Simulated-Practice Learning:
A systematic narrative review

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Abstract: Simulated-practice learning placements are active learning-based placements that incorporate simulation as a central component. Originating from the COVID-19 pandemic, their continued use is indicative of their unique advantage in preparing students for clinical placements. This systematic narrative review provides a critical overview of the existing literature around simulated-practice learning in undergraduate nursing students to understand the key themes, as well as strengths and limitations of this novel approach. Findings highlighted that the controlled, targeted learning enabled gaps in curricula to be addressed as well as equity in student experience. Although different programmes provided varying designs, learning could be targeted according to needs. Notably, the systematic narrative review relied heavily on case studies and editorial pieces, highlighting a need for more associated research with a particular focus on large-scale and longitudinal studies. Such research would guide the adoption and integration of SPL into undergraduate programmes.

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Introduction

Simulated-practice learning (SPL) placements have become more prominent over recent years in undergraduate nursing programmes (Stewart et al., 2024). They are active learning-based placements that use simulation where nursing students can practice real-world scenarios in a safe and controlled environment (Nursing and Midwifery Council (NMC), 2025). Initiated as a response to a placement capacity crisis during the COVID-19 pandemic, SPL placements provided an alternative to clinical placements that allowed students to receive quality experiences through online delivery, allowing them to remain safe in their own homes (NMC, 2022). SPL has since evolved to include hybrid and face-to-face only delivery, as well as online (NMC, 2024). Its continued adoption and integration into undergraduate nursing programmes is representative of its success in preparing students for clinical practice (NMC, 2025; NMC, 2024), as well as creating equity in student practice-learning experiences (NMC, 2025). Unlike clinical placements that focus on patient care, SPL placements are based in a higher educational institution (HEI) where student development is the priority. Learning, therefore, can be targeted to meet student needs and address any gaps in the programme (NMC, 2024). The aim of this systematic narrative review is to provide a critical overview of the existing literature around simulated-practice learning in undergraduate nursing students, adult field, since it was redeveloped following the COVID-19 pandemic.

Background

The term 'SPL' was first introduced by the Nursing and Midwifery Council (NMC) in 2007, encouraging HEIs to increase teaching through simulation in undergraduate nursing programmes. Undergraduate nursing programmes are mandated to include 2300 hours of "theory" and 2300 hours of "practice" (NMC 2010). At the time, SPL was joined to the theory part of the programme and could not be claimed as practice hours. During the COVID-19 pandemic, placement capacity became a significant concern (Swift et al., 2020), and as discussed in Health Education England (HEE) (2020), the NMC proposed the use of online or hybrid placements to support nursing students to complete up to 300 of their 2300 hours of placement required to become registered. Placement capacity refers to the

number of clinical placements available for nursing students. Later, in 2022, the NMC (2022) produced recovery standards to support undergraduate programmes with post COVID-19 challenges, such as limited placement capacity. The RN6(D) directive, one part of the standard, permitted HEIs to use SPL in replacement of up to 600 practice hours on application. The 19 universities within the UK that were granted permission were asked to submit quarterly reports, which the NMC used to develop a guide for SPL (NMC, 2024). Some of the HEIs have continued using exclusively online delivery for these placements, while others conduct a hybrid placement including both online and in-person SPL. Also, in England, HEIs receive a financial tariff for SPL placements (NHSe, 2023b), which is not mirrored in Scotland (NMC, 2024). Some clinical areas have reported concerns about losing funding due to SPL (NMC, 2024).

Although SPL is included in the "practice" part of undergraduate nursing programmes, it differs from clinical practice. Clinical practice exposes students to real patients and real clinical experiences where they can learn to nurse in an authentic setting. Clinical environments are unpredictable, as staffing and patients will determine the student's experience (Cant et al., 2021). Patients are the priority, and the involvement of inexperienced students during a critical incident, such as a deterioration in a patient's condition may threaten patient safety (Henderson et al., 2006). In contrast, student development is the priority in SPL. It is a controlled environment where gaps in competence can be identified and addressed. It controls learning by modifying real-world scenarios according to a defined learning outcome. For example, the multiple competing demands in a clinical setting may be reduced in SPL placements to focus on a patient deterioration that aims to develop clinical reasoning skills. Collaboration also differs between the two settings whereby students predominantly collaborate with other students in SPL placements, instead of with widespread multidisciplinary teams in clinical placements. Table 1 provides a comparative overview of SPL placements and clinical placements compiled from the existing literature.

Table 1

Simulated-Practice Learning placements versus Clinical Practice placements

Simulated-Practice Learning placements	Clinical Practice placements
Based in a higher educational institution.	Based in a clinical setting.
Resource intensive for higher educational institutions.	Limited placements are available.
Students are the priority.	Patients are the priority.
Ensures equity in student experience.	Can lead to unequal student experiences.
Controlled, targeted learning outcomes.	Unpredictable, reflecting real world nursing practice.
Controlled learning - exposes students to hard-to-find experiences.	Not controlled - students may or may not be exposed to hard-to-find experiences.
Contextualised, simulated practice.	Real-world practice.
Structured, methodical decision-making that can be repeated and reflected on.	Real-time decision making.
Students will often collaborate with other students.	Requires collaboration with a wide multidisciplinary team.

SPL is an active learning methodology that uses simulation as one part of its modalities. It presents a broader scope than simulation, including repetition, reflection, and feedback in its description, rather than replicating real-world practices alone (NMC, 2025). According to the International Nursing Association for Clinical and Simulation Learning (INACSL) (2016), simulation is defined as:

An educational strategy in which a particular set of conditions are created or replicated to resemble authentic situations that are possible in real life. Simulation can incorporate one or more modalities to promote, improve, or validate a participant's performance. (pp. S44)

The NMC (2025) defines simulation in view of SPL 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, 2025).

Methods

The research questions include:

*   What are the key themes associated with simulated-practice learning placements in undergraduate nursing programmes, adult field?
*   What are the benefits and barriers to simulated-practice learning placements in undergraduate nursing programmes, adult field?

These findings aim to increase understanding of how SPL placements are being used and identify good practices. The findings can support HEIs considering implementing SPL to make an informed choice by weighing up the benefits and barriers.

Drawing from Antman et al. (1992) and Oxman and Guyatt (1993), the Cochrane handbook (Higgins et al., 2024) describes systematic reviews as "attempts to collate all empirical evidence that fits pre-specified eligibility criteria in order to answer a specific research question." Systematic-narrative reviews are hybrid reviews that undertake methodical searches, with a clear focus in their inclusion and exclusion criteria, finishing with systematic synthesis of the articles, using heterogeneous evidence (Turnbull et al., 2023). These principles informed the systematic approach undertaken in this review by using a rigorous and transparent process to identify and synthesise available evidence in line with the aims of addressing gaps in understanding SPL's role in undergraduate nurse education.

The systematic narrative review was conducted in line with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) statement (Page et al., 2021). Next, given the heterogeneity of the evidence base, including case studies, editorials, and a mixed-methods study, Popay et al.'s (2006) narrative synthesis approach allowed for the integration of disparate data types into a coherent narrative. This method bridged the methodological gap often encountered in reviews of diverse evidence and allowed for meeting the review's aims of exploring SPL placement's themes

and benefits and barriers. The systematic review was then quality assessed using Baethge et al.'s (2019) SANRA scale.

Search strategy

A systematic search strategy used terms identified in articles to denote SPL. Using BOOLEAN operators, search terms included "simulated practice learning OR simulated placement OR virtual placement OR online placement (any field) AND Nur* (any field) AND undergraduate OR prelicensure students OR nursing students." The inclusion of 'simulated' and 'virtual' and 'online' placements in this search is indicative of the terminology used for SPL, and the nature of SPL being online during the COVID-19 pandemic. Databases included Academic Search Complete, CINAHL, Eric, MEDLINE, MEDLINE Complete.

A strict inclusion and exclusion criteria, presented in table 2, was used that only included articles relevant to SPL. It considered undergraduate nursing students, excluding articles with other professions or those that exclusively considered fields of nursing other than adult. Articles that did not relate to SPL or simulated placements were also excluded. As SPL placements are based in HEI settings, all articles based in a clinical setting were also excluded. Finally, the search strategy reflects that SPL was only integrated into the practice part of the undergraduate nursing programme in 2022.

Table 2
Inclusion and exclusion criteria

Inclusion criteria	Exclusion criteria
Discussion or inclusion of undergraduate nursing students	Professions other than nursing, post graduate studies, exclusively mental health, child or learning disability field
Simulated practice learning, simulated placements, online/ virtual placements	Clinical placements, gamification
Based in an HEI	Based in a clinical setting
From 01.01.2022	
Written in English	

Study selection and data extraction

Presented in figure 1, the search resulted in 118 articles, 54 after duplicates were removed. The title and abstract were screened against the inclusion and exclusion criteria, resulting in 17 articles. These 17 articles were reviewed by the author for eligibility, of which three were removed because they did not discuss SPL or simulated placements, one regarded postgraduate studies and two were based in a clinical setting. The 11 remaining articles were joined by a key document from the NMC.

Narrative data synthesis

The articles in this systematic narrative review are limited and heterogeneous. Narrative synthesis looks to develop narratives to form new concepts and discoveries (Popay et al., 2006). Using the process described by Popay et al. (2006), the preliminary data synthesis extracted key characteristics and topics of each article using a tabular format in preparation for comparison. Popay et al. (2006) suggest considering quality appraisals at this point. The one research article was applied to Joanna Briggs Mixed Methods Assessment Tool (Hong et al., 2018). The strengths and limitations of each article were individually considered to further address quality.

Next, patterns in the articles were sought, including key topics, benefits, and barriers, in accordance with the aims of the review. Relationships, including similarities and contrasting information, were explored in relation to the source of the information. Finally, the robustness of the findings of the literature review was assessed, and gaps and limitations were presented.

Findings

Characteristics of included articles

Table 3 provides an overview of the literature included in the review. The articles collected included 5 case studies, 4 editorials, 1 report, 1 mixed methods study, and 1 webpage. Of the case studies, 2 were held entirely online, and the other 2 were hybrid. The small number of research studies and the larger number of case studies and editorials are indicative of SPL as a novel initiative.

Figure 1: PRISMA diagram of the selection process. (Template from Moher et al., 2009).
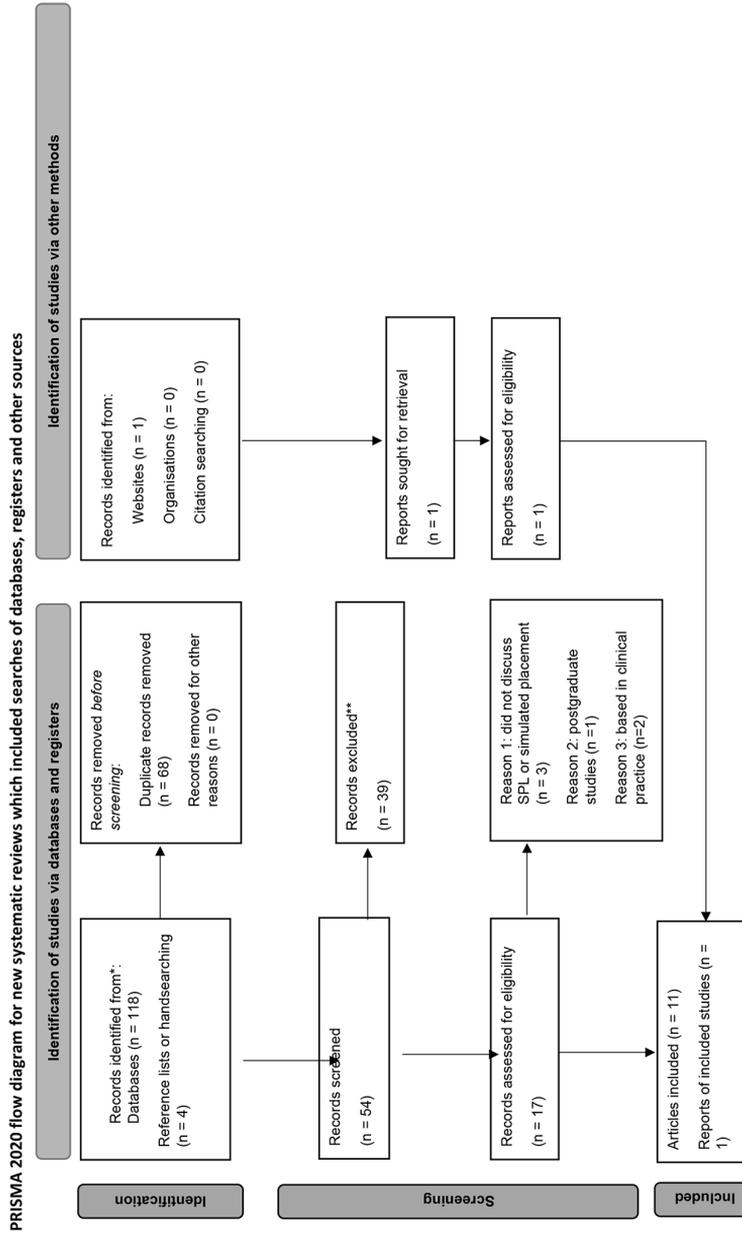
PRISMA 2020 flow diagram for new systematic reviews which included searches of databases, registers and other sources

