



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Nursing Care Quality Assurance Commission
PO Box 47864 Olympia, WA 98504-7864

TO: Deans/Directors Washington State Nursing Programs

FROM: NCQAC

RE: Update on Nursing Education Rules COVID-19

DATE: April 3, 2020

First, thank you to all the nursing programs for your leadership in this unprecedented time of crisis. We are collectively doing our best to navigate rapidly changing circumstances in order to support nursing education and protect the public. Please review the clarifications and updates below regarding the nursing education rules.

SIMULATION – WAC 246-840-534

The Commission supports the use of high quality simulation, both F2F and Virtual Simulation, for pre-licensure LPN, ADN, BSN and post-licensure RN-BSN nursing education programs that are in full alignment with WAC 246-840-534. <https://apps.leg.wa.gov/WAC/default.aspx?cite=246-840-534>. Simulation may be extended to a maximum of 50% simulation hours of total clinical hours across the curriculum on a temporary basis through summer quarter 2020.

- a. *PN programs require 300 clinical hours – up to 150 hours may be simulation*
- b. *ADN programs require 500 clinical hours – up to 250 hours may be simulation*
- c. *BSN programs require 600 clinical hours – up to 300 hours may be simulation*
- d. *RN-BSN programs require 100 hours – up to 50 hours.*

Virtual simulation as well as F2F simulation will be permitted during the COVID19 crisis as long as the nursing education has previously demonstrated alignment with WAC 246-840-534. No further documentation is required from the approved programs. The list of approved programs appears at the end of this document.

*Nursing education programs not yet approved to substitute simulation for clinical hours may submit a request for approval to use up to 50% of total clinical hours with either high quality F2F or virtual simulation during this crisis as a temporary modification of WAC 246-840-534 which limits the use of simulation to no more than 50% per course. These programs must submit documentation to demonstrate that they are in alignment with this WAC and INACSL Standards of Best Practices (See attached simulation form). Programs may **sign an attestation** they are in alignment with the WACs and INACSL Standards of Best Practices and submit documentation when the emergency proclamation rules are lifted, or programs can submit for approval now (attestation form attached).*

Any F2F simulation will require compliance with DOH social distancing recommendations and/or following clinical protocols aligned with current DOH guidance. The currently approved schools listed at the end of this communication will NOT require additional NPAP approval to make this temporary change during the COVID-19 crisis.

Rationale: There are 25 BONs (including Washington state) that have regulations stipulating the percentage of simulation hours that may be substituted for clinical practice requirements. Of these, 13 states allow up to 50%, and 9 states allow between 25-30% replacement. (Bradley, et al, 2019). Allowing the 50% cutoff to be extended across the program curriculum vs per course, has been approved by NPAP on a temporary basis during this crisis. Simulation may include either F2F or virtual given the growing body of evidence to support the equivalence of high-quality virtual vs F2F simulation (Foronda & Armstrong, 2020; Foronda, Fernandez-Burgos, Nadeau, Kelley & Henry, 2020; Haerling, 2018; Jimenz, 2017, 2018; Rourke, 2020).

Simulation Ratios

The option of raising the ratio of simulation to clinical time from 1:1 (1 hour simulation = 1 hour of clinical) to 1:2 (1 hour of simulation =2 hours of clinical) has been temporarily approved for the nursing education programs already approved to substitute simulation for clinical hours. Programs approved are aligned with WAC 246-840-534 (see program list at end of document) and have national accreditation. Each clinical simulation clock hour may be considered equivalent to up to two clock hours of clinical. Programs eligible for the 1:2 simulation ratio must notify the Commission and agree to gather evaluation data while using the 1:2 simulation ratio. The evaluation forms will be sent to the programs who notify the Commission of their intent to use the 1:2 simulation ratio. The Commission will evaluate the data to gather further information on the efficacy of the 1:2 simulation ratio. Completion of the evaluation criteria is required to be submitted to the Commission within 30 days of the emergency proclamation ending.

Nursing education programs that are not simulation approved may request an expedited review of their request to use the higher ratio (1:2) by submitting a brief narrative (Simulation Form attached) outlining alignment with the WAC and adherence to INACSL Standards of Best Practices.

