person external to the learner.

Mixed Simulation (multimodality simulation, mixed methods simulation Hybrid Simulation): The use of a variety of different types of simulation simultaneously as part procedure, spanning a range of technique ranging from individual skill training to group and multidisciplinary training.

Standardized patient (SP): Individuals who are trained to portray a patient with a specific condition in a realistic, standardized, and repeatable way. Used for teaching and assessment of learners included, but not limited to consultation, physical examination, and other clinical skills in simulations. Feedback can be provided by SPs for evaluation.