Identification of studies via databases and registers

Identification of studies via other methods

Identification

Records identified from*:
Databases (n = 118)
Reference lists or handsearching (n = 4)

Records identified from:
Websites (n = 1)
Organisations (n = 0)
Citation searching (n = 0)

Records removed *before screening*:
Duplicate records removed (n = 68)
Records removed for other reasons (n = 0)

Screening

Records screened
(n = 54)

Records excluded**
(n = 39)

Records assessed for eligibility
(n = 17)

Reason 1: did not discuss SPL or simulated placement (n = 3)
Reason 2: postgraduate studies (n =1)
Reason 3: based in clinical practice (n=2)

Reports sought for retrieval
(n = 1)

Reports assessed for eligibility
(n = 1)

Included

Articles included (n = 11)
Reports of included studies (n = 1)

Table 3. Overview of included literature including origin, source, intervention and finding or outcome

Author	Origin	Type of source	Intervention	Finding or outcome
CoDH (2024)	UK	Report	5 focus groups including 12 HEIs delivering SPL	Innovation in delivery was promoted. Supported hard-to-reach experiences. Several challenges were identified, with financial strain being the most significant.
Foster (2024)	UK	Editorial	Provided an overview of SPL	SPL increases student satisfaction, can increase equity between undergraduate student experiences and prepares students for clinical practice. However, HEIs are experiencing issues such as workload and financial strain.
Hill (2024)	UK	Editorial	Discussion linking SPL to ASPiH standards	SPL can be used to prepare students for clinical practice by presenting them with hard-to-find experiences and a chance to practice real-world scenarios, in a safe and controlled environment. SPL yields high student satisfaction.
Hill and Mitchell (2024)	UK	Editorial	An overview of virtual placements during the COVID-19 pandemic	Safe environments are paramount for any placement. Virtual placements are easily accessible, cost effective and prepare students for clinical practice
Morgan et al. (2024)	UK	Mixed methods study	An online placement for 196 undergraduate nursing students across the four fields of nursing	The students found that the virtual placement enhanced their understanding of community nursing, caused them to reconsider job choices and improved their collaboration skills.
NMC (2025)	UK	Webpage	Overview defining and providing guidance around SPL	SPL was initially developed to support the placement capacity crisis, but its continued use is linked to the positive outcomes reported by those using it. SPL provides a safe environment that allows those attending to experience a wide range of nursing practices, creating equity in undergraduate nurse experiences. Several challenges were identified, with financial and workload being at the forefront.
Salje (2024)	UK	Case study	The cocreation of simulations and lessons for an upcoming SPL	Students followed a process to create simulations and lessons based on the module learning outcomes, future nurse proficiencies and their own experiences.

Salje and Moyo (2023)	UK	Case study	A four-week virtual placement for 27 level-five undergraduate nursing students	The placement used innovation and the linking of theory module learning outcomes and the future nurse proficiencies to prepare the students for clinical practice.
Sanderson et al. (2023)	UK	Case study	An overview of a virtual placement	An innovative approach to an online simulated placement, with a clear and systematic design process. The placement provided an equity of experiences for the students and also supported their digital preparedness for modern healthcare services.
Stewart et al. (2024)	UK	Editorial	An overview of the priorities in SPL	SPL addresses the application of theory to practice, clinical reasoning, clinical skills and prepares students for clinical practice. However, barriers can include finance, expertise and equipment.
Wik et al. (2022)	Canada	Case study	An online placement using an online system - Sentinel City®3.1 - to replace a community placement	Mixed student feedback. Some appreciated not losing placement hours during the covid-19 pandemic and they felt that they met the required learning for the course. However, students were unable to collaborate or have hands-on experiences.
Williams et al. (2022)	UK	Case study	A 4-week hybrid simulated placement for first year students	The placement provided a parable experience for all first-year students. The students had targeted learning that prepared them for clinical practice. However, the online element of the placement was challenging at times.

