



ACAPT Simulation Scenario Rubric

Scenario Name: Click or tap here to enter text.

Scenario Assigned Number: Click or tap here to enter text.

Reviewer Name: Click or tap here to enter text.

Date: Click or tap here to enter text.

INSTRUCTIONS FOR REVIEWERS: Please complete the following rubric for the review of your assigned simulation scenario. As you review the scenario, please refer to the INACSL Standards of Best Practice when providing feedback: <https://www.inacsl.org/healthcare-simulation-standards> . As you review, consider focusing your review on Best Practices in Simulation Design, rather than on clinical accuracy of scenarios (as these may change, and may have differing opinions between reviewers and authors).

Please write any comments for the author in the comments box. If you select “No” for any item, comments must be included to the author. References and outcome measures are encouraged, but not required (and can be marked “N/A” if you don’t believe they are necessary for the scenario). When making a final decision on the scenario, please read the descriptions of each choice, so that you are clear on your expectations as a reviewer.

SECTION 1: Demographics	Yes/No	Comments (Required if “No” is checked)
Does the scenario title and brief description accurately describe the scenario to the reader?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does the fidelity/realism match the scenario?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does the estimated time frame seem appropriate for the simulation?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

SECTION 2: Curricular Information/Learning Objectives	Yes/No	Comments (Required if “No” is checked)
Are all objectives written in the SMART format?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are the learning objectives and observable actions appropriate for the level of learner and type of simulation (do they match the fidelity, modality, and length of simulation)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If the scenario is IPE, are the learning objectives inclusive of all participating disciplines?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	

SECTION 3: Prebrief/Orientation/Preparatory Information	Yes/No	Comments (Required if "No" is checked)
Does the prebrief relate to the purpose and learning objectives for the simulation?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does the prebrief seem appropriate based on the level of learner?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do the preparatory materials help the learner to meet the learning objectives?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does the prebrief material explain expectations, logistics, and roles adequately?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does the prebriefing create a confidential and psychologically safe environment?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

SECTION 4: Scenario Set Up Materials: Equipment	Yes/No	Comments (Required if "No" is checked)
Does the type of patient, modality, and setup seem appropriate for the simulation?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is the equipment coded correctly for use during the simulation?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does the equipment selected seem appropriate for the simulation and level of fidelity?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

SECTION 5: Clinical Context	Yes/No	Comments (Required if "No" is checked)
Does the case summary, case stem, and patient information seem appropriate based on the simulation objectives?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are the Patient Scripting/Cues appropriate based on the scenario and the learner level?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does the clinical context match the overall design of the simulation?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

SECTION 6: Scenario Facilitation	Yes/No	Comments (Required if "No" is checked)
Is the scenario facilitation appropriate based on the simulation and learner level?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are facilitatory cues specific enough to provide direction to standardized patients and/or faculty carrying out the simulation?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

SECTION 7: Debriefing/Assessments/References/Attachments	Yes/No	Comments (Required if "No" is checked)
Is the debriefing style and length appropriate for the scenario?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does the debrief promote self, team, and/or systems analysis and reflection?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is the debrief planned and structured in a purposeful way in relation to the objectives?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are assessment or outcome measures appropriate for the simulation?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Are the case references included relevant to the simulation?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	

Overall Comments	Yes/No	Comments (Required if "No" is checked)
Are all items on the simulation scenario template completed sufficiently?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does the target learning group, course content area, scenario setting, search criteria, and keywords all seem relevant to the scenario?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is the scenario grammatically sound overall? (Is the scenario free of major grammar/spelling/punctuation errors, and uses person-first language?)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are all included attachments able to be opened without issue?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does the simulation appear to follow simulation and professional standards of best practice, guidelines, principles, and ethics?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

FINAL DECISION	Yes/No	Comments (Required if "No" is checked)
Should the submission be accepted for publication in the simulation library database? Note to Reviewers: <ul style="list-style-type: none"> • "Yes, but with edits" indicates you are requesting minor grammatical changes or small edits. The editor will review the author's revisions, and the scenario edits may or may not be returned to you. • "Revise and Resubmit" signals a significant review is needed. Edits will be returned to you for subsequent review. • "No" means that you do not believe the simulation template can be worked into an acceptable submission. 	Yes <input type="checkbox"/> Yes, but with edits <input type="checkbox"/> Revise and Resubmit <input type="checkbox"/> No <input type="checkbox"/>	

