



Submitting scenarios for the HEIW Simulation Repository:

The process

Version	1
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Approval date	
Review date	

This document outlines the process for submitting a simulation scenario to be hosted in the HEIW All-Wales Health and Care Simulation Scenario repository.

Aims:

- To provide a quality assured repository of simulation scenarios for use by the health and care workforce across Wales.
- To improve accessibility to simulation resources for all through sharing scenarios, avoiding duplication of work and promoting collaborative working.

The HEIW Simulation Team has introduced an evidence-based and quality assured scenario template. It is expected that all scenarios included in the repository use this template. The template can be viewed and downloaded [here](#).

The Process:

Below are essential and desirable criteria that any scenario should meet to be included into the repository. Appendix A outlines the ASPiH standards of relevance in supporting these criteria.

It is expected that at least all the essential criteria are met. Any scenario submitted will be reviewed by the Simulation Team against these criteria. There will be three possible outcomes: acceptance, rejection or recommendations for further editing.

Checklist for submissions

1. Scenario title and authors name are stated (E)
2. Clear purpose and alignment with curriculum or programme outcomes (E)
3. Learners/target audience are identified (E)
4. Learning objectives/outcomes are described using SMART and action verbs are used as per Bloom's taxonomy (E)
5. For Interprofessional scenario, team and profession specific outcomes are identified (E)
6. Pre-scenario learning activities and materials are specified (D)



7. Time allocation of the scenario is specified and sufficient to meet the learning outcomes/objectives (D)
8. The functional fidelity and modality chosen are aligned with the learning outcomes/objectives (D)
9. Faculty and technical support requirements are identified (D)
10. Equipment and props relevant to meet the learning objectives/outcomes are identified (E)
11. Instructions/guidance for facilitators are provided and clear (D)
12. Scenario brief and learner role is appropriate to meet the learning outcomes/objectives keeping in mind the profession and level of experience (E)
13. Scenario steps are aligned to learning outcomes/objectives (E)
14. Clear exit strategies are described (E)
15. Debriefing approach/plan is described and in line with learning outcomes/objectives (D)



Appendix A:

ASPiH standards relevant to Scenario Design

- A needs assessment of all learners should be used to develop the learning objectives. This is the best way to achieve reliable and valid coverage of the curriculum outcomes, goals of the organisations and clinical need.
- Learning objectives should be appropriate to the level of the learner and, at the same time, designed to be challenging but achievable. Objectives will need to be linked where applicable to individual technical or procedural skills, team working, non-technical skills and to organisational goals and requirements.
- Domains (cognitive/affective/psychomotor) of learning involved in the activity should be described using educational theory ([Bloom's taxonomy](#))
- Consideration should be given to the incorporation of the human factors approach.
- Ensure that a pre-simulation brief takes place where learning objectives are set beforehand and discussed as part of the debriefing process which takes place after completing a simulated scenario, or in feedback on completing a practical skill.
- The pre-simulation brief should include elements such as expectations regarding professionalism, etiquette, confidentiality and roles, together with an introduction to the simulated environment.
- The fidelity of the simulation should be chosen based on the objectives of the session taught.
- Deviations from clinical practice compared with the simulator experience should be explained to the learners in a pre-session briefing.
- The choice of skills to be evaluated during formative assessment should be guided by curricular information, competency guidelines and the limitations of the chosen simulation methods.
- Specific skill sets such as teamwork, leadership, clinical decision making and communication should be assessed using simulation scenarios based on multidisciplinary teams or standalone simulation scenarios using simulated patients. Certain skills can be assessed using hybrid or bi/multimodal simulation which can include simulated patients.
- Psychological safety of the learner should be taken into account. They may experience heightened anxiety at the prospect of making mistakes, potentially leading to negative consequences.
- Every effort should be made to deliver training in an environment which closely resembles the intended clinical area.
- Sufficient time needs to be allocated to debriefing immediately following the simulation in the clinical setting to gain the maximum benefit.
- A multidisciplinary approach to evaluating team interactions should be undertaken, with a focus on human factors approach to evaluate the impact of latent errors and to identify remedial steps to overcome such errors.