

Communities of practice in simulated-practice learning placements: A large cohort study

Joelle Salje*

Abstract: Large and increasingly diverse undergraduate nursing cohorts present a challenge to nurse education. The formation of communities of practice within simulated practice learning (simulated placements) may offer one such solution. This qualitative study explored a simulated practice learning placement from the student's perspective. It included 330 undergraduate nursing students in 2022–2023 and 306 in 2023–2024, totalling a study cohort of 636 students. The study used the qualitative findings from two surveys: the Simulation Effectiveness–Modified and the End of Placement Survey. Findings revealed that students engaged in rich and meaningful discussions within their diverse groups. Enabled by the simulated practice learning that provided the time and space for collaboration, the students co-constructed nursing-related knowledge and skills. A safe environment was also deemed particularly important. The community of practice not only enhanced personal and professional growth but also addressed the unique needs of the heterogenous student groups, presenting the approach as an effective alternative to nurse education.

Keywords: communities of practice; simulated practice learning; simulation-based education; undergraduate nursing education; social learning theory

***Correspondence:** joelle.salje@solent.ac.uk

Date of acceptance: 25th June 2025

Date of first online publication: 16th December 2025

Joelle Salje is the lead for Simulated Practice Learning (SPL) at Solent University, a widening participation university, where she prepares students for the realities of clinical practice. She uses active, experiential learning approaches, drawing on simulation-based education to immerse students in diverse aspects of the nursing role and develop confidence, critical thinking and professional identity. Her work is grounded in educational research and guided by a customised SPL design framework. Her research focuses on SPL, curriculum design and inclusivity in nursing education. <https://orcid.org/0000-0003-2242-0818>

Introduction

The integration of simulated practice learning (SPL) into undergraduate nursing programmes is gaining momentum (CoDH, 2024), and undergraduate nursing cohorts are becoming more diverse (NMC, 2022a). SPL is an active learning and simulation-based placement that uses a variety of modalities to deliver active learning to students (NMC, 2024). While the NMC (2024) does not specify which modalities to use, Jefferies (2020) proposes mannikins, standardised patients, virtual reality, augmented reality, and screen-based simulations in simulation-based education. SPL has multiple advantages as nursing students work together to prepare for clinical practice (NMC, 2024). For instance, SPL provides the opportunity for students to collaborate with one another (Jacobs & Venter, 2017), increase student satisfaction through individualised learning within a psychologically safe environment (Larue et al., 2015), and may enhance student competence (Parker et al., 2015).

Due to SPL having predetermined learning outcomes, it also delivers targeted, equitable learning experiences, an advantage that cannot be replicated in clinical settings (Roberts et al., 2019). Clinical settings have many factors that affect student experience, such as the acuity of patients, attitudes towards students, and opportunities linked to the specialties of the ward (Doyle et al., 2017). Meanwhile, SPL creates learning according to pre-determined outcomes in a controlled environment (Roberts et al., 2019). Therefore, SPL offers parable learning experiences and embraces active learning and peer collaboration, as defined in Communities of Practice (CoPs).

Figure 1 overleaf illustrates the three interlinking parts of CoPs: domain, community, and practice. 'Domain' refers to the shared interest or knowledge that connects members of a CoP. The domain provides a joint identity with common issues and concerns. 'Community' are the people who have meaningful discussions about the domain. Finally, 'practice' is how communities collaborate, such as through discussing experiences, sharing documents, or meeting on virtual platforms. 'Practice' is the time and space required to develop the CoP. Combining these three parts, CoPs are groups with a shared domain of interest who collaborate, form a community with shared resources, and develop common knowledge and expertise within the group (Wenger-Trayner & Wenger-Trayner, 2015).

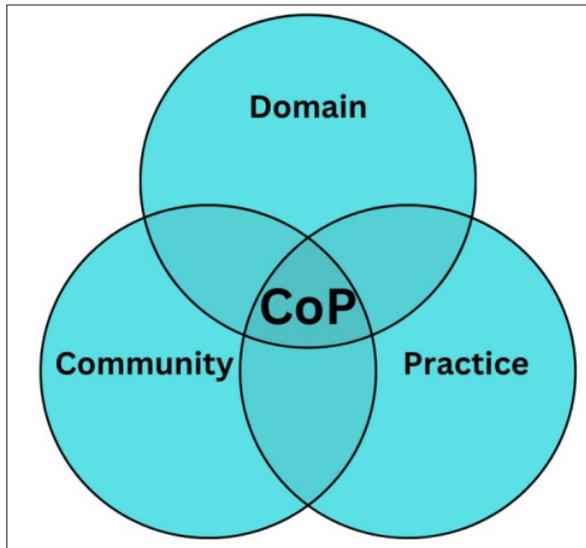


Figure 1: Three interlinking parts that create communities of practice

Emerging from social learning theory, CoPs are rooted in situated learning and social constructivism (Lave & Wenger, 1991; Wenger, 2009). Situated learning considers the physical and social environment, suggesting enhanced learning through an authentic setting and active engagement (Lave & Wenger, 1991). Social constructivism views learning as socially constructed, promoting interaction for the co-construction of knowledge (Vygotsky & Cole, 1978). Within CoPs, new members start in a peripheral position within the community and move towards the centre as their knowledge and confidence develop (Lave & Wenger, 1991). Learning, therefore, is a social process constructed through peer collaboration, reflecting the principles of situated learning and social constructivism (Wenger, 1998).

