



Position Statement

Using Simulation in Clinical Nurse Specialist Practicum Education

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Background

Preparing the newest generation of clinical nurse specialists (CNSs) to meet the increasingly complex needs of patients, nurses, and organizations requires innovative and forward-thinking educational strategies and methods. Although amplified by COVID-19, securing traditional and high-quality in-person practicum experiences with qualified preceptors has become increasingly difficult. Mastery of many CNS practice competencies may be more consistently and effectively evaluated using simulation scenarios. Informed by current best practice evidence and simulation pedagogy within graduate nursing education, the National Association of Clinical Nurse Specialists (NACNS) views simulation as an appropriate teaching strategy for CNS education when used in conjunction with direct patient care clinical practice hours.

Position

Simulation is a demonstrated and effective method for educating advanced practice registered nurses. It is a valuable approach to assessing mastery of practice competencies and performance in interprofessional clinical experiences. As such, NACNS endorses the use of simulation as a teaching strategy in the educational preparation of CNSs.

Supporting Information

According to the Society for Simulation in Healthcare,¹ simulation is defined as imitating an act or a system; it can serve as a bridge between classroom learning and real-life clinical experiences. Simulation is used to improve the safety, effectiveness, and efficiency of health care delivery, as well as individual, team, and system performance.¹ Using simulation as a learning method has multiple advantages, such as the ability to customize experiences that mimic “high risk/low volume” situations, which allows instructors to focus on learning without the need to intervene to stop patient harm.¹ Simulation in health care creates a safe learning environment, supports active and experiential learning, and allows for repetitive practice and self-reflection.

Evidence spanning multiple healthcare professions supports skill acquisition and positive outcomes associated with simulation training.²⁻¹³ For example, a rigorous, multi-site, randomized controlled study of prelicensure nursing students found that replacing up to 50% of traditional clinical practicum hours with high-quality simulation provided comparable educational outcomes.¹³ Also, simulation has been used in advanced practice nursing (APRN) programs to fill existing gaps due to limitations in clinical sites, qualified

nursing faculty, and access to particular patient populations. Among educators, the consensus is that high-quality simulation is an effective pedagogy that can augment the clinical experience.¹⁴⁻²³

Recommendations/Next Steps/Call for Action

- Dialogue with other APRN groups to determine the optimal use of simulation in APRN education.
- Identify specific CNS practice competencies that could equally or more effectively be taught and evaluated using simulation.
- Identify opportunities to use selected simulation experiences in lieu of direct patient care clinical hours.
- Conduct research on the validity of high-quality simulation experiences as a replacement for some traditional clinical hours.
- Simulation activities must adhere to the Healthcare Simulation Standards of Best Practice™²⁴

Conclusion

High-quality simulation experiences continue to emerge as valid and valuable learning experiences for health care professionals. NACNS supports continued efforts to incorporate simulation into CNS educational programs and to consider replacing some traditional clinical experiences with simulated experiences.

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