



## THE ESS COLLABORATIVE

The Education, Simulation and Safety Collaborative

Standards Review  
Australian Nursing and Midwifery Accreditation Council  
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27<sup>th</sup> July, 2018

Review of the Registered Nurse Accreditation Standards –

Submission provided by The Education, Simulation and Safety Collaborative

Dear Standards Review Panel,

Below please find responses to Consultation 2, Question 7

**Question 7.** Should the proposed definition of simulation be adopted for the RN Accreditation Standards?

As per our previous submission, we agree that the definition proposed is the most appropriate, however that emphasis needs to be added to the words *fully interactive manner* in order that the standards clearly distinguish between traditional skill-based practice in a clinical laboratory setting and simulation. This will provide clear direction to accreditation panels who may not be aware of this important distinction in the application of the standards. Findings from our recent survey (Bogossian et al, 2018) which indicated wide variation in reported ranges of hours allocated to theory and clinical learning, with some responses falling below the minimum number of hours required by the standards, may in part be as a result of this lack of clarification.

Simulation based education should realistically provide the type of experience that students would get in placement that are centred on patients or clients rather than deconstructed skills rehearsal. These simulation experiences should be fully immersive, adequately resourced and compliant with simulation best practice standards such as those proposed by the International Nursing Association for Clinical Simulation in Nursing or those proposed by Arthur, Kable & Levett-Jones (2013). Where simulation is used programs should be required to demonstrate evidence based, high quality approaches to simulation. This should include appropriately trained staff, access to physical resources, development, adaptation and validation of clinically authentic scenarios for the Australian context, adequate preparation of students for simulation based education and a structured and evidence-based approach to briefing, debriefing, assessment and evaluation.

The ESS Collaborative also recommend that the term 'simulated learning' no longer be used. This term implies that *learning* is simulated. We would recommend the term simulation based education be used throughout any revision of the standards.

Further we recommend that the feedback provided in response to Consultation Paper 1 be clarified to discretely report the numbers and percentages of respondents who were either a) not in favour of including simulation learning in minimum practice hours and or b) would require more information before considering this option. While we agree that addressing the lack of evidence in nursing in Australia needs to precede any consideration of changes to the Australian standards, lack of agreement and lack of evidence are separate issues in this scholarly evidence debate.

Thank you for the opportunity to contribute to the development of the standards,



Professor Fiona Bogossian  
for The ESS Collaborative

## References

Arthur, C. Kable, A. & Levett-Jones, T. (2013). Quality indicators for the design and implementation of simulation experiences: A Delphi study. *Nurse Education Today*, 33(11), 1357-1361doi:10.1016/j.nedt.2012.07.012

Bogossian, F. Cooper, S. Kelly, M. Levett\_Jones, T. McKenna, L., Slark, J. & Seaton, P. (2018) Best practice in clinical simulation education – are we there yet? A cross-sectional survey of simulation in Australian and New Zealand pre-registration nursing education. 25, 3, 327–334

International Nursing Association for Clinical Simulation in Nursing Standards of Best Practice Simulation <sup>SM</sup>  
(<https://www.inacsl.org/i4a/pages/index.cfm?pageid=3407>)