

TEXAS BOARD OF NURSING  
March 31, 2020

**MANAGING CLINICAL EXPERIENCES During the COVID-19 Pandemic**  
(While campuses are closed and clinical site rotations are restricted)

**The Rules, the Waiver, and the Reality**

- Rules 214.10(e)(3) & 215.10(e)(3) state, “Programs may use up to 50% simulation activities in each clinical course.” The sentence just prior to this sentence clarifies that this is referring to high-fidelity simulation. When many of the hands-on clinical settings were closed to students recently, the use of Virtual Clinical Excursions was seen as a possible substitute for clinical experiences, both in the simulation lab and in clinical settings. Since most programs do not use up to 50% simulation, the use of VCEs allowed students to continue with simulation experiences in an online format.
- On March 21, 2020, the Governor released an Executive Order including a waiver that allows “students in their final year of nursing school to meet their clinical objectives by exceeding the 50% limit on simulation experiences.” This does not apply to nursing students who are not in their final year of nursing education.
- Therefore, nursing students enrolled in a nursing program before their final year are still held to the rule requirement limit of 50% simulation for each nursing course. Possible options for compliance with Board rules include:
  - Examine your curriculum to clarify what this means to your delivery format. A 16-week semester may have already included hands-on clinical hours, so the limit on simulation is predetermined. An eight-week course may have the entire clinical experiences ahead, so the 50% simulation can be carried out with hands-on hours saved for a later semester.
  - Review and consider the innovative model proposed in the collaborative policy brief posted by National Council of State Boards of Nursing (NCSBN) on March 27, 2020, entitled “**Policy Brief: U.S. Leadership Supports Practice/Academic Partnerships to Assist the Nursing Workforce during the COVID-19 Crisis**” at [https://www.ncsbn.org/Policy Brief US Nursing Leadership COVID19.pdf](https://www.ncsbn.org/Policy%20Brief%20US%20Nursing%20Leadership%20COVID19.pdf)
  - Partner with a willing health care setting to allow the program to continue the clinical contract with criteria for the assignment of students and faculty supervision.
  - Complete the clinical course with 50% simulation and award an Incomplete until the clinical settings are available. A challenge for this option is whether students can retain important theory for application to practice. Another challenge is that many nursing courses require teaching of skills in the lab.
  - Revise the order of courses so that non-clinical courses are taught earlier, freeing the need for clinical experiences. Another possibility is “front-loading” some of the nursing didactic that does not require practice in the skills lab.

- With lessons learned about how the pandemic has impacted nursing education, it is a good time to review the scheduling and delivery of your nursing program to allow more flexibility or alternate options when crises interrupt education. Consider the advantages and disadvantages of planning clinical learning experiences with models of integrated, block, or concept-based curriculum; rationales for clinical hours in each clinical area; and ratio of clock hours to hours in simulation activities. Focus on the quality of each type of clinical learning experience, how the experiences build on each other, and how clinical objectives fulfill the *Differentiated Essential Competencies* (DECs). Consider whether your program needs to “right size” clinical hours.

## Frequently Asked Questions from Programs:

- 1. Will the BON allow students to have fewer clinical hours than what is in the syllabus to pass the courses?**

The number of clinical hours is determined by each nursing program depending upon providing an adequate number of practice hours to prepare a safe, competent nurse, and to meet the program requirements. Any changes in policies would require that the process for policy change is followed, and the rationales for change are sound and consistent with Board rules and accreditation standards. Board rules for professional and vocational nursing education do not require a minimum number of clinical hours.

- 2. If my program transitions to the fully online delivery of course content, do I need to submit a request for approval of a Major Curriculum Change to the Board?**

Use of fully online course delivery during the COVID-19 crisis does **not** require that the program submit a request for a Major Curriculum Change. However, if the provision of online delivery will be a permanent change after the COVID-19 crisis is resolved, the program will need to request formal Board approval for a Major Curriculum Change.

- 3. If students are no longer allowed to engage in clinical learning experiences at the program’s clinical affiliate sites, how can the program prepare students meet clinical learning objectives?**

There is a difference between clinical learning experiences and clinical learning objectives. Clinical learning experiences imply that the student is engaged in “faculty-planned and guided learning activities designed to assist students to meet the stated program and course outcomes and to safely apply knowledge and skills when providing nursing care to clients across the life span as appropriate to the role expectations of the graduates. These experiences occur in actual patient care clinical learning situations and in associated clinical conferences; in nursing skills and computer laboratories; and in simulated clinical settings, including high-fidelity, where the activities involve using planned objectives in a realistic patient scenario guided by trained faculty and followed by debriefing and evaluation of student performance. The clinical settings for faculty-supervised hands-on patient care include a variety of affiliating agencies or clinical practice settings, including, but not limited to: acute care and rehabilitation facilities; primary care settings; extended care facilities (long-term care and nursing homes); residential care settings; respite or day care facilities; community or public health agencies; and other settings where actual patients receive nursing care.”

