# Petition for Permission to Test/Retest NCLEX Summary
# 2/26/2025 to 5/21/2025

| Petitioner Name | NCLEX Test | Repeat | Grad Date | Conditions applied to approval | Date Petition Received |
|---|---|---|---|---|---|
| Gavin Harth | PN | No | Dec-21 | 1) Additional 20 hours of study for each area on study plan<br>2) Total of 30 hours of observational clinical to cover all unsuccessful areas on exam<br>3) Successful completion of formal Review Course with predictability score<br>4) Audit nursing class(es) to review all unsuccessful areas | 5/13/2025 |
| Acelin C. Lucero | RN | No | May-23 | 1) Additional 10 hours of study for each area on study plan<br>2) Total of 15 hours of observational clinical to cover all unsuccessful areas on exam<br>3) Successful completion of formal Review Course with predictability score | 5/19/2025 |
| Jeremy Bailey | PN | No | May-21 | 1) Additional 20 hours of study for each area on study plan<br>2) Total of 30 hours of observational clinical to cover all unsuccessful areas on exam<br>3) Successful completion of formal Review Course with predictability score<br>4) Audit nursing class(es) to review all unsuccessful areas | 5/21/2025 |
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# Update for Education Committee

Date: June 2, 2025

TO: KSBN Education Committee / Board Members

FR: Janelle B. Martin, MHSA, RN
Nursing Education Compliance Officer

RE: Update on 2:1 simulation hours

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**Agenda Item from/or the Board Action Requested:**

*This report is an update with additional research and information of the issue of allowing simulation hours: contact hours to count 2:1. This information is for review and no Board action is required at this time.*

**June 2024 agenda/meeting:**

- *Presented articles (provided by schools requesting 2:1 ratio be considered) from Elsevier Science Talks on Effectiveness of simulation in undergraduate nursing programs: Systemic review (2023)*
    - *Article from Science Talks on Effectiveness of simulation in undergraduate nursing programs: Systemic review (2023) - presented abstract from review of ten randomized trials that assessed the effectiveness of simulation with participants enrolled in a pre-licensure UG nursing program at any level. Eight of the ten reported statistically significant improvement in skill performance, knowledge acquisition, clinical performance, self-confidence, critical thinking skills and communication skills, indicating that simulation is an effect method comparted to traditional teaching strategies.*
        - Issue was methodological gaps in the studies such as small sample sizes, limited data and analysis, and less reliable outcome measurement tools.
        - More robust studies were recommended before making assumptions.
    - *Article from Clinical Simulation in Nursing o Emerging Evidence Toward a 2:1 Clinical to Simulation Ratio: A Study Comparing the Traditional Clinical and Simulation Settings (2019) – Sullivan Study*
        - Study included only 42 students in a multicenter observational study that compared traditional clinical to simulation on the type, number, and level of educational activities as determined by Miller's Pyramid of Competence (1990).
        - Scripted simulation scenarios vs. traditional randomized patient assignment may be a large component of the observed differences in number of skill interventions, physical assessments and teaching. More safety interventions noted in the traditional setting vs. simulation.
        - Limitation is that of the inherent issues in observational study research. Observed experiences were not standardized and the three schools had

differing lengths and times for sim, and scenarios were not consistent across schools (all had 3 scenarios), and clinical and simulation faculty had differing levels of training.

- Conclusion: observational study that offered no manipulation of either clinical or simulation experience. The intense, efficient learning environment of simulation was demonstrated through efficiency of time spent in patient activities, the time spent in critical thinking and the time spend in independent activity.
    - In simulation, students independently completed more patient care activities at higher levels of functioning in 1/5 the time than in the clinical setting.
    - Study also highlighted weaknesses in the clinical experience, such a limited focus on the application of knowledge and critical thinking and the inefficiency of student time spent in the clinical setting.
    - Further study is needed to validate findings and clarify the differences in the simulation and clinical environments.
- *There was no discussion of how faculty training and expertise affects these experiences. It assumes some vetting of the simulations used as level appropriate and taught by those with simulation experience.*

- ***State Boards with regulations regarding 2:1 simulation hours***
    - **Colorado** - for nursing programs that have national nursing accreditation and meet the International Nursing Association for Clinical Simulation and Learning (INACSL) standards, each clinical simulation clock hour may be considered equivalent to up to two clock hours of clinical.
    - **Washington** – legislature enabled a bill to allow for 2:1 simulation to clock hours.

