



# Oregon

Kate Brown, Governor

## Board of Nursing

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The Oregon State Board of Nursing is responsible for keeping Oregon's citizens safe. We are partners with you in confirming that entry-level nursing assistants have met criteria for initial practice. We understand your concerns when faced with the prospect of closed campuses and students being denied access to facilities for clinical practice.

### Replacement Options for Clinical Experience

During the current state of emergency, a nursing assistant training program may use a variety of methods for replacing students' clinical experiences. This is only applicable if 100% of current actual patient care experience is unavailable due to student "lockouts" from clinical facilities in light of the current emergency. Alternate clinical options may include but not limited to the following:

- Mid-fidelity and high-fidelity simulations. "Simulation" means a teaching method used to replicate clinical practice as closely as possible to teach theory, assessment, technology, pharmacology, and skills. There are various types of simulation on a continuum of low-fidelity, mid-fidelity, and high-fidelity, which refers to the degree to which simulation replicates the real patient care situation including physical, psychological, and environmental elements. Low fidelity simulation is used to build knowledge and concrete learning. This may include static models and two-dimensional displays. Mid-Fidelity simulation is used to build competence. These simulations contain concrete and cognitive learning scenarios and may include computer based, self-directed learning systems simulations with a two dimensional focused experience to problem solve, perform a skill, and make decisions. High-Fidelity simulation is used to build performance and action. These are simulation experiences that are extremely realistic and provide a high level of interactivity and realism for the learner. They include concrete, cognitive, and emotional learning with the use of any mode or method of simulation including human, manikin, task trainer, or virtual reality.
  - o Remember that the "fidelity" of the simulation does not depend on how fancy the mannequin is, but how realistic the scenario is to transport the student into "suspending disbelief."
  - o Debriefing after the scenario is key, with the use of appropriate questions consistent with current national simulation guidelines.
  - o 1 hour of mid-fidelity or high-fidelity simulation can replace 2 hours of actual clinical practice.
- Recruiting community volunteers for return demonstrations on skills in the lab setting.

### Number of Hours of Clinical Practice Required

- Per OAR 851-061-0090, Division 61 requires at least 75 hours of supervised clinical experience. This will not change.

### Summary

In summary, please note the following:

- These substitutions may only be implemented if 100% of the clinical experience must be substituted because students are locked out of current clinical sites.
- Prior to use of these substitutions, the following must be completed:
  - A program must submit a request to the Board representative for approval. That request must include the following:
    - Official letter of denial (lock-out) of students to complete care in the clinical facility

- Plan for students to meet course objectives without face-to-face clinical experiences
  - Number of clinical hours to be replaced with alternate option
  - How will students meet the clinical outcomes of that course?
  - If using clinical competency as a criteria for passing the course, how will you measure clinical competency?
- You must have Board approval of your alternate clinical option plan prior to proceeding with the plan.
  - Once the governor rescinds the state of emergency, these temporary measures must stop and will not be approved.

We encourage the continuation of the clinical practicum if possible. If that is not possible, programs need to assure that strategies will be employed to assure program completion without compromising student education. We all know that the supply chain of appropriately-educated nursing assistants must continue and our goal is to support you in that. Please let me know if you have any further questions.

Kind regards, Debbie

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