In March 2020, due to the COVID-19 pandemic, Texas Governor Abbott issued a waiver on the amount of simulated clinical learning experiences—normally only 50% or less—that can be applied to nursing clinical courses for students in their final year of school. The waiver would allow students unable to find clinical placements to graduate on time and enter the nursing workforce. In July, the waiver was extended.

The Texas Nurses Association believes any consideration of permanently changing the 50% cap on simulation activities should only occur in certain instances when partnership between pre-licensure nursing programs and health care employers are not possible and the following conditions are met:

1. The pursuit of traditional clinical hours is unsafe for students, faculty, facility staff, or patients due to natural disaster or pandemic with uncertain duration and unpredictable clinical site availability.
2. The nursing program demonstrates that greater than 50% simulation for each clinical course provides comparable end program outcomes to traditional clinical hours.
3. The nursing program has adequate infrastructure, faculty, and financial support with appropriately trained faculty to facilitate simulation with planned debriefs according to course and clinical objectives.

Without meeting the criteria outlined in points 2 and 3, schools cannot guarantee the quality of care provided by new graduates will meet currently established standards.

**WAIVERS DURING COVID-19**

During mid-March 2020, many hospitals, clinics, and other patient care facilities shut their doors to students and cancelled spring 2020 clinical experiences, citing concerns regarding student safety, difficulty in providing appropriate, non-COVID patient care units, need for nursing staff to focus on patient care rather than students, and limited supplies of personal protective equipment. At the same time, colleges and universities were transitioning resident (face-to-face) degrees and programs to online formats, including pre-licensure nursing programs—generally a 1-year course for licensed vocational nurses and a 2-year course for registered nurses.

Since nursing is a relatively high-touch, high-tech, hands-on field, nursing education programs dedicate hundreds of scheduled hours to learning in the clinical patient care environment. Removing students from in-person care
meant less opportunity to hone skills and learn real-world application of nursing principles. Clinical courses had to be completed in the next best way: simulation if the school’s skills simulation lab was available or online virtual clinical products if the lab was not open. The Texas Board of Nursing limits simulation in prelicensure nursing programs to only 50% in each clinical course. Since simulation remained the only source of clinical practice for graduating seniors in the spring, the waiver allowed senior students to complete course and program requirements using greater than 50% simulation.

**SUMMER AND FALL EXTENSIONS**

Throughout the summer months, schools and clinical agencies took measures and created protocols to prepare for nursing students clinical experiences. By the beginning of the Fall 2020 semester in August, some hospitals and clinics have reopened to limited numbers of students, while others have not allowed students to return. Some schools have found alternatives to the acute care setting by partnering with community health entities or COVID-19 testing and contact tracing efforts. Though some clinical placements are now available, there are still fewer placements available due to safety measures, staff workload requirements, and PPE supplies.

**THE FUTURE OF SIMULATION FOR TEXAS NURSING STUDENTS**

Studies have shown that substituting up to 50% simulation for in-person nursing clinical courses produces similar outcomes and clinical competencies in new graduates. However, quality patient care is best learned in a patient-care environment. TNA supports:

1. Students experiencing the majority of traditional clinical hours with live patients.
2. Simulation as a supplement to traditional clinical hours. Simulation can sometimes provide important experiences not found in a traditional clinical setting.
3. The rights of each nursing program to deliver a relevant, comprehensive curriculum using the means and resources available to the program while still meeting National Council of State Boards of Nursing and Texas Board of Nursing standards.
4. Using and documenting published evidence to inform and support changes in curriculum and curriculum delivery, including procedures for acquiring clinical hours or patient care skills.
5. Students’ rights to receive relevant, comprehensive nursing education that prepares them to pass the NCLEX exam and provide patient care.
6. The responsibility of nursing clinical and patient care agencies to employ well prepared new graduate nurses to promote quality patient care outcomes and support patients’ rights.

---