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| **PROGRAM NAME:** |  |

**Simulated Student Clinical Learning Activities**

Provide information for compliance with [MR 6301.2340 subp. 3B](https://www.revisor.mn.gov/rules/?id=6301.2340) regarding use of high-fidelity simulation that is utilized to meet clinical learning activities.

* List all high-fidelity simulated clinical learning activities that have occurred or will occur from **January 1, 2025 - December 31, 2025,** and that were utilized to meet direct clinical learning activities.
* **You must** include clinical course title **and** course number
* [MR 6301.0100 subp. 11a](https://www.revisor.mn.gov/rules/?id=6301.0100) states, “’High-fidelity simulation’ means a simulation conducted with computerized patient mannequins, virtual reality, or standardized patients and designed to provide a high level of interactivity and realism.”
* **Do not** include direct clinical learning activities.
* The simulation may provide care for more than one health continuum or lifespan element, but not all of these elements may be the focus of this simulation. For each high-fidelity simulation listed, identify only the health continuum and lifespan components associated with the simulation and provided to all students.
* List high-fidelity simulated clinical learning activities provided in lieu of direct clinical learning activities for each campus separately.

**Convert completed document to PDF and upload to Section #10 of the Annual Compliance Survey.**

Press “Tab” in the last cell of the table to add more clinical learning activities.

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| Clinical Course, Title and Course Number | Term | Title of Simulation | Health Continuum  *Behavioral* (BEH)/*Physical* (PHY)  Place check in appropriate box | | | | | | | Patients Across the Lifespan  Place check in appropriate box | | | |
| Wellness | | Acute Illness | | | Chronic Illness | | Adult | Children | Elderly | Maternal & Child |
| BEH | PHY | BEH | PHY | | BEH | PHY |
| ***EXAMPLE:***  ***NURS 5678***  ***Pediatric Nursing*** | ***Fall & Spring*** | ***Example: Pediatric Asthma*** |  |  |  | | ***X*** |  |  |  | ***X*** |  |  |
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