

# Developing online simulated placements in response to direction from the NMC. An overview of how one education provider supports simulated practice learning.

Short title: Developing online simulated practice placements: a case study

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## ABSTRACT

The Nursing and Midwifery Council recognises that using simulated practice learning within the pre-registration nursing curriculum is a valuable way for students to develop nursing knowledge and skills. The University of Huddersfield developed simulated placements in the pre-registration nursing curriculum in 2021. Simulated placements are now embedded within all fields of the BSc and MSc programmes, providing structured, innovative learning experiences that embrace online technology in supporting the development of skills and knowledge relevant to all fields of nursing. Developing these placements has provided opportunity for faculty staff to work collaboratively with clinical colleagues, service users and carers, academics, and technologists. This article offers an overview to that work, addressing challenges, operational issues, and insight into some of the activities developed to support students' learning.

Key words: Simulation ■ Education ■ Nursing students ■ Service user involvement ■ Online learning ■ Digital confidence

## BACKGROUND

The growing challenges of securing clinical placements for pre-registration nursing students, and recognition by Health Education England (HEE) (2023) for nurses to be digitally confident, inspired faculty staff within the Department of Nursing at the University of Huddersfield to respond by developing and integrating unique simulated placements that embrace online and digital technology.

Throughout nursing and education literature, there are different definitions and interpretations of simulation. Descriptions range from complex and dynamic clinical situations replicated in a controlled environment (El Hussein & Cuncannon, 2022) to a component of healthcare education that can be used successfully for collaboration between professions to develop interprofessional skills (Costello, et al, 2017). The Nursing and Midwifery Council (NMC) define simulation as "an educational method which uses a variety of modalities to support students in developing their knowledge, behaviours and skills, with the opportunity for repetition, feedback, evaluation and reflection to achieve their programme outcomes and be confirmed as capable of safe and effective practice." (NMC, 2023:14). The NMC has also stated that simulation should be clinically focused, involve real people and used proportionally (NMC, 2018:10). Recognising this and other definitions of simulation, the simulated placement working group developed simulated practice learning using the principles of problem-oriented learning (adapted from gaming simulation), (Kriz, 2003; Koivisto et al, 2017). This was based on the premise that simulation can involve engaging with real people relevant to the learning outcomes on a digital platform, in a range of activities (including group work)

to align with NMC proficiencies. The simulated placements are dynamic in that learning enhances and complements practice learning, and is not a substitute for it.

Each simulated placement provides a structured, innovative, online learning experience integrated throughout the pre-registration nurse education programmes, focusing on the development of clinical and non-technical proficiencies relevant to course completion and employability.

### **Instructional design**

Simulated practice learning builds on sound pedagogical principles of experiential learning (Kolb, 1984; Fry et al., 2015), enabling students to contextualise their learning and focus on clinical situations in a safe environment, practising skills; and analysing the rationale for, and consequences of, nursing actions individually and with their peers.

Learning in 'real' clinical environments is essential and important for student nurses but there is evidence that healthcare students can learn effectively via simulated practice. (Watson et al, 2012; Bland et al, 2014; Mills et al, 2015; Akselbo et al, 2019; Bogossian et al, 2019; Williams et al, 2022). Clinical practice offers variable opportunities to student nurses, dependent on the learning environment and the activity at the time of the placement, whereas simulated learning offers consistency of experience to learners (Bland et al, 2014), enabling them to: pause and analyse a situation/scenario and try out different solutions, which enable students to retain information better and transfer that learning into the 'real' clinical environment. As an educational method, simulated practice learning improves nursing students' knowledge, communication and critical thinking skills as well as technical skills (Dubovi et al, 2018; Linn et al, 2019).

The design of the simulations followed guidance from the International Nursing Association for Clinical and Simulation and Learning (INACSL Standards Committee, 2016) and published literature on the format of simulations, such as briefing and debriefing, problem solving, learner support, feedback and guided reflection in a structured student journey (Kaneko & Lopes, 2019). The activities that students engage in involve real people as an enhancement to the pedagogic simulation elements. In this way, the proficiencies that students engage with are primarily non-dextrous clinical skills which are often practised in a simulated way in a clinical skills lab. Taylor et al (2021) emphasised the value of the opportunity to stop and reflect on a situation, which is not always possible in a real clinical learning environment. Students also have opportunities for interprofessional learning via a digital platform. Costello et al (2017) recognised the value of this aspect of simulated practice learning. The activities involve participation in self-directed and peer-supported learning that promotes the development of professionalism and resilience (Rogers et al, 2017).

Students engage with clinicians and teamwork, albeit within a simulation. In this way, they are co-constructing significant learning experiences which Fink (2013) suggests leads to meaning being extracted from the learning that may differ from each other but has the potential to be transformational. The activities have clear learning outcomes linked to NMC proficiencies. The virtual nature of the activities allow for wide availability, time flexibility, single or multiple-user interaction, and self-pacing, all of which are important considerations in design (Hunn, 2018; Havola et al, 2021; Tinôco et al, 2021).