The three primary themes were inductively developed through iterative analysis of the literature on the search. The data presented commonalities, such as motivations for SPL, SPL design, and strengths and barriers to SPL. Different perspectives and insights into these clusters were then synthesised into the themes and associated subthemes through constant refinement, in line with the aim of the review. Using Popay et al.'s (2006) narrative synthesis approach, the iterative process enabled a rigorous process, despite the literature being heterogenous in nature.

Three primary themes included:

1. "adoption and institutional integration of simulated-practice learning placements" reviews the origin of SPL from the COVID-19 pandemic, including reasons for its continued use since this time.
2. "simulated-practice learning design" considers simulation-based frameworks used to support SPL design, alignment with programme outcomes and innovations to support institutional and student needs.
3. "benefits and barriers" presents the advantages of SPL, such as preparing students for clinical placement, equitable learning experiences, and high student satisfaction. Barriers and limitations to SPL consider resource constraints, often caused by financial strain.

Theme 1: Adoption and institutional integration of simulated-practice learning placements

Theme 1: adoption and institutional integration of simulated-practice learning placements includes the evolution of SPL post the COVID-19 pandemic and institutional motivations to adopt SPL. The COVID-19 pandemic catalysed the introduction of SPL to address placement shortages, with subsequent adoption driven by its success and ongoing capacity concerns (NMC, 2025; CoDH, 2024; Hill and Mitchell, 2024; Morgan et al., 2024; Salje and Moyo, 2023; Williams et al., 2022). Other reasons for the continued use of SPL include; that it alleviates the strain on clinical practice, that online placements are cost-effective compared to clinical placements (Hill and Mitchell, 2024; Sanderson et al., 2023) and that online delivery can accommodate large cohorts of students (Williams et al., 2022). Further research would determine whether the integration of SPL continues due to ongoing placement shortages or its benefits in nursing education.

Theme 2: Simulated Practice Learning design

"Simulated-practice learning [SPL] design" considers the frameworks that guide SPL and how it aligns to programme outcomes and innovations to meet institutional and student needs. Several frameworks were adopted in SPL design, including INACSL (2000) standards of best practice (Salje and Moyo, 2023; Sanderson et al., 2023; Williams et al., 2022), ASPiH (2016) standards framework (Hill, 2024) and Jefferies simulation theory (Morgan et al., 2024). While most articles did not describe how the frameworks were used, Hill (2024) suggested using ASPiH (2016) standards of best practice to base SPL design.

Several articles described feeling safe or being in a safe environment as a vital part of SPL placements (NMC, 2025; Foster, 2024; Hill, 2024; Hill and Mitchell, 2024; Salje, 2024; Sanderson et al., 2023; Wik et al., 2022), also described in simulation standards (INACSL, 2000; ASPiH, 2016). Simulation frameworks provide evidence-based standards of best practice from which one can create safe and effective simulations (ASPiH, 2016). Other articles noted the use of the simulation process (Sanderson et al., 2023; Williams et al., 2022) or highlighted the benefit of debriefing (Salje, 2024; Wik et al., 2022).

If adopted, SPL placements are part of the undergraduate nursing programme and must, therefore, support students to meet programme requirements. Some articles aligned SPL design to the NMC (2018) future nurse proficiencies (Hill, 2024; Salje, 2024; Stewart et al., 2024; Salje and Moyo, 2023; Sanderson et al., 2023; Williams et al., 2022), an essential component of the 'practice' element of undergraduate nursing programmes. Other literature incorporated the 'theory' part of the programme by mapping SPL design to the module learning outcomes (Salje, 2024; Stewart et al., 2024; Salje and Moyo, 2023). Wik et al. (2022) reported that SPL successfully met programme requirements but did not specify how this was achieved.