Higher educational institutions (HEIs) benefit from CoPs, even potentially improving attrition among undergraduate students (Gauthier, 2016). They foster motivation and engagement in life-long learning and prepare students for real-world professional development as they learn how to engage with others in their chosen profession (Wenger et al., 2002). Therefore, CoPs support members in developing knowledge, skills, and attitudes that can be transferred to other settings and CoPs (Pyrko et al., 2019). Such advantages, however, can only occur within a safe environment where members can speak and collaborate freely, without the fear of rash

judgement or criticism (Ardichvili et al., 2003).

Implementing CoPs can be challenging, as they are naturally developing social learning communities that can be coordinated, facilitated, and cultivated, but not imposed (Wenger et al., 2002). To further support their development, Bouchamma et al. (2018) suggest creating the time and space in HEIs for collaborations, and Lave & Wenger (1991) and Wenger (2009) advise HEIs to take steps to understand learning as a social and situated process.

Diverse nursing student populations are a key factor that shape the learning experience, as teaching heterogeneous groups presents challenges that need to be addressed to meet student demands and expectations (NMC, 2010). Diversity may present as differences in socio-economic factors, ethnicities, and learning styles, leading to a range of needs and subsequent requirements of flexible education delivery (Bednarz et al., 2010; NMC, 2010). Conversely, the variety of perspectives and backgrounds enable CoPs to flourish in diverse populations (Buus & Moensted, 2022).

In summary, CoPs are groups of people that have a shared interest, work as a community, and actively collaborate, presenting the three interlinking parts: domain, community, and practice. When such groups are effectively formed, they can support learning in HEIs by managing diverse student populations, enhancing collaboration, and motivating and enthusing students. This study provides evidence on how CoPs can support teaching heterogeneous groups in an SPL setting, providing suggestions on how they can be developed. It uses the standards for reporting qualitative research (SRQR) guidelines to support transparency and reproducibility of reporting (O'Brien et al., 2014).

The aims of the study are to:

1. explore the student experience of communities of practice during simulated practice learning within heterogeneous groups.
2. identify how simulated practice learning can be optimised to improve the development of communities of practice.

Background to SPL

The SPL discussed in this paper was designed following the RN6(D) directive, one part of the 'Recovery Standards' (NMC, 2022b). The Recovery

Standards aimed to ensure that undergraduate nursing students continued to have quality placements, despite the placement capacity crisis that occurred during the COVID-19 pandemic. The RN6(D) directive offered a solution by permitting undergraduate nursing programmes to deliver up to 600 hours of SPL in place of clinical practice (NMC, 2021).

Undergraduate nursing students must complete 2300 hours of theory and 2300 hours of clinical practice to become registered in the United Kingdom (NMC, 2010), and SPL can contribute to clinical practice hours (NMC, 2024). The SPL in this paper adhered to the NMC (2024) recommendations, such as contextualising learning content, attention to diversity within the nursing profession, and immersive, interactive, and experiential delivery.

Participants and teaching arrangements

Starting in September 2022, SPL has been embedded into the curriculum. The programme includes three placements per year, including two formative and one summative. Year one and two students attended SPL in place of their first clinical placement, and year three students attended it for their second. A total of 330 undergraduate adult nursing students attended over the three-year groups in its first year and 306 in its second year, making the total cohort for this study 636 students. Notably, simulation, as a pedagogical approach, had not previously been part of the curriculum, and most students reported no previous simulation experience. In contrast, the author and SPL lead had extensive experience using simulation as a modality prior to the start of the SPL.

The overriding aim of the placement was to prepare the students for clinical practice with a view to improving patient safety. Specifically, although SPL replaces clinical practice hours, its purpose was not to replicate clinical practice but to address the crucial elements of clinical practice necessary to manage it effectively. To prepare students for clinical practice, the SPL considered the following sub-aims: application of theory to practice, providing hard-to-find experiences such as deteriorations, supporting emotional preparedness, and addressing ward management and professionalism. Addressing the practice-theory gap, SPL learning outcomes were created using the future nurse proficiencies (NMC, 2018), which articulate what students need to cover in practice to become registered, theory module learning outcomes for the theoretical perspective, and practice

partner input to make the learning meaningful to their placement. In this context, practice partners are nurses in clinical settings that collaborate with the HEI and provide placements for the students in the cohort.

