

Abstract

Nursing academic clinical experiences are challenged with limited clinical sites, lack of qualified clinical faculty, and restrictions on student interactions with the healthcare team (Hayden, Smiley, Alexander, Kardong-Edgren & Jeffries, 2014). The National Council of State Boards of Nursing (NCSBN) completed a longitudinal study on the use of simulation as an alternative clinical experience in prelicensure nursing programs (Hayden, et al., 2014). Based on the results, the NCSBN approved up to 50% high-quality simulation in lieu of traditional clinical experiences per clinical courses (Hayden, et al., 2014). The NCSBN study was conducted under ideal simulation conditions. Based on the study, high-quality simulation is defined as an adequate number of faculty to support learner needs, formal faculty simulation training, theory-based debriefing, as well as equipment and supplies to create realistic environments (NLN, n.d.). In 2016, the International Nursing Association of Simulation and Clinical Learning (INACSL) and the Society of Simulation in Healthcare (SSIH) published best practice guidelines to provide guidance for simulation centers. As of 2019, the Georgia Board of Nursing had not delineated the number of approved simulated hours for the BSN academic programs. With guidelines and approval to increase the hours of simulated clinical, programs are increasing simulation hours as an alternative clinical learning experience. As nursing academic programs invest in simulation it is essential that reliable methods of evaluation are used to assure students receive comparable learning in all clinical modalities. This DNP project assessed BSN student perceptions of clinical learning in both traditional and simulated clinical experiences.