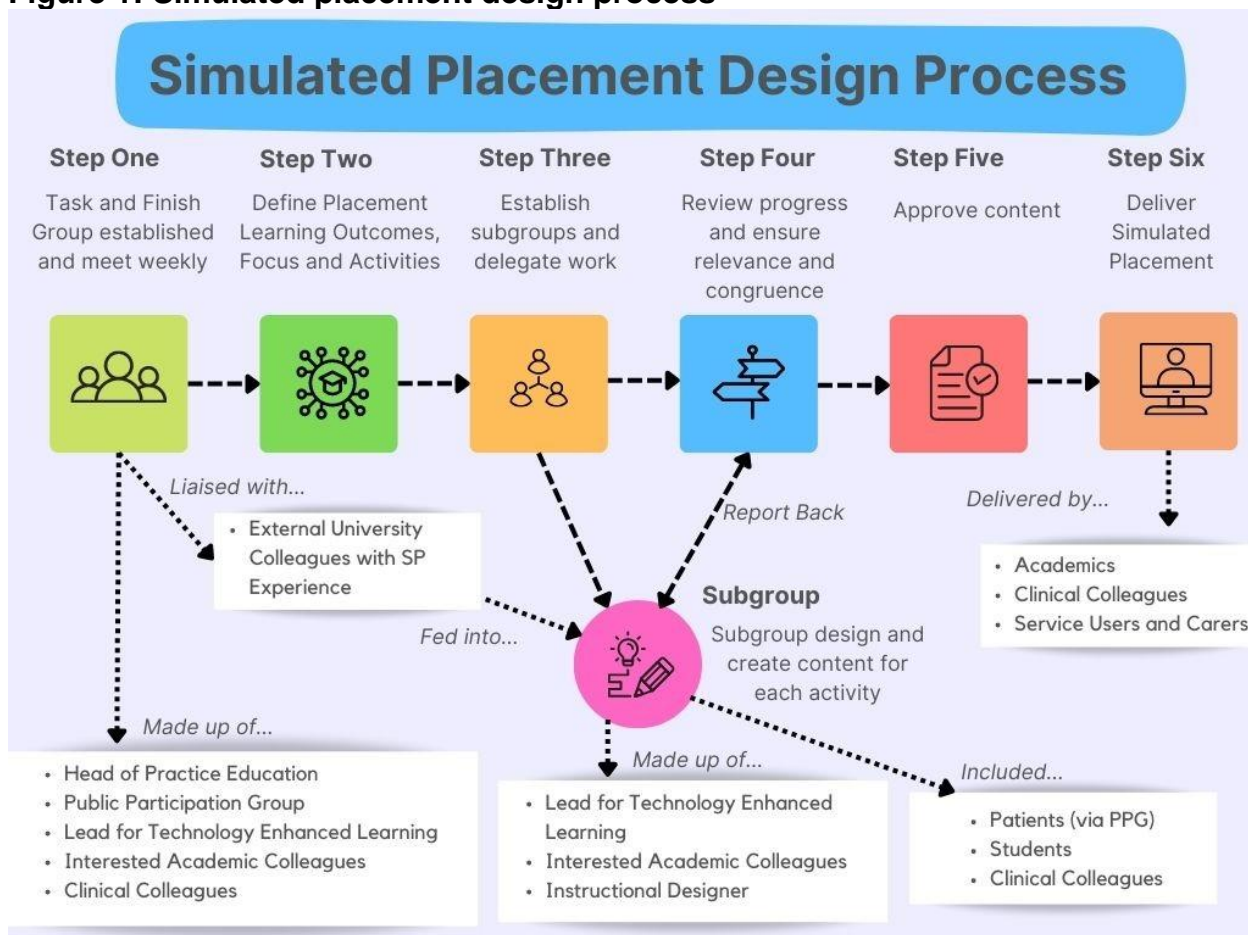
### **SIMULATED PLACEMENT DEVELOPMENT PROCESS**

Faculty staff undertook a major project in the summer of 2021, the Placement Capacity Improvement Project (PCIP). The aim of PCIP was to develop and manage the available clinical learning environments to ensure all nursing students were able to fulfil the NMC requirements of their programme. During the PCIP a decision was made to embed the NMC's Recovery and Emergency Programme Standards (RN6(D)) into current and future nursing curricula, enabling 300 hours of simulated placements to be included in the BSc programme and 200 hours in the MSc programme (NMC, 2021). A task and finish working group was created to develop the simulated placements. The schedule aimed for Part 1 simulated placements to commence in December 2021, Part 2 simulated placements to commence in February 2022 and Part 3 placements to commence in July 2022. The working group comprised:

- Interested academic colleagues from all fields of nursing
- The lead for service user and carer involvement, on behalf of our Public Partnership Group (PPG), to ensure they were included from the start of placement development
- Clinical colleagues (their membership altered as the project progressed, dependent upon availability)
- The lead for education technology with expertise in transforming creative ideas into manageable online activities.

The simulated placement design process is identified in Figure 1.

**Figure 1: Simulated placement design process**



This approach enabled the working group lead to ensure congruence of the activities within the overall focus of each placement. Additionally, working group members and lead collaborated with colleagues from other universities who had developed simulated placements. Inclusion of simulated placement hours within the nursing programmes was approved by the NMC in the autumn of 2021.

Each Part of the simulated placements had a different central focus: These were:

- Part 1. Being an accountable professional
- Part 2. Leadership and working in teams
- Part 3. Preparing for transition to registered nurse.

These foci are each directly relevant to the NMC proficiencies (NMC, 2018) and practice assessment documents. As the students completed the activities, they were guided to collect relevant evidence, which was submitted at the end of each simulated placement. This evidence ensured that the correct clinical hours were recorded for each student. Evidence could also be added to the students' online practice assessment portfolio to discuss with their practice assessors.

Simulated placements were hosted online, requiring close liaison with the university timetabling team, to ensure students were aware of when they were expected to attend an online simulated

placement activity and when they were expected to complete directed or self-directed activities. The simulated placements were managed initially by two members of the working group who were registered nurses and practice supervisors, supported by the lead technologist.

Individual activities developed for the simulated placements are varied in nature and designed to promote student exploration of their role and development of skills relevant to the part of the programme they are studying. Each activity has been discussed with the involvement development lead, who provides a conduit for ensuring the perspectives of service users and carers are considered, along with facilitating their specific involvement where necessary. This has enhanced the authenticity and impact of the simulations because service users and carers were both directly and indirectly involved in the delivery of some activities.

Student engagement was also a central consideration as activities were developed. The role of the lead technologist was essential in supporting the development of the working group's ideas into student-facing materials.

Individual programmes begin in January and September each year, requiring management of the simulated placements to be continuous throughout the year. It quickly became apparent that a dedicated academic lead was required to manage the placements. A successful bid was presented to the leadership team and an academic lead for simulated placements was appointed in August 2022. The academic lead has been pivotal to the ongoing effective delivery, evaluation, and development of the placements. In addition, the appointed lead has offered continued support and direction to the working group, being essential in ensuring that the placement remains contemporary and responsive to student feedback.

### **Professional competencies**

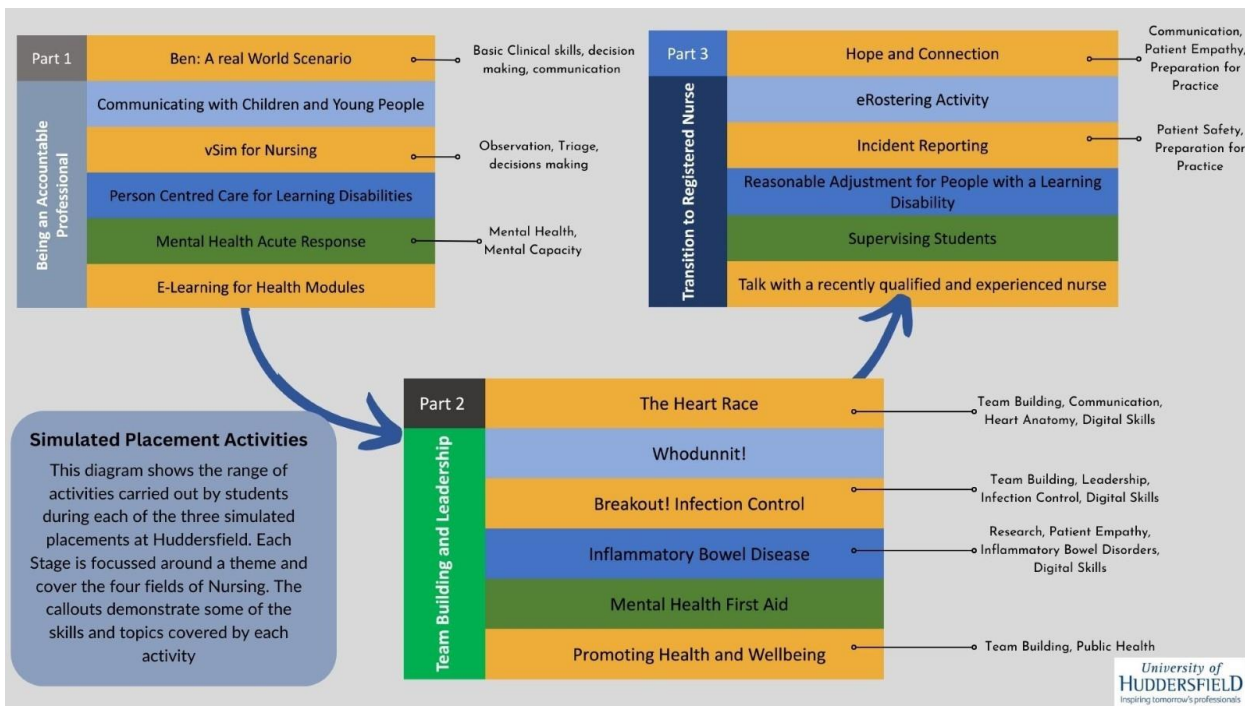
The foci of learning each relate to broad themes of professionalism, leadership and teamwork, and transition to registered nurse. Appendix 1 identifies the programme schedule in relation to NMC proficiencies, including formative evidence for aspects of Practice Assessment Documents.

Digital confidence is a core component across placements. Students are encouraged to engage with a range of digital technologies (including virtual learning environments, MS Forms, MS Teams, Wakelet and Padlet) to develop their competence. Members of the simulated placement team contribute to HEE Technology Enhanced Learning networks and regularly attend training events associated with simulated learning. Working with HEE ensures that simulated practice learning follows the principles of the National Framework for Simulation Based Education (SBE) (HEE, 2021) to ensure a high standard of simulation-based learning activities for nursing students.

### **EXAMPLES OF ACTIVITIES**

Figure 2 shows examples of the activities developed for each part of the programme and Appendix 2 shows examples of relevant evidence the students are required to collate.

**Figure 2: Examples of activities developed for each part of the programme**



## Part 1: Accountable professional

### vSim

The online placement provided an opportunity to use virtual simulation. Members of the team had previously assisted Laerdal Medical® in preparing a UK version of virtual simulation (vSim). Designed to simulate real patient scenarios, vSim, is a web-based virtual simulation resource that develops clinical reasoning skills. It enables nursing students to interact with virtual patients in a safe, realistic online environment, accessed at the student's convenience, embracing contemporary technology and providing evidenced-based feedback and evaluation.

To further enhance the potential of vSim, other learning resources, including Elsevier Clinical Skills, were integrated to complement and develop understanding of each patient scenario. Additionally, members of the PPG who have experienced the same/related conditions participate in the online placement. Students can listen to a real patient sharing their experiences of living with cystic fibrosis, for example, and ask questions in connection with what they have learnt through the virtual patient who has that same condition. The complementary interaction between virtual simulation, real patients and other resources has provided significant reach and value to student learning, offering a different but realistic teaching environment that students can access from home or library facilities on campus. This approach has provided an integral and successful learning experience within the simulated placements.

## Part 2: Leadership and teamworking skills

The focus in Part 2 was 'team building and leadership'. The objective was to encourage students to recognise and develop their role within a clinical team and their skills in leadership. The team developed a series of interlinked, virtual, and immersive scenarios. Through smart design and careful use of technology, students were taken through a scaffolded series of online activities designed to test their ability to work in teams and challenge them to take on leadership roles. These innovative activities were designed to be fun, engaging and motivating. During each placement, students completed three online team-building activities:

### An Escape Room Activity

The students had to work together into a custom-built, online, 2D immersive space to solve simple problems based on their knowledge in order to 'escape' to a virtual beach bar.



### A Whodunnit activity

The student groups were timetabled to meet in MS Teams to complete a hospital-based whodunnit. The scenario consisted of a series of 360° rooms that students could explore independently. The students had to allocate tasks, exchange information, and develop a strategy together.

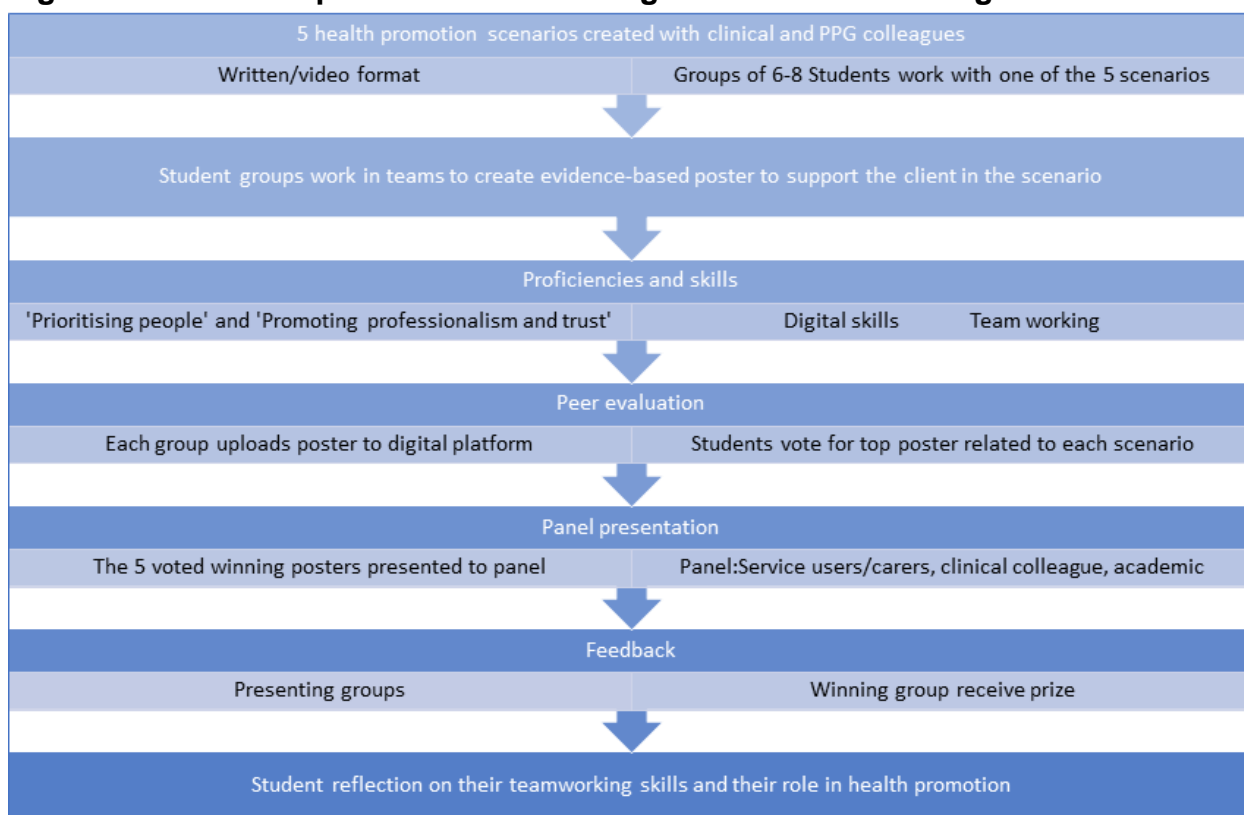
### An Infection Control scenario

This time the scenario was based in a virtual Care Home in which the group needed to prevent the outbreak of an unknown infection. Students had to apply their knowledge of infection prevention and control and make leadership decisions in a time-limited environment.

### Promoting health and well-being

This consists of a group-based task and finish activity that spans the full simulated placement in Part 2. The activity focuses on health promotion in relation to five scenarios developed to be relevant in all nursing fields. To ensure the authenticity of the scenarios, clinical colleagues and the involvement development lead were involved, with a wider group of stakeholders consulted as the scenarios developed. The work-flow process for this activity is shown in Figure 3.

**Figure 3: Work-flow process for Promoting health and well-being activities**



### Part 3: Transition

#### Hope, connection, and reflections

In Part 3 of the simulated placement, students are preparing to transition to registered nurse status. These sessions enabled them to recognise and sustain hope through the process of reflection and investing in each other's learning. Hope is key to practitioners' work and wellbeing but can be difficult to define (Read & Noonan, 2018). For this to be what Read & Noonan, (2018) describe as 'congruently positive and optimistic about the future', the authors wanted this to be associated to clinical practice as realistically as possible. Transition to registration can cause anxiety for students and they may want certainty about their role to try to avoid ambivalence and ambiguity in practice. Banks van Zyl & Noonan, (2018) identify the importance of self-compassion, honest and open reflection, with coping as a way of managing the emotional labour of nursing and this was reflected in session content.

Nurses working in palliative care, paediatrics, mental health, and learning disability were filmed in short interviews, reflecting on moments of hope and connection in their practice. These moving

films combined reflection on integrated experienced practice with an open vulnerability to being moved by their work. As part of a series of workshops exploring supervision skills, students watched these videos and then uploaded their own moments of connection and hope. In turn, students commented on each other's recordings. They were guided in how to offer feedback and demonstrated a mature, thoughtful, and supportive investment in each other's work. By drawing attention to and noticing these moments of connection, students reported feeling more hopeful about their transition to registration.

Students and faculty were really moved by the reflections and wanted to celebrate the work they had done. A group of students agreed to edit their reflections into a compilation film that could be shared with others, broadening the impact of their simulated practice learning. Others were moved to write to thank the practitioners in the videos.

### **Learning Disability Activities**

The Learning Disability (LD) session aimed to develop students' knowledge and enhance their professional practice with a focus on person-centred care in terms of accountability of effective utilisation of nursing professional skills of inclusion, respect, dignity, and consent when communicating or supporting persons with a learning disability, their families, and carers.

Delivery methods and students' engagement varies:

- Students spend approximately 7.5 hours to complete the entire learning disability resource
- Use of Brightspace online technology whereby students engage with the learning disability simulation practice workbook, which is divided into three parts; Part one exploring theme one (Inclusion), parts two and three exploring the themes (Consent, Capacity, Respect and Dignity).

Within these three parts, students are guided to complete:

- Reflective practices considering their previous practice experiences and learning
- Resources for guided independent reading and learning
- Application to practice exercises including three conversational video scenarios between a senior learning disability nurse-lecturer, two family-carers, and a service-user with learning disabilities exploring lived experiences and health talks.

Embedded in the activity is a 1-hour pre-assessment online synchronous consolidation of learning facilitated by the senior learning disability nurse-lecturer, during which students' active engagement in the discussions are demonstration of learning attained and positive evaluation of content. There is also a post-session 1-hour assessment/quiz, for which they must score 100%.