Clinical learning objectives describe the expected outcomes of a learning experience. Clinical learning experiences provide an opportunity for application of knowledge and demonstration of student behaviors that provide evidence of learning. Active learning strategies such as unfolding case studies guide the student through critical thinking about a patient situation, exercises in clinical reasoning, and forming hypothetical clinical judgment. Interactive online patient scenarios give students a chance to test their nursing interventions and skills in a non-risk arena. The closest non-clinical setting is a high-fidelity simulation that mimics a real life situation.

- 4. Is the program allowed to use more than 50% simulated clinical learning experiences for all students, not just students in their last year of the program? May hands-on clinical be substituted, in a reasonable amount, with simulation exercises/experiences if we are not allowed to return to the clinical facilities during this period?**

No, the Governor's directive waiving Board Rules 214.10(e)(3) and 215.10(e)(3) applies only to students in their final year of a nursing education program. This group of students is allowed to meet clinical learning objectives by exceeding the 50% limit on simulated clinical learning experiences to allow their completing the nursing program so they will be ready to enter the nursing workforce. However, the students must also meet all learning objectives during the process of completing the program.

- 5. How does my program meet the required minimum number of clinical learning hours?**

The Texas Board of Nursing rules do not mandate a minimum number of clinical learning hours *or* didactic hours, rather the rules require the provision of content areas.

Rule 214.9 Program of Study, Section (e) requires the Vocational Nursing Education Program include the following five content areas: (1) Nursing Care of Children, (2) Maternity Nursing, (3) Nursing Care of the Aged, (4) Nursing Care of Adults, and (5) Nursing Care of Individuals with Mental Health Problems (optional clinical in mental health).

Rule 215.9 Program of Study, Section (e) (2) requires the Professional Nursing Education Program include didactic and clinical learning experiences in the following five content areas: (1) medical-surgical, (2) geriatric, (3) maternal/child health, (4) pediatrics, and (5) mental health nursing.

- 6. Is it acceptable for the program to use virtual activities, such as ATI Real Life Clinical Reasoning Scenarios - Pick 9\*, a screen-based simulation resource for students to earn their clinical hours, as clinical learning experiences?**

This type of learning activity may be included in the calculation of simulation activities that should make up no more than 50% of the course's simulated clinical learning experience for students who are not in their final year of a nursing program. The NCSBN research study on simulation did not recommend using more than 50% simulation and this recommendation was based on student outcomes, one of which was NCLEX scores. \*This is only one example of a virtual activity and the Board is not endorsing any specific product.

- 7. Skills labs in most of the courses were front loaded into the semester so many have already been completed. May the remaining ones be taught using videos and requiring students to demonstrate either through online meetings or by uploading videos of themselves practicing and talking through the skill?**

All hands-on skills need to be evaluated by an expert (i.e., faculty or preceptor). If students had the right equipment that they could demonstrate a skill in a video, that may be acceptable. If this is not possible, the skills that cannot be checked-off in any other way should be moved to a future course. A final skills day could be scheduled when the campus reopens for practice and return demonstration. Remember that students may not perform the skill on an actual patient until they have been checked-off on that skill.

- 8. We are fortunate we have a variety of online unfolding case studies through an Online Learning platform, and NLN case studies. Is this okay until we are able to return to our clinical affiliate agencies?**

These may be excellent learning activities for connecting didactic and clinical, but they are not simulation (high-fidelity or VCE) experiences. We do not consider VCEs at the same level as high-fidelity simulation.

- 9. If our campus is closed, can our students still attend clinicals with their preceptors and faculty?**

Yes, if the clinical agency is agreeable to students continuing with clinical practice with faculty in a supervisory capacity with or without preceptors. These are within the rules and there would be no interruption in the program.

- 10. Do we need to have make-up clinical days if we are unable to complete all the hours this semester due to clinical sites not allowing our students in the facility?**

Normally, we would say this depends on the program policies for make-up days. Remember that the director must be able to sign the Affidavit of Graduation (AOG) in good faith that the student is knowledgeable and competent to safely enter nursing practice.

- 11. Our school received notification of cancellation of student rotations from three of our current clinical sites to date. What is the Texas Board of Nursing's outlook on the outcomes of cancellations in regards to clinical hours needed for students?**

Even in good times, there is always the possibility that a clinical site could refuse to let students enter the facility. The student cannot meet all requirements for the course if the clinical component is not met. Using simulation for up to 50% of the clinical learning experiences in a course is still an option for students who are not in their final year of nursing school. See options above.

