Simulation Program
Operating Policy and Procedure Manual

SIM OP: 90.335 Ratios for the School of Nursing’s Prelicensure Programs

PURPOSE: The purpose of this policy is to specify simulation-based experience ratios for the School of Nursing’s prelicensure programs.

REVIEW: The Simulation Program OP will be reviewed September 1 of each even-numbered year by the Executive Director of the Centers.

POLICY/PROCEDURE
Note: Definitions for items highlighted in this policy are available in the TTUHC Simulation Program’s Operating Policy and Procedure Manual: Definitions

1.0 Policy

All simulation-based experiences should follow national guidelines published by the International Nursing Association for Clinical Simulation and Learning (INACSL, 2019) and when appropriate the Association of Standardized Patient Educators (ASPE, 2017). Furthermore, simulation-based experiences follow the Texas Board of Nursing (BON) Education Guideline 3.8.2.a. Ratio of Faculty to Students in Clinical Learning Experiences. The Texas BON document states, “ratios in nursing skills laboratories and simulation laboratories are based upon school policies.”

2.0 Procedure

INACSL and ASPE recommendations:

A. Skills laboratories and simulation-based formative learning experiences should maintain a 1:1 clinical to simulation hourly ratio.

B. Skills laboratory experiences should maintain a preferred faculty to student ratio of 1:15 with a maximum of 1:20 depending on the objectives of the experience.

C. High fidelity simulation formative learning experiences, with or without the integration of Standardized Patients (SPs), should have a preferred faculty to student ratio of 1:10 with a maximum of 1:20 depending on the objectives of the experience and SPs abilities to provide feedback specific from a patient’s perception. The integration of SPs into
simulation-based activities should adhere to the national guidelines published by the Association of Standardized Patient Educators (ASPE) (Lewis, K. L., et al., 2017)

D. **High Fidelity simulation-based experiences** with or without the integration of SPs for formative and summative evaluations/assessments can reflect a 1:2 clinical to simulation hourly ratio when the following are demonstrated:

1) Written objectives are appropriate to the learner.

2) The scenario has been critiqued by a content expert.

3) The simulation-based experience requires the demonstration of clinical judgment and reasoning while implementing patient care.

4) The simulation-based experience follows the national guidelines published by the International Nursing Association for Clinical Simulation and Learning (INACSL) and when appropriate the Association of Standardized Patient Educators (ASPE).

5) The experience adheres to the guidelines published by the National Council of State Boards of Nursing (NCSBN).

6) The experience adheres to guidelines published by the Texas BON.

7) The faculty and students comply with the Code of Ethics published by the American Nurses Association (ANA) and the Society for Simulation in Healthcare (SSH).

8) The faculty are prepared to conduct simulation-based experiences (including all phases, the brief, scenario, and debriefing process).

9) A faculty to student ratio of no more than 1:8 is maintained.

**Clinical to Simulation Ratios**

A. Recent research has demonstrated when simulation was compared to clinical experiences students completed more “physical assessments, skills, activities, and teaching in simulation than in clinical” (Sullivan, et al., 2019, p. 38). The authors stress the simulation experiences need to be meaningful, based on specific objectives, and allow the student to function independently in the role of a nurse.

B. Guidelines published by the NCSBN (2016) define “Simulation” (based on the work by Gaba, 2004) as “a technique to replace or amplify real experiences with guided experiences that evoke or replicate substantial aspects of real world in a fully interactive manner” (p. 10). Furthermore, these guidelines provide a checklist specific to validating that faculty are prepared to conduct simulations. Guidelines state:

1) The simulation program is based on educational theories associated with simulation such as experiential learning theory.

2) Faculty are trained to following the INACSL Standards of Best Practice: SimulationSM.

3) A tool to evaluate simulation-based learning has been designed based on the INACSL Standards of Best Practice: SimulationSM evaluation methods.
4) The curriculum states clear objectives with expected outcomes for each simulation-based experience that are communicated to students prior to each simulation activity.

5) Faculty are prepared to create a learning environment that encourages active learning, repetitive practice, and reflection, and to provide appropriate support throughout each activity.

6) Faculty are prepared to use facilitation methods congruent with simulation objectives/expected outcomes.

7) The program utilizes a standardized method of debriefing observed simulation using Socratic methodology.

8) A rubric has been developed to evaluate students’ acquisition of knowledge, skills, and attitudes (KSAs) throughout the program.

9) The program has established a method of sharing student performance with clinical faculty.

10) The program collects and retains evaluation data regarding the effectiveness of the facilitator.

11) The program collects and retains evaluation data regarding the effectiveness of each simulation experience.

12) The program provides a means for faculty to participate in simulation-related professional development like webinars, conferences, journal group discussions or readings, and to earn certifications such as SSH Certified Healthcare Simulation Educator (CHSE), or to participate in NLN SimLeader and Sigma Theta Tau International (SSTI) Nurse Faculty Leadership Academy (NFLA) focusing on simulation.

Guidelines by the Texas Board of Nursing

A. The Texas Board of Nursing Education Guideline 3.7.2.a. Meeting Program of Study Objectives through Clinical Learning Experiences provides specific factors to be considered when planning the most effective use of clinical learning experiences which includes the following:

1) “Practice in the nursing skills laboratory is a beginning arena to learn and to perfect skills and procedures through repetitive demonstration. However, practice in the nursing skills laboratory is an ongoing activity where students can work on advancing their skill repertoire as well as reviewing skills previously learned. It also provides a setting for remediation when students need additional assistance with nursing skills.

2) Participation in simulation experiences allows students the opportunity to experience patient scenarios, implement nursing skills, and make nursing decisions. The high fidelity simulation laboratory allows the student a safe environment in which to experience the consequences of nursing actions without posing harm to patients. Though simulation experiences can vary in level of sophistication, it is essential that they are faculty-planned and directed, and that valuable feedback is provided to the students. Simulation also offers
opportunities for students to practice handling patient situations they may not otherwise encounter in their student role.

3) Faculty-supervised hands-on patient care is the most valuable clinical experience for nursing students, but the value is enhanced by practice in the skills lab and simulation experiences. Students entering the patient care setting having a skills set learned in the nursing skills lab and decision-making abilities enhanced by the simulation experience will be more confident and ready to provide safe nursing care to their patients” (2018, p. 2).

Table 1.1
Ratio Summaries

<table>
<thead>
<tr>
<th>Faculty-to-Student Ratio</th>
<th>Clinical-to-Simulation Hours Ratio</th>
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</thead>
<tbody>
<tr>
<td>Skills 1:15 (preferred) to 1:20 (maximum)</td>
<td>Skills 1:1</td>
</tr>
<tr>
<td>HFS 1:10 (preferred) to 1:20 (maximum)</td>
<td>HFS 1:1</td>
</tr>
<tr>
<td>HFS 1:8 (maximum)</td>
<td>1:2 (with approval from program director and/or TTUHSC Simulation Program)</td>
</tr>
<tr>
<td>HFS Form/Summ Evaluations (OSCE) 1:1</td>
<td>HFS Form/Summ Evaluations (OSCE) 1:1 or 1:2</td>
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References


SD/SB
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Date of last revision: