

**WSR 24-20-031**  
**PERMANENT RULES**  
**DEPARTMENT OF HEALTH**  
(Board of Nursing)

[Filed September 23, 2024, 11:17 a.m., effective October 24, 2024]

Effective Date of Rule: Thirty-one days after filing.

Purpose: Nursing education simulation rule. The Washington state board of nursing (board) permanently adopted new WAC 246-840-5341 to establish the requirements for use of simulation-based learning experiences as a substitute for required clinical and direct patient care experiences at a 1:2 ratio in licensed practical nurse (LPN), registered nurse (RN), or RN to Bachelor of Science in nursing (BSN) education programs. The board also adopted amendments to the current simulation rule, WAC 246-840-534, to clarify that it only applies to the use of simulation at a 1:1 ratio, in response to E2SSB 5582 (chapter 126, Laws of 2023).

Citation of Rules Affected by this Order: New WAC 246-840-5341; and amending WAC 246-840-534.

Statutory Authority for Adoption: RCW 18.79.010, 18.79.110; E2SSB 5582.

Other Authority: E2SSB 5582.

Adopted under notice filed as WSR 24-15-133 on July 23, 2024.

A final cost-benefit analysis is available by contacting Jessilyn Dagum, P.O. Box 47864, Olympia, WA 98504-7864, phone 360-236-3538, fax 360-236-4738, TTY 711, email WABONRules@doh.wa.gov, website www.nursing.wa.gov.

Number of Sections Adopted in Order to Comply with Federal Statute: New 0, Amended 0, Repealed 0; Federal Rules or Standards: New 0, Amended 0, Repealed 0; or Recently Enacted State Statutes: New 1, Amended 1, Repealed 0.

Number of Sections Adopted at the Request of a Nongovernmental Entity: New 0, Amended 0, Repealed 0.

Number of Sections Adopted on the Agency's own Initiative: New 1, Amended 1, Repealed 0.

Number of Sections Adopted in Order to Clarify, Streamline, or Reform Agency Procedures: New 0, Amended 0, Repealed 0.

Number of Sections Adopted using Negotiated Rule Making: New 0, Amended 0, Repealed 0; Pilot Rule Making: New 0, Amended 0, Repealed 0; or Other Alternative Rule Making: New 1, Amended 1, Repealed 0.

Date Adopted: August 27, 2024.

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**OTS-5217.9**

AMENDATORY SECTION (Amending WSR 16-17-082, filed 8/17/16, effective 9/17/16)

**WAC 246-840-534 Use of simulation for clinical experiences at a 1:1 ratio in LPN, RN, or RN to BSN nursing education programs located in Washington state.** (1) An LPN, RN, or RN to BSN nursing education

program may use simulation as a substitute for traditional clinical experiences (~~(, after approval by the commission)~~) in WAC 246-840-531 at a 1:1 ratio, where one hour of simulation counts for one hour of required clinical experience, not to exceed ((fifty)) 50 percent of its clinical hours for a particular course.

(a) Simulation as used in this section means a technique to replace or amplify real experiences with guided experiences evoking or replicating substantial aspects of the real world in a fully interactive manner.

(b) The nursing education program shall have an organizing framework providing adequate fiscal, human, technological, and material resources to support the simulation activities.

(c) Simulation activities must be managed by an individual who is academically and experientially qualified and who demonstrates currency and competency in the use of simulation while managing the simulation program.

(d) The nursing education program shall have a budget sustaining simulation activities and training of the faculty.

(e) The nursing education program shall have appropriate facilities, educational and technological resources and equipment to meet the intended objectives of the simulation.

(f) All faculty involved in simulations, both didactic and clinical, shall have training in the use of simulation and shall engage in ongoing professional development in the use of simulation.

(g) Faculty to student ratios in the simulation lab must be in the same ratio as identified in WAC 246-840-532 for clinical learning experiences.

(2) Faculty shall organize clinical and practice experiences based on the educational preparation and skill level of the student.

(3) Qualified simulation faculty must supervise and evaluate student clinical and practice experiences.

(a) The nursing education program shall demonstrate that simulation activities are linked to programmatic outcomes.

(b) The nursing education program shall have written policies and procedures on the following:

(i) Short-term and long-term plans for integrating simulation into the curriculum;

(ii) An identified method of debriefing each simulated activity; and

(iii) A plan for orienting faculty to simulation.

(c) Debriefing as used in this section means an activity following a simulation experience that is led by a facilitator, encourages reflective thinking, and provides feedback regarding the participant's performance.

(d) The nursing education program shall develop criteria to evaluate simulation activities.

(e) Students shall evaluate the simulation experience on an ongoing basis.

(f) The program shall include information about use of simulation in its annual report to the (~~commission~~) board.