The process resulted in a broad range of topics, such as end-of-life care, patient deterioration, and ethical decision-making. Also, by aligning learning outcomes with theory modules, learning was tailored to the attending year group, ensuring the content was accessible, relevant, and meaningful to the students. To be specific, the theory modules used Bruner's (1960) spiral curriculum approach to ensure levelness of learning that increases depth and complexity of learning year-on-year. The levelled theory modules translated directly to the SPL learning outcomes.

The placement consisted of a mixture of online synchronous, non-synchronous, and face-to-face delivery. Online synchronous sessions included activities that ensured the students had the necessary knowledge and skills for the immersive simulations. The online sessions used various pedagogical approaches and multimedia, such as forum theatre, to explore the management of clinical situations and interactive videos that re-enacted clinical scenarios from which students could practice nursing documentation and patient handovers. Students were encouraged to meet in peer groups for the online synchronous lessons. A comprehensive account of these sessions can be found in Salje and Moyo (2023).

Non-synchronous activities included student-driven project work. The project work asked groups of two to seven students to collaborate to complete tasks such as the creation of simulations or complex case scenarios. The students received individual and group supervision support that lasted between fifteen minutes and two hours in length, depending on need.

In consideration of the face-to-face activities, groups of fifteen to thirty students attended a simulation laboratory. The simulation laboratory was risk assessed to hold up to thirty students, and year groups consisted of 59 – 126 students. To attend the simulation laboratory, students scheduled themselves, and friendship groups often chose to attend the sessions together. Group dynamics, however, extended beyond friendship groups, as all attendees collaborated through rich discussions during the simulations. Regarding the activities, simulations were delivered in line with INACSL standards of best practice (INACSL, 2016). Simulations used high-fidelity mannikins and simulated patients. Other activities provided real-world learning, such as completing tasks while wearing an ageing suit (an empathy suit that mimics the ageing body).

Many of the simulations were replications of the facilitators' clinical experiences or were written by subject experts. Debriefing used a student-centered approach, whereby faculty facilitated student discussions, working through each aspect of the simulation. The students were also encouraged to discuss their own experiences during the debrief, creating links between the simulations and clinical practice. Each simulation ended with a summary that considered how the students could use the learning in clinical practice.

As promoted by INACSL (2016), the facilitator took steps to ensure a safe environment throughout these activities, actively promoting a non-judgemental inclusive environment where all students were encouraged to speak freely. For instance, the students were facilitated to establish ground rules that included agreements on inclusion and acceptance of others. In addition, discussions about mutual respect occurred before undertaking simulations.

The student cohort presented a very heterogeneous group. Many students were first-generation university goers, from a range of socio-economic backgrounds and ages ranging from 18 to 64 years old. As a result, some students needed financial support from the university to pay for transportation to attend face-to-face sessions. Home circumstances also posed a challenge for some students, as single parents with financial difficulties needed to find childcare in order to attend face-to-face sessions or have their children present during online delivery, while others lived with their parents and had few additional responsibilities.

As reported in the survey's demographic information, other diversity factors included the diagnosis of autism, attention deficit hyperactivity disorder, dyslexia, dyspraxia, partial deafness, anxiety, depression, fibromyalgia, and other mental health and physical disorders. The ethnicity of groups was also vast, including students from Africa, Eastern and Western Europe, the Middle East and North and South Asia. The author noted challenges in communication, ranging from difficulty understanding instructions to the ability to communicate with patients and staff, documentation, and understanding colloquial terms. Differences were also identified as approaches to health and illness differed, as well as expectations on how to manage clinical environments. For example, some students did not feel comfortable challenging hierarchy, stating that this was not permitted in their culture.

Another key issue, digital literacy, was identified by the author during the SPL. Some students did not know how to navigate the online platform.

Other students did not possess laptops and computers and had to attend online sessions on their phones or iPads. Similarly, digital connectivity, another variance factor, highlighted that some students lived in remote areas with limited connectivity, while others could only connect in the university library.

Ethical considerations

Ethical approval was obtained for the study by the university Health, Exercise, and Sports Science Ethics Committee. Students were informed that their contribution to the study was optional, and that the data was anonymised at the point of data entry.

Methods

This qualitative study adopted a pragmatist research paradigm that recommends a research methodology aimed at finding practical solutions to real-world problems (Reason, 2003). Accordingly, this study sought to understand student experiences from different angles, using them to refine the SPL. It used two online surveys: the Simulation Effectiveness Tool-Modified (SET-M) and an End of Placement Survey. The SET-M is a validated and widely used tool to assess the effectiveness of simulations (Leighton et al., 2015).