- 12. Our college made the decision to stop all students from attending clinical through at least March 30, 2020. We pulled the BON rules, but they are not clear. We are also looking at giving Incompletes until clinical resumes in order to fulfill clinical requirements. How much clinical time can we substitute with alternate clinical learning experiences?**

Each program determines the number of clinical hours for a clinical course and include how many of these hours must be done in hands-on care. These hours are usually mandated to pass a clinical course. You can substitute simulation hours for up to 50% of the required hands-on clinical hours.

- 13. Since our program has only three more clinical weeks left in the semester, can we finish these in the Simulation lab, by using Case Studies, and some on-line clinical studies through virtual classrooms?**

If your clinical course has not used up the 50% for simulation, that would be the first choice to complete the requirements. VCEs could be used in place of high-fidelity since your students may not be allowed in the simulation lab. What is the policy for the ratio of simulation hours to actual clinical hours?

- 14. During this COVID-19 crisis, is it possible for our LVN-to-ADN program to have 100% virtual simulation along with concept maps, and case studies?**

If your students are in their final year in the program, they would not be limited to the 50% rule.

- 15. I know clinical time can already be comprised of up to 50% simulation, and from what I understand that can be a virtual or live simulation, correct?**

Normally, the simulation referred to in the rule is high-fidelity, but VCEs are allowed during the disaster period since students cannot enter the simulation lab.

- 16. I wanted to verify if Texas BON is in agreement with the ACEN perspective on program disruption for COVID 19? Our A.D.N. program is accredited by ACEN and the VN program is not accredited buy approved by the Texas BON. Our contingency plan, if needed, will meet the student learning objectives (SLO's) as well as the course outcomes for the program. The ACEN web site states: "If disruption in clinical schedules occurs "flexibility" could be the temporary use of distance education to maintain instructional and teaching activities. For example, if a face-to-face course's/program's instruction and learning activities are temporarily disrupted due to campus closures, distance education may be implemented as a method to maintain instruction and learning activities. In this situation, ACEN approval to use distance education temporarily will not be necessary. Nursing programs also need to reach out to the state regulatory agency (e.g., Board of Nursing) regarding a temporary disruption and what that agency requires or may need from you." (<https://www.acenursing.org/covid-19-news-announcements/>)**

Board rules may vary from the accreditation perspective. Any rule waiver must be approved by the Governor. Board Staff requested a waiver from the Governor to allow that nursing students in the final year of their nursing program would not be held to the limit of 50% simulation for clinical instruction. Since online education is considered a format of delivery, programs may use online instruction in didactic courses.

- 17. With the current situation going on, I have numerous ADN students in their final semester that work as CNAs and LVNs in many of our hospitals. Many of these students are working many additional hours during this time. Their nurse managers are willing to work with them to help them gain their clinical hours. If they are working with an RN who is assisting them in meeting their clinical objectives can we award them credit for those hours so they can potentially graduate on time.**

Such an arrangement may be worked out using the preceptor model with a faculty member in a supervisory role. The necessary piece would be that the RN precepting the working student would be willing to mentor the student in the role of the RN, not just carrying out the work of a CNA or LVN. Please read the rules on using preceptors.

The National Council for State Boards of Nursing released “**Policy Brief: U.S. Nursing Leadership Supports Practice/Academic Partnerships to Assist the Nursing Workforce during the COVID-19 Crisis**” which can be reviewed at: [https://www.ncsbn.org/Policy\\_Brief\\_US\\_Nursing\\_Leadership\\_COVID19.pdf](https://www.ncsbn.org/Policy_Brief_US_Nursing_Leadership_COVID19.pdf) about a partnership model whereby students could be hired by the clinical facility and working under an RN as a preceptor with supervision by a faculty member.

- 18. Do Board rules prohibit our program director from signing off AOGs for graduating students earlier than their official graduation date if the students have met all program outcomes?**

This is acceptable, especially when it will move the student closer to take the NCLEX and being employed. It does not matter if the date of completion on the AOG is different from the graduation date noted on the Application to take the NCLEX examination.

### **Why do we require hands-on clinical practice for nursing students?**

1. They give students opportunities to make ongoing assessments in a non-planned environment.
2. Students get to know a live patient.
3. Students can give medications to a patient and observe the reactions to the medication.
4. Students have the experience working with a patient with random and spontaneous behaviors.
5. Students can determine teaching needs throughout a shift.
6. Students learn to plan for discharge through their interactions with the patient over time.
7. Students experience real-life diversity and cultural characteristics of the patient.
8. Students gain confidence and comfort in providing care to actual patients.
9. Students have a chance to observe and learn from their faculty member’s modeling.
10. Students perfect their skills with an actual patient.
11. Actual patient care does not simulate reality – it is reality.