#### NEW SECTION

**WAC 246-840-5341 Use of simulation for clinical experiences at a 1:2 ratio in LPN, RN, or RN to BSN nursing education programs located**

**in Washington state.** (1) This section applies to LPN, RN, or RN to BSN nursing education programs providing simulation-based learning experiences as a substitute for clinical and direct patient care experience hours required in WAC 246-840-531 at a 1:2 ratio, where one hour of simulation counts for two hours of required clinical and direct patient care experiences.

(2) The definitions in this section apply throughout this section unless the context clearly requires otherwise:

(a) **"Active engagement"** means each student maintains a level of engagement that is conducive to the students' achievement of learning objectives.

(b) **"Active observer"** means a student that is engaged in the clinical scenario by observing the active participants and providing feedback that contributes to the students' achievement of learning objectives.

(c) **"Active participant"** means a student that is directly engaged in the clinical scenario by way of a role assignment that contributes to the students' achievement of learning objectives.

(d) **"Context"** means a simulation-based learning experience should be contextualized within a situation or backstory to provide a realistic starting point from which the structured activity begins. The complete picture of this context may be given verbally to the learners, found in the patient's file, or be revealed if requested through adequate inquiry.

(e) **"Fidelity"** means the level of realism associated with a particular simulation-based learning experience; fidelity can involve a variety of dimensions, including:

(i) Physical factors such as environment, equipment, and related tools;

(ii) Psychological factors such as emotions, beliefs, and self-awareness of participants;

(iii) Social factors such as participant and instructor motivation and goals;

(iv) Culture of the group; and

(v) Degree of openness and trust, as well as participants' modes of thinking.

(f) **"High stakes evaluation"** means an evaluation that has major implications or consequences based on the result or the outcome, such as merit pay, progression, or grades.

(g) **"Screen-based simulation"** means a simulation presented on a computer screen using graphical images and text, similar to the popular gaming format, where the learner interacts with the interface using keyboard, mouse, joystick, or other input device.

(h) **"Simulation"** means an educational technique that replaces or amplifies real experiences with guided experiences that evoke or replicate substantial aspects of the real world in a fully interactive manner.

(i) **"Simulation-based learning experiences"** means structured facilitated activities that represent actual or potential situations that allow students to demonstrate, develop, or enhance knowledge, skills, or attitudes and provide an opportunity to analyze and respond to realistic situations in a simulated environment. Simulation-based learning experiences include the entire set of actions and events from initiation to termination of an individual simulation event. For purposes of counting simulation hours using 1:2 ratio, simulation-based learning experiences include the synchronously facilitated prebrief-

ing, clinical scenario, and debriefing, but do not include asynchronous preparation activities such as readings or case reviews.

(j) **"Simulation operations support personnel"** means an individual who is involved in the preparation, operations, implementation, or delivery of the simulation-based learning experience but does not have primary responsibility for the experience. Responsibilities may include, but are not limited to, preparing the environment, operating equipment and technology, and voicing roles.

(3) Simulation-based learning experience hours may not exceed 50 percent of clinical hours for a particular course. The board may grant exceptions to a nursing education program demonstrating difficulty in locating clinical placement for a particular curriculum content area required by WAC 246-840-539 and 246-840-541, or 246-840-542.

(4) Screen-based simulation hours may not be counted for clinical hours at the 1:2 ratio.

(5) A simulation-based learning experience can include the use of immersive augmented reality or virtual reality so long as it is synchronously facilitated.

(6) Group size shall be limited to the number of students who can be actively engaged in a simulation-based learning experience such that it is conducive to learning, and shall not exceed 10 students for every one nursing faculty member who facilitates a simulation-based learning experience. Each student shall participate in the hands-on nurse role in each simulation-based learning experience and when not in that role, as an active observer or active participant in another role that contributes to the students' achievement of learning objectives. The program shall have a plan for ensuring active engagement of all students that includes participation of each student in the hands-on nurse role and use of an observer engagement tool.

(7) The nursing faculty member who facilitates a simulation-based learning experience must not have operational responsibilities.

(8) The nursing education program must obtain and maintain endorsement or accreditation from a board-approved organization that provides endorsement or accreditation in health care simulation. A nursing education program offering simulation at a 1:2 ratio must obtain board-approved certification or endorsement by June 30, 2029. As of July 1, 2029, a nursing education program must obtain board-approved endorsement or accreditation prior to offering simulation-based learning experiences to students at a 1:2 ratio. New nursing education programs receiving full board approval must obtain board-approved endorsement or accreditation within four years of receiving full board approval.

(9) The nursing education program shall have:

(a) A strategic plan for the simulation program;

(b) A plan to manage simulation space, equipment, and personnel resources for the simulation program;

(c) Policies and procedures to support and sustain the simulation program; and

(d) Defined qualifications of simulation operation support personnel.