In line with a pragmatist paradigm that advocates using data that best meets the needs of the research (Reason, 2003; Norton, 2018), the study did not include the quantitative results from the surveys because they did not provide supporting evidence for CoPs. The concept of CoPs emerged from the qualitative data. The SET-M asked, 'What else would you like to say about today's simulated clinical experience?' The End of Placement Survey asked, 'Tell us about the strengths of the simulated practice placement' and 'Tell us about how the simulated practice placement can be improved.' The surveys were held entirely online. The author asked all students who attended SPL to complete the surveys either at the end of a face-to-face session or at home. The surveys remained open for one academic year, although no student completed them prior to the start of their SPL or more than one week after they ended. The students were not given reminders to complete the survey.

To address trustworthiness, in line with pragmatist methodology, researcher reflexivity was considered during data collection, analysis, and reporting. As the simulation lead and researcher, the author minimised their influence on data collection by physically sitting away from the participants when they completed the survey or by asking them to complete it at home. Pragmatist ontology, however, accepts subjective views as being indicative of the environment and those within it (Barrotta, 2020), highlighting that the author was part of the process and, therefore, must be accepted as part of the findings. The author also sought to maintain neutrality in data analysis and reporting, aware of their position as SPL lead and their associated emotional investment in the placement. For instance, the author chose student quotes that they believed represented the student voice.

Preliminary coding of the qualitative data was undertaken by a research associate over the first year and conducted by the author during the second year. Between September 2022 and January 2024, the data set included 907 survey responses. While reviewing the data, the author noted students expressing concepts linked to CoPs, prompting her to adopt deductive reasoning and extract associated student feedback. The reasoning process used the three parts of CoPs: domain, community and practice. Presented in table one, words associated with each part were sought, resulting in 67 responses related to CoPs.

Table One: Keywords for deductive analysis of feedback in relation to communities of practice

Concept related to communities of practice	Associated words used by Wenger-Trayner and Wenger-Trayner (2015) and found in the survey feedback
Domain	Competence Topic Subject Interest
Community	Collaboration Interaction Peer support Group dynamics Teamwork
Practice	Real-world Skills development Hands-on experience Problem-solving

These 67 responses were uploaded to NVivo 14, an online system that supports the coding process. Inductive reasoning was then used to identify common themes. The process adopted the principles of Braun and Clarke's

(2006) six-step analysis. Firstly, the data was read and re-read by the author to ensure it related to CoPs. After this, initial codes were generated, and common themes began to emerge. The themes and subthemes were then reviewed and refined. Data analysis informed recommendations discussed in this paper, leading to changes in the SPL. Finally, the data collection and analysis described continued to monitor changes and identify the strengths and weaknesses of the SPL.

Findings

Table two presents the themes and subthemes in relation to Wenger-Trayner and Wenger-Trayner’s (2015) definitions of CoPs.

Table 2: Themes and subthemes in relation to Wenger-Trayner and Wenger-Trayner’s (2015) definition of communities of practice

Definition of CoP from Wenger-Trayner and Wenger-Trayner (2015)	Theme	Subtheme
Domain – a shared interest of knowledge that connects members of a CoP	Shared Interest	Broad range of nursing topics explored
		Knowledge co-construction
Community – the people who have meaningful interactions about the domain	Worked together	Improved learning by working together
		Safe environment
Practice – how the communities collaborate	Time-space to collaborate	Opportunity for collaboration
		Small groups

The students in the study reported that the three parts that collectively enable CoPs (see Figure 1) were also present in SPL as depicted in Table 1 and Figure 2. The students connected through their ‘shared interest’ [*theme 1*] in nursing, highlighting this as their ‘domain’. Based on this joint motivator, they discussed nursing-related topics found in the learning outcomes. The co-construction of knowledge resulted, described as ‘working together’ [*theme 2*] and the concept of ‘community’. Working together led to improved learning, both personally and professionally. The students felt safe in the SPL environment, which enabled collaboration.

Finally, the students had the time and space to collaborate [*theme 3*], confirming the 'practice' part of CoPs. They reported a student-driven approach that enabled the development of a shared enterprise.

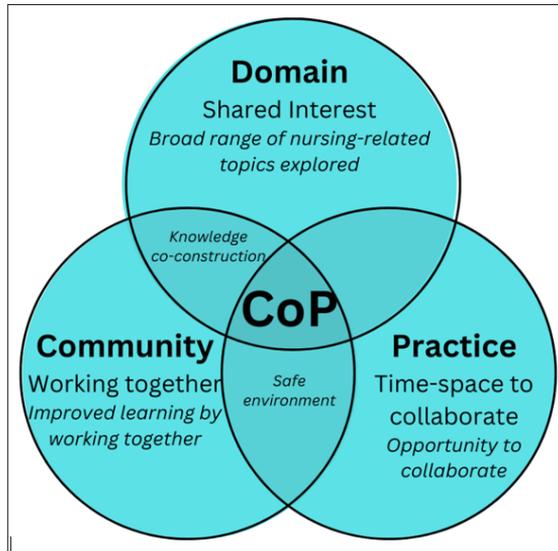


Figure 2: Three parts of communities of practice applied to simulated practice learning]

The findings presented below are related to the themes 'shared interest', 'worked together', and 'time-space to collaborate', respectively.

Broad range of nursing-related topics explored [shared interest: domain]

The students reported that the topics explored were meaningful because they related to their shared interest in nursing, supporting their development as registered nurses. Within the nursing domain, they described objective (such as blood pressure readings) and subjective (such as culture) topics. Illustrating the diversity of topics, one student wrote:

'I gained more understanding of how other cultures react with respect to body changes. This placement made me realise the importance of NEWS scoring and escalation.'

Co-construction of knowledge [shared interest: Domain/ worked together: community]

The students reported using the different perspectives within their groups

to deconstruct the topics and draw conclusions. They felt that this increased their overall comprehension of complex subjects. For example, one student stated:

'Collaborative working with peers makes things easier to deconstruct and understand the subject learning'

Improved learning by working together [worked together: community]

Working in diverse groups was deemed a key factor for learning through collaborations, leading to both personal and professional development. The diversity provided an array of perspectives not available in homogenous groups. Through these fruitful interactions, the students were able to problem-solve, leading to critical thinking and an awareness of their own and others' beliefs.

Students accepted the diversity in the group and found that they were able to learn through each other's experiences and backgrounds, as identified by a student who said:

'It was interesting to hear from individual students that come from a different background [and] the psychological effects that can also have an impact on the care and treatment'

Students recognised the collaborations as supporting personal and professional development, as expressed by two students:

'We as student have had the opportunity to learn from each other and which made it easier to identify areas where your own strength and weakness are'

'Group simulation enables development in knowledge and skills and how others may approach the same situation'

On the other hand, one student did not want to hear other perspectives, expressing a feeling of being overwhelmed:

'I would like suggest if some student has experience working in hospital keep it the knowledge for their best interest. cause I never have experience and I want every details perspective come from our lecture. cause maybe not only me not knowing about medical terminology. and I need some time to catch up to learning and understand about what I learn every time I have attended for sim placement. its just worrying me so much every time I come home not knowing or understand about it. please speak one by one in class'

Safe environment [worked together: community/ time-space to collaborate: practice]

The students felt that being in a safe environment was vital for collaboration, supported by facilitator and student factors. The identified characteristics of the facilitator included being supportive and inclusive. One student remarked:

'I really enjoyed how everyone got involved throughout. I felt [the facilitator] was really friendly made the environment feel safe'

To feel safe, students also needed trust in their peers, which further enhanced the overall student experience. In addition, working with others that were in the same year group removed barriers to collaboration, enabling them to recognise and seize opportunities to learn from the diversity in knowledge and skills within the group. Two students shared:

'I feel that I benefited most from the simulation experiences because I was comfortable with the students in my cohort. The experiences were all excellent but very much enhanced by the fact that I trusted the students around me'

'Working with students on the same level seeing how different we are with knowledge and skills have given us through the simulation placement to also learn from each other experiences and knowledge.'

Opportunity for collaboration [time-space to collaborate: practice]

SPL provided time for group work when students could explore aspects of clinical practice, negotiating and renegotiating nursing topics. In this exploration, the depth and complexity of activities, simulations, and discussions were tailored to student needs and abilities, promoting a student-driven approach where possible. The students reported feeling empowered, enthused, and motivated within this peer-collaborative process. One student noted:

'[Simulated practice learning] enables clinical discussion and team working'

Time was allocated for collaboration, as highlighted by one student:

'...we're given plenty of time and opportunities to take it in'

Opportunities were present because the SPL was student-driven. One student presented this concept by saying:

'I like the fact it is more student based.'

The students acknowledged that group work can be challenging. However, they found that confidence grew in effective working groups. One student's view:

'Working with different groups isn't always easy, but we're a lovely bunch and it's encouraged me to branch out more confidently'

Small groups [time-space to collaborate: practice]

The size of student groups was one of the most discussed codes, totaling 15% of responses. Within these statements, there was a consensus that smaller groups were preferable, naming reasons for them as improved collaboration and supporting their development as nurses. Other students felt that smaller groups would have been beneficial. These findings may be indicative of the different group sizes, ranging from 12 to 30 students.

The students felt they were able to express themselves more freely in smaller groups, and they also enabled tailoring learning to needs, as commented on by a student:

'Smaller groups makes hands on experience less intimidating [and provides] a possibility to accommodate additional needs students'

However, some group sizes could have been smaller to enable the collaborative process, as expressed by a student who said:

'[I want] Smaller groups, I feel that I would be more comfortable and be more involved in the practical training in a smaller group'

To summarise, discussions within the heterogenous student populations resulted in rich, meaningful collaborations that encompassed multiple perspectives. These discussions supported the co-construction of knowledge and shared understanding of complex topics, enhancing overall comprehension of nursing concepts and practices. Students found they learnt better by working together in these diverse groups, leading to personal and professional development. Being in a safe environment was deemed important, enabled by facilitator and student factors, and essential for collaboration. Having the time-space to collaborate in a student-driven environment empowers students, leading to motivation and engagement. Finally, small group sizes were preferred. They provided improved collaboration as well as a more personalised learning experience where students could express themselves freely.