*Nursing education programs that **do not** have national accreditation or are on **conditional** approval will not be eligible for the 1:2 simulation ratio. Each clinical simulation clock hour will be equivalent to one clock hour of clinical. Programs seeking 1:2 simulation ratio approval who currently have a **plan of correction** in place must submit documentation to NPAP of alignment with WAC 246-840-534 (see simulation form). Each program with a plan of correction in place will be evaluated on an individual basis.*

CLINICAL HOURS – WAC 246-840-531

NPAP supports maintaining the required minimum clinical hours by type of nursing education program: 1) 300 hours for PN programs; 2) 500 hours for pre-licensure Associate Degree RN programs; 3) 600 hours for pre-licensure BSN programs; 4) 1000 hours for RN-to-BSN and non-advanced practice Masters programs; 5) 500 hours for advanced practice masters or post-masters' certificate programs; and 6) 1000 hours for DNP programs. It is not possible to eliminate requirements for a minimum number of clinical hours for pre-licensure nursing programs while simultaneously supporting up to 50% substitution of required clinical hours with F2F or Virtual Simulation. Without a denominator of required minimum clinical hours, it is impossible to determine what 50% substitution would be. <https://apps.leg.wa.gov/WAC/default.aspx?cite=246-840-531&pdf=true>

Rationale: All nursing education programs are required to provide clinical practice components to their program, and this requirement is absolutely essential to the delivery of quality nursing education. When minimum clinical hour requirements were considered during the 2016 rules revision process, the NCQAC weighed a variety of factors in determining the minimal hours requirements, including available scholarly writings and expert opinion. While only 12 US BONs specify minimum number of clinical hours (with a wide range from 270 to 960), the NCSBN Simulation Study required each participating site to include a minimum of 600 clinical hours. *Note: The one state that currently allows a 1:2 simulation to clinical hours (Colorado), requires national accreditation and a minimum of 750 clinical hours across all pre-licensure RN programs and 400 clinical hours across all LPN programs. The Colorado clinical hour requirements are higher those in Washington state (WAC 246-840-531).

The NCQAC balances the current reality facing nursing education programs in Washington state against the necessity for clinical practice as an essential component to quality nursing education. While the mode of delivery for this component may change during this emergency, the qualitative need for a sufficient number of clinical experiences should not be compromised.

DISTANCE LEARNING – WAC 246-840-546

Synchronous and asynchronous online teaching of classroom theory/didactic content for all nursing programs has already been approved by the Nursing Commission and will not require preapproval for the following options during this crisis. (Refer to communication from Dr. Moisio regarding nursing assistant programs).

- *Moving from F2F didactic instruction to on-line, distance learning using established platforms such as Zoom, WebEx, and Go-to-Meeting including on-line proctoring of quizzes and examinations.*
- *Front loading of didactic content for schools with canceled and/or reduced access to clinical sites.*
- *Given significant regional variations, schools currently not experiencing significant disruption in clinical practice site access may consider front loading clinical hours recognizing that disruptions may increase as the academic term progresses.*

Rationale: The above accommodations may be implemented without prior NPAP approval during the Covid-19 crisis. All nursing education programs are expected to maintain documentation of changes made that will be requested by NPAP when the current emergency subsides so that we may evaluate its impact. **This decision was approved unanimously by an emergency NPAP panel meeting on March 23, 2020.**

CURRICULUM - WAC 246-840-537, 539, 541, 542

Front-loading classroom theory/didactic content for all nursing programs can continue without further individual program review.

As of March 18, nursing assistant training programs have been offered a rapid, efficient pathway for temporary approval to teach classroom theory/didactic content online. Basically, they have been asked to teach as planned except using an online platform (such as GoToMeeting, Zoom, etc.) after providing some basic information via email.

Teaching this way represents a synchronous format (live online) vs. asynchronous and was chosen as the fastest method for all program-types to convert to an online format—the rationale being two-fold:

- *Developing an asynchronous plan takes time while implementing the currently approved teaching plan in a synchronous format only requires doing so using an online platform. In addition, the live online format does not preclude use of asynchronous completion of reading and assignments.*
- *Because the program can implement the existing program that has already been reviewed and approved, minimal review of this format is required for approval by the NCQAC.*

We have 206 nursing assistant training programs in the state of varying types (college program graduates make of 17% of all nursing assistant test-takers). We considered the needs and capabilities of all program types in our decision-making process and want as many as programs as possible to continue teaching as easily as possible in order to support the care needs of the public safely during this crisis and beyond.