(10) The simulation program must be managed by an individual who has all of the academic and experiential qualifications required of nursing faculty. The simulation program manager must also hold a Certified Healthcare Simulation Educator (CHSE) certification, Certified Healthcare Simulation Educator-Advanced certification (CHSE-A), or other board-approved certification in simulation by June 30, 2029. As of July 1, 2029, the simulation program manager must have and maintain

board-approved health care simulation educator certification prior to initiating simulation program management duties.

(11) As of July 1, 2029, at least 10 percent of nursing faculty who facilitate simulation-based learning experiences must hold a CHSE or CHSE-A certification, or other board-approved certification in simulation.

(12) The board may grant an exception to the requirements that the simulation program manager and at least 10 percent of nursing faculty who facilitate simulation-based learning experiences must hold a board-approved certification if the following conditions are met:

(a) The program has a written plan for the simulation faculty and simulation program manager to obtain CHSE, CHSE-A certification, or other board-approved certification, within three years of application for exception;

(b) The simulation program manager and simulation faculty participate in professional development under subsection (15) of this section; and

(c) Evidence of orientation, mentorship, and evaluation of the simulation faculty and the simulation program manager is maintained and available to the board for review upon request.

(13) All nursing faculty who facilitate simulation-based learning experiences must be academically and experientially qualified and demonstrate competency in the use of simulation. Accordingly, nursing education programs shall document:

(a) Nursing faculty who facilitate simulation-based learning experiences have specific knowledge and skills in simulation pedagogy;

(b) The facilitative approach is appropriate to the level of learning, experience, and competency of the students; and

(c) Facilitation occurs throughout the simulation-based learning experience which aims to support students in achieving expected outcomes. The facilitation methods include prebriefing to prepare students for the simulation, and a debriefing, feedback session, or guided reflection exercise.

The nursing education program may maintain documentation of simulation nursing faculty's current CHSE, CHSE-A, or other board-approved certification as proof of compliance with subsection (13) (a) and (b) of this section.

(14) The nursing education program shall have a written plan to orient, mentor, and evaluate the simulation program manager and nursing faculty who facilitate simulation-based learning experiences.

(15) For nursing faculty who facilitate simulation-based learning experiences and do not hold current CHSE, CHSE-A, or other board-approved certification, the nursing education program shall provide a means for faculty participation in simulation-related professional development that includes:

(a) A simulation-related educational needs assessment;

(b) An annual professional development plan; and

(c) At least eight hours of simulation-related professional development per year. Professional development includes activities that reasonably contribute to the professional knowledge and development of faculty for purposes of providing simulation-based learning experiences to students.

(16) The nursing education program shall ensure that simulation-based learning experiences are:

(a) Student-centered and evidence-based;

(b) Aligned with appropriate and measurable student learning objectives;

(c) Designed to include context and the appropriate level of fidelity; and

(d) Supportive of the students' psychological safety.

(17) The nursing education program shall have a written plan for evaluation of the students, the simulation-based learning experience, and facilitation of the simulation-based learning experience as follows. The evaluation data shall be used for continuous quality improvement, including to inform group size.

(a) When using simulation-based learning experiences for evaluation of students, the method of evaluation shall be determined before the simulation-based experience and criteria for formative, summative, and high-stakes evaluation are met;

(b) All students shall provide a meaningful assessment of all elements of each simulation-based learning experience including prebrief, clinical scenario, debrief, and facilitation by the faculty;

(c) All students shall provide a meaningful assessment of their engagement and achievement of learning objectives while in the hands-on nurse, active participant, and active observer roles in each simulation-based learning experience; and

(d) Nursing faculty shall provide a meaningful assessment of each simulation-based learning experience including prebrief, clinical scenario, debrief, facilitation, design, and student achievement of the learning objectives.

(18) If documentation required by this section is also required to maintain board-approved endorsement or accreditation in health care simulation, then that documentation may serve as proof of compliance with this section.

(19) Nursing education programs may not use a 1:2 ratio if:

(a) The program is on conditional approval from the board under WAC 246-840-558;

(b) The program is on conditional or probationary status from a nursing accrediting body;

(c) The program's first time National Council Licensure Examination (NCLEX) pass rates are below 80 percent for two consecutive years; or

(d) The program is on a plan of correction for a deficiency related to providing simulation-based learning experiences at either a 1:1 ratio under WAC 246-840-534 or a 1:2 ratio under this section.

(20) The board may take action as identified in WAC 246-840-558 against a nursing education program offering simulation-based learning experiences at a 1:2 ratio that does not obtain or maintain a board-approved endorsement or accreditation as required by this section.