### **ENGAGEMENT AND EXPERIENCE**

Direct engagement with stakeholders is central to the evolving nature of simulated placements. We have sought, and responded to student, clinical staff and educator feedback for each component embedded within the placements and for the overall experience at each stage of delivery. This informs iterations to content (including mode of delivery) and responding to student ideas about how they can be better supported during virtual learning experiences.

Because developing and delivering simulated placements was a new experience for the team, initiated during a pandemic, careful consideration was needed for how involvement of 'real patients' should be defined within this context. Inclusion of a specialist involvement development lead within the team (who is not from a nursing background) meant that it had access to guidance on best practice for meaningfully involving Public Partnership Group members, along with ongoing facilitation of their involvement during resource development and live delivery.

### **Formative assessment/evidence of competencies**

We were aware that simulated placements should not be viewed as a theory module, with a summative assignment for marking, but as the students would be credited clinical hours upon completion, it was vital that this was evidenced and recorded appropriately. Students were asked

to provide a single Microsoft Word document comprising screenshots of proof of completion for each activity, at the end of the placement. Surprisingly, this task caused a high amount of anxiety amongst the cohort, which was unexpected. Although research has demonstrated that student nurses are regular users of social media and communication technologies, this demographic struggled with the use of digital platforms utilised for learning (Lokmic-Tomkins et al, 2022). This lack of digital confidence was one of the main challenges for the students and for the educators, to create solutions to overcome this.

### Additional challenges

Additional challenges included managing many students in an online MS Teams call. Some students commented that they felt overwhelmed by an abundance of questions in the chat function and frustrated with repeated questions being asked by students struggling to comprehend the instructions. Solutions to these barriers included recording sessions, providing drop-in solution-focused sessions for the least confident students and the use of an online community on MS Teams to encourage peer support. This was implemented ad-hoc for the inaugural placement in response to the concerns raised, then planned for subsequent cohorts. A recurring theme during placements was a minority of students not participating in groups. Subsequent cohorts were encouraged to meet in groups prior to activities to encourage confidence in their team-working skills. Some students set up WhatsApp groups for their set and reported that they found this useful for encouraging participation. Subsequent cohorts were also facilitated to create student-led ground rules for the cohort using Padlet, displayed on the online learning environment and referred to throughout the placement.

### Evaluation

Student evaluations of simulated placement content delivery and effectiveness have been mostly positive. Evaluation activities also provide an opportunity to assess student learning. The evaluations draw on the Kirkpatrick Evaluation Model (2006) as well as Bowyer and Chamber's (2017) framework for evaluating blended learning. Illustrative quotes from students on example activities and overall experience are shown in Table 1.

**Table 1: Illustrative quotes from student evaluations**

Activity	Quotes
<b>vSim</b>	"I loved vSim! It's such a good way to just have a practice and a little introduction of what placement will look like."
<b>Meeting with clients who have experiences of health services</b>	<p>"It was really useful to hear about positive and negative aspects of their care and what they would want from us as nurses."</p> <p>"This online session was very engaging and very inspirational. It helped me understand the variety of service users we may come across over our careers."</p>
<b>Immersive scenarios</b>	<p>"It was a great experience, and I enjoy work with the smaller group. Heart race activity helped me be a good team player."</p> <p>"This was my favourite from the whole SP. I found it very fun to use, got us engaged and thinking and we had to work as a group and brought the group closer and outlined our strengths."</p> <p>"Really interesting activity. Demonstrated the importance of teamwork. Found the feedback session really insightful and learned a lot from other students."</p>
<b>Promoting health and well-being</b>	"Really enjoyed the themes for this task they were all very interesting and enjoyed that we were able to display our research in a creative way."



	<p>“This activity helped with my learning, doing my own research on the topic area and group bringing back their research helped me understand the topic area better, it also improved our technology and online skills.”</p> <p>“I was able to gain a lot of know knowledge on a few conditions and also get a patient view perspective of health promotion.”</p>
<b>Hope, connection and reflections</b>	<p>“The...Hospice sessions were extremely powerful regarding how you reflected the medical team's feelings back to them whilst eliciting further emotions from them. This is a rare skill...Perhaps the greatest thing [this] taught me is the ability to look at something from so many different people's perspectives.”</p> <p>“These sessions have allowed me to understand myself better as a person and also others around me. I am more able to identify hope, connection and reflection and how to implement them into practice. I am able to identify how to seek peer support and how to effectively deliver support to those that may require this.”</p>
<b>Overall experience</b>	<p>“I have learned so much more than I expected, there was such a wide variety of information that felt genuinely helpful for placement.” (Child Student Nurse, Part 1)</p> <p>“The Simulated placement is very educative and interesting. I have gained knowledge from this and prepared me for placement.” (Mental Health Student Nurse, Part 1)</p> <p>“This has been my favourite module so far; I really enjoyed the variety it offered and found the content manageable.” (Adult Student Nurse, Part 1)</p> <p>“The content I was ask to do help me to prepare myself for the placement.” (Learning Disability Student Nurse, Part 1).</p> <p>“I thought it was extremely informative. I learnt a lot that will help me in the future. I enjoyed all aspects of it. There was a good mix of ways of presenting to keep it interesting. It was lovely listening to the guest speakers and interacting with the other students even though it was simulated. Thank you for a good three weeks.” (Mental Health Student Nurse, Part 1).</p> <p>“I have really enjoyed the simulation. As a year 3 adult nurse I have found it very informative and relevant and have taken away a lot that I will be able to use in practice. Found all the activities very diverse and interesting. Wished we'd have done this in year 2 as it is very relevant to the modules and have learned a lot.” (Adult Student Nurse, Part 2).</p> <p>“To help engage students i think it needs to be better tailored around RNDA's and what they already know. Traditional students will highly benefit from all these sessions and content but RDNA's need it tailoring specifically to them.” (Adult Student Nurse, Part 3).</p>