The origins of SPL during the COVID-19 pandemic resulted in innovation, as those designing online placements were tasked with creating learning that was comparable to clinical placements. Subsequent innovations moved the initiative to in-person settings. This move towards in-person delivery adheres to student feedback, as there were mixed responses to online SPL placement delivery (NMC, 2025; Morgan et al., 2024; Wik et al., 2022). Wik et al. (2022) and Morgan et al. (2024) noted that while some students appreciated the flexibility of online placements, others felt that the lack of

hands-on experiences hindered their ability to fully develop clinical skills.

Innovation also targeted student needs by adapting topics, slowing down, and repeating concepts (NMC, 2025; Sanderson et al., 2023; Wik et al., 2022). CoDH (2024) found anxiety in those innovating, highlighting concerns that approaches would not be accepted, leading to placement hours being taken away.

Theme 3: Benefits and barriers

The literature agreed that SPL placements prepare students for clinical practice by providing real-world experiences for students that focus on; specific learning outcomes (Hill, 2024; Salje, 2024; Wik, 2022; Williams et al., 2022), hard-to-find experiences (CoDH, 2024; Foster, 2024; Hill, 2024; Hill and Mitchell, 2024; Salje, 2024), professionalism (Salje, 2024; Sanderson et al., 2023), application of theory to practice (Salje, 2024; Stewart et al., 2024; Sanderson et al., 2023; Salje and Moyo, 2023) and emotional preparedness (Foster, 2024; Hill, 2024; Hill and Mitchell, 2024; Salje and Moyo, 2023). Being in a controlled environment, all students receive targeted and equitable learning experiences, a benefit that cannot be replicated in clinical settings (Foster, 2024; Hill and Mitchell, 2024). Equitable learning ensures that all students receive comparative experiences. SPL also yields high student satisfaction (NMC, 2025; Hill and Mitchell, 2024; Salje and Moyo, 2023; Williams et al., 2022).

To prepare students for clinical practice, SPL provides opportunities to collaborate. For instance, Foster (2024) highlighted interprofessional collaboration, and Foster (2024), Salje and Moyo (2023), and Sanderson et al. (2023) described teamwork. Online SPL placement delivery may also have supported student preparedness for the growing reliance on technology in healthcare services (Hill and Mitchell, 2024; Sanderson et al., 2023). A list of benefits can be found in table 4.

SPL placements have barriers related to resource constraints. The most recognised barrier is the financial strain it places on HEIs (NMC, 2025; CoDH, 2024; Foster, 2024; Wik et al., 2022). Equipment, resources, and the learning environment, such as online platforms and simulation laboratories, may be impacted by the financial strain (NMC, 2025; CoDH, 2024; Foster, 2024; Hill, 2024; Sanderson et al., 2023; Wik et al., 2022). Staffing, another major resource, impacts SPL as specialist knowledge, ability to deliver SPL, and availability will determine the running of the SPL placements (CoDH,

2024; Foster, 2024; Hill, 2024; Wik et al., 2022). Notably, the CoDH (2024) report was constructed while the scope of SPL was still being developed. The barriers to SPL placements can be found in table 4.

Table 4

Benefits and barriers to Simulated-Practice Learning placements

Benefits of SPL placements	Barriers to SPL placements
Prepares students for clinical practice (Hill, 2024; Salje, 2024; Wik, 2022; Williams et al., 2022).	Financial strain (NMC, 2025; CoDH, 2024; Foster, 2024; Wik et al., 2022).
Increases collaboration (Foster, 2024; Salje and Moyo, 2023; Sanderson et al., 2023).	Accessing facilities and resources (NMC, 2025; CoDH, 2024; Foster, 2024; Hill, 2024; Sanderson et al., 2023; Wik et al., 2022).
Equitable experiences (Foster, 2024; Hill and Mitchell, 2024).	Staff availability and expertise (CoDH, 2024; Foster, 2024; Hill, 2024; Wik et al., 2022).
Addresses emotionally sensitive subjects (Foster, 2024; Hill, 2024; Hill and Mitchell, 2024; Salje and Moyo, 2023).	Staff workload (CoDH, 2024; Foster, 2024; Hill, 2024; Wik et al., 2022).
Online placements develop digital literacy	Changing scope of SPL (CoDH, 2024).
High student satisfaction (NMC, 2025; Hill and Mitchell, 2024; Salje and Moyo, 2023; Williams et al., 2022).	

This systematic narrative review explored the key themes, benefits, and barriers of SPL placements. The narrative synthesis concluded 3 themes, including adoption and institutional integration of SPL, SPL placement design, and benefits and barriers of SPL. As presented in theme 1, while initially adopted to address placement shortages, SPL placements' cost-effectiveness and ability to accommodate large cohorts have supported its integration, with a shift from online to in-person delivery. Theme 2: simulated-practice learning design considers the use of simulation frameworks, particularly in maintaining safety. Being part of undergraduate nursing programmes, SPL must meet the needs of the students and programme using innovation to prepare them for clinical practice. Theme 3: benefits and barriers are split into the two concepts. The key benefits of SPL include preparing students for clinical practice by offering real-world

experiences and equitable learning. Financial strain was identified as a key barrier, as well as staffing, expertise, and additional workload.

Discussion

SPL placements have emerged as a valuable educational option for undergraduate nursing programmes that prepare students for clinical practice. This discussion critically examines the findings from the literature to provide greater insight into SPL. As an educational tool, SPL placements offer a controlled environment where learning can be targeted to meet student needs and address gaps in undergraduate nursing programmes, benefiting a more holistic student journey. The following section will explore the findings in detail, adding to the growing discussions on SPL.

The literature in the review agreed that the COVID-19 pandemic was the catalyst for SPL, demonstrating how an external crisis led to educational reform. SPL was created to support a placement capacity crisis and continues to be used because of difficulties in placing students in clinical placements (NMC, 2025). According to NHSe (2023b), the National Health Service (NHS) needs more nurses, requiring undergraduate nursing programmes to increase student recruitment and placing further strain on clinical placements. Given these constraints, SPL placements presents themselves as a long-term strategy to alleviate systemic pressures on clinical placements.

The implementation of SPL in 2022 was a crisis-driven, reactive process linked to the urgency of creating placements for undergraduate nursing students. Some HEIs within the UK have successfully integrated the initiative into their programmes, presenting a wealth of experience. SPL (NMC, 2024), therefore, can now be designed in a proactive manner using a strategic adoption of the initiative. Named reasons to adopt and integrate SPL into undergraduate programmes include a reform in undergraduate nurse education (Foster, 2024), preparing students for modern-day nursing practices (Salje, 2024), the benefits of interactive learning methodologies (Salje and Moyo, 2024) and a learning approach that maximises delivery systems without compromising on quality (Williams et al., 2022). It is unclear, however, the degree to which, as well as how, these motivating factors impacted the adoption of SPL, highlighting a gap in literature.

As presented in the findings, simulation frameworks were used to support SPL design. The concept of a safe environment, one part of

simulation standards (INACSL, 2000; ASPiH, 2016), was mentioned in several articles (NMC, 2025; Foster, 2024; Hill, 2024; Hill and Mitchell, 2024; Salje, 2024; Sanderson et al., 2023; Wik et al., 2022), although they were not explicit about what they deemed as 'safe'. Stewart et al. (2024) defined this as being a space in which students could develop psychomotor skills and make mistakes without harming patients. In contrast, simulation standards denote a safe environment as maintaining psychological safety where students can make mistakes without the fear of judgement or reprimand (INACSL, 2016; ASPiH, 2016). Accordingly, SPL adheres to both concepts of safety: it is a safe physical learning environment because students can practise and make mistakes without harming patients, and it needs to be psychologically safe so that the learner can take risks.

Being in a safe environment increases the likelihood of students engaging in the challenging scenarios presented in SPL, such as clinical deteriorations or emotionally difficult situations (Vabo et al., 2022). Students reported feeling that they can step outside their comfort zones, safe in the knowledge that they would not be judged negatively for their mistakes and would receive emotional and psychological support if needed (NMC, 2025; Foster, 2023). Thereby, the safe environment created in SPL encourages open discussions about individual challenges and limitations, enabling tailored learning to student needs.

Using data from the 19 universities that originally undertook SPL placements, the NMC (2025) found that students attributed preparing themselves for clinical practice to being in a nonjudgmental, controlled environment. Creating a safe environment, however, can be challenging due to staff shortages and insufficient training on the importance of psychological safety. Online safety has additional difficulties, as one may not be able to gauge student reactions (Todd, 2020). This article calls for more research to define a safe environment in SPL and explore how one can maintain such safety in the initiative.

Although SPL placements alleviate the pressure on clinical practice, they increase the demands on HEIs. Financial strain impacts multiple aspects of SPL placement implementation, including the ability to fund resources, recruit staff, and provide specialised training. These constraints often result in infrastructure challenges that hinder the sustainable delivery of SPL placements (NMC, 2024). Having the staff to deliver SPL may be a particular concern, as the NMC (2024) highlighted this as a specialist role. Accordingly, greater financial support would enable a wider adoption of the initiative. Conversely, Baayd et al. (2023) found that equipment was not a

primary indicator of the quality of teaching, as resource rich institutions often did not use their resources. In contrast, places with few resources had greater innovation, leading to student satisfaction. Future research could build on Baayd et al.'s (2023) identification that staffing, and not equipment, determines student satisfaction, guiding resource allocation.

Our synthesis suggests that SPL placements do not intend to replace clinical placements but enhance student preparedness, potentially increasing patient safety. It provides safe, repeatable learning experiences that can help students with emotionally sensitive or high-risk scenarios in practice. As SPL placements are no longer a reactive response to a crisis, institutional and policy support can use the growing evidence to help overcome some of the resource-related challenges. It presents as a solution to meeting current and future demands on undergraduate nurse education.

Limitations and recommendations

This systematic narrative review relied heavily on case studies and editorial pieces, highlighting potential bias and limiting generalisability. Editorials present subjective views, and case studies are written by those delivering SPL placements. Moreover, case studies present one example of practice, providing insights but not supporting broader conclusions. Case studies also lack an underpinning methodological process, questioning trustworthiness.

Being in its infancy, there is limited standardisation of SPL design, highlighting a need for an associated framework that can be implemented across HEIs. The framework would need to incorporate simulation standards as well as meet Profession Record Standards Body (PRSB) requirements. To support its integration into undergraduate nursing programmes, the design could link learning outcomes to theory modules as well as the future nurse proficiencies (NMC, 2018), providing a link between theory and practice.

Designing and delivering SPL requires a specialist role with associated faculty training. As well as staff understanding the scope of SLP, they may also need simulation- and technology-based skills. Integral in staff development is an ability to create and maintain a safe environment so that students can develop outside their comfort zones.

Financial constraints have been identified as a key limitation to

integrating SPL placements into undergraduate nursing programmes. By national and institutional policies recognising SPL placements as a valuable part of undergraduate nursing programmes, they may provide additional funding to support implementation. Collaboration between HEIs, encouraging sharing resources and expertise, could also enable increased uptake.

While the immediate benefits of SPL are being identified, the long-term impact of them on student outcomes, such as preparedness for clinical practice and patient safety, remains unknown. Longitudinal studies provide vital data and could refine the use of SPL placements. For instance, a longitudinal cohort study could follow students through their clinical placements and early careers, focusing on competence and patient outcomes. Also, studies comparing students' ability to adapt to technology and the attendance of online placements could substantiate its value in preparing students for digital healthcare.

Comparative studies between SPL placements and clinical placements would highlight the unique contributions of each to the nursing curricula. For example, studies could compare preparedness for different clinical scenarios, focusing on clinical reasoning, collaboration and gaining a professional identity. Comparative students could also identify the benefits and limitations of online, hybrid and in-person SPL placements, providing guidance for SPL design.

Conclusion

Starting as a response to a placement capacity crisis, SPL has gained traction in undergraduate nursing programmes. Its continued use highlights a unique placement opportunity that can better prepare students for practice by providing equitable learning experiences, improving digital literacy, and allowing students to practise real-world scenarios in a safe space. It can, therefore, be used to complement, and not replace, clinical practice.

This systematic narrative review provided a deeper understanding of the themes as well as benefits and barriers to SPL placements. The reliance on case studies and editorials in this review, however, questions generalisability and highlights the need for more associated research with a particular focus on large-scale and longitudinal studies. Such research would guide the adoption and integration of SPL into undergraduate

programmes. SPL presents a valuable and viable approach to support undergraduate nursing students to receive comprehensive and equitable learning experiences, resulting in better preparedness for clinical practice and, ultimately, patient safety.

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