Discussion

The findings of this study cover an extremely large and diverse cohort of students. Teaching such large heterogeneous groups is challenging and involves characteristic aspects, which are identified in this paper.

The diversity of the cohort, as well as changing those attending face-to-face sessions, enhanced discussions, collaborations, and the development of shared knowledge. The large cohort were split into different groups each week. The mixing of the group members could have caused barriers to learning. However, the students reported that they liked to work in diverse groups and found that they could learn from one another. Such open and intense discussions in variable groups were only possible because the students felt psychologically safe.

The students provided three reasons for feeling 'safe': the facilitators were accepting and enthusiastic, there was trust amongst peers, and students were in the same year group. Despite SPL running in separate year groups, the students reported in the surveys that being in the same year group was important for a psychologically safe environment. These statements were given by second- and third-year students and not by first-year students. The diverse student population had differing prior clinical experiences, with varying levels of previous skills and knowledge regarding the subjects discussed. Therefore, being at the same point in the programme was not indicative of such competence or social positioning in the CoP. However, year groups had journeyed through the programme together, developing relationships and partaking in collaborations. Bouchamma et al. (2018) agree with this finding, highlighting that trusting others takes time, and collaborations lead to social barriers being broken down as weaknesses are shared and egos are put aside.

Implications for SPL in nursing education include specific aspects of training that can be useful for the development of future nurses. Students reported that they had an enhanced learning experience because they had the time and space to discuss a broad range of nursing-related topics, in line with the overall aim of the placement – to prepare students for clinical practice. To be specific, the students felt motivated and engaged to discuss and explore the meaningful topics presented to them, perhaps because the scenarios were often linked to real-life experiences.

Empowered and motivated students were other key determinants of managing the large student cohort in SPL, with implications for future nursing programme development. The students reported feeling

empowered to drive their own learning, perhaps due to the roles of those involved. The facilitator presented the subjects, managed the simulations, and guided project work through regular supervision sessions. The students, meanwhile, were encouraged to actively participate in each activity, primarily asking for help from their peers. Students who needed additional support attended regular supervisions or were signposted to other services as required. For example, if a student had concerns with digital literacy, they were referred to supporting services. Meanwhile, if a student appeared disengaged, they were given one-to-one sessions to identify and address barriers to learning. Evidently, the student-centred learning environment addressed individual needs, despite the large and diverse student cohort, by using peer collaboration as the primary approach with facilitator guidance.

The students reported an array of advantages to using collaboration as the primary pedagogical approach, highlighting it as a viable alternative in nurse education. Collaboration enabled the students to explore a broad variety of perspectives, gain emotional support, and develop knowledge and skills. It enabled students to negotiate and renegotiate concepts. Over time, the facilitator observed increasing curiosity amongst peers, whereby students asked one another about their perspectives on given topics. Other subjects discussed were emotionally triggering, making it necessary to be emotionally prepared for nursing in clinical practice. Despite the diversity of perspectives regarding the distressing topics, the emotional support was evident in the groups, regardless of age, ethnicity, culture, or socio-economic status. The students also reported developing critical thinking, clinical judgement, communication, and collaboration skills, all necessary for life-long learning practices.

Importantly, students in the study are also members of other CoPs, such as when they attend clinical placement. Their roles and social positionings in each CoP differ. For instance, the students in the SPL had already established relationships, which impacted collaborations and social positioning in the CoP. In contrast, in a clinical area, Grealish et al. (2010) found that students may feel vulnerable and unsure about the culture and common knowledge. Landscapes of practice consider multiple CoPs that overlap, allowing the learnings to be transferred across communities (Pyrko et al., 2019). Therefore, the act of negotiating the domain, developing professional identity, and subsequent increased confidence reported by the students in the SPL could enhance subsequent clinical placement experiences, as the students will have more tools to negotiate social learning

practices.

The findings from this study coincide with those of Wenger (1998), who discussed diversity within CoPs as advantageous, leading to rich discussions and subsequent greater depth and scope of shared understandings. Capitalising on the rich diversity, however, requires acceptance and openness to members' contributions within a psychologically safe environment (Wenger, 1998). Several studies describe what constitutes a psychologically safe environment (Turner & Harder, 2018; Stephen et al., 2020). Greer and van Kleef (2010) suggest that being on the same level can enhance equity and create a more inclusive and accepting learning environment, but it does not preclude issues such as conflict or power issues, resulting in unequal levels of engagement. This research has revealed that being in the same year group was an important factor in feeling psychologically safe.