The authors surveyed Part 1 and Part 3 BSc students in their clinical placement, who undertook their simulated placement approximately 2 months before, to understand better the impact of their simulated placement and application to practice. Feedback from students currently on clinical placement supported the use of simulated placement content and strongly agreed or agreed that content was applicable to the current practice. Qualitative responses are shown in Table 2.

**Table 2: Qualitative responses on impact and application to practice**

<b>Activity</b>	<b>Illustrative quotes</b>
<b>vSim</b>	“It helped me to develop my knowledge on the steps of certain procedures and medical checks done in clinical placement.” (Child Student Nurse, Part 1).
<b>Caring for clients with a learning disability</b>	“The knowledge has empowered and improved my communication skills with people with LD.” (Adult Student Nurse, Part 1).
<b>Patient-based scenario</b>	“The exercise highlighted areas to look for when supporting patients as well as what to observe the changes.” Adult Student Nurse, Part 1).
<b>Reasonable adjustments for individuals with learning disabilities</b>	“I thought this was one of the most outstanding aspects of the sessions and I immediately had a placement in a school with children with LD and complex needs. It was so valuable!” (Learning Disability Student Nurse, Part 3).
<b>Supervising students’ activity</b>	“This was excellent but sadly also makes me more aware of poor supervision in nursing. It has given me confidence to supervise on registration and to complete PEAP 7 & 8.” (Child Student Nurse, Part 3).
<b>Overall impact on future practice</b>	“The simulated placement will definitely positively impact my placement activities because it gives the practical understanding of scenarios.” (Adult Student Nurse, Part 1).

Taken together, students value the opportunity to practice skills in a safe environment, learn about different patient experiences and deepen knowledge on common conditions, develop team-working skills, gain digital confidence and develop personal and professional non-technical skills.

## **CONCLUSIONS**

In a relatively short time, the SP working group have developed a clear set of aims, objectives, rationale, and content through collaborative teamwork to support an essential adjunct to the clinical environment to prepare student nurses for practice. Placement content, feedback and iterations for improvement are transferable to other institutions and have the potential to support curriculum and continuing professional development and education across disciplines, institutions, and the international community. The NMC has recently supported the increase in simulated placement hours within nursing curricula. The Huddersfield model is an approach to embedding simulated practice learning across all parts of the programme. Early evaluation suggests that students are able to transfer their learning into ‘real’ clinical environments. This is a model that can be tested at other universities.

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## APPENDICES

### Appendix 1: Simulated placement schedule in relation to NMC proficiencies, including formative evidence for Practice Assessment Documents (PAD)

Programme schedule	Broad focus of learning	In relation to NMC proficiencies	Example PAD proficiencies
Year 1 BSc & MSc	Professionalism	Platform 1: “Registered Nurses...act professionally at all times and use their knowledge and experience to make evidence-based decisions about care. They communicate effectively, are role models for others, and are accountable for their actions.” (NMC, 2018:7)	26. Demonstrate an understanding of the principles of partnership, collaboration and multi-agency working across all sectors of health and social care 27. Demonstrate an understanding of the challenges of providing safe nursing care for people with comorbidities including physical, psychological and socio-cultural needs 28. Understand the principles and processes involved in supporting people and families so that they can maintain their independence as much as possible
Year 2 BSc and MSc	Leadership	Platform 5: Leading and managing nursing care and working in teams. “Registered nurses provide leadership by acting as a role model for best practice in the delivery of nursing care...They play an active and equal role in the interdisciplinary team, collaborating and communicating effectively with a range of colleagues.” (NMC, 2018:19)	Support people to make informed choices to promote their well-being and recovery, assessing their motivation and capacity for change using appropriate therapeutic interventions, e.g. cognitive behavioural therapy techniques (Proficiency 1). Apply the principles underpinning partnerships in care demonstrating understanding of a persons capacity in shared assessment, planning, decision making and goal settings (Proficiency 2). Makes informed judgements and initiates appropriate evidence-based interventions in managing a range of commonly encountered presentations (Proficiency 8). Provide information and explanation to people, families and carers and responds appropriately to questions about their treatment and care (Proficiency 23).