PRECEPTORSHIP AND PRACTICE-ACADEMIC PARTNERSHIP POLICY BRIEF – WAC 246-840-533
[HTTPS://WWW.NCSBN.ORG/POLICY BRIEF US NURSING LEADERSHIP COVID19.PDF](https://www.ncsbn.org/Policy_Brief_US_Nursing_Leadership_COVID19.pdf)

NCQAC supports the recent Policy Brief that was released by NCSBN currently is endorsed by multiple nursing organizations including NLN, AACN, OADN, ACEN, CCNE, CNEA, NSNA, and AONL. https://www.ncsbn.org/Policy_Brief_US_Nursing_Leadership_COVID19.pdf. If regional practice partners are interested in partnering with nursing education programs to allow working as Nurse Technician in Washington state with faculty oversight much as would be expected in a final preceptorship, these hours may be approved as clinical practice hours towards their education. NCQAC will work with any interested partnerships to expedite approval by offering technical assistance and quick turnaround for any submissions for any programs wanting to utilize this voluntary option. The Commission is submitting emergency rule modifications to WAC 246-840-533 to allow such a model to provide faculty oversight. <https://apps.leg.wa.gov/wAC/default.aspx?cite=246-840-533&pdf=true>. This would allow for students to be paid for Nurse Tech hours worked that would count toward meeting the minimum required clinical hours if approved by faculty as meeting student learning outcomes. The proposed temporary emergency rule addition to WAC246-840-533 is below.

7. A Practice/Academic Partnerships Model (*see*, white paper, “Policy Brief: US Nursing Leadership Supports Practice/Academic Partnerships to Assist the Nursing Workforce During the COVID-19 Crisis”) may be utilized to permit practice hours as a licensed nursing technician, as defined in WAC 246-840-010(30), to be credited toward direct care nursing program clinical hours, and academic credit. Utilization of this model must include the following:

- a) A nursing preceptor or nursing supervisor who has experience and educational preparation appropriate to the faculty planned student learning experience shall be responsible for ensuring the requirements of WAC 246-840-880 are met;
- b) Nursing program faculty will work with health care facility representatives to align clinical skills and competencies with the nursing student-employee work role/responsibilities;
- c) Nursing student-employees must have faculty-planned clinical practice experiences that enable the student to attain new knowledge, develop clinical reasoning/judgment abilities, and demonstrate achievement of clinical objectives and final learning outcomes of the nursing program if the nursing student-employee is in the final nursing course;

- d) The nursing student-employee must reflect on development and/or achievement of clinical objectives and final learning outcomes as designed by nursing education faculty;
- e) Nursing education faculty are responsible for the overall supervision and evaluation of the nursing-student employee on a weekly basis;
- f) Evaluation by nursing education faculty must include documentation of the nursing student-employee achievement of clinical objectives and final learning outcomes and competencies of the nursing program;
- g) Licensed Nursing Technicians must be enrolled in a commission-approved nursing program and be in good standing to receive academic credit.

ELECTRONIC TRANSCRIPTS

The NCQAC currently and in the past has accepted electronic transcripts from three services: Parchment, Student Clearing House, and E-Script. There are several community colleges that do not have the ability to send electronic transcripts through these services. The NCQAC continues to accept paper transcripts from these schools for applications for initial licensure. This applies to LPN, RN, and ARNP.

NURSING PROGRAMS APPROVED FOR USE OF SIMULATION FOR CLINICAL EXPERIENCES:

Bellevue College
 Bellingham Technical College
 Big Bend Community College
 Edmonds Community College
 Everett Community College
 Gonzaga University
 Grays Harbor College
 Green River Community College
 Olympic College
 Pacific Lutheran University
 Seattle District Colleges
 Seattle Pacific University
 Skagit Valley College
 University of Washington Bothell
 Walla Walla University
 Whatcom Community College

REFERENCES

- Foronda, C. & Armstrong, B. (2020, March 30). Position statement on use of virtual simulation during the pandemic. Retrieved from <https://www.ssih.org/COVID-19-Updates/ID/2237/COVID-19-SSHINACSL-Position-Statement-on-Use-of-Virtual-Simulation-during-the-Pandemic>
- Foronda, C.L., Fernandez-Burgos, M., Nadeau, C., Kelley, C.N., & Henry, M.N. (2020, February). Virtual Simulation in Nursing Education: A Systematic Review Spanning 1996-2018. *Simulation in Healthcare*, 15(1), 46-54. doi: 10.1097/SIH.0000000000000411
- Haerling, K.A. (2018). Cost utility analysis of virtual and mannequin-based simulation. *Simulation in Healthcare*, 13 (1), 33-40.
- Jimenez, F. (2017). Using virtual patient simulation in substitution for traditional clinical hours in undergraduate education. *Shadow Health Research Report*: Gainesville, FL
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- Rourke, S. (2020) How does virtual reality simulation compare to simulated practice in the acquisition of clinical psychomotor skills for pre-registration student nurses? A systematic review. *Journal of Nursing Studies*, 102, doi.org/1016/jj.ijnurstu.2019.103466.