      WABON has draft regulatory language to further clarify the use of 2:1 sim hours.
        - Simulation based learning may not exceed 50% of clinical hours for any one course.
        - Screen-based sim hours may not be counted at the 2:1 ratio for clinical.
        - Simulation experience can include the use of immersive augmented reality or virtual reality so long as it is synchronously facilitated.
        - Nursing education program must have a strategic plan for the simulation program and a plan to manage space, equipment, and personnel with policies and procedures to support and sustain the simulation program
        - Must have defined qualifications for simulation operation support personnel
        - Must have a written plan to orient, mentor and evaluate nursing faculty who facilitate or manage simulation-based learning experiences. All faculty who facilitate must be academically and experientially qualified and demonstrate competency in the use of simulation.
        - Programs must obtain and maintain endorsement or accreditation from an organization that provides such in healthcare simulation and is approved by the board (must be in place by 2030).
        - Facilitation occurs throughout the simulation learning experience to support students in achieving expected outcomes. Facilitation methods should include: prebriefing, debriefing, feedback session and guided reflection exercise.

        - Simulation program must be managed by an individual who hold a Certified Healthcare Simulation Educator (CHSE) certification or other board-approved certification in simulation.
        - At least 10% of nursing faculty who facilitate simulation learning must hold a CHSE or CHSE-A certification, or other board-approved certification. Board may grant exceptions to this if certain conditions met.
        - Each student shall participate in the hands-on nurse role and when not in that role, as an active observer or active participant (definitions of all simulation terms are included in the regulations).
        - Program shall have a written plan for evaluation of the student. Eval data shall be used for CQI and the method of evaluation (formative, summative, high-stakes) is determined before the simulation experience.
        - Program may not use 2:1 ratio if: on conditional approval with BON, on conditional or probationary status with accrediting body, NCLEX pass rate is below 80% for two consecutive years.
- *Journal of Nursing Regulation article (2023): Contributing to Evidence-Based Regulatory Decisions: A Comparison of Traditional Clinical Experience, Mannequin-Based Simulation, and Screen-Based Virtual Simulation*
    - Compared cognitive learning and patient care performance outcomes of prelicensure RN nursing students (153 students from 4 institutions) who participated in all three types of learning and examined students' self-perceptions about the efficacy of each.
    - Conclusion was that additional research is needed

- ***New Information since the June meeting***
    - ***NCSBN Model Rules (revised 2021)***
        - *Section 20. Simulation*
            - *A prelicensure nursing education program ("program") may use simulation as a substitute for traditional clinical experiences, not to exceed fifty percent (50%) of its clinical hours per course. A program that uses simulation shall adhere to the standards set in this section.*
            - Per NCSBN, the updated (2025) rules specifically state a 1:1 ratio should be used (the 2021 rules don't specify a ratio) because BONs wanted a ratio in the rules. The rules are to be evidence based, and to date only small studies, like the Sullivan et al. study with 42 participants, have been conducted on 2:1 ratios. The NCSBN multi-site study used a 1:1 ratio. If more robust studies are reported that support a 2:1 ratio, then NCSBN would definitely look at making that change.

    - **Survey of state boards done by Education Compliance Officer**: 32 boards responded
        - Does board allow substitution of direct patient care hours?
            - One state said it was not defined in regulation
            - Eight said substitution was not allowed but it was also not included in regulation (in policy)

- 19 state boards said “Yes” and have varied definitions about what is allowed but most relates to percentage of simulation that is allowed and what type is allowed (high-fidelity, virtual, low-fidelity)
- Four responded with n/a

- Does board allow 1 hour of sim to be equal to 2 hours of clinical practice?
  - 7 states said “Yes” – 4 are “silent” or do not regulate the ratio so they allow it; two require some type of sim certification for faculty; and one has very specific requirements for faculty and for the program
  - 20 said “No” – KS is included in this group; 2 specifically stated 2:1 was not allowed but all other interpreted silence on the ratio question as it was not allowed
  - 5 chose an n/a response