			<p>Demonstrates awareness of strategies that develop resilience in themselves and others and applies these in practice, e.g. solution focused therapies or talking therapies (Proficiency 31).</p> <p>Demonstrates effective persons and team management approaches in dealing with concerns and anxieties using appropriate de-escalation strategies when dealing with conflict (Proficiency 33).</p>
<p>Year 2 MSc Year 3 BSc</p>	<p>Transition</p>	<p>All of the proficiencies will be considered here as the student nurses prepare to transition into their registered nurse role</p>	<p>The Part 3 simulated placement is relevant to many of the platforms e.g. Platform 1 Being an accountable professional, Platform 4 Providing and evaluating care, Platform 5 Leading and managing nursing care and working in teams, Platform 6 Improving safety and quality of care, Platform 7 Coordinating care. The placement is also relevant to the Annex A Communication and relationship management skills.</p> <p>The NMC focus on protection of the public and this has been duly considered within the simulated placement. However, the placement team are also mindful of the need for nurses to be resilient and able to care for themselves, and their colleagues, so time is spent during the simulated placement focussing on this aspect of nursing.</p>

## Appendix 2: Examples of relevant evidence

### VSim for Nursing (Part 1)

A screenshot to show achievement of a minimum of 50% score in the care of each of the 3 vSim patients

The screenshot displays the vSim for Nursing interface. On the left, a sidebar lists 'UK Fundamentals Patient Cases' with several names, including Sara Lin, who is selected. The main area shows the patient profile for Sara Lin, including her admission date (12/3/2023), date of birth (4/1/2005), age (18), gender (Female), and diagnosis (Appendicectomy). Below the profile, a section titled 'Your key opportunities for improvement' lists three items, each with a red 'X' icon, indicating areas where the user did not double-check medication with another nurse. The right side of the interface shows a 'Basic view' of activities, each with a green checkmark and a timestamp. The activities include performing hand hygiene, introducing oneself, obtaining consent, identifying the patient, educating the patient about the incentive spirometer, medication, activities/safety/fall risk, wound care, breathing, oxygen saturation monitoring, radial pulse checking, and blood pressure measurement. At the bottom, a score of 93% is displayed, along with a 'Retry' button and a 'Continue' button.

### Promoting health and well-being activity (Part 2)

Insert your reflection (300-500 words) about your involvement in, and learning from the promoting health and well-being activity here

### eRostering activity (Part 3)

A screenshot to show completed eRoster (Group activity)

E																
Work Roster (2 weeks) - Disney Ward																
Start 12/09/20 End 25/09/2																
Sep 2022		Mon 12	Tue 13	Wed 14	Thu 15	Fri 16	Sat 17	Sun 18	Mon 19	Tue 20	Wed 21	Thu 22	Fri 23	Sat 24	Sun 25	Flexible Working Agreements
	Contracted Hours															
<b>RN- Take Charge</b>																
16	RN - Duck, Donald Based 7 RN	37.5	SS	SS	E*	SS	E*			SS	SS	SS	SS			
17	RN - Elizabeth, Grace Based 6 RN	30	LD*			E*	LD*			LD*		E		LD*		Sat days LD Monday & Friday- NO NIGHTS- Working Preference
20	RN - Johnson, Boris Based 6 RN	30		LD*		L*	LD			LD*	LD*			E		Long Day Tuesday & Wednesday - No Nights
22	RN - Moore, Mickey Based 6 RN	30		LD	E*	LD*				LD	LD		E			
24	RN - the Great, Gandalf Based 6 RN	36	L	L	L*	LD			LD*	L	L	L			LD*	Sat days - can work on occasional Saturday to make up hours
26	RN - Best, Posh Based 5 RN	37.5	A/L	A/L	A/L	A/L	A/L	DO*	DO*			LD			N*	N
28	RN - Gosling, Ryan Based 5 RN	16	E	E					E	E						
30	RN - Ma, Ivo Based 5 RN	22	N*	N*							N	N*	N			Fri/A- Nights only
32	RN - Ma, Spider Based 5 RN	37.5	A/L	A/L	A/L	A/L	A/L	A/L		LD	LD	L			E	
34	RN - Marco, Manly Based 5 RN	37.5	LD	LD		LD						LD		LD	LD*	
36	RN - McGee, Lightning Based 5 RN	37.5	E	L	L		L	E*	DO*	E		L	L		L	L
37	RN - Moore, Mickey Based 5 RN	30	A/L	A/L	A/L	A/L	N*	N*	N*				E		N*	N*
40	RN - Moore, Mimi Based 5 RN	37.5	N	N	N*	N*						L		LD*	LD	DO*
42	RN - Pringle, Eric Based 5 RN	22	N*	N*						N*	N*					
44	RN - Wazowski, Mike Based 5 RN	37.5	LD		LD	LD	DO*	DO*	L		LD			LD*		N*