



**COLLEGE OF THE  
Canyons**  
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March 10, 2020

Loretta Melby RNC, MSN  
Acting Executive Officer and Nursing Education Consultant  
Board of Registered Nursing  
P.O. Box 944210  
Sacramento, CA 94244-2100

Dear Ms. Melby,

**We are writing the Board of Registered Nursing with an urgent request: that during the COVID-19 crisis, simulation be allowed to comprise 50% of clinical nurse training – up from the current allowance of 25%.**

Governor Gavin Newsom declared California to be in a state of emergency on March 4th, 2020, because of the growing pandemic of COVID-19. His declaration has had an enormous impact on nursing education: many nursing schools' clinical partners, where the students receive clinical instruction, have refused to allow nursing students to receive their clinical training. This decision reflects many important issues: for example, the safety of the students and their families, and the shortage of medical supplies -- especially personal protective equipment (PPE), including N95 masks.

The current structure of clinical rotations is changing:

- ✓ Some clinical sites are choosing to decrease nursing student instruction in order to decrease exposure risk to patients, visitors, and staff.
- ✓ Other sites are restricting the clinical activities of nursing students – for example, decreasing access to certain clinical settings (e.g. emergency departments and isolation rooms) and certain patients (anyone demonstrating a respiratory complaint).
- ✓ Finally, many clinical sites have canceled clinical instruction altogether.

As a result, many schools in California are experiencing serious clinical displacement, and an ongoing increase in the impact of COVID-19 is anticipated by public health experts.

The effects of lost clinical hours will be devastating to the students that we serve. *The ability to demonstrate clinical competence – and to meet clinical hour requirements -- is already being compromised. However, by utilizing myriad clinical support tools (eSim, vSim, standardized patients, etc.) students can fulfill their student learning outcomes and nursing skill competencies.*

California nursing program directors and nursing faculty, who are skilled and experienced clinicians and educators, are working diligently to meet clinical rotation needs by working closely with our clinical partners. Our desire is that students will complete their programs of study successfully and on time, so that they can transition into the workforce immediately. During this crisis, they will be able to contribute substantially to the health and well-being of the residents of California and beyond.

**In order to do this, we need for the BRN to support our contingency plans. The ripple effect of not doing so is significant.**

- ✓ Delayed course completion due to loss of clinical sites could lead to the inability of students to access financial aid, which can have direct effects on housing and other basic needs.
- ✓ Students may need to drop out of nursing programs due to the pressure to work, if delays in course completion are significant. Interrupted program completion can have negative effects on NCLEX performance and eventual clinical practice competency.
- ✓ And not fulfilling our contractual agreement with students can be a Title 5 violation, as they are enrolled in clinical classes and the objectives that are started must be met.

Therefore, we are respectfully requesting a ***temporary emergency regulation change*** that would increase the allowed simulation substitution percentage from the current **25% to 50%**. Additionally, we are requesting that the 50% allotment of clinical simulation be applied to nursing programs instead of individual nursing courses.

The temporary increase we are requesting in clinical simulation will support students so that their educational pathways would be neither halted nor harmed. Quality clinical simulation has been shown to be equivalent in the support of student learning outcomes related to clinical activities (National Council of State Boards of Nursing, 2014). This landmark simulation study demonstrated that 50% of clinical time in simulation leads to NCLEX scores and clinical practice effectiveness comparable to the 100% clinical instruction format. In addition, the flexibility of simulation allows faculty to meet the content that might not be available during the COVID-19 crisis. Since clinical access can be denied in an instant, immediate access to simulation substitution for clinical hours will most definitely be necessary to provide quality required instruction to our students.

Student safety is a primary responsibility of every educational institution. No one can know at this point if hospitals will be saturated with very ill, very infectious COVID-19 patients within the near future. If this does happen, simulation will provide nursing program leaders the ability to appropriately distance students from areas of focused regional spread. Simulation, in a pandemic, is a vital student safety protection.

Once again, the urgency of this request cannot be overstated. We respectfully request ask that the BRN act swiftly and decisively to support the education and protect the safety of California nursing students.

Sincerely,



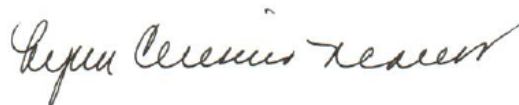
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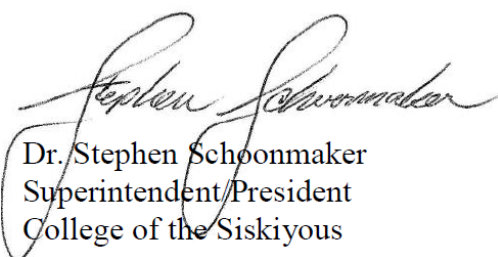
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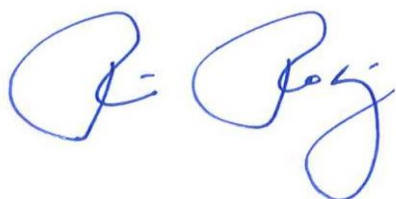
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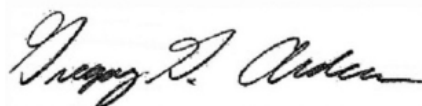
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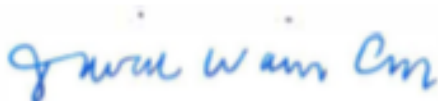
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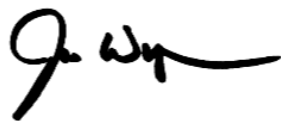
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