Limitations and recommendations

Being a single-site study, the findings may not be generalisable to other HEIs. In addition, students did not verify the meaning of their feedback because it was anonymised at the point of entry. The author suggests conducting focus groups to understand agreed-upon narratives of CoPs in SPL, as well as doing a multi-site study.

To promote the development of CoPs in SPL, the author recommends giving the students the time and space needed to collaborate and negotiate the domain in consideration of its application to clinical practice within their role as student nurses. The author also recommends open discussions with the students about CoPs, including the importance of creating a safe environment. Discussions should include specific roles for the students and the facilitator: students must feel empowered to take ownership of their own learning, while facilitators adopt the co-ordinator role. In this capacity, the facilitator defines the domain for the students to negotiate and renegotiate. This negotiation process will support members in creating a professional identity that can be used in the CoPs in their clinical placements.

Conflicts

No conflicts of interest to disclose.

Funding

This work was supported by Health Education England as part of the 'Simulation Based Education Expansion Programme for Nurses and AHPs.' Total funding received: £174,595'.

Conclusion

SPL provides an effective platform for the development of CoPs. Students attending SPL have a shared interest in the subject that they are studying, namely, nursing. SPL then provides the time and space to collaborate, leading to shared understandings and the co-construction of knowledge. Diversity in student group populations enhances the process as the students gain insights into various nursing topics from one another. Such explorations into the domain, however, require trust and acceptance amongst the peer groups. By establishing trust and inclusivity, facilitators play a crucial role in creating a safe environment conducive to open negotiations. Trust among peers is equally important.

SPL provided a dynamic environment where students were empowered to engage in collaborations and skill development, essential components of CoPs in nurse education. Such professional development achieved through the negotiation and renegotiating of the domain can support students in subsequent clinical placements, where they are also members of a CoP. Therefore, promoting the development of CoPs in SPL enhances the educational experience and contributes to the development of competent and confident registered nurses.

References

- Ardichvili, A., Page, V. and Wentling, T. (2003) 'Motivation and barriers to participation in virtual knowledge sharing communities of practice', *Journal of knowledge management*, 7(1), pp. 64–77.
- Barrotta, P. (2020) 'Pragmatism and transactional realism', *Philosophical Inquiries*, 8(2), pp. 111–128.
- Bednarz, H., Schim, S. and Doorenbos, A. (2010) 'Cultural diversity in nursing education: Perils, pitfalls, and pearls', *Journal of nursing education*, 49(5), pp. 253–260.
- Bouchamma, Y., April, D. and Basque, M. (2018) 'How to establish and develop communities of practice to better collaborate', *Canadian Journal of Educational Administration and Policy*, (187).
- Braun, V. and Clarke, V. (2006) 'Using thematic analysis in psychology', *Qualitative research in psychology*, 3(2), pp. 77–101.
- Bruner, J.S. (1960) *The Process of Education*. MA, USA: Harvard University Press.
- Buus, N. and Moensted, M. (2022) 'Collectively learning to talk about personal concerns in a peer led youth program: A field study of a community of practice', *Health & Social Care in the Community*, 30(6), pp. e4425–e4432.
- CoDH (2024) *Simulation in Nursing Education: An Evidence Base for the Future*. Available at: <https://councilofdeans.org.uk/wp-content/uploads/2024/01/CoDH-ARU-Simulation-in-Nursing-Education-Report-Jan-2024.pdf> (Accessed: 29th Feb, 2024).
- Doyle, K., Sainsbury, K., Cleary, S., Parkinson, L., Vindigni, D., McGrath, I. and Cruickshank, M. (2017) 'Happy to help/happy to be here: Identifying components of successful clinical placements for undergraduate nursing students', *Nurse education today*, 49, pp. 27–32.
- Gauthier, L. (2016) 'Redesigning for student success: Cultivating communities of practice in a higher education classroom', *Journal of the Scholarship of Teaching and Learning*, 16(2), pp. 1–13.
- Grealish, L., Bail, K. and Ranse, K. (2010) 'Investing in the future': residential aged care staff experiences of working with nursing students in a 'community of practice', *Journal of Clinical Nursing*, 19(15 16), pp. 2291–2299.
- Greer, L.L. and van Kleef, G.A. (2010) 'Equality versus differentiation: The effects of power dispersion on group interaction.', *Journal of Applied Psychology*, 95(6), pp. 1032.
- INACSL (2016) 'INACSL Standards of Best Practice: SimulationSM Simulation Glossary', *Clinical simulation in nursing*, 12, pp. 39–47.

- Jacobs, A. and Venter, I. (2017) 'Standardised patient-simulated practice learning: A rich pedagogical environment for psychiatric nursing education', *African Journal of Health Professions Education*, 9(3), pp. 107–110.
- Jeffries, P. (2020) *Simulation in nursing education: From conceptualization to evaluation*. Lippincott Williams & Wilkins.
- Larue, C., Pepin, J. and Allard, É (2015) 'Simulation in preparation or substitution for clinical placement: A systematic review of the literature', *Journal of Nursing education and practice*, 5(9), pp. 132–140 Available at: 10.5430/jnep.v5n9p132.
- Lave, J. and Wenger, E. (1991) *Situated learning: Legitimate peripheral participation*. Cambridge university press.
- Leighton, K., Ravert, P., Mudra, V. and Macintosh, C. (2015) 'Updating the simulation effectiveness tool: item modifications and reevaluation of psychometric properties', *Nursing Education Perspectives*, 36(5), pp. 317–323.
- NMC (2022a) *Nursing and midwifery register grows and becomes more ethnically diverse*. Available at: <https://www.nmc.org.uk/news/news-and-updates/nursing-and-midwifery-register-grows-and-becomes-more-ethnically-diverse/> (Accessed: 20th September, 2024).
- NMC (2022b) *Current Recovery Standards*. Available at: <https://www.nmc.org.uk/globalassets/sitedocuments/education-standards/current-recovery-programme-standards.pdf> (Accessed: 24th August, 2022).
- NMC (2021) *Council approves continued use of recovery standards to increase flexible use of simulation*. Available at: <https://www.nmc.org.uk/news/news-and-updates/council-approves-continued-use-of-recovery-standards-to-increase-flexible-use-of-simulation/> (Accessed: 23.01.2022).
- NMC (2018) *Future nurse: Standards of proficiency for registered nurses*. Available at: <https://www.nmc.org.uk/globalassets/sitedocuments/standards-of-proficiency/nurses/future-nurse-proficiencies.pdf> (Accessed: 21st Oct, 2022).
- NMC (2010) *Standards for pre-registration nursing education*. Available at: <https://www.nmc.org.uk/globalassets/sitedocuments/standards/nmc-standards-for-pre-registration-nursing-education.pdf> (Accessed: 24th August, 2022).
- NMC (2024) *Simulated Practice Learning in pre-registration nursing programmes*: Available at: <https://www.nmc.org.uk/globalassets/sitedocuments/simulated-practice-learning/reports/2024/evaluation-of-simulated-practice-learning-in-pre-registration-nursing-programmes.pdf> (Accessed: 11th April, 2025).
- Norton, L. (2018) *Action research in teaching and learning: A practical guide to conducting pedagogical research in universities*. 2nd edn. London: Routledge.
- O'Brien, B.C., Harris, I.B., Beckman, T.J., Reed, D.A. and Cook, D.A. (2014) 'Standards for reporting qualitative research: a synthesis of recommendations', *Academic medicine*, 89(9), pp. 1245–1251.

- Parker, R.A., McNeill, J. and Howard, J. (2015) 'Comparing pediatric simulation and traditional clinical experience: student perceptions, learning outcomes, and lessons for faculty', *Clinical Simulation in Nursing*, 11(3), pp. 188–193.
- Pyrko, I., Dörfler, V. and Eden, C. (2019) 'Communities of practice in landscapes of practice', *Management Learning*, 50(4), pp. 482–499.
- Reason, P. (2003) 'Pragmatist philosophy and action research: Readings and conversation with Richard Rorty', *Action Research*, 1(1), pp. 103–123.
- Roberts, E., Kaak, V. and Rolley, J. (2019) 'Simulation to replace clinical hours in nursing: a meta-narrative review', *Clinical Simulation in Nursing*, 37, pp. 5–13.
- Salje, J. and Moyo, M. (2023) 'Implementation of a virtual student placement to improve the application of theory to practice', *British Journal of Nursing*, 32(9), pp. 434–441 Available at: <https://doi.org/10.12968/bjon.2023.32.9.434>.
- Stephen, L., Kostovich, C. and O'Rourke, J. (2020) 'Psychological safety in simulation: Prelicensure nursing students' perceptions', *Clinical Simulation in Nursing*, 47, pp. 25–31.
- Turner, S. and Harder, N. (2018) 'Psychological safe environment: a concept analysis', *Clinical Simulation in Nursing*, 18, pp. 47–55.
- Vygotsky, L.S. and Cole, M. (1978) *Mind in society: Development of higher psychological processes*. Harvard university press.
- Wenger, E. (2009) 'A social theory of learning' *Contemporary theories of learning* Routledge, pp. 217–240.
- Wenger, E. (1998) 'Communities of practice: Learning as a social system', *Systems thinker*, 9(5), pp. 2–3.
- Wenger, E., McDermott, R. and Snyder, W.M. (2002) 'Seven principles for cultivating communities of practice', *Cultivating Communities of Practice: a guide to managing knowledge*, 4, pp. 1–19.
- Wenger-Trayner, E. and Wenger-Trayner, B. (2015) *Introduction to communities of practice a brief overview of the concept and its uses*. Available at: <https://www.wenger-trayner.com/introduction-to-communities-of-practice/> (Accessed: 